

THE BIOGENEALOGY SOURCEBOOK

Healing the Body by
Resolving Traumas of the Past

CHRISTIAN FLÈCHE

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Resolving Traumas of the Past

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Translated by Jack Cain



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Note to the reader: *This book is intended as an informational guide. The remedies, approaches, and techniques described herein are meant to supplement, and not to be a substitute for, professional medical care or treatment. They should not be used to treat a serious ailment without prior consultation with a qualified health care professional.*

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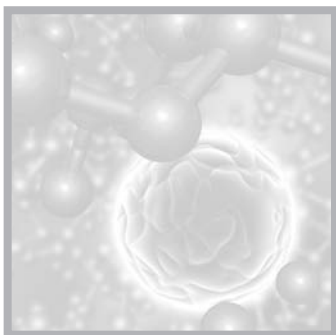
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*I dedicate this book to all my patients from the past, from
the present, and from the future who were, are, and will be,
without knowing it, my teachers.*

*You have taught me my profession and so many other lessons
about humanity, about life, and about myself that I owe
to you each line of this book.*

Thank you.

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PREFACE

This book is a practical manual:

- First of all for use by men and women concerned about a physical problem, a symptom, or an illness. This book will allow you to put yourself in charge, to discover that you have *a body that is to heal you* through the agency of illness. The first goal of this book is to decode, decrypt, and translate the language of the body and to do it by biological methods.
- Second, for use by therapists—to help you guide your patients as they wander through the labyrinth of the dark messages hidden in their symptoms. Are they at the stage of stress or of healing? Is it a problem in the endodermic stomach or the ectodermic stomach?

But, whether you are sometimes ill or sometimes the therapist, always remember that in our country the specialized professionals, the medical doctors, have sworn the Hippocratic oath and, following long, difficult, technical, and scholarly studies, have agreed to help all women and all men who ask for their help and to do so with kindness and goodwill, while setting aside their own personal interests.

Also, certain acts spoken about here are for them alone: diagnosis, prescriptions, practical examinations, and treatment.

This book can in no way replace a medical consultation. It can nourish and orient your thoughts, bring freedom through awareness of your emotional conflicts, and provide, as I wish it might for you, a deep and lasting peace. But it will not enable you to distinguish, for example, a pulmonary adenocarcinoma from a small-cell bronchial cancer or MS from Charcot-Marie syndrome.

The following introduction, The General Principles of Biogenealogy, is a condensed summary of my previous book: *Mon corps pour me guérir* [My Body There to Heal Me], published by Le Souffle d'Or; this summary will help explain what follows, but cannot replace a reading of that whole book or others on the same subject, or related activities such as attending seminars.

In this book, each illness is studied in the context of the organ concerned along with its associated system. For example, a heart attack will be studied with the coronary arteries in the chapter on cardiology; an otitis (earache) will be studied as part of the study of the ears in the ear, nose, and throat chapter.

If you are looking for an organ or a pathology, go either to the index or to the system that is the seat of this pathology.

The body *systems* are in chapters arranged in alphabetical order and are made up of “organ files.” For each organ the following are described: the *part of the organ referred to* (for example: the mucosa or the submucosa in the mouth) and, more particularly, the *felt sense of the biological conflict*, with all the points of connection and conflicting nuances that have been cataloged to date. This “felt sense” or “feeling experience” is the cornerstone, the touchstone, the philosopher’s stone, the Rosetta stone, the stone that won’t roll away. . . . It is the essential tool of this book and an important moment in biodecoding therapy. In fact, each organ corresponds to a biological function. For example, the mouth = catching the “morsel” of experience; the stomach = digesting the morsel; the colon = eliminating the morsel; the pulmonary alveoli = catching the morsel of air, of oxygen, of life; the thyroid = accelerating the metabolism of the body.

When an organ is considered to be “ill,” the organ expresses this biological function with a shortfall or an excess (quantity) or an insufficient quality.* *Illness is a felt sense that has become unconscious and has entered into the biology.* The felt sense that leads to a pathology is an unfulfilled biological function. The biological function is a way of adapting to the external world. And we are the totality of our adaptation modes, established and then transmitted by all of our ancestors.

Biodecoding therapy consists first of all in knowing which organ is

*Example: (quantity) “*I’m short on nourishment or I have too much, I’m stuffed.*” (quality) “*What I’m ingesting is toxic, disgusting.*”

affected, then which felt sense corresponds to this organ, then discovering the shocks during which the patient first felt these “felt senses,” and finally in allowing the patient to express each felt sense with emotion in order to remove its effect from the biology (“debiologize”).

These are the reasons why you will find, for each organ, a section called “The Felt Sense of the Biological Conflict.” Moreover, I have included in that section as many types of feelings and experiences as I was able to assemble over ten years from contacts with those researchers in biological decoding mentioned in the acknowledgments. Each organ file may also include:

- *Examples*, which will allow you to better grasp and feel each biological felt sense. Sometimes there will be a few complementary observations.
- An indication of the *embryonic origin* of the organ: whether the tissue described developed from the endoderm, mesoderm, or ectoderm layer of the embryo. The reason for this information is that the felt sense will be different depending on whether it’s the endodermic part (for example of the primordial colon, which suggests that one feels a sense of crappiness) or the ectodermic part. (The ectodermic colon has a felt sense that is more social and suggests a conflict of lack of identity in the territory, or not having one’s place.)
- The *neuronal connections* for the organ, since each organ is connected to a particular group of neurons.

This book, being a research tool, should be tested, verified, validated, in fact put into question, before you extract a benefit from it for your own realizations. The work is very much a work in progress in that it is still being developed, discovered, and constantly improved; it is not a remnant of the past or a dusty museum piece, good only for those who long for their first baby bottle or for amnesiacs who long for the present moment, for living time, and more.

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Introduction

THE GENERAL PRINCIPLES OF BIOGENEALOGY

Insofar as we observe illnesses through a watching and a listening that are biological, we realize that they all begin with a shock, a precise, punctual event in space and time.


8:00 8:01 8:02 8:03 8:04* 8:05 8:06 8:07
+++++-----

All is well until 8:04. There is a before. There is an after.

This event, indicated with an asterisk in the time line above, enters into the biology when it is not managed by its subject. For example, one day I see my daughter slapped in the public park. In a second, that enters me and becomes an agitation; through my senses it makes contact with my history, which renders a meaning—a meaning that becomes a sensation: *“It’s awful! Not right! Rotten! Embarrassing! Unthinkable! Depressing!”*

And if I am without an immediately satisfying solution and this emotion does not get expressed, this sense perception becomes a biological felt sense: *“It’s indigestible”* (which would affect the stomach); *“it’s suffocating”* (which would affect the lungs); *“dismantling”* (bones); *“disgusting”* (colon); *“a breakdown”* (kidney).

An event becomes a sense and then becomes a sensation. It enters through our five senses and then it tries to leave. When it is impossible



for this sensation to be spoken, it moves into the unconscious, into the biology, into the mind, the brain, the body, the energy field. Each of these elements tells us about the others. Taking a Chinese pulse informs us about the energy level of each organ. Since each cell of the body is connected to a group of cerebral neurons, which itself is linked to a biological function, observation of the brain allows us to determine the type of felt sense that has been hurt and remained unspoken and which organ is affected. And conversely, each type of illness, and therefore the cells that are affected, tells us about which felt sense needs to be freed for healing to take place.

If healing does not take place, the patient will remain under unconscious stress with respect to the shocking event—sometimes for years at a time—and a part of his being, of his energy, is appropriated.

As Carl Gustav Jung has written: “Everything that does not rise into consciousness comes back as destiny,” and I would add that it comes back as a symptom, as an illness, as an accident, as a failure, as a discomfort; and *au contraire*: everything that rises into consciousness no longer comes back as destiny, as fate, as illness!

THE CAR CAUGHT FIRE

Many years ago I attended a lecture with my wife. When it was over, we returned to our car but in place of the car we found . . . a pile of hot and smoking rubble. The car had caught fire and we could still hear the crackling of certain parts, we could see that some parts were still red, others soft and melting, and all that was accompanied by an acrid odor, a mixture of burning tires and splattered gasoline. We were able to touch some remaining bits that were still warm and which no longer looked like anything that could have been part of a car.

As we were walking away, at the third step I felt something. I stopped a moment and asked myself, “What’s happening? There’s something wrong . . . I feel that somewhere inside me there’s something. Something that is excessive. Indefinable. That never happened to me before.”

So I turned to my wife and said quizzically, “Don’t you feel something?”

“No,” she replied, “I don’t feel anything. Nothing at all. Just an emptiness, an emptiness that troubles me. It’s nothing.”

I shared with her what I was feeling. “I feel something. There’s a fat nugget there, something negative, a kind of morsel, the tail end of something . . .”

My wife replied, “For me it’s different. I feel a lack, a lack of something positive. I’m missing something. It’s as if I had lost something. A void.”

Puzzled and curious, I began to wonder, “Where is that coming from, this feeling of something in excess? Just when did it begin? It’s strange. Just here; at the second step there’s nothing and at the third step I feel it! So, what is it, this *something*? Some kind of unpleasant emotion, a kind of big lump.”

Then, moving back a step, “rejuvenating” for a second along the line of time, I no longer feel anything. I take another step back, rejuvenating for another second, and there too there’s nothing. I rejuvenate for a third second and there I see this fire again. I’ve gone through two steps. So I decide to explore what is happening within these two steps. When there is great emotion, everything happens as if *something was being engulfed*. I see something red and yellow, something burning; I distinctly smell a particular odor. And then, very fast, like an arrow piercing me, a scene appears. In a flash, I see a first excess that is negative. My father is throwing himself on me. He has just burned my toys, I’m very small, and he is trying to kill me by smothering me with a cushion.

I take another step. And what I realize is that as soon as there is fire, I’m in danger. As soon as there’s something unexpected, I’m in danger, I’m very stressed; I feel sick.

I say to my wife, “And for you, what’s happening?”

“Nothing. It’s awful to have nothing. Before there was something, but now, there’s nothing anymore.” Taking a step backward, she too rejuvenates for a second. Then, thoughts appear. She rejuvenates another second, and a picture appears. She rejuvenates another second, and then there are some particular sounds, a crackling.

In my case, I see things. In her case, she hears things. She hears a crackling followed by a profound silence. And what rises up in her is a memory of her father. She is twenty-one and she’s with him in the house. Suddenly her father falls down. He will never get up again. Struck down by a stroke. That’s where the void is. This man was a

garage mechanic . . . Suddenly, silence. And then her belief: as soon as there is silence, there is catastrophe. An abandonment, a void.

And now, years later, she once again feels this void. With her as with me, in this yawning gap that engenders such emotion, something is buried without our knowing it: a memory, a belief, or an emotion.

But what can be done with this emotion, which is there like the tail end of something in excess in me and like a void in her?

So I ask her, “Do you want my ‘tail end of something too much’ for your void?”

And she echoes, “Do you want to fill my void with your tail end of something too much?”

And then what happens is what needs to happen: a “child” comes to us.

And my wife says, “This is really something, isn’t it?”

“Yes, but this isn’t all,” I reply. “What will we call this child? We could call it David. And he would be avid. If it’s a girl, we could call her Mineau (me no). Or Noemi (no me) . . . Or maybe nothing at all.”

“But no, for me there’s something there. Florida (a flow that’s arid). Or maybe Howard. There has to be something.”

In the end I decide to call it Ulcer and she decides on Cancer.

Why?

Because for me it’s an excess of the negative. And my solution, in the moment right afterward, is to make a hole, at least in myself. Because this fullness, this excess, is unbearable. So I have to dig, I have to make an ulcer.

For her, this positive void is something she wants to fill up. So she will make a cancer, a tumor, or polyps.

An event happens. I see something burning. Without my knowing it, an unconscious association is made. Nature abhors a vacuum and it is engulfed.

If I say “car” to you, unconsciously each of you sees, hears, or pictures his own car. Nobody sees his neighbor’s car. If I speak to you about my father, you are, unconsciously, associating that with your own father. When I say “father,” you don’t see your uncle. Or if, for example, I ask you to not think of a giraffe, to avoid above all thinking of a giraffe . . . Right away you think of a giraffe.

I have to bring meaning to the madman who is here: my car caught fire in the parking lot during a lecture. I have to bring meaning, associate meaning with this event. My five senses perceive the event, and I look for a meaning that will make it meaningful and give it direction. We call that a belief. In my case the belief is *“As soon as there’s fire, I am in danger.”*

Right at that moment, it’s too much. As soon as the car catches fire, I am in danger, because there must be someone who set it afire, someone who can hurt me. That’s the meaning I give to it.

This meaning that I provide, this emotion, or this excess, is something that I can experience only in a biological way, within my biological reality. I have two legs, two arms, a head, lungs, nerves, bones, kidneys. I can experience it only with my own biological reality.


There is an emotion that engulfs me, but what do I do about it?

The emotion is translated into my biological reality. Now, in my biological reality, there is no room for a 2005 blue coupe to catch fire. What does exist however is a feeling of crappiness, or of something undigested. Or even of anger, of a loss of self-worth . . . And that corresponds, *in the next moment*, to an organ.

If I am a bird, I have a biological reality that is to fly. If I am a fish, I don’t have that reality. It doesn’t correspond to anything in the culture of my animal species.

Meaning incarnates in our biological reality. It is with fear that I experience the unexpected event at the moment of its happening. *Fear of dying*, because it immediately returns me to the reality, lodged in my cellular memory, that someone wanted to kill me. And what corresponds, in a biological way, to the fear of death is not the knees, or the feet, or the eyes. . . . What corresponds is the *pulmonary alveoli*. Their biological sense is to maintain our lives, to transform the air and add oxygen to the blood. If I have a fear of death (*“the last gasp”*), I have to get more oxygen (*“the breath of life!”*). Thus my solution will be to make more alveoli in order to capture more oxygen so I can survive. This is a primordial struggle.

However, if I see this conflict as a case of something *indigestible*, if I can’t digest the fact that someone set my car afire, that gets processed in my biological reality in a different way. It is decoded in my



brain in the area of the brain stem, on the right lateral part. With a scanner we can isolate a specific image, since my neurons give the order to my stomach to produce extra hydrochloric acid. In this way, extra hydrochloric acid may allow me to digest this indigestible thing. The felt sense enters the biology in order to express a solution.

My wife, just now, feels a lack. She feels a void; she feels separated from something; the contact is cut. For her, if it's a conflict of *separation*, it's the skin that will be affected. It's the skin that allows us to be in contact with the outside world. If her felt sense is instead that of *loss*, then it will relate to the organ that corresponds to conflicts of loss. And there's only one organ that contains a solution to conflicts of biological loss—the gonads (ovaries or testes), since they allow the continuation of the species.

The felt sense is then adapted within the biology, and in doing so it expresses the best solution for adaptation in the face of a brutal, unexpected event.

In the real world, when an animal swallows a bone (which is a biological danger for it), the animal has a biological felt sense of something undigested, for which the solution is to produce more hydrochloric acid. That is the archetype.

If a morsel of bad meat ends up in an animal's intestine, the felt sense is one of something rotten that needs to be excreted. The biological solution for survival in this case is to make a tumor in the colon in order to produce more mucus, so that this morsel of bad meat can slip away toward the outside.

If the biological stress is one of being attacked by the sun, the solution will be found at the level of the dermis. More melanin must be produced. We call that tanning, and it has the function of protecting us from solar aggression.

If I'm in a critical situation for which the biological felt sense is that I must do something very fast, this affects a precise area of my brain that then orders my thyroid to manufacture more thyroxine, which accelerates my metabolism and gives me more chances for getting out of a conflict of slowness.

REAL OR VIRTUAL

Imagine an old stag who has his territory and his herd of females. This stag impregnates the females every year. Then one day in autumn a young rival arrives, and the two males fight. The biological reality of the old stag is that he risks losing his biological survival territory. He has to optimize, increase his chances for survival in order to hold on to the territory that sustains him. The coronary arteries are the organs that can help him with this. He will then ulcerate, scour his coronary arteries in order to allow more blood to flow, increasing the irrigation of his heart. In doing this, it will be oxygenated more quickly and fully, cleansed of all debris, and will be able to send more blood to his muscles, which then will receive more oxygen and sugar. In this way the old stag has more energy to devote to holding on to his territory.

These are primordial, biological reference situations, which we call archetypes.

A man came to consult me who showed signs of problems with his coronary arteries. He didn't have any issues with his harem, no one had come to butt heads with him and take his wife. . . . But just the same he did have a territory, or something he considered as such, and that was his small business. His son wanted to take over this business and told him one day, when he was in the midst of transmitting an order to one of the suppliers, "You don't have to order anything. This isn't your place anymore."

The father found nothing to say in reply. From one point of view he was happy that it was his son who was carrying on the business. But in one fell swoop he was confronted with the reality of the fact that he was losing his territory. But there was nothing to say. There was no solution. His felt sense at that moment was that he was losing his territory. And at that moment he activated an area of the brain in the right temporal cortex—the peri-insular area—which then ordered his arteries to be scoured.

It was senseless since it wasn't going to help him get his business back, but the order had been transmitted. To use a metaphor, it's a little like someone who shoots an arrow. Once the arrow has been released, it can no longer be stopped.

At a given moment, there was a felt sense and that was it—the coronary arteries were activated. This is the solution of biological

adaptation that had been programmed into him, one that has been a solution for survival for millions of years and which has allowed us to adapt to the real world.

But sadly, our man was in a virtual world, only his brain didn't know that. *His brain didn't know how to distinguish between real and imaginary.*

Just imagine . . . One day I found myself among delightful friends where there was a stunning cocktail. The cocktail I'd been served consisted of lemon juice with a dash of strong mustard. If I tell you that I've prepared this same cocktail for you, some of you are going to wince. Why? Does it burn? But it hasn't touched your mouth! You're completely in the virtual world and yet you're already disgusted.

For this businessman it was just the same. All at once, his mind, his brain, and his body received a shock. All at once, there was a memory, an association with an ordeal; in the second that followed, a belief appeared that consisted of: *"Without territory, life has no meaning."*

There was this felt sense: *I'm losing my territory.* There was a void. There was nothing left. Then came the survival solution in the biology: *I scour my coronary arteries, I get the blood flowing.*

Down the road our man managed to resolve his conflict. After a few months, he was finally able to say, "How wonderful after all—I don't need this business anymore!" He dropped it, he let go. He could then begin to reline his coronary arteries, because there was no longer a conflict with the young stag. He also healed his right temporal cortex. A little cholesterol came to the help of this relining; it's a reconstruction material that allows the body to be repaired.

WHAT IS THE ILLNESS INTENDED TO HEAL?

Jung said we aren't here to heal our illnesses; our illnesses are here to heal us.

A woman came to consult me one day because she had a tumor in her left breast. We looked for the strongest, most dramatic event she had lived through and was able to speak about, because once we speak of something, it is *expressed*. If it is not expressed, it is imprinted. *In biology what is not expressed is imprinted.*

The first breast that a right-handed woman usually gives to her

baby to nurse from is the left breast. The infant then has its right ear over her heart, it hears the cardiac rhythm and it is calmed by that. But what is the biological meaning of the breast?

The breast is the only organ that has no use for its owner—it is for someone else. If both breasts are removed, a woman can continue to live. The breast is for someone else. A problem in the breast is therefore a problem in relation to someone else. The breast is there to make milk, to nourish someone else, to give of oneself.

So I explained to the woman, Mrs. L, that with this felt sense there was someone else, a child or someone in maternal relation to her, who had been in danger. We moved back in time, Mrs. L “rejuvenated” and suddenly she collapsed in tears. She then related this story:

She had been at a fairground with her grandson. Wanting to ride on the ghost train, the child had rushed forward and fallen with his hands on the rail just as the train arrived. Within one second, Mrs. L envisioned the child’s hands cut off, and all the problems this handicap would cause, including her daughter’s depression. Mrs. L immediately saw one thousand and one things and felt guilty for each one. It was unthinkable. She would have wanted to do something, give something of herself, but there was nothing that could be done. She was caught in a maternal impossibility. What she told me in the course of half an hour took place in her head within one or two seconds.

In fact, the child was unharmed. He had long sleeves and his hands were not on the rail, but she hadn’t seen that. He was just fine, with only a few scratches on his knees. But at that moment, a very sharp emotion had entered into her. The arrow had been released. After the incident, using her reason, she convinced herself that all was well and the child was safe. But the important element was not what she thought in her head. What counted was what she’d felt in her body—what happened in her “gut.” This accident could well happen again, and this time for real. She began to have nightmares about it. She relived these possible events in her guts. In her head, she was settled; there was no problem. In her gut, she was no longer living in the present; that moment in time was fixed, frozen.

When scientists drill into an ice floe, they discover dust and gas that date from prehistory. Similarly, all the stories are present in the history of a person, in the deep layers. Everything remains.

And for this woman, if a few years later she happens to see something on television—a child in trouble, who falls or is knocked over, anything like that—that’s all it will take for there to be an effect, for that previous experience to be awakened and unleash a symptom of adaptation.

Someone else who has not experienced the same ordeal and has not then been programmed for that event will not experience the events in the same way. Mrs. L, on the other hand, has been programmed and she carries within herself the thought that *it could happen*. She has this program in her mind, in her memory, in her cells, in the nucleus of her cells, in the genetic code of the nuclei of her cells—which eventually manifests as a tumor in her breast.

If she were to conceive a child following this event, she would unconsciously assign the child a mission: she must give the child all the winning solutions, all the things that helped her, everything that was important for her. One of the winning solutions for her is always to be ready to help others, to be a mother for others. That’s in her neurons and in her genes. In giving birth, she would transmit this program, either through her genes or through education, or from brain to brain. . . . And perhaps this future child would be named Christian, Christine, or Christopher. . . . That is, he or she would be like Christ in caring for others, in his disregard for self. Perhaps he or she would become a nurse, a therapist, or a social worker, but, in any case, he or she would *be* a pair of breasts. In a professional way and in a physical way, he or she would incarnate unconscious fidelity, unconscious loyalty to this survival program.

This explains how we can meet people, both men and women, who have a strong chest and are very sensitive to the troubles of the world without their knowing why this is so. When we look into the line of their ancestors, we can find the program that was installed at a given moment.

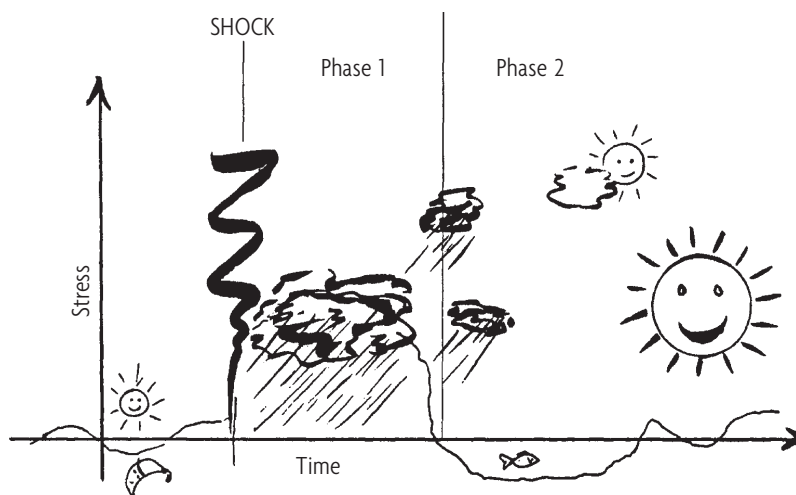
I remember another patient who had been told that her son was autistic. That very evening, she had milk flowing from both breasts. One diagnosis was enough and no follow-up was needed. In some cases, the shock is so strong that, right away, the biological program appears.

THE ONSET AND PHASES OF ILLNESS

The following list summarizes the biological progression of the onset of illness:

1. The external **event** occurs
2. The event is perceived by the five **senses**
3. Immediately, the unconscious **memory** of another event having something in common with this event floods in
4. **Beliefs** rise up
5. **Feeling** is invoked
6. Feeling is transformed into biological coding in the **brain**, which has a finite assembly of options that correspond to our biological reality
7. In the final analysis, these options consist of everything that relates to the **body**, which expresses the adaptation program
8. Whenever the dramatic intensity is strong, the biological program may be transmitted to the gametes (ova, spermatozoa) and any subsequent child will be unconsciously faithful to this coding through his illnesses, through his name, through his job, and so on

All illnesses have two phases: The first phase extends from the shock to the resolution of the shock. This is the stress phase. The second phase extends from the resolution until the return to normal. This is the inflammatory, healing phase (see diagram).



The Two Phases of Illness

We can examine this process using breast pathology as an example: A child is separated from his mother. The mother experiences this separation as a lack, a void, and she begins to scour channels inside her breast. At this stage, nothing is visible, there are no symptoms, there is no sensation. This scouring can go on for months.

After one year, ten years, twenty years, it doesn't matter how long, this woman resolves her conflict. At that time, she creates a breast pathology of the healing phase that can last a few weeks. Once a conflict is resolved, the organ repairs itself and we see the symptoms of repair, of healing, and of restructuring.

In contrast, her neighbor experiences an ordeal: "*My children are in danger!*" Immediately, she produces more milk. She makes a mastosis, an adenoma of the breast. She is making breast; she is making the gland that produces milk. The breast will grow in proportion to the dramatic feeling. If it's very dramatic, the tumor will proceed more quickly, because the mind, the brain, and the body go together—it's an organic whole.

All of our biological reality, whether it's the mind, the brain, the body, the energy meridians, the Chinese pulse, the spots in the iris—all develop at the same tempo. If the person is in conflict, then the whole is in conflict. If the person resolves things, then the whole is resolved.

One day a man came to see me because he had developed a rectal tumor. He had been passing blood from his anus since the month of February. I asked him what was the positive thing that took place for him in February.

The man was stunned. It didn't seem logical to him. But if there's blood, if there's a large inflammation, it means that someone is in the process of resolving something. He was in the second phase.

He found the ordeal, which had happened one year before. He had five children, and his second child (who was like him and with whom he got along the best) brought his fiancée home with him for the first time. And all during the meal, she continually made jabs at his son by making embarrassing remarks about him. It was the father who experienced a shock at that time, but he was unable to say anything about it. She was his son's choice and he loved his son and respected his choice.

But when he spoke to me about it, he said, “Oh, my goodness! It was hard.” And he made certain movements with his hand. So I asked him, “What is your hand telling us?”

“Well, I wanted to get rid of it. It was crappy what she did in my home.” This man was speaking to me with his rectum. His felt sense at the time of the ordeal was that someone had deposited a rotten bit of meat in his home, in his territory, and he wanted to get rid of this rotten bit but he couldn’t. It was stuck.


Then, at the end of January, his son called him saying, “It’s over. She’s a pain in the ass. You’ll never see her again.” He had no idea it had been an ordeal for his father, who was no doubt delighted at this breakup. The next day, the father began passing blood. Because at that moment, he was resolving his crappy conflict. There was no longer any need to manage a filthy, rotten item. He had moved on to the repair stage, to the solution.

But the story did not stop there. The man consulted doctors who do their job very well, within their medical belief system. A doctor decided that the symptoms were serious, and that it was necessary to do this and that. A new shock for this man: now he’s afraid of dying. It’s a new shock, one completely independent of the first.

The delay in the appearance of symptoms is very variable depending on the felt sense. It is unleashed in the same second as the original event, but the symptom itself appears after a delay. For someone who has a conflict that is at the level of the skin, the symptom appears quickly, since the skin is immediately visible. If it’s a decalcification at the level of the bone, it will take time, months even, before it’s noticed. The delay depends on the organ, and therefore on the felt sense.

Sometimes it seems to me that the human is like a passenger seated in a vehicle.

A woman came to see me, saying, “I want to have children.” At that moment, it’s the passenger in her who is speaking, and who is suffering from being sterile. She wanted to go to the right, toward the forest of fertility, and yet her car kept taking her to the left, into the desert of sterility. I explained to her that it was her unconscious that was driving the car. This sterile woman carried in her unconscious mind a memory that was a message: *there is a danger in being pregnant, even a danger*



of dying. Her grandmother had died in childbirth; therefore, in her unconscious mind, pregnancy was dangerous. Within its own system of logic, the unconscious mind is always right. It goes toward life, and in this case, life meant not being pregnant. Once she understood that, she could *deprogram*, and then make babies with the conviction that this problem was a “granny” problem and that there were lots of other women who make babies and survive!

So, it’s a question of becoming aware of *who* is driving, who is at the wheel. When I do this or that, when I produce a symptom, who is directing my life, and why?

Another woman was into bodybuilding. She went to the gym every day for an hour. One day, right in the middle of a workout, she became aware that she was doing this as a compensation, connected to her father, who put her down all the time, telling her, “You’re ugly, you’re thin. . . .” She had forgotten that but it was still there. Right in the middle of a workout, she realized, “I’m doing all this for him! I’m boring myself stiff just for him.” She took off her outfit, took a shower, and never went back. She was doing it only in terms of a compensation. That’s what was driving her car. There was no passenger inside who wanted to do bodybuilding. Bodybuilding could be continued if there was another reason. But when it’s just that one part that wants to do bodybuilding or that wants to be sterile, for example, in such circumstances there’s no reason to go on.

THE ELECTROCHEMICAL WHISPERING OF MY CELLS

The appeal and specificity of the biological decoding of illness is to propose a biological meaning—in *the emotions*, never in the intellect. If we could find meaning only at the intellectual level, it would be annoying or amusing. But when it relates to our personal history, it’s no longer intellectual, it’s emotional.

Emotion is the song of the cells, it’s their whispering; it’s the electric light, warm and chemical, the subjective reality of the nuclei of the cells. Emotion is a little cell speaking about itself and showing itself to be fierce animal, modest monk, naked artist. It tells itself this openly, with satisfaction or in frustration.

I

CARDIOLOGY

The cardiovascular system is centered in the **heart**, which is surrounded by a protective sheath called the **pericardium**. The heart muscle has its own blood vessels—**coronary arteries** and **coronary veins**—which keep it well supplied with the oxygen it needs to pump blood to the far reaches of the body, into every cell. The blood circulates from the heart to the organs through the **arteries** and returns from the organs to the heart in the **veins**.

HEART

Our discussion of the heart includes the heart wall, the myocardium, and the endocardium.

The Felt Sense of the Biological Conflict

Problems of the heart can manifest if an individual has fears about the emotional or physical strength of his heart. An example is the athlete who told me, “I’m not making it: my heart isn’t strong enough.” Symptoms of the myocardium relate to a conflict of low self-esteem regarding the efficiency of one’s heart. Likewise, a patient with problems related to her endocardium reported of her felt sense: “It’s tearing my heart out.”

Another patient, who had been diagnosed with atrophy in the right auricle, said this of her felt sense: “When my mother was carrying me, she took poison to cause an abortion but it didn’t work. I imagine her

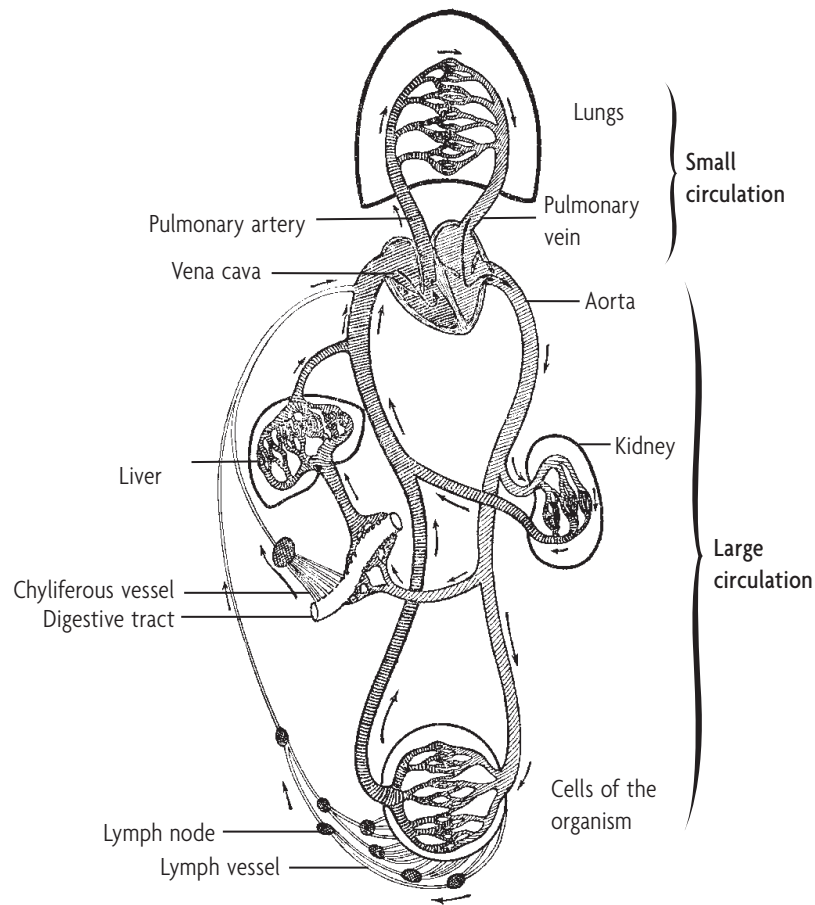


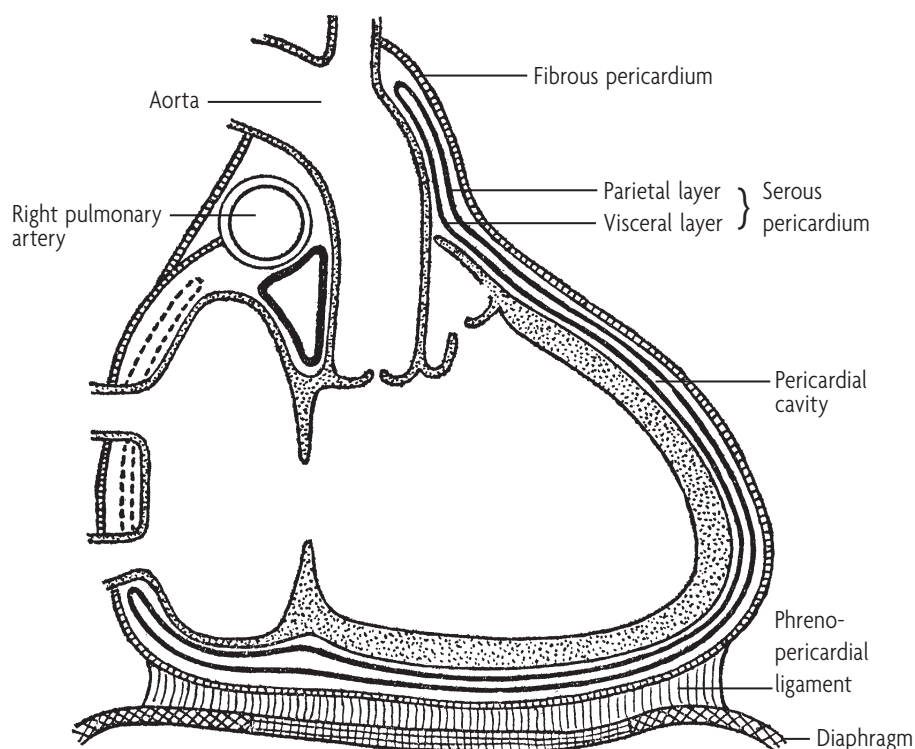
Figure 1.1. Circulation of the blood and lymph

with poison in her veins and not being able to move, as with venom. It's important to slow down circulation so that the poison doesn't reach me; atrophy of the right auricle is the best solution for my survival."

Neuronal connection: Brain marrow

PERICARDIUM

The pericardium is a double-layered, protective sheath that encloses the heart and the roots of the great blood vessels.



*Figure 1.2. General structure of the pericardium.
(Vertical and anteroposterior section of the heart)*

The Felt Sense of the Biological Conflict

Problems with the pericardium are linked to three main emotional conflicts:

1. A perceived direct attack on one's heart. For example, someone scheduled to have a heart operation may feel that her heart will be under attack.
2. Fear for one's heart or the heart of others—emotionally or physically. Thus the adage to be careful with one's heart. This fear also relates to concern that pains, palpitations, swollen legs, and other physical symptoms are because of a cardiac problem. In addition, when a loved one has heart trouble, this can be experienced as a personal difficulty, that is, affecting one's own heart.
3. Violation of the integrity of one's territory.

Example:

- Mrs. P had a blood pressure of 140/110; the two figures were close, which suggested to me a conflict linked to the pericardium. From 1965 to 1975, she had struggled to prolong the life of her father, who had a heart condition. In 1975 her father died, followed by the tragic death of her mother. Was this because of heart failure? That's what Mrs. P came to believe. Since then, she has feared for her own heart whenever she has pain, which has manifested in a physical problem with the pericardium.

Neuronal connection: Center of the cerebellum

CORONARY ARTERIES

The coronary arteries branch from the aorta and circle the heart like a crown. They infuse the heart with blood, and are therefore called upon in times of stress to increase their output.

To understand the biological conflict, we can imagine an old stag who has been attacked within his territory and must mobilize all his strength to win. He does not economize. He develops an amazing power, which requires a lot of oxygen. He is under stress and in an active conflict stage.

In order to be as mobilized as possible, he must be in a state of permanent crisis, without any phase for rest. This is the best way to have more energy. To give strength to the muscles, he must have a lot of oxygen to feed aerobic combustion. Blood carries the oxygen, so the heart accelerates the arrival of blood. It's the coronary arteries that feed the heart, so the heart "hyper-arterializes" its cardiac muscle. The order given by the brain is to "scour" the coronary arteries and thereby expand their output. The artery wall becomes thinner since the output of blood is more important. This provokes an ulcer in the coronary artery. Later, during the recovery phase, the artery engages in repair and risks becoming blocked.

The heart is irrigated by about twenty arteries in all. Because of this, it can continue to live in a reduced state even if 60 percent of the arteries are no longer working. The heart is not going to stop working if only one of its arteries is blocked.

During an experiment on a dog weighing 150 pounds, one of the three large arteries was tied. The dog immediately created an infarction in this artery—that is, the artery died for lack of oxygen—but the dog remained alive. Every two weeks, X-rays were taken of the coronary arteries, which showed that the collateral arteries “grew” around the blocked artery. After four months, the dog’s body had readjusted and the blood flow was normal thanks to the arteries that were near the one that had been tied. Later, a second coronary artery was tied; then, later still, a third was tied. The dog survived. There had been no conflict due to loss of territory, so no cerebral pathology had occurred.

In contrast, you can make a wonderful home for a dog and feed him well. But after a certain time, if you chase him away and give his home to another dog, the first dog, who has lost his territory, could very likely develop an infarction (heart attack) in three months’ time. For the stag, this process—from loss of territory to heart attack—takes only a couple of weeks, corresponding to the two-week period of battle over territory that is followed by the rutting season.

This example of the stag shows how, during a territorial conflict, our biology decodes the conflict by transforming it into ulcerations in our coronary arteries. The ulcerations enlarge the arterial channel so that there is more room for blood to move through; in addition, the elasticity of the arterial wall is increased.

In nature, if a young stag confronts the old stag, this stress is an opportunity for the dominant old stag since it increases his vitality. The stress phase allows him to attack the young stag and drive him away. In this way, the old stag holds on to his territory. Once the battle has been won, the body moves into the healing phase with the possibility of the epic crisis, a myocardial infarction (heart attack). We see that nature has arranged two tests: In order to continue to procreate, the stag must win out over the young stag. He then must survive the healing phase. If the conflict lasts for a long time, if he exceeds the biological time, the old stag dies. He must not wait too long to resolve this crisis—otherwise natural selection intervenes.

Within the animal world, there is an instinctive need to concern oneself directly with one’s territory and with the content of this territory—spatial access to shelter, food and water, the herd or flock, females,

babies, driving away of intruders, etc.—which is in the final analysis just an extension of the nest.

The Felt Sense of the Biological Conflict

In the human world, any of the following can be construed as “territory” and become the object of conflict: workplace and colleagues, spouse, family, home, car, hobby, and so on. The conflict can be a direct attack, leading sometimes to the loss of the familiar locale where you feel at home, where you are accustomed to being at ease. All at once something happens. And you feel right away the risk of having everything turned upside down! From that moment on, you have to struggle on all levels, remain super alert, and all the more since you don’t accept what’s happening. “*Bloody hell!*” you think to yourself. “*This is my place here!*”

Sometimes one feels prevented from directing one’s territory in the sense of being able to control one’s own company, the stock of the store, perhaps the household money. Or one has difficulty withstanding the mother-in-law who intrudes in the territory. And, being the boss, it can progress from: “Why did you do that without speaking to me first?” to dictatorship. The physical impact takes place when someone tries as hard as he can to remain the boss of his territory.

In a right-handed person, loss of territory or of the content of the territory (for example, when one’s partner leaves) often results in physical problems with the coronary arteries. This often manifests as a male sexual conflict relating to territory—territory that has been lost or that you no longer have, territory that you are fighting to gain or defend, and territory over which you wish to rule.

Conflicts over territory of a sexual nature may have the following consequences:

- In a right-handed man, physical problems with the coronary arteries
- In a left-handed man, problems with the coronary veins
- In a right-handed woman, problems with the uterine cervix
- In a left-handed woman, problems with the coronary arteries

In left-handed people, the biological conflict with sexual frustration is almost always accompanied by depression.

Conflicts over territory of a nonsexual nature may also engender the following physical consequences:

- In a right-handed man, problems with the bronchial tubes
- In a left-handed man, problems with the larynx
- In a right-handed woman, problems with the left breast
- In a left-handed woman, problems with the right breast

When an individual is at risk of losing his field of action, or his territory, he experiences the following phases.

1. **Conflict phase:** Mobilization of all the forces in order to restore the previous state of affairs
2. **Healing phase:** Healing the consequences of this enormous tour de force

If the conflict could not ever be resolved, we see two possible outcomes:

1. The individual continues his struggle and constantly attacks with full force up to the moment when, exhausted, he dies or is killed by his adversary.
2. The individual adapts to his conflict—adapts to a loss of territory. The conflict is transformed, reduced, and remains active but only slightly so, and he can therefore live with it. We call that a conflict in equilibrium. The individual can live to old age, but his vitality is diminished.

In a pack of wolves, a secondary wolf does not have the right to carry his tail in the vertical position, to lift his leg to urinate, or to growl in the presence of the leader. In addition, a secondary wolf no longer has anything to do with the she-wolves, with which he can no longer copulate. But it's exactly this outcome that nature invented in order to construct the social structure of a group. This outcome then very clearly has its biological sense, particularly under these conditions. Obviously, such an individual will no longer ever be able to assume the position of chief.

Examples:

- Mr. A lived in Paris, in an apartment that belonged to his father. One day he invited in a homeless person, but soon this person didn't want to leave, and Mr. A could no longer even come home! He had lost his territory. Some time later, when Mr. A finally got back his apartment, he suffered from a heart attack.
- Mr. Y had a conflict with a female colleague whom he had to oppose ceaselessly. She wanted to take over his office and relegate him to a different, shabby office. Mr. Y always wanted to do battle as soon as he saw her, but she was protected by the director because she was his mistress. This conflict eventually manifested physically with coronary problems.
- Mr. G met his wife at the door to their home and she told him, "I'm never coming back." His house symbolically became a ruin for him. He experienced a shock in the conflict over lost territory. In January, some friends told him that his marriage had been a mistake and that it was better this way. On February 26, Mr. G had a pain in the chest: heart attack.

Other scenarios I have seen in which the felt sense of a loss of territory led to physical problems with the coronary arteries include: the family home being put up for auction, a child having a car accident, a person being "sent out to pasture," losing a job, and not accepting retirement, an adolescent who was difficult and ran away from the parent.

Neuronal connection: Right peri-insular cortex

CORONARY VEINS

In the animal kingdom, during certain periods of stress there is an instinctive need for the male to pay frequent attention to the female. This may involve coupling with her if she's in heat or making sure she has enough food and that she is secure in the confines of her spatial areas so that she need concern herself only with the production of babies and the care that they require. The male helps to create the necessary conditions for the future family territory—the nest or cocoon.

The Felt Sense of the Biological Conflict

In the human domain, conflicts of the coronary veins can be inferred from a feeling of lack or frustration in regard to one's emotional responses, sexual relations, or the sense of one's own importance. When the emotional impact strikes deeply, and when it involves at the same time a great disappointment—a lack accompanied by a strong element of frustration and a feeling of total abandonment—the coronary veins are affected at the same time as the uterine cervix.

This conflict is one of sexual frustration in the broad sense—that is, lack of relationship or exchange with one's partner. It can apply to a person who is heartsick, lovesick, or heartbroken. It may also involve conflict over loss of sexual territory, a triangular relationship in which a woman is caught between two men, or feeling powerless to bring a husband back home. In these situations of shock, there is a fear of belonging to no one, of being interesting to no one.

The other critical element, which often appears in a well-defined way and which often affects men, is dependence. An unhealthy dependence appears in relation to the partner that one feels is overly considerate or overly indifferent. This is accompanied in certain cases by a painful physical or psychological context—an illness, for example. A man who has been hospitalized for a long time and who fails to recognize that it's been his wife who took care of everything can suffer from this conflict when he understands that in normal times he would have been the one to make all the decisions.

Examples:

- Mr. T suffered from an irregular heartbeat (tachycardia). At the age of eighteen, he suffered his first attack of tachycardia. He wanted to discover sexuality but he felt guilty. He found himself continually frustrated. At twenty-six, a second crisis occurred. At this time sex was impossible for him because he experienced pain in his penis due to a short frenulum of prepuce. He met his future wife and experienced a rush and a glimpse of something more. Because of the physical condition that hampered his sex life, he experienced a serious frustration conflict and suffered from another attack of tachycardia.

Neuronal connection: Left peri-insular cortex



ARTERIES

In discussing the arteries, we include the carotids, the aortic arch, and the pulmonary arteries.

The Felt Sense of the Biological Conflict

Problems with the carotids relate to a loss of intellectual territory and the feeling of needing to defend one's ideas. An example is having your copyright or patent stolen. Biologically, the arteries scour themselves and allow more blood to be brought to the brain. When one's ideas are abandoned, the carotid is stuck.

Symptoms of the artery near the thyroid relate to a conflict of loss of extended territory and an urgency around solving the conflict. For example, a woman who fears that another woman wants to take her man may hurry to marry him for fear of losing him.

Symptoms of the pulmonary arteries and aorta link to the emotional conflict of a loss of extended, peripheral, or terminal territory, or a scattered territory.

Neuronal connection: Right peri-insular cortex

VEINS

Our discussion of the veins applies to all veins except the coronary veins.

The Felt Sense of the Biological Conflict

Symptoms of the veins are linked to a reduction of self-worth: one feels inadequate for being unable to keep oneself going, or to do one's job. This is related to feelings of having to go back and get rid of bad blood, muck, or other problems, but being unable to go home, unable to return to the center of the family territory linked to blood and to the heart.

Specific Disorders of the Veins

- **Angioma:** Symptomatic of a mother's anguish for a part of the body. After the birth of her first child, Mrs. C heard her mother say, "Ugh, his head is abnormal." Mrs. C was very troubled during

the pregnancy of her second child, hoping that his head would be normal. Upon the child's birth, he had an angioma on his neck.

- **Heavy legs:** Relates to the feeling of carrying too heavy a load.
- **Raynaud's disease:** Involves a constriction of the blood vessels, which makes the extremities white or blue, and "icy." The failure of the body to transmit the information required to make the oxygenated blood circulate is related to feelings of being ineffective or inefficient. The reduction of self-worth related to Raynaud's may come from not being able to reach, retain, take, capture, or do something in particular, or from not being able to keep one's composure. Raynaud's is also linked to conflicts of loss of territory in cases of separation or death, and the feeling of wanting to hold on to someone or something that is dead. In Raynaud's disease there is often an additional conflict in the pericardium, related to fear for the heart.

Examples:

- A woman who was raped became pregnant and had an abortion. She developed varicose veins because a weight had been lifted from her.
- Mrs. T suffered from periphlebitis. She described her felt sense as follows: "Putting up with my husband is hard. He's never happy; he sees the dark side of everything. I have to always be cheering him up. I had a happy childhood—my parents got along well. Because of this I'm always trying for a united home." Mrs. T experienced phlebitis when there was conflict between her husband and her father, who had just been widowed, and again when conflict arose between her two children. "I'm always trying to get rid of problems," she says. "It's veins that send back the dirt."
- Mrs. A had pain in the popliteal space (behind the knees). Her doctor told her she had vascular problems. What was the conflict? Her twenty-five-year-old son lived with her. He was a secondhand dealer who cleaned out attics and put his "junk" in the garden, in the garage, and in the living room. It was a never-ending dirty bazaar in her home. She wanted him to take away all this rubbish. She went on vacation and just before she was about to return he phoned her and said, "Don't come back right away, I haven't cleaned

up enough yet.” Mrs. A experienced a shock from this conflict—the conflict of a load of dirt that had to be carried up, a conflict that manifested in her vascular problems.

- Miss X had circulation problems in both legs, halfway up both thighs, as well as in her face. Her legs turned purple from time to time. She’d had capillary problems since grade nine. She thought of herself as unattractive, as fatter than her girlfriends. When she wore a skirt that came down to mid-thigh the boys made fun of her. This shock led to a reduction of esthetic self-worth in the visible skin, which meant her two legs to mid-thigh and her face. She wanted to eliminate what was unnecessary—fat—and it is the role of the capillaries to get rid of what is useless.
- Mr. J had pain in his right calf related to trouble with his veins. His father was not doing well. Mr. J had eight brothers and sisters and it was up to him to look after life insurance and inheritance papers. All that kind of thing—inheritance, money—was perceived as muck by Mr. J. He was the only one who was knowledgeable about all these papers, and that weighed on him. He had to get by on his own. His mother was overloaded and everyone depended on him. Speaking of the trouble with his veins, Mr. J said, “I want to clean up this endless muck.”
- Mrs. F had trouble with her veins and her legs felt heavy. She was always tidying up the mess that her husband and her son made in the house. This was her regular, programmed conflict, which had been triggered in her childhood. Her mother worked outside the home and Mrs. F felt lonely and wished for her mother to return. The home represents the heart and the veins return toward the heart, toward home. When Mrs. F talked of pain in her right calf, she associated it with her husband not being sensible and creating money problems. She said, “We’re sinking; it’s going to be hard to get out again!” It was going to be difficult to push the dirty blood back up to the heart, to the lungs, to bring them oxygen.

2

DERMATOLOGY

The skin is a completely independent organ that functions to absorb, digest, breathe, eliminate, and feel. The skin is made up of three superimposed layers: the outer layer is the **epidermis**, the middle layer is the **dermis** (also called “corium”), and then the deepest level is the **hypodermis**. Every day, 1.5 million cells of the skin die, accounting for 90 percent of our dust.

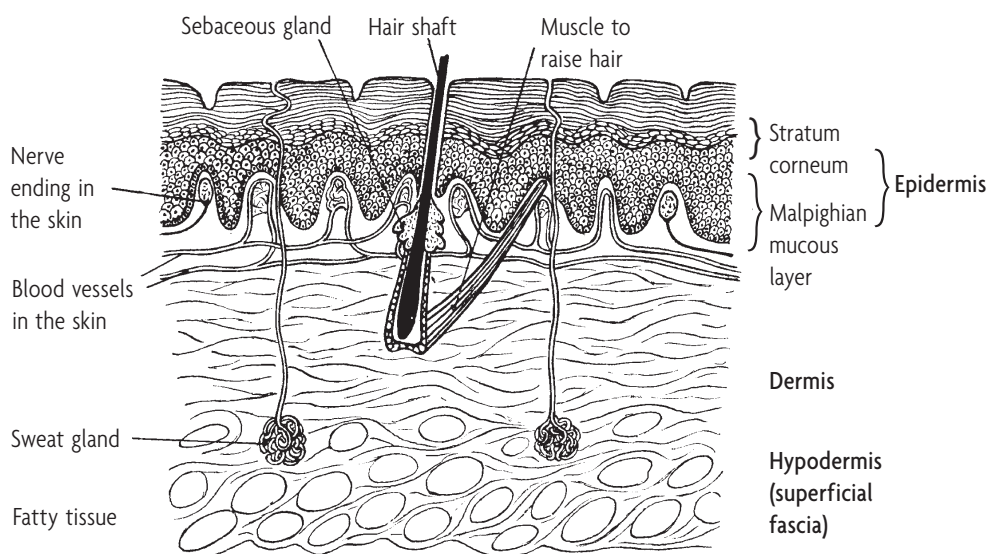


Figure 2.1. Structure of the skin



EPIDERMIS

In man, touch is the most developed sense. Touch is achieved through the sensory nerves of the skin. In this way, skin diseases of the epidermis often reflect conflicts related to touch—particularly to the absence of touch as occurs in conflicts of separation.

The Felt Sense of the Biological Conflict

What is the reason for the ulceration of the skin during conflicts of separation? In other words, “What does the pathology bring to the physiology?”

To answer this question, we will look at an example: Mrs. H was an Italian, though she was very settled living in France. She decided to spend a year in Mexico. Before this departure, she returned to Italy and came back with a flaking condition on the soles of her feet that resembled the peeling of an onion. For Mrs. H, the sole of the foot was equivalent to a contact with her roots—the land of her birth, from which she was painfully separated. The epidermis was composed of dead cells—no longer part of her. It was a death that functioned to put her in touch with the living. The epidermis is the past in us, which touches the present.

As another example, we can look at the callus of the manual laborer. Calluses form on his hands as a necessary stage to protect him from abrasions in his work. When he’s no longer working, when he no longer needs the protection of the callus or the thickened epidermis, it peels profusely and the callus disappears. This is the biological explanation of the peeling, of ulcerations that follow a conflict of separation: the disappearance of the place of contact, the loss of connection with the pickax or the strings of a guitar. This conflict of separation can also be emotional—separation from the land of your ancestors, from a mother’s caresses, or from the kisses of your fiancée.

So the conflict of separation follows a grieving, a period that was not accepted. Living does not mean being always satisfied but rather accepting frustrations, the loss of contact with your mother’s breast, the baby bottle, the house when you move, a mother when a brother is born, the family when you first go to school, the lost doll, the stolen bicycle, the sweet girlfriend who’s no longer there. It’s also true that if you scrape your epidermis, you can more acutely feel what or whom you risk losing contact with or being separated from.

We can also make connections between the felt sense of separation and the physical area of the skin disorder.

- **Hair and scalp:** Conflicts of separation in cases with a lack of understanding
- **Face:** Related to separations of the “kiss-at-the-station” type
- **Mouth:** Linked to conflict of the kiss, separation from a loved one who is not coming back
- **Right breast:** For a separation from a spouse or some other loved one (for a right-handed person)
- **Left breast:** For a separation of mother and child
- **Knee:** Related to conflict of submission in a separation
- **Feet/legs:** If the separation is mixed with the wish to go toward the person

There are three major categories of conflicts of separation:

1. Real separation, experienced with difficulty. This may include a break in physical contact, loss of contact with the mother, the tribe, the family. In nature, loss of contact with the family or with the tribe can be fatal, so this is a very important conflict!
2. Fear of separation, of being left alone.
3. Lack of communication.

Neuronal connection: Somatosensory cortex

DERMIS

The dermis is the middle layer of the skin.

The Felt Sense of the Biological Conflict

Afflictions of the dermis relate to conflicts of dirtying, defilement, attacks to integrity, and uprooting. One of the skin's functions is to protect us; this is the biological counterpart of the felt sense of dirtying or defilement and its link to the skin. In these conflicts of defilement, which are often accompanied by a loss of self-worth, a melanoma or beauty spot can arise. Conflicts of uprooting and loss of physical

integrity (following an amputation, for example) are also connected to disorders of the dermis. To further explore this relationship, we will look at an example.

When Mr. F got married, he said he felt he was “uniting with my wife to form a couple—something unified and unique.” When a union like that breaks up, it is interpreted by the body as disintegration. This relates to an ancient, primordial conflict of the fear of being devoured or attacked by wild beasts: the fear of losing a limb if caught by a lion, for instance. To save your life, you may have to pull away, leaving an arm behind. Otherwise you’ll be devoured completely.

Aggression takes away a part of oneself. The body responds, needing to build a protective shell on the surface—modifying the exterior so it is hard and can oppose the deleterious effects of uprooting. In order to accomplish this, the primordial skin, made up of the Malpighian cells, intervene.

Examples:

- A child whose feet smelled underwent a shock when he had to take off his shoes in front of his friends at summer camp. He produced a dozen plantar warts in the following weeks. He came up with a solution when his mother, understanding the problem, made him change his socks three times a day. By the end of the following month all the warts were gone.
- Mrs. T, a French ministerial secretary, noticed mistakes in an important medical document that might be read at the Assemblée Nationale. She developed a sty on her eyelid.

Neuronal connection: Posterior region of the cerebellar cortex

Embryologic origin: Primordial mesoderm

HYPODERMIS (SUPERFICIAL FASCIA)

The superficial fascia, or hypodermis, is a thin layer of loose, fatty connective tissue underlying the skin that binds the skin to the parts beneath.

The Felt Sense of the Biological Conflict

Problems in the superficial fascia relate to conflicts of low self-esteem in relation to a part of the body that is perceived as unattractive. These conflicts relating to one's figure are exacerbated when the patient sees himself or herself in a mirror, from another person's point of view, in a video, or in a photo—he or she identifies with a fat person and enters a phase of maximum stress or sympathicotonia (dominance of the sympathetic nervous system), which prevents moving into vagotonia (dominance of the parasympathetic nervous system) and healing relaxation.

Specific Disorders of the Superficial Fascia

- **Retention of water:** Corresponds to conflicts of the kidneys
- **Excess weight:** Relates to conflicts of physical abandonment, of needing love while also mistrusting it and counting on only oneself. Accumulation of fat in the thighs indicates a desire to protect femininity and may relate to issues with the mother. Excess fat around the stomach relates to wanting to protect one's child, which is still seen as being in the belly. If the fullness leaves the belly, the child will be in danger. Excess weight around the shoulders and the upper body indicates the feeling of needing to be strong to carry others, and may relate to issues with the father.
- **Lipoma:** Indicates low self-esteem related to a specific area of the body, and overprotection

Examples:

- Miss D's father criticized her legs, telling her, "Your upper thighs are touching." Subsequently, she developed a lipoma on the upper right thigh.
- Beginning when Mr. K was eighteen years old, he was very concerned about being too thin. He experienced an emotional shock every time a girl looked at him. He assumed they all must be thinking, "He's really thin!" From these repeated impacts, a series of lipomas appeared all over his body over the course of twenty years. Once the conflict was understood, they all disappeared within one week.

Neuronal connection: Brain marrow

SPECIFIC SKIN DISORDERS

The following disorders of the skin may affect the epidermis, the dermis, or both.

Acne

Acne can develop during conflicts of “dirtying” or defilement and loss of self-esteem. An attack to the face is an attack to self-image and identity. Acne affecting the face also represents something that has to be seen or noticed. Acne’s link to puberty and hormones also gives it a sexual message, showing that the individual has hormones and can have sexual relations.

Example:

- When we met, Miss X was twenty-one years old and seemed very feminine. She told me that at the age of ten years and nine months, she entered the sixth grade and was subjected to bullying on the bus: “They made fun of my unfashionable clothes; they told me I dressed in storage bags.” She felt rejected and ugly. At eleven years and one month old she developed acne on the chin and forehead. At eleven years and three months she had her first period. In eighth grade, a boy said to her, “You’re a cow.” She had only one friend from sixth grade until the end of high school. The emotional conflicts related to this time in her life were difficult, and still present in her adulthood. I understood everything when she told me that her pimples showed up at the end of her period. The inflammation of pimples is a sign of repair and healing, a sign of conflict resolved. For Miss X, the feminine represented the vulnerable, procreating female, physically inferior. The masculine represented decided success and confidence. At the beginning of her period, she was in a feminine hormonal phase; she experienced this as a conflict of self-esteem and defilement. A few days after her period, she entered the healing phase with five days of pimples all over her body.

Alopecia (Baldness)

Hair that falls out in patches suggests conflicts of uniting, conflicts of separation, low self-esteem, and loss of protection. The loss of protection is linked to the threat of cold. In fact, animals puff up their feath-

ers or their coats of hair in cases of cold or of fear—we even see this in humans with “goose bumps.” Alopecia areata has the same connections, with the added conflict of “dirtying” or defilement.

Carcinoma of the Lip

Carcinoma of the lip is related to a panicked fear of being “found out” through the looks of others, a deep need to not allow yourself to make a mistake, a fear of saying something wrong, being judged or misunderstood.

Example:


- Mr. P had no confidence in himself. He felt that his life was hard, and he feared it would get worse. He was always hiding a part of himself. He explained, “If I speak of what I want, I risk being regarded badly; what I say doesn’t matter.” Looking to the past, Mr. P recalled that at age fourteen his brother had organized a party. Everyone was three years older than he was and he felt put down, not big enough. At twenty-six, he fell in love with his cousin and they planned to run away together. At the last minute she backed out and walked out on him. This was a huge disappointment for Mr. P. Her kisses were very important to him, and she ran away. At age twenty-eight he developed a pimple on his lip. At forty-three, he had to speak on the radio using a microphone. This was an emotional shock that brought up all of the previous experiences mentioned and led to the appearance of a scabby sore, a tumor on his lip.

Chapped or Cracked Lips

An example here will illustrate the potential conflicts surrounding severely chapped lips.

Example:

- For four years, Mr. G had hypersensitive lips. He was always biting them and using lip balms. There were permanent scabs and the condition worsened after an annoyance. This began during a ski holiday, so at first he assumed it was from the cold. Then he realized that the symptoms correlated not to the cold, but to “annoyances.” As this was rather vague, I asked him for examples so we could look



for what these instances had in common—the details that meant that the annoyance affected the lips and not the ears, for example. Mr. G replied in an authoritative way: “People don’t listen to me when I speak.” He recounted a conversation that left him particularly annoyed, in which he said to his mother, “I want us to leave for Africa on September tenth.” His mother said, “No, we’ll leave on the fifteenth.” Telling me about this exchange, Mr. G said, “What I say is never listened to or acted upon. What’s the use of speaking? Why bother moving my lips?” From these revealing statements, it became clear why Mr. G ulcerated the connective tissue of his lips.

Eczema

Eczema is related to a conflict of simple separation, often a fear of being left alone. Children most often have eczema that is spread over the whole body (in the repair phase) following a conflict of separation, because the separation affects the child’s whole being. Adults are more likely to have a localized pathology in a specific part of the body, because the experience is more subtle.

Eczema on the scalp relates to the conflicting needs to be both seen and hidden—for instance, wanting your work to be seen and recognized, but not being able to stand being noticed. I’ve seen patients with this disorder who mentioned having one extroverted parent and one introverted parent.

Examples:

- Since the age of two, Mrs. V had suffered from eczema in the hollow of her elbow and in the popliteal spaces behind her knees. The eczema was dry and itched even more at night. Mrs. V told me that when she turned two, her mother had resumed her former job as a kindergarten teacher. When she came home in the evening, she had no patience left for her child. Young Mrs. V felt misunderstood and alone, and she sulked. As an adult, the eczema continued. Mrs. V’s felt sense became a little more complicated, as she described a loneliness that stemmed from the fact that she didn’t feel supported in her plans.
- Mrs. C had eczema on her lips. She experienced a shock after being unable to perform artificial respiration on her deceased father,

because there was blood in his mouth. The eczema arose after Mrs. C reexperienced this scene in role-playing.

- Mrs. L complained of an irritation in her ears due to eczema of the external ear channel. At age eighteen, she had had a shock when she was separated from the voice of her mother and that of her grandmother. Becoming aware of that separation during our consultation, she felt an immediate relief and her left ear was freed of the symptom.

Epidermal Warts

Epidermal warts can arise when there are conflicts of repeated separation.

Example:

- Mr. N around his neck had numerous warts, which appeared in 1994. Two years earlier he had given his brother an expensive necklace—a chain of oriental pink gold, which Mr. N had received for his twentieth birthday. His sister-in-law ended up selling the chain, without telling him, for very little money. This was a shock to Mr. N, who experienced agonizing separation from the necklace. In 1994, his mother gave him his baptism necklace. Some time later, having resolved the conflict by replacing the necklace, the epidermal warts appeared around his neck.

Hair Loss

Hair is connected to self-image and “being yourself.” Hair loss reflects a conflict of separation from the clan as well as a sense of injustice and loss of self-esteem experienced intellectually. One man came to see me when he began losing his hair. He had developed dandruff and an itchy head since separating from his girlfriend. He told me how she used to do his hair, touch his hair. His hair gradually stopped falling out when the conflict of separation ended.

Herpes

Herpes is generally found around the mouth or the sexual organs and is limited to the skin and the mucous layer below it. Therefore, with herpes there is a problem with the epidermis, the mucous layer, and the nerves. Herpes around the mouth indicates that one’s quota of kisses is deficient. The problems with the epidermis relate to a lack of contact,

which can be parental or marital. The mucous layer relates to intimacy. The nerves stand for a conflict in a plan—for instance, looking forward to a kiss at the train station and the train doesn't arrive. Herpes appears in the healing phase; it eats away and itches in the conflict phase.

Example:

- Mrs. M had remaining only one grandparent. When this grandparent died, the conflict with herpes was programmed. Mrs. M explained, "I wanted to kiss her good-bye."

Hives

Hives occur in situations where there is a central separation conflict. The conflict may be associated with an attack on integrity, a desire to be separate, or feelings of disgust or rejection. The person may feel separated from his or her expectations, or may feel disappointed, or suspect.

Example:

- Mrs. H felt separated from the pleasure of her relationship with her boyfriend. She chose to be in the relationship, while at the same time she rejected it since it gave rise to a lot of problems. On evenings when she was able to let go, her hives disappeared.

Impetigo

Impetigo reflects an attack on integrity with a notion of separation. The condition may occur in situations where one has been "wronged."

Leukoplakia

Leukoplakia is a condition in which thickened, white patches form on the gums, on the inside of the cheek, or on the tongue. Again, to learn about this condition, we will look at an example.

Example:

- Mr. W suffered from internal leukoplakia on his cheek—a little white patch that enlarged, painfully. He was in conflict with his female boss at work. He prepared a report that she rejected without even reading. Mr. W felt anger and injustice. His core values were rigor, honesty, truthfulness, loyalty, fairness, being on good terms,

and mutual understanding. He felt that knowing what others had to say was vital, and he didn't want to be kept away from it even if it was ugly or painful. Nor did he want others to be separated from what he had to say. This internal conflict became very strong at his workplace, though he made little of his problems.

Lupus

The dermis is one of the areas of the body that can be harmed by systemic lupus erythematosus. This condition is related to low self-esteem about the part of the body concerned as well as conflicts of "dirtying."

Moles, Beauty Spots

These dermatological conditions are related to conflicts of "dirtying" or defilement.

Perspiration

Excessive perspiration is related to conflicts of fear of being trapped, being under someone else's control, and not being able to count on one's mother (or someone in a mothering relationship). The trout secretes a viscous fluid to make itself slippery and prevent being trapped. Humans, too, often perspire profusely when they feel trapped. Damp hands relate to fluid conflicts and conflicts of separation. Damp hands and/or feet may also relate to a feeling of needing to run, to slip out of a situation.

Examples:

- Mrs. E felt in danger when she expressed her emotions, whether they were pleasant or unpleasant, and she immediately perspired in her hands and her armpits. For Mrs. E, expressing herself meant being judged by people who were unreliable and unpredictable, so she tried to keep everything in.
- Since childhood, Mrs. Y had always perspired at the extremities of her limbs. Her mother, when contractions set in, left precipitously for the hospital but her water broke and she ended up giving birth in the elevator of the establishment. The feelings of fear and loss of control experienced during her birth manifested physically in Mrs. Y.

Pruritis (Itching)

Pruritis develops in conditions of separation from pleasure, detachment from one's emotions, or an epic crisis in a conflict of separation. Pruritis can also be related to bilirubin in the blood, which is linked to conflicts of separation accompanied by rancor or injustice.

Example:

- For three years, Mrs. Z suffered from pruritis in the area of her right hip every day from 5 p.m. to 10 p.m.: in this case, the issue was healing from a conflict of separation from the comfortable depths of her armchair. Mrs. Z was constantly getting up all day long because of the nature of her work, so she was constantly separated from her chair, which for her stood for rest, pleasure, and comfort. In the evening, at 4:30 p.m., she would go to pick up her daughter from school. Returning home, finally at rest, she would sit down in the comfort of her armchair and relax. When she was seated, with her legs crossed, it was her left side that touched the chair. This meant: I'm resting. And for three years, this relaxation ignited a healing phase that triggered the pruritis.

Psoriasis

For psoriasis to arise, there needs to be at least two conflicts of separation, one that is active and the other that is in a healing phase. This means that a person has a first conflict of separation and then resolves it. Later he has a second conflict of separation with a second event, but it registers in the same cerebral and cutaneous area. The person is facing—psychologically, mentally, and physically—a conflict of separation that is being solved and a conflict of separation that is active. Both conflicts are present in the mind, in the brain, and in the body. One of the two conflicts of separation can relate to feeling separated from oneself, from one's identity. Also there can be a conflict of an obligatory contact.

Example:

- An adolescent patient was very close to an aunt who raised him. She created many family conflicts, including lawsuits with him and his parents. He felt betrayed; his felt sense was one of being separated from his family. Psoriasis developed on his skull.

- Mr. D suffered from psoriasis. At the age of ten, on the last day of school, he wrote on the blackboard: “Have a good vacation and may you fall back into childhood.” The teacher took him to the principal, who expelled him from the school for a year! Until then, all had been going well with his family and his studies; he was a good boy. The next year he was sent to a faraway boarding school, where he had to fight to survive; far from his family, whom he adored; far from his mother, who saw him only on the weekends when he wasn’t in detention. In fact, he was always in detention unfairly (the headmaster kept him in even when his mother was hospitalized and asked for him). Because of this, he always felt separated from his family, from his mother, from his moorings, from his identity, and from his status. As an adult, Mr. D had many amorous relations: he looked for contact but always felt separated from people. He got married twice. Each time he had children, so he was always separated even from his own child.

Red Patches

Red patches are related to attacks to integrity and young girls’ modesty.

Example:

- Miss X was fourteen years old and blushed easily. This made her emotional and upset. She wanted to hide the redness of her face. She was made fun of and didn’t want to be seen in this state—she wanted to look good, be loved, and not disappoint.

Rosacea

Rosacea is linked to needing to eliminate from one’s image (it’s a question of face) what is dangerous to the self.

Scleroderma

Scleroderma is linked to a conflict of dramatic separation that has no solution, accompanied by or associated with a loss of self-worth. For example, the illness might affect someone who feels useless when separated from a particular individual, or who feels powerless and blames herself because someone else is alone, or who blames himself for a separation in his life. The conflict of separation lasts a long time and results

in ulceration all over the body—disappearance of the epidermis, which is “gobbled up.” After the ulceration of the entire epidermis, there is nothing left but the dermis. Then a layer of connective tissue forms on top of the dermis. Connective tissue provides structure; therefore, we can see this illness as describing a need for structure in a relationship. One patient of mine who suffered from scleroderma had lost his twin and experienced a lifelong conflict of separation.

Sensitivity to the Cold

This is linked to pivotal separations and a lack of human warmth.

Example:

- I have seen a particular sensitivity to cold in many of my patients who experienced significant separations. One patient had no father at home, another identified the incident “when I was three years old, and was not able to touch my dead grandmother” as being responsible for her cold hands. A patient whose feet were always cold told me that she was raised abroad by her grandmother until the age of ten. Then her mother in France took her back. Her grandmother was far away and the child took it very hard, manifesting this separation with persistently cold feet. A patient who had cold legs explained to me: “I’m in my office and there is no human warmth among us. I feel alone.” And finally, a woman afflicted with cold extremities was separated from her mother when she was put in day care at a very young age. Since then, when she was separated from her parents, she became upset and had cold and painful feet. When she felt without friends and alone, she had cold hands.

Shingles

Shingles affects the cutaneous dermis, the epidermis, and the sensory nerves. The condition involves a conflict of separation sometimes accompanied by a conflict of defilement. The pain of shingles can also be linked to a conflict of unwanted contact.

Example:

- Mr. W had shingles on his face. He recounted how on a recent visit to his sister, she had insulted him. He had the impression that she

had “dumped a bucket of shit” on his head. These feelings of separation and defilement manifested physically in the lesions on his face.

Tinea Versicolor

The hyperpigmentation phase of tinea versicolor occurs during conflicts involving attacks on integrity. Conflicts of separation occur in the healing stage.

Ulcerated Varicose Vein

In this condition, the vein enlarges and protrudes. This symptom affects people who feel “dirtied,” or defiled, usually in cases of a conflict of separation and accompanying reduction of self-worth.

Vitiligo

Vitiligo is specifically related to conflicts with a horrible sense of separation—ugly or brutal separations from someone loved or admired. These conflicts are accompanied by a sense of having to wash what has been dirtied—making sure one’s hands are clean. This is the opposite of melanoma, which is a shield protecting against aggression. In the case of vitiligo, the dirt must be washed away with no protection. This disorder can arise in situations where someone would like to be loved and embraced but it doesn’t happen. It is also associated with a fear of being dirtied. Physically, vitiligo is an ulcer of the epithelial lining of the underside of the skin, where a layer of melanocytes is located, which leads to white blotches.

Examples:

- In 1980, Mrs. W was married. Her new in-laws disapproved of the marriage and wanted their son to choose between them and his wife. This was Mrs. W’s conflict of separation: She wanted to be appreciated by her husband’s family, and wanted them to have a good image of her. She considered them to be her replacement family. But the in-laws said unpleasant things about her and told nasty lies. Subsequently, Mrs. W had vitiligo on her hands, armpits, buttocks, and thighs.
- Mrs. B was afflicted with vitiligo. She told me, “To my mother it’s as if I don’t exist, as if I’m invisible.” She also reported that her father

was unfair, accusing her of everything and defending her sister. Young Mrs. B felt separated from her parents in an awful way. With her skin condition, the patches of white reflected her desire to have a maximum of light enter her—to make her visible to her loved ones.

Warts

Warts can arise in situations where there is a conflict of dirtying accompanied by regret or with a conflict of low self-esteem coupled with self-criticism—feeling less successful than your peers. These conflicts may arise in situations in which you are caught in the act of a dirty deed. Note that the location of the warts is meaningful. In general, feet = roots, left = female, right = male, back = past, front = future, side = present, and face = self-image. However, the location of the symptoms can also relate to a moment of shock.

One of my patients had a nasty grandfather of whom she was deeply ashamed, and this gave rise to warts on her feet. Another developed warts on his feet after repeatedly stepping in his dog's droppings in the garden.

Warts on the hands indicate a conflict with writing that generally occurs around the age of six or seven, a period in school when children are learning to read and write. Children feel pressure to write well. They do not yet have a full realization of who they are, and are often somewhat divided. If a child's hand is not able to form letters as well as do his classmates', or as well as is expected by the teacher, he develops a conflict with his hand. He wants to do good lettering but mechanically his hand can't manage it. This conflict manifests physically on the skin of the dorsal side of the hand—the skin the child sees as he tries to write. The physical manifestation can take place during this stressful time of learning to write, or it can take place years later in response to a stress that reminds the child of the initial conflict. **Warts in the pubic area** are often the result of shameful feelings of a sexual nature.

Example:

- Mrs. Q, deserted by her husband, slept in a bed with her young daughter. One day she had a very strong sexual impulse toward her child, which greatly upset both of them. Mrs. Q felt “dirtied” by the thought of this abominable impulse and developed a wart in the pubic area.

3

DIGESTIVE SYSTEM

The digestive system is formed by a group of organs that support the transformation of food into substances that the cells of the body can assimilate. The digestive system includes a series of hollow organs that together form the digestive tract, as well as filled or solid organs that are attached to the digestive tract and which secrete enzymes and other chemicals into it by way of ducts.

Hollow organs of the digestive tract include the **mouth, esophagus, stomach, duodenum, small intestine, appendix, cecum, colon, sigmoid colon, rectum, and anus.**

Solid organs attached to the digestive tract include the **liver, pancreas, and salivary glands,** all of which are connected to the digestive tract by **ducts.** The abdominal organs of the digestive tract are encased by the **peritoneum.**

SUBMUCOSAL LAYER OF THE MOUTH AND DIGESTIVE TRACT

The mucosal layer extends from the mouth to the sigmoid colon, and disorders in the submucosa can occur anywhere along the digestive tract.

The Felt Sense of the Biological Conflict

Problems of the submucosal layer of the digestive tract relate to conflicts of not being able to attain what is desired or needed or of not

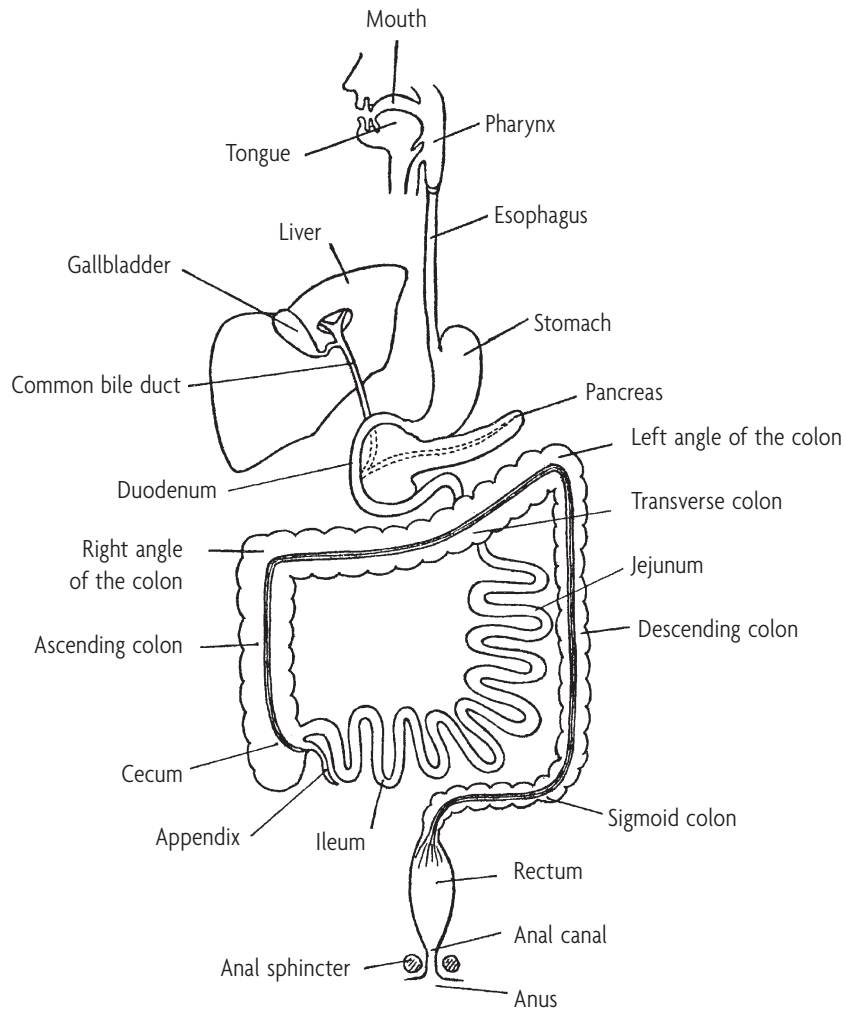


Figure 3.1. Outline of the digestive tract

being able to express one's needs. These conflicts include situations of not being able to nourish oneself sufficiently, experiencing some vile deed and not being able to reply to it, or wanting to get rid of a troublesome problem or small disagreement. There is sometimes a tendency to not want to respond to a minor bit of nastiness, which the body will experience as something undigested. Words that are unspoken ulcerate the mouth, as do unspoken desires.

Example:

- Mr. R developed a tumor in the submucosal layer of his mouth. He described the triggering shock as follows: "My wife left without

saying why; I would have liked to catch the words that were in her mouth and were left unsaid.” He felt conflict around not being able to express his needs or desires—and perhaps around being oblivious to her needs. The programming shock had occurred three years before his wife left him, when Mr. R fell in love with a neighbor who was thirty years younger than he. She received advances from men of her own age, and Mr. R was jealous. He wanted to have her, but reasoned with himself that it was crazy and that he would be better off not acting on his desire. He remembered, at the time, having sensations in his mouth when young men came to her door. A year later she was pregnant. Happy for her, he gradually moved toward healing.

Neuronal connection: Right brain stem

Embryologic origin: Endoderm

SALIVARY GLANDS

The discussion here pertains to the acinous part of the submandibular, parotid, and sublingual salivary glands.

Symptoms of the parotid gland relate to what I call the hamster conflict—a reference to the hamster who, in urgent situations, stockpiles food so that later he can take the time to assimilate it calmly. This is a conflict that we see in humans, most obviously in the collector who stockpiles something without being able to stop himself from doing it. Often, without knowing it, this person is collecting something that someone in his genealogy was lacking. For example, someone might collect stamps because his grandmother was always waiting for a letter from her husband during the war, though a letter could never be sent for lack of a stamp.

The Felt Sense of the Biological Conflict

Problems with the salivary glands in general relate to a fear of not being able to feed oneself—not being able to capture or incorporate into oneself the needed nourishment. This is a fear of starvation and exhaustion—a fear of not being able to find the necessary food.

Examples:

- A bachelor who lived with his mother came to see me. His mother had prepared all of his meals until recently, when she had gone into the hospital. The son, on learning this, had a shock of fear at no longer being able to satisfy his hunger since he had no idea how to cook and had no money to eat out. This shock manifested physically in problems with his salivary glands.
- Mr. K had a tumor on his left parotid gland. In describing his experience, he told me, “People are always snatching bread out of my mouth.”

Neuronal connection: Right dorsal brain stem

Embryologic origin: Endoderm

SALIVARY GLAND DUCTS

The discussion below relates to the channels of excretion from the sublingual and parotid glands.

The Felt Sense of the Biological Conflict

Problems with the salivary gland ducts relate to conflicts of feeling that one doesn't have the right to eat, or to stock up. In cases of salivary duct calculus, the conflict may also be related to not wanting someone else to be in a rage against you or to incorporate you into his plans.

Examples:

- A patient undergoing dialysis experienced an emotional shock from not being allowed to drink and manufactured a tumor on the parotid gland.
- A man entered into military service. When he found that he was unable to reply to inappropriate comments from his sergeant, he developed mouth ulcers.
- Mrs. X began a new job in May 1997 for which she had to move to the city. She didn't like big cities and described her anxiety, saying, “I have to *absorb* the names of the streets, how to get around this city, and it seems beyond me. I don't want to. I don't like this city.” In the summer of that year, she started a collection of little spoons,

each with the crest of a city. In June of 1999, she manufactured a calculus in the right submandibular duct.

Speaking of this physical problem, Mrs. X described a problem in her relationship with her supervisor that began at the beginning of the year. She said, “I don’t want her to use me, to *incorporate* me, for purposes that I’m not in agreement with.” One of the functions of the salivary glands is to collect. Mrs. X did not want to be collected, or incorporated, by her supervisor. She was left-handed and so, in response to this emotional programming, she developed a calculus in the right salivary gland.

Neuronal connection: Frontal cortex

Embryologic origin: Ectoblast

ESOPHAGUS: UPPER SECTION

The discussion below relates to the upper two-thirds of the mucosal layer of the esophagus.

The Felt Sense of the Biological Conflict

Problems in the upper portion of the esophagus relate to conflicts of not wanting to swallow or incorporate something but being forced to do so. This is the feeling of being force-fed—either in a literal sense of swallowing food or in a figurative sense. The conflict also suggests someone who is unwilling or unable to move forward the morsel that has been incorporated, and who therefore feels like something is stuck in the throat.

Example:

- Mr. Z had uncomfortable sensations along his esophagus. He told me, “I’m forced to swallow something such as a boring conversation whereas I would like to be elsewhere and swallow different, more pleasurable conversations. I don’t want to be filled with this. I refuse to swallow, I want to roll back what is happening, I reject this right away so something else is allowed to come, and I don’t want to occupy my stomach with silliness, with boring dishes.”

Neuronal connection: Left frontal-parietal cortex (female); right (male)

Embryologic origin: Ectoderm

ESOPHAGUS: LOWER SECTION

The discussion below relates to the lower third of the submucosal layer of the esophagus.

The Felt Sense of the Biological Conflict

Problems in the lower section of the esophagus relate to conflicts of not being able to swallow what is in one's hand. One thinks, "*My eyes are bigger than my stomach.*" At its base, this is a fear of being thwarted; a person can't manage to swallow what she has because she is too afraid of having it "pinched." The conflict comes from a strong desire not to waste—not to throw out anything, not even useless bits of string. This person needs to take, to swallow everything. Conflicts may also relate to feeling unworthy of profiting from a certain nourishment—for instance, in the case of an inheritance.

Example:

- Mr. L saw his father attacked by cancer. One day, he was shocked to see a caregiver trying unsuccessfully to insert a gastric probe. Mr. L wished so much to make that tube slip down when it refused to do so. He wanted his father to swallow the tubing. From this felt sense, Mr. L developed a tumor in his esophagus.

Neuronal connection: Right brain stem

Embryologic origin: Endoderm

PERITONEUM

The peritoneum is a membrane that lines the wall of the abdomino-pelvic cavity. Portions of the peritoneum also line and protect some abdominal organs.

The Felt Sense of the Biological Conflict

Problems with the peritoneum can result from an attack on the abdominal cavity—for example, finding out you have cancer in your liver—or from any other situation that is perceived as compromising the integrity of the abdominal cavity. Conflicts of fear and panic arise over what’s happening in the belly, at the core of the individual. These conflicts relate to the threat of something bad “that eats away inside.” The perceived attack can either be a direct physical attack or a mental or emotional one, but it is always accompanied by fear. Fear for the kidneys specifically can affect either the pleura or the peritoneum.

GREATER OMENTUM

The greater omentum is the largest peritoneal fold. It hangs down from the stomach—extending from the stomach to the posterior abdominal wall. Problems with the greater omentum relate specifically to conflicts about a “rotten,” indigestible business accompanied by low self-esteem. These conflicts are similar to those associated with the colon, but pertain especially to a moral point of view. These conflicts may be frequent and give rise to a swollen abdomen.

Examples:

- Mrs. A learned that her sister made a suicide attempt by plunging a dagger into her stomach. Mrs. A developed a fear related to a need to protect her stomach and a tumor in the peritoneum.
- Miss H had a fear of sexually transmitted diseases, along with a feeling of defilement. She tried to protect her organs from this danger and launched a pathology in the peritoneum.
- Another patient had prostate cancer and feared a metastasis in the colon. Shortly thereafter, he was diagnosed with ascites, a condition of excess fluid in the peritoneal cavity.
- A young woman was put under general anesthesia to resolve gynecological problems. Right after she woke up, she had the feeling that something awful had happened, that she’d been abused while under anesthesia. She hesitated to have herself examined and had intense abdominal pain that could not be explained.

Neuronal connection: The peritoneum and the pleura are closely related, and in fact were originally a single organ. Both connect to the same place in the cerebellum—the lateral-median part.

Embryologic origin: Primordial mesoderm

STOMACH: GREATER CURVATURE

The greater curvature of the stomach is mainly directed forward and is four or five times as long as the lesser curvature. Biologically, after a shock an organism produces very specialized cells of adenoma or adenocarcinoma while producing gastric acid. This is done with the aim of breaking down a big morsel so that it can be digested, since being able to digest a morsel means life or death.

The Felt Sense of the Biological Conflict

Problems in the greater curvature of the stomach relate to conflicts of lack and to undigested “morsels” of experience. Individuals facing this conflict may not have what they want or they may have instead what they don’t want. These are conflicts that have stayed in the stomach because one is unable to “digest” something. To digest something is to accept it. These conflicts may be related to worries and annoyances in the family setting, or to the primordial fear of dying of inanition (lack of nourishment).

Examples:

- A retired man, who was very well balanced psychologically, traveled to Corsica after the death of his mother, believing he would assume possession of the family home. But once he was there, the man’s cousins created roadblocks to the transfer of the estate, and he could do nothing. Corsican law would not allow the property to be broken up. The man was ready to give the cousins everything else if they would leave him the family home, but they refused. This man experienced two shocks from this experience: he didn’t get the house and he was unable to digest the attitude of his cousins. This manifested physically in stomach problems.
- Mr. P was to receive a diploma in the summer of 1995. His teacher confirmed this on the night before the ceremony, saying, “You will

be able to leave with your diploma tomorrow at noon.” But the next morning she said, “I’m sorry but you have to come back tomorrow, Monday. I can’t give you your diploma today.” This was a shock to Mr. P, whose appetite immediately vanished until that evening, when he understood the conflict. He understood that the diploma represented a final digestion for him and, missing it, he felt a significant lack. Once he had processed this conflict, immediately his appetite returned.

- Mrs. C was diagnosed with a hiatal hernia. She described her experience as follows: “I want to receive, I leave the door open, I’m waiting for tenderness, I am empty. I never have enough.”

Neuronal connection: Right brain stem

Embryologic origin: Endoderm

STOMACH: LESSER CURVATURE

The following discussion of the lesser curvature of the stomach includes the duodenal bulb and the pyloric canal.

The Felt Sense of the Biological Conflict

Problems in the lesser curvature of the stomach occur in conflicts that involve people or situations one is obliged to be close to. These are usually conflicts of territorial annoyance; if they’re accompanied by rancor, they will relate more to the biliary ducts. Conflicts of territorial annoyance may include border disputes or conflicts concerning the content of the territory (for example, an unfaithful partner). These are likely to be very deep conflicts with a person who cannot be avoided, and who “weighs on one’s stomach”—perhaps someone in the family, office, or neighborhood. There are gastric types of personalities who are particularly sensitive to territorial annoyances. For left-handed people, the conflict is likely to be one pertaining to identity in the territory.

Example:

- Mrs. S had an ulcerative cancer of the lesser curvature, which began with pain and hemorrhaging. She told me how her neighbors in her low-income housing unit constantly bothered her. They were

nasty and slandered her. She brought them to court, where, in front of the judge, they denied everything. It was just her word against theirs. She took this conflict very hard. She said, “I’m unable to accept this or everything else that is happening in my life. I’d like to be on a desert island.” In addition, her husband was very jealous and kept her shut up in the house. She was afraid of speaking out and was always holding her hand over her mouth.

Neuronal connection: Right temporal cortex

Embryologic origin: Ectoderm

PANCREAS

Partly digested food passes from the stomach into the small intestine, where it is met by secretions from the pancreas, liver, and gallbladder. The following discussion of the pancreas pertains to the key elements of the organ essential to its functioning, as distinct from the capsule that encompasses it and other supporting structures. The discussion does not pertain to the islets.

The Felt Sense of the Biological Conflict

Pancreatic enzymes are the most powerful of all enzymes. Symptoms of the pancreas relate to conflicts of ignominy—deep personal humiliation and disgrace. Conflicts of the pancreas, as compared to those of the liver, include more intense feelings of revolt and bitterness. These intense conflicts are often related to the family—annoyance with family members, struggles for nourishment, conflicts of inheritance. One may feel reproached for taking what one needs, for instance. Pancreatic problems also relate to conflicts of loss.

Example:

- Mrs. C was a wealthy woman, the owner of multiple properties that her husband had bought while he was alive. Her friend was the mayor and had always supported her, but he was soon going to be replaced. Mrs. C was afraid that with the loss of her friend in power, her newly married grandson might not be able to build and settle there. On top of that, she was afraid of a huge tax hike on

her properties. In response to these emotional conflicts, she developed a pancreatic tumor.

Neuronal connection: Right lateral brain stem

Embryologic origin: Endoderm

LIVER

The following discussion of the liver pertains to the key elements of the organ essential to its functioning, as distinct from the capsule that encompasses it and other supporting structures.

The Felt Sense of the Biological Conflict

Liver problems relate to conflicts of lack. There is a fear of a lack of essentials or necessities such as food, or of things that are experienced as necessities by the patient (money, vacation, job status, etc.). This can be a conflict through identification, as all conflicts can be. Liver problems involve a deep fear of lack in all senses of the word—fear for the present and the future. The conflict may be related to the impossibility of digesting a particular “morsel” of experience or it may be related to a deeper, more vital lack—something that threatens everything that belongs to you and is indispensable to your survival.

Biologically, the goal of liver tumors is to make the maximum use of a limited amount of food, since this is a conflict of a lack and of famine. The organism sends out specialized workers (hepatic tumor cells) that digest, stockpile, and work to the maximum intensity. Sometimes a single emotional shock will give rise to several sites in the liver.

Example:

- A food store was in bankruptcy and a mother, rather flippantly, said, “We’re going to die of hunger.” The daughter believed her and developed a liver cancer.

Neuronal connection: Right brain stem

Embryologic origin: Endoderm

BILIARY AND PANCREATIC NETWORKS

Networks of ducts carry secretions from the liver and the pancreas to the small intestine.

The Felt Sense of the Biological Conflict

Disorders of the biliary and pancreatic networks relate to conflicts of rancor, anger, injustice, and rage. This tenacious resentment is most often directed toward someone close, following an injustice, and is maintained by envy, as in cases of professional jealousy or betrayal.

Specific Disorders of the Biliary and Pancreatic Networks

- **Extrahepatic biliary ducts:** Conflicts of simple anger
- **Intrahepatic biliary ducts:** Conflicts of anger and lack
- **Pancreatic ducts:** Conflicts of lack and injustice, perhaps related to money—for instance, if the money is going where it shouldn't be going
- **Endodermic pancreas:** Specific conflicts of lack and something that is undigested
- **Ectodermic pancreas:** Conflicts of rage, money, and family
- **Calculus or lithiasis:** Not wanting anyone to be in a rage against you
- **Jaundice in a newborn:** Sometimes the solution of a conflict of rancor experienced by the pregnant mother

Example:

- Mr. U had a tumor in the intrapancreatic ducts. He spoke to me of his son stealing his bank card and withdrawing a lot of money to buy drugs. For the father, it was essential to have confidence in his son and this event caused intense feelings of anger, betrayal, and loss.

Neuronal connection: Right temporal cortex

Embryologic origin: Ectoderm

DUODENUM

The duodenum is the upper portion of the small intestine. It begins at the pyloric sphincter of the stomach and merges into the jejunum. The

following discussion relates to the duodenum, with the exception of the duodenal bulb.

The Felt Sense of the Biological Conflict

Symptoms of the duodenum relate to conflicts of lack and injustice. This may involve situations one feels unable to withstand—perhaps annoyances with family members, colleagues at work, or friends—or it may involve conditions of lack, as of money or food. There may be a fear of not having enough to eat or of being unable to digest—fear of dying of hunger or problems being able to “eat one’s fill.”

Neuronal connection: Right brain stem

Embryologic origin: Endoderm

SMALL INTESTINE


The following discussion of conflicts related to the small intestine pertains specifically to the jejunum and the ileum.

Biologically, problems in the intestine relate to the need to digest or risk dying of hunger. In the intestine, if a morsel is too big to be passed, this is a shock to the system. The body manufactures a tumor beside it and siphons off additional digestive juices in order to be able to digest it. As soon as the morsel is small enough to let food pass by, everything heals. The tumor cells are specific cells that manufacture digestive juices in greater quantity than the original cells, and which work more efficiently. Since the organism is in a hurry to digest, the body manufactures cells that digest ten times faster.

The Felt Sense of the Biological Conflict

Problems in the small intestine relate to conflicts of not being able to assimilate “the morsel.” A “morsel” may be a morsel of lack or an undigested annoyance arising from fear. Undigested annoyances can be hurtful words, an injustice, or some other piece of nastiness. The inability to assimilate can apply to information, a state of affairs, or even people (not feeling integrated into the family, for instance).

Celiac disease is a digestive illness that damages the small intestine and interferes with the absorption of nutrients from food. It is



characterized by an intolerance to gluten. People with this condition are likely to have been cut off from something too quickly—for example, from tobacco when the mother, during pregnancy, stopped smoking all of a sudden. People with celiac disease may also have an intolerance to or conflict with something that resembles gluten, such as sperm.

Examples:

- One of my patients attributed her intestinal problems to a conflict arising from her husband's lack of money and kindness.
- Another patient felt that she lost her son when he married a divorced woman. "What an awful way for my son to leave me!" she exclaimed. This manifested in intestinal problems.
- A woman who had been thrown out by her husband came to see me with intestinal discomfort. She had experienced a double shock: the meanness of her husband and the fear of not being able to eat since she didn't have any resources of her own.
- Another patient reported: "I don't accept my body, my thinness; this creates a vicious circle, because as soon as that happens, I no longer assimilate any nutrients."
- One woman who came to see me with intestinal problems told me that her husband criticized everything and everyone during meal-times. His talking was like a poison that she could not receive or assimilate.

MUCOSAL LINING OF THE SMALL INTESTINE

An important idea that explains the functioning of the intestines and sheds insight on intestinal conditions is the notion that *until I have absorbed the morsel into my blood, it is not mine*. This relates to an ancient instinct—a lion could grab the nourishment out of your mouth. It's not yours until it's *in* you.

Even in the intestine, the morsel is not yours until it is in your biology, in your blood. The magic door to assimilation is the digestive mucosal lining. It's a vital tissue that performs a vital function.

In traditional Chinese medicine, the small intestine separates the pure from the impure, the clear from the murky, and is therefore linked to problematic issues of choice, indecision, and integration.

Neuronal connection: Medial ventral area of the brain stem (jejunum); Left ventral-lateral position (ileum)

Embryologic origin: Endoderm

APPENDIX

The appendix is a twisted, coiled tube that is suspended from the cecum.

The Felt Sense of the Biological Conflict

In a horse, the appendix acts as a first stomach; the horse stores fodder there to get through the night. In a similar way, human problems with the appendix may relate to conflicts around saving something for later. Particularly in children, these conflicts may involve some kind of “fodder”—perhaps candy or pocket money. Problems in the appendix also relate to conflicts regarding something “terrible”—something undigested that you cannot eliminate, or a dead-end situation. Alternatively, one can be “saving up” a mean strategy—“having something up your sleeve.”

Example:

- A couple consulted me about their daughter, Miss W. A boy seated at the back of her classroom was misbehaving, so the schoolmistress decided to bring him up front. To do that she had him change places with Miss W, who was a good student and seated in the first row. For Miss W this wasn't fair, and made her feel that she was at a dead end. She presented with symptoms of appendicitis: sharp pain and a hard stomach. In the evening, when Miss W talked about this problem with her parents, her stomach felt less hard within a few minutes. When they said, “On Monday we'll talk to the schoolmistress about this problem,” the stomach relaxed even more.

Neuronal connection: Left brain stem

Embryologic origin: Endoderm

CECUM AND COLON

The cecum is a pouch that forms the first part of the large intestine. It connects to the colon. The large intestine completes the processes of digestion and releases solid wastes from the body.

The Felt Sense of the Biological Conflict

The cecum relates to problems concerning a large annoyance, often in relation to the family and some “dirty deed” that is impossible to digest. This is “ugly” business that can’t be “dumped.”

The colon, using billions of microbes and distinct mechanical processes, eliminates what the body has decided is of no use, superfluous, and dirty. Symptoms of the colon reflect conflicts colored by nastiness, vileness, betrayal, and grossness. These conflicts may be provoked by an action that is low, revolting, heinous, or filthy. The colon moves “matter” along toward the outside. Colon problems often include similar notions of progression—the sense of a route that needs to be traveled in order to eliminate what is useless or dirty. The colon also reabsorbs water contained in the matter: this may relate to conflicts of wanting to hold on to something, such as a mother’s love. The ascending colon may relate to issues with parents, the transverse colon to conflicts with siblings and cousins, and the descending colon to problems with children.

Individuals with **colitis** have usually encountered indigestible things or been in situations that were indigestible, repeatedly—in fits and starts. **Hemorrhagic recto-colitis** involves the healing of a conflict of an undigested, gross annoyance. During the healing phase, bleeding arises from sweeping away the tumor developed at the expense of the mucosal layer. As soon as the conflict recurs, the patient becomes asymptomatic. In the case of profuse bleeding that does not stop, it can be advantageous to explore a conflict related to the bloodline (see the Spleen section at the end of chapter 5).

Neuronal connection: Brain stem, in left lateral position

Embryologic origin: Endoderm

SIGMOID COLON AND UPPER RECTUM

The following discussion pertains specifically to the submucosal layer of the sigmoid colon and the submucosal layer of the upper two-thirds of the rectum.

The Felt Sense of the Biological Conflict

Problems in the sigmoid colon and upper rectum relate to conflicts concerning something unspeakable, despicable, “crappy,” or loathsome. This is usually an annoyance that you can’t manage to eliminate. The conflict is provoked by a gross or hateful action that may be impossible to pardon. This is often a large annoyance in relation to the family concerning a “dirty deed” that is impossible to digest.

Examples:

- Mr. D had a rectal tumor. He told me how he had recently decided to buy a restaurant with a female friend of his. This was a very joyful undertaking for him. On the day of signing at the lawyer’s office, she phoned him to say, “I’m not going to buy this restaurant with you after all. You go it alone!” He felt a strong sense of injustice at this dirty deed, but he said nothing. His energy went within the intestinal walls and scoured, in order, as he told me, to get rid of the negative energy that had infected the walls. This experience also related emotionally to Mr. D’s handicapped son, who was unable to speak. Weeping for the first time, Mr. D said, “What happened to him is awful. He doesn’t have and won’t have any kind of life.”
- Mrs. Y had a tumor in her lower colon. She confided to me, “I can’t stand having negative emotions such as anger. I feel dirtied by my emotions; I want to eliminate them.” On top of this, she wanted to kick out her husband but didn’t do it.

Neuronal connection: In the brain stem, left lateral position

Embryologic origin: Endoderm

LOWER RECTUM

Biologically, the lower rectum and anus have functions that are strongly connected to identity. Dogs sniff each other's anuses when meeting. The panda has a gland near the anus that functions in expressing its identity. Animals often go to the center of their territory and, once there, have a bowel movement.

The following discussion pertains to the lower third of the mucosal layer of the rectum.

The Felt Sense of the Biological Conflict

Problems in the lower rectum relate to a female identity conflict. There is often a sense of lack—not knowing one's place, feeling that one's place has been taken by someone else, or not feeling recognized in the family. This conflict may stem from a situation that has been experienced badly or arranged badly within a territory. There can be a sense of being divided between two roles or two groups of people. This relates to the difficulty of finding one's place within a family, which is felt as a separation and a loss of one's role within the clan. This is also connected to a fear of being abandoned in a territory. These conflicts may have a semi-sexual tenor related to the fear of not being able to find one's identity. For left-handed people, problems in the lower rectum often involve conflicts of rancor in a territory.

Examples:

- A young boy came to see me with problems in the lower rectum. He described experiencing an emotional shock when his classmates at school said to him, "You don't even know who your father is."
- Itching or pruritis of the anus relates specifically to separation from one's identity or sense of self. A woman who came to see me was experiencing anal pruritis regularly from 6 p.m. to 6 a.m. Five years before, she had given birth and was then separated from her baby for two nights.
- Another woman who suffered from anal pruritis felt separated from her identity because her church would not permit her to use the name of her father, whom she loved so dearly, because she had been conceived before marriage.

Neuronal connection: Left temporal cortex

Embryologic origin: Ectoderm

GENERAL DIGESTIVE DISORDERS

Digestive disorders can affect one or more of the organs and tissues in the digestive system.

Belching

Belching can relate to a lack of air, lightness, or freedom in friendly exchanges. It can also indicate an inability to accept that a relationship is heavy or laden.

Constipation

Numerous causes are possible for this condition, including:

- Conflicts of identity in the territory, or conflicts of separation and isolation, that create an anesthetizing of the rectum (active phase), which becomes unable to sense that it is full. Information doesn't move to the brain, which then can't give the command to defecate. The result is constipation followed by soft stools. If the conflict is not strong, the result may be a sensation of cold.
- Conflicts of the motor functions of the lower body, which initiate a stress phase that creates paralysis of the rectum and then constipation. This may take place on a trip or when preparing to leave for school or the hospital—it is the feeling of having to go but not wanting to. In the stress phase, the individual experiences constipation and hard stools. In the repair phase, the individual may experience colic and pain.
- Conflicts of fear of not being able to move something along. This can be a fear of food that one is unable to move along and that remains blocked, or it can be something else in one's life that isn't moving along—a house that is impossible to sell, for example. These are situations that one doesn't know how to solve, how to get the filth to slide along, so in the meantime one blocks, reflects, and takes time. The stress phase brings constipation and hard stools. The repair phase brings colic and pain.

- Conflicts of wanting to hold on to love. These are linked to the colon's function of reabsorbing water from the content of the passing matter. This desire to hold on to or reabsorb love may be especially relevant to maternal relationships.

Note: In the repair phase, all individuals make better use of food, absorbing 90 percent of nutritional value instead of 40 percent. In the repair phase, people may eat in the same way but eliminate less, so they put on weight. This is a false constipation. In the repair phase, the colon must put itself back into the stress phase in order to empty its contents. But if the repair phase is too extensive, the temporary stress phase will be difficult or impossible and the constipation will persist.

Diarrhea

Diarrhea may relate to a conflict of annoyance that one manages to withstand. It also relates to conflicts of visceral fear, as well as to minor conflicts revolving around lack of kindness. Diarrhea occurs during the stress phase. If there are repeated conflicts, colitis can appear in the repair phase. Digestive difficulties related to thyroid function may cause soft stools. The person with this condition has to have finished everything before beginning something new. In the case of diarrhea associated with irritable bowel syndrome, there is a conflict of not wanting to digest in an atmosphere of impotence.

Some diarrhea is the result of non-assimilation. This is likely to occur if one doesn't know how to say no, how to refuse or stop. This could be in regard to anything entering one's personal space, be it food, information, a proposal, or an order. In this situation, the stop must happen lower down. The intestine refuses to digest, and things get eliminated as is. Some diarrhea is the result of the acceleration of peristalsis. This occurs when there is the desire to accelerate things—time, transportation, or some other aspect of life.

Example:

- Mrs. R always took on other people's problems. She wasn't able to sort out the nourishing from the junk, but ingested everything and left it to her stomach to forcefully reject what she consumed. She didn't want to disappoint, so she gobbled down everything. She then

wanted to eliminate other people's problems, and above all clean up the impure in herself. This manifested in frequent diarrhea.

Intestinal Gas

Intestinal gas is caused by conflicts in the motor functions of peristalsis, involving some waste that cannot be digested, something that cannot be slipped through or emptied. In the stress phase, odorless intestinal gas pushes the feces and chyme in order to avoid bowel obstruction. Here we see the inventiveness of the body: if something gets plugged, gas is produced to clear the blockage. Intestinal gas can also result when the pancreatic and hepatic fluids don't get through so the food ferments and malodorous gas gets produced in the intestines. Intestinal gas relates to the emotional conflict of wanting to eliminate foul-ups in order to get back to a place of freedom. It can also manifest when someone is experiencing a series of problems—that is, as soon as one problem is solved, another immediately appears.

Vomiting

Vomiting indicates a conflict of intestinal motor function and the impossibility of moving food through the system. This relates to conflicts of fear. It is not uncommon for children who have fears, or even fright or anguish, to vomit because of them. Vomiting can also relate to the rejection of what has been proposed or imposed on you. Spasms and vomiting may occur during the stress phase of problems in the duodenum or of the ectodermic stomach. Gastroduodenal ulcers also appear in the stress phase. The repair phase relates to the white muscles of the intestine.



4

ENDOCRINOLOGY

Two regulatory systems keep the balance among all body functions: the nervous system and the endocrine system. The nervous system uses electrical and chemical signals to interact with the body's organs, muscles, glands, and senses. The endocrine system uses chemical signals—hormones—that may target virtually any part of the organism. Hormones are secreted by the following endocrine glands: the **pituitary, thyroid, parathyroid, adrenal cortex**, pineal, and thymus, as well as by parts of the ovaries, testes, **pancreas**, kidneys, stomach, small intestine, and placenta. As for the exocrine glands (like digestive glands and sweat glands), their products are secreted not into the bloodstream, but instead toward the outside or toward body cavities.

ADRENAL CORTEX

Above each of the two kidneys sits an adrenal gland, each of which has two distinct regions: the adrenal medulla and the adrenal cortex. The adrenal cortex produces hormones that regulate carbohydrate and fat metabolism as well as salt and water balances in the body. The adrenal cortex also mediates the body's stress response. The discussion that follows pertains to the middle cortical layer, the part of the adrenal cortex that produces cortisol.

It is worth noting that the adrenal cortex and the gonads are very close in their embryologic nature, having a common origin. Both manufacture cortisol and sex hormones.

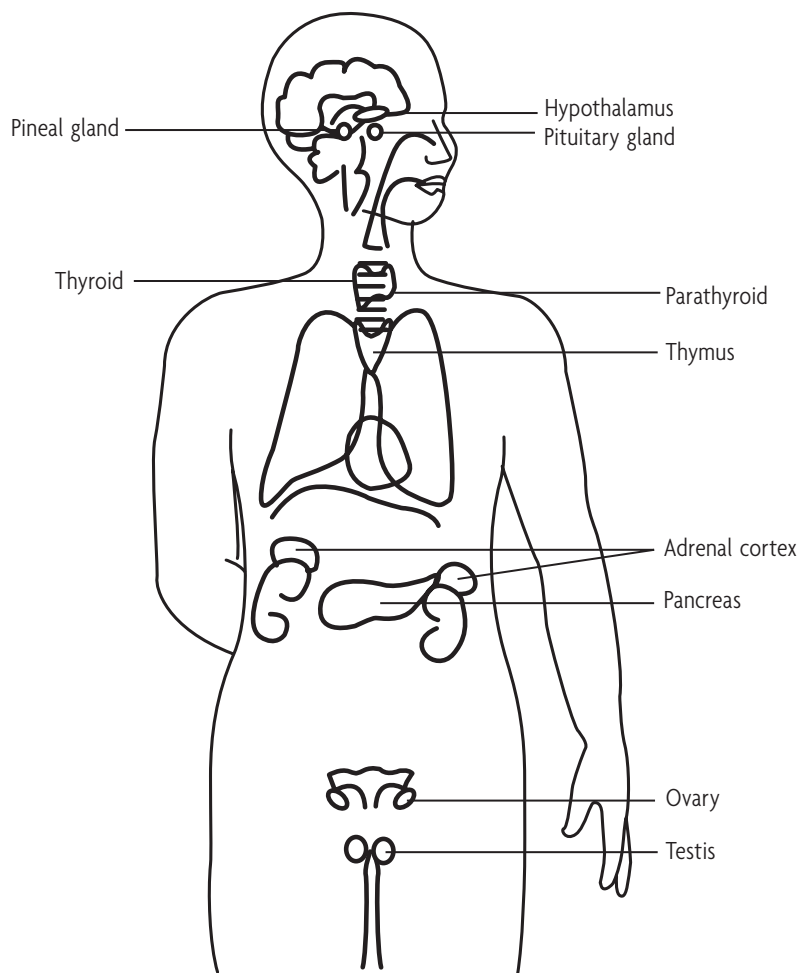


Figure 4.1. Endocrine system

The Felt Sense of the Biological Conflict

Problems with the adrenal cortex and cortisol production relate to a fear of taking a wrong turn in life. This fear of having gone in the wrong direction, of being on the wrong path, whether it's a real, imaginary, or symbolic one, may result in a loss of self-esteem for not having found the right road. The feelings of being lost may also relate to having strayed from the flock.

When a lost animal, in search of his flock, takes the wrong road, nature deadens the adrenal cortex so that the gland no longer works. This means that although the animal wants to be active and run, he no longer has the strength to continue along the wrong way. He stops, exhausted. (It's the absence of the secretion of cortisol that produces

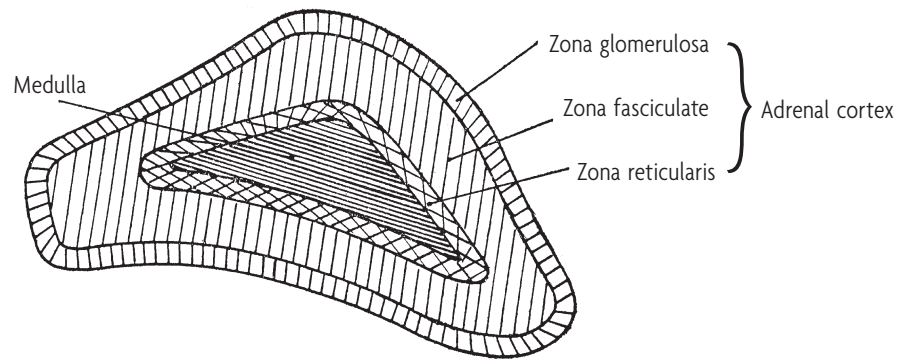


Figure 4.2. Structure of the adrenal gland

this fatigue.) The result is that he cannot continue to distance himself from the flock. This is a life-saving mechanism, keeping the animal close to the flock so that he has more chance of finding it again. When the animal is back on the right track, a healing phase happens. The necrosis of the adrenal gland is quickly reversed and the animal can find the flock again at top speed. While you would expect the animal to be tired in the healing phase, nature produces an “injection” of cortisol, facilitating the return to the flock. Nature is capable of inventing an adequate response to any situation. Biological meaning is found just as much in the conflict phase as in the healing phase.

Example:

- At the first consultation, Ms. M parked in front of the office door and then walked off looking for the office elsewhere. She had seen several therapists over a period of three years because her energy had been depleted.

Ms. M had never left her family. When her mother died, she took her mother's place. She told me that her goal was to find the right path. In December 1991, she was in a job that she didn't like because she didn't feel she belonged there. In January 1992, she began a degree in social relations. In June 1992, she realized that the program wasn't what she expected, yet she continued for three years without believing in it.

While Ms. M was looking for the right path, she produced an adrenal conflict that resulted in a drop in cortisol and its accompanying fatigue.

Neuronal connection: Brain marrow

Embryologic origin: New mesoderm

PANCREAS

The pancreas contains exocrine cells, which secrete digestive enzymes into the small intestine, and endocrine cells, which secrete hormones that help regulate blood sugar balance. The following discussion pertains only to the endocrine cells of the pancreas, called the islets of Langerhans.

Specific Disorders of the Pancreas

The two main disorders of the pancreas's endocrine function are hypo- and hyperglycemia.

Two Types of Blood Sugar Imbalance

For right-handed people:

resistance → right male ectoderm → beta cells → insulin → hyperglycemia


loathing → left female ectoderm → alpha cells → glucagon → hypoglycemia

The opposite applies for left-handed persons.

Hyperglycemia

Hyperglycemia is an increase in plasma glucose (blood sugar), which can turn into a complex medical condition if not treated promptly and adequately. Symptoms of hyperglycemia are an excess of urine and excessive thirst and hunger. Hyperglycemia is usually the first sign of diabetes mellitus. Hyperglycemia involves the islets of Langerhans in the pancreas and beta cells.

Hyperglycemia and its associated health problems are related to an essentially male conflict of the right hemisphere. The conflict is one of fear and resistance with regard to someone or something. I have seen this conflict emerge in people who were hospitalized unwillingly or had an abortion against their will, for instance. This is a conflict of feeling pushed into doing something horrible, like harming oneself. In each of these conflicts, it's necessary to prepare for action, so



the body puts sugar in the arteries to make it available quickly to the muscles when they have to act. After a certain point, if this mechanism is overused, the function will have trouble starting up again.

Hyperglycemia can develop when one is coasting along through life and then suddenly a frightful ordeal happens. It's hard to move into action, but the sugar is ready—it's waiting there in the blood. At first the body resists the struggle, halting the secretion of insulin until the moment of "combat." It's during this resistance that hyperglycemia occurs. Later, when the moment of combat happens, the sugar is ready to be used immediately by the muscles. For the left-handed person in particular, hyperglycemia relates to issues of fear and loathing.

Hyperglycemia also relates to conflicts of softness and authority. Insulin is associated with authority and sugar with softness. The diabetic seeks softness, softness and nothing but softness, in all relationships. This individual feels confronted by authority and unable to resist it, but he wants affection. Certain diabetics are occasionally susceptible or have an inclination to be very slightly paranoid when it comes to remarks made by those around them.

Within the word *diabetes* we find *dia*, meaning "across" or "through" and suggesting a division in two, and *bete*, suggesting *beith*, which means "house" in Hebrew. In cases of diabetes, there is often a house that is cut in two. The individual feels excluded from affection and separated from the home. This causes a sense of injustice and feelings of being on the outside while all of the softness and affection is inside.

The therapist working with someone with diabetes needs to look at issues of softness vs. authority and resistance vs. action to determine if these pairs are balanced.

Examples:

- Mr. G was an immigrant from Spain. He was the only one in his ninth-grade class who wouldn't be taking the skiing class, since his family couldn't afford the expense. In front of the whole class he had to say that he wasn't going. He resisted doing this. He had a fear of speaking in front of everyone and he lost sleep over it. He finally moved into action, because he had to. He described to me how the rest of the class would take advantage of the softness of the snow, but he wouldn't be able to; he remained on the outside

with no access to the softness. A few days later he was hospitalized for a diabetic coma.

- Mrs. X was afflicted with hyperglycemia. She told me about reluctantly taking a trip to Thailand that she didn't want to take. She didn't like the country and she felt nauseous and a great sense of loathing at the teeming population. She felt that everything was depraved. She saw prostitution and other shocking sexual scenes. She saw people eating grasshoppers, she saw cobras, and she saw crocodiles being raised in dirty water. She saw it as the end of the world and was very fearful. She regretted taking the trip.

Mrs. X was heavily influenced by the Catholic education of her childhood and the notion of heaven and hell. She equated Thailand with hell and its sin, dirtiness, and impish devils. Her husband was her angel who protected her from hell. However, even though they lived under one roof, they led separate lives; the house was cut in two.

Neuronal connection: Cerebral cortex, in frontal position to the right of the diencephalons

Embryologic origin: Ectoderm

Hypoglycemia

Hypoglycemia is a low level of plasma glucose (blood sugar). It's a dangerous condition because glucose is the major source of energy for the brain. The causes of hypoglycemia can vary but it generally occurs after insulin excess and/or inadequate glucose intake. These situations are common in people with diabetes who receive too much insulin or who don't eat enough.

Glucagon is secreted by the alpha cells of the islets of Langerhans. It is released during hypoglycemia and causes the liver to convert stored glycogen into glucose and release it into the bloodstream (elevating the level of sugar in the blood). The action of glucagon is thus opposite to that of insulin, which instructs the body's cells to take in glucose from the blood in times of satiation.

Hypoglycemia concerns conflicts of anguished loathing, fear, and disgust. It often involves something imposed on an individual that is met with resistance. The individual refuses to absorb this "sugar." For

left-handed people in particular, hypoglycemia is symptomatic of conflicts of fear and resistance.

Note: If after a single emotional shock, there is a central conflict without aggregation or resolution, the two pathologies may exist together: hypoglycemia and hyperglycemia. But one will predominate.

Examples:

- Mrs. N believed she was obese. When she saw herself in the mirror, which happened several times a day, her body disgusted her. This provoked hypoglycemia, which provoked increased appetite. She became caught up in a cycle in which she ate, put on weight, and felt self-loathing.
- Mrs. Y had a fear of bacteria: they gave her a feeling of disgust and of loathing—like touching something dirty. She also mentioned to me that her mother never touched her. Mrs. Y had frequent episodes of hypoglycemia.

Neuronal connection: Cerebral cortex, in frontal position to the left of the diencephalons

Embryologic origin: Ectoderm

PARATHYROID GLANDS

The parathyroid glands are small endocrine glands located in the neck, on the posterior surface of the thyroid gland. Through their production of parathyroid hormone (PTH, also known as parathormone), the parathyroid glands maintain the body's calcium level so that the nervous and muscular systems can function properly. PTH is a small protein that has effects antagonistic to those of calcitonin (a hormone produced primarily in the thyroid that reduces blood calcium).

The Felt Sense of the Biological Conflict

Calcium accelerates certain vital biological processes. Conflicts related to the parathyroid glands are about not managing to do what is necessary to attain and integrate that which is desired or needed—not being able to catch or to swallow “the morsel.” Conflicts of the parathyroid

gland also relate to wanting to build up oneself—as PTH does with calcium in the body. This also relates to finding balance with parents who may be trying to exert their authority.

PITUITARY GLAND

The following material relates specifically to the anterior lobe of the pituitary gland, also called the adenohypophysis. Under the influence of the hypothalamus, the anterior pituitary produces and secretes several hormones that regulate many physiological processes, including stress, growth, and reproduction.

The Felt Sense of the Biological Conflict

In an attack on the pituitary, the part of the gland that is affected has meaning. If the problem relates to the hormone prolactin, it is associated with an inaccessible partner or an inability to nourish related to the breasts. One woman who consulted me believed that she didn't know how to nourish her family. Her body increased its secretion of prolactin, which resulted in a large production of milk.

Problems involving the secretion of ACTH (the hormone that stimulates the adrenal cortex) relate to conflicts of feeling unable to be dynamic enough, of feeling that you don't have what it takes to find the right direction. This conflict occurs particularly in relation to plans.

Problems that involve the secretion of the human growth hormone, hGH, relate to feeling inadequate to reach that which you desire. I call this “the giraffe complex,” and the associated conflicts can relate to height literally or to feelings of inadequacy and not feeling “up to” the circumstances. This sometimes involves perfectionists who feel that they don't have the right to make a mistake in the eyes of their family or of society.

Individuals with severe growth disorders related to growth hormone deficiency may fear having to haul themselves up or extend themselves to reach that which they desire. These disorders also relate to issues in which a child is forbidden to grow up or there is some perceived danger in growing up.

Examples:

- Mr. C suffered from acromegaly, a hormonal disorder in which the pituitary gland produces excess growth hormone. One of the symptoms of this disorder is enlarging hands. Mr. C described to me his need to use his arms and hands to defend himself and to impress others. He told me, “I must always be stronger than others.”
- Mr. J experienced impotence related to a pituitary disorder. He had emotional conflicts around pleasure and feelings of inadequacy.
- A couple had committed to buying a house with a large loan. The woman ended up leaving her husband, saddling him with a monthly payment close to the size of his monthly salary. He couldn’t bring himself to sell the house and took on the payments. But some years later, his former wife demanded a larger amount of alimony. The man experienced a shock. He explained, “I had to drag myself up, fight to manage to keep my head above water, to win the battle.” He said that after this blow, he “couldn’t make any mistake.” In fact, he had left only what he needed in order to eat. During this time, he developed a pituitary problem.
- A student who came to see me experienced stunted growth after being unable to move up to the next grade with her classmates.

Neuronal connection: Right brain stem

Embryologic origin: Endoderm

THYROID

The thyroid is located on the anterior side of the neck, over the trachea, at about the same level as the cricoid cartilage. This butterfly-shaped gland is one of the largest endocrine glands in the body. By producing thyroid hormones, the thyroid controls how quickly the body burns energy and makes proteins, and determines the body’s sensitivity to other hormones. Hyperthyroidism (overactive thyroid) and hypothyroidism (underactive thyroid) are the most common problems of the thyroid gland.

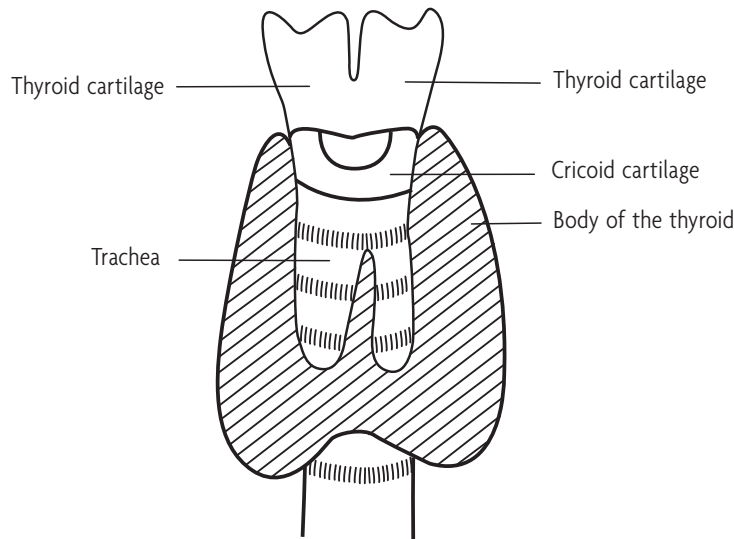


Figure 4.3. Thyroid gland

The Felt Sense of the Biological Conflict

The issues covered in the following Thyroid section are also relevant to parathyroid problems.

Thyroid symptoms relate to conflicts of not being fast enough to catch what is desired or not quick enough to incorporate or make the best use of what is desired. This may relate to food—causing the individual to feel the need to eat more and more quickly—or to something entirely different.

Specific Disorders of the Thyroid

- **Exophthalmos:** This is a bulging of the eye, anteriorly out of the orbit. Swelling in the orbital tissues causes the eye to be pushed forward. This condition is one of the symptoms of thyroid eye disease, an autoimmune eye condition that, while separate from thyroid disease, is often seen in conjunction with Graves' disease (a common form of hyperthyroidism).

This condition is related to the conflict of the prey that enlarges its field of vision in order to see danger coming and get away in time. There is pressure to catch the image of danger as fast as possible. This can also be the conflict of wanting to catch the “morsel” with the eyes, wanting to see something come about, or “having eyes that are bigger than one’s stomach.”

- **Hyperthyroidism:** Someone with hyperthyroidism will experience accelerated metabolism and the compulsion to act more quickly. This relates to feeling that events pass one by, either because of fatigue, or from an inability to manage or organize oneself, or from the fact of having several equally urgent things to do at the same time. This conflict relates to the common worry of adults regarding children: “He’s going to fall. I won’t get there in time.” This is also the conflict of “the river fish,” a carnivorous fish who waits in the river to capture his prey. But all too often a bird eats the mosquitoes and flies before they reach the river and the fish. The conflict for the fish is, “*I always have to be faster or else I’ll die. So I activate my thyroid.*” In response, the thyroid gland produces more thyroxine, causing hyperthyroidism.
- **Hypothyroidism:** The signs and symptoms of hypothyroidism vary widely, depending on the severity of the hormone deficiency. Problems tend to develop slowly, often over a number of years, and the first signs are often fatigue and sluggishness. But as the metabolism continues to slow, more-obvious signs and symptoms are likely to develop. An underactive thyroid has been damaged by conflicts that have gone on for an excessive period of time.

Examples:

- Mrs. Q never felt fast enough to get anything done. She produced a tumor on her thyroid, which increased the production of thyroxine and she became faster. This was the adaptation. When she recognized this pattern and accomplished some of her goals, healing followed.
- Every time that Miss Y had to go to school, she would anxiously watch the clock because her mother always took her there late and she dreaded that. She always felt the sense of “I have to hurry.” As we’ve discussed, the part of the body that accelerates processes, that moves us into hyper-action, that reduces the time it takes to get things going, is the thyroid. It is from this process that hyperthyroidism arises.
- Mrs. F complained because in her job, she was obliged to do quickly tasks that she disliked doing and that others in the company didn’t have to do at all. She developed an autoimmune system illness involving antithyroid antibodies.

Neuronal connection: Right brain stem

Embryologic origin: Endoderm

THYROID DUCTS

The following information pertains specifically to the excretory ducts of the thyroid and to ganglions on the anterior side of the neck.

The Felt Sense of the Biological Conflict

Disorders of the thyroid ducts relate to conflicts of powerlessness, impotence, and fear—the feeling that something must be done and nobody is doing anything, or that there is too much that needs to be done in a limited amount of time. This is a conflict of not being able to act quickly enough, of having the hands tied, of not being able to do anything at a time when action is urgently needed. It may also be a case of waiting until the last minute to do something and then seeing that you haven't left sufficient time. These conflicts relate to a fear of confronting problems—this may be a frontal fear in the face of danger, when one is unable to sound a warning but remains in the territory nonetheless. This is a fear of needing to fight and feeling impotent, or feeling that the battle ahead is insurmountable. In left-handed people in particular, there can be an associated fear of illness, a fear that your body is going to let you down. (See also Lymph Nodes of the Head and Neck in the next chapter.)

Specific Disorders Associated with the Thyroid

Excretory Ducts

- **Hashimoto's disease (autoimmune thyroiditis):** Hypothyroidism is most commonly caused by Hashimoto's disease. In this autoimmune disease, the body's antibodies attack the cells of the thyroid, causing gradual destruction of the gland and making it unable to produce the thyroid hormones the body needs. This disorder is related to a stress phase and conflict of impotence. It can also be associated with births that occurred under conditions that happened too quickly.
- **Hyperthyroidism:** This condition is related to the feeling that you must act quickly but that you will be able to make it.

- **Hypothyroidism:** This condition is related to the feeling that you must act quickly, but that despite all efforts, you're not going to make it.
- **Low levels of thyroid-stimulating hormone (TSH):** The problem here is also related to intention versus core belief. The individual has the intention to get where he needs to go but does not believe that it will really happen.
- **Myxedema and hypothyroidism:** Myxedema is a skin and tissue disorder usually due to severe, prolonged hypothyroidism. Several situations are possible. These conditions can be associated with a recurrent tumor in the general parenchyma and a drop in the level of thyroxine T4 (an endodermic conflict); depletion of the gland (endodermic conflict); or a tumor affecting the ducts (ectodermic conflict), the necrosis of which aims for an accumulated and more-rapid release of thyroid hormones (T3 and T4). During repeated conflicts, through healing edema, the ducts are blocked and there is a marked drop in T3 and T4 levels. The ectodermic conflict is associated with the feeling: *"I have to act fast and I'm not going to make it!"*
- **Thyroid nodule:** Nodules may be related to a fear of strangulation. A "cold" nodule (composed of cells that are not making thyroid hormone) may occur in the healing phase after hyperthyroidism. The gland, having formerly secreted excessively, when the patient needed to be hyperactive, was hot during the stress phase. Then the solution happened and the thyroid cooled down and produced a nodule. There are as many different nodule scenarios as there are conflicts.

In the case of a multi-nodular goiter, with hot zones and cold zones, the mind is in active conflict about certain events in everyday life while at the same time it is in a solution phase for other events from the past.

Examples:

- Mr. U was a very gentle and mild foreman. When he presented with thyroid problems, he spoke of his experience of shock when there was an uproar in the factory where he worked in which stones were being thrown between employer and employee. He was

stuck between the two and wanted to move but couldn't. He said, "I had to act quickly. The situation was dangerous for everyone, but what was to be done? I didn't want to take sides." He had a feeling of impotence in the face of danger. He was ashamed that he remained passive. As soon as the conflict was over, he wanted to quickly change jobs. In addition, his son had a kidney disease that required a lifetime of treatment. He said, "They should have acted quickly; they didn't do anything."

- Mrs. C had pulmonary metastasis of a thyroid tumor. She said to me, "I'm hurrying to live since my death is close. Death is going to arrive suddenly and is secondary to the thyroid problem."

Neuronal connection: Cerebral cortex, left frontal position (very significant source area in size)

Embryologic origin: Ectoderm



5

HEMATOLOGY

In order to meet the body's needs of food and oxygen, and in order to eliminate waste and manufactured by-products, our cells require continual irrigation from the flow of **blood**. In fact, all the elements that are necessary for life are exchanged through the blood.

The following blood cells are found within the liquid blood plasma:

- **Red blood cells** transport oxygen and carbon dioxide
- **White blood cells** seek out foreign matter
- **Platelets** coagulate the blood to avoid its loss through hemorrhaging

Running parallel to the circulation of blood is the circulation of **lymph**, through the lymph vessels and lymph nodes. Lymph carries certain proteins and fats collected from the digestive system. One of its essential roles as part of the immune system is to distinguish what is "me" from what is not me, so that any undesirable foreign body is eliminated.

BLOOD

The following information relates specifically to blood production, which takes place in the bone marrow.





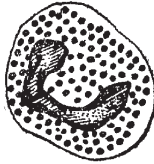


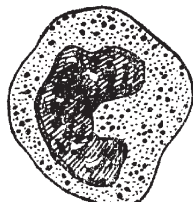
	CHARACTER	NUMBER	SIZE	ORIGIN
Red blood cells (erythrocytes)		 5,000,000 per mm ³	7 μ	Red marrow in the bones
Platelets		200,000 to 400,000 per mm ³	3.5 μ	
White blood cells	Neutrophil granulocytes	 60 to 65%	10 to 11 μ	
Polymorphonuclear leucocytes or granulocytes	Eosinophil (or acidophil) granulocytes	 1 to 2%	10 to 11 μ	6,000 to 8,000 per mm ³
	Basophil granulocytes	 0.5 to 1%	10 to 11 μ	
Agranulocytes	Lymphocyte	 25%	6 to 12 μ	Lymphatic organs
	Monocyte	 10%	15 to 25 μ	Reticuloendothelial system

Figure 5.1. The elements of blood

The Felt Sense of the Biological Conflict

Problems related to blood production are associated with a total and absolute reduction in self-esteem in which one feels that life no longer has meaning. The whole body is affected—all the white blood cells, the red blood cells, and the platelets.

In the case of a localized feeling of low self-esteem (feeling oneself to be a bad spouse, incompetent in sports, etc.), there won't be serious blood ailments. Base cells in the skeleton will continue the production of blood. But with a total, absolute reduction of self-esteem, disorders of blood production are likely to manifest.

Blood problems often afflict children, who especially need support—from the skeleton, attentive parents, supportive teachers, etc. When analyzing blood disorders, it is important to first of all identify when the related emotional shock occurred; the nature of the conflict, as well as its duration and intensity, are vital details. Has there been a complete resolution of the conflict? Gather all the psychological, mental, and organic data that are relevant to the genesis and evolution of the event and the illness. Constantly monitor the psychological, mental, and organic progress and always treat in relation to and in collaboration with trained medical professionals.

For information specific to the platelets of the blood, see the Spleen section at the end of this chapter.

Specific Disorders of the Blood

- **Acute lymphocytic leukemia:** This type of leukemia most often affects children and it corresponds with a complete loss of self-esteem. It relates to being forbidden to grow up or sensing a danger in growing up.
- **Anemia** is a deficiency of oxygen in the blood. This is related to a loss of what makes us feel alive, what sustains us.
- **Hypercalcaemia** appears when our hard-and-fast “values” become fluid, soft, unstable, no longer fixed.
- **Hypersideremia (high iron levels):** Increased iron in the blood can be due either to a loss of self-esteem because of an unrealized or unexpressed potential or to a conflict of lack. In either case, the liver's ability to signal “too much iron” is compromised, and the level of iron continues to increase.

- **Monocytic leukemia:** This is a type of myeloid leukemia characterized by a dominance of monocytes in the bone marrow. This condition is related to the memory between the brain and the tissues and a diminution in the immune system. Individuals with monocytic leukemia have conflicts related to their own self-defense. They may be attacked, particularly by the family, and say or do nothing.
- **Petechiae, purpura:** Small red dots from broken blood vessels appear on the skin when conflicts of separation are coupled with a reduction of self-worth (especially feeling unsuited for battle).
- **Plasmocytosis** can occur in conflicts of having to be the strongest, the only master on board. Or there may be a reduction of self-worth in a conflict of separation.
- **Polycythemia:** In this condition, there is an increase in the number of red blood cells in the body. This is related to a fear of dying from blood ties—for instance, if you had a grandmother who died from a hemorrhage. The associated conflict may also be a direct fear of having a lack of red blood cells.

Example:

- I met with a young girl whose parents divorced before her birth. The father regularly picked up the older brother for visits but never her. Three years went by and then he seemingly remembered that he had a daughter. For the first time he took her home with him. A few days later, she experienced intense fatigue and night sweats and was ultimately diagnosed with leukemia.

Neuronal connection: Brain marrow

Embryologic origin: New mesoderm

LYMPH

Lymph vessels are thin channels that carry lymph around the body. Lymph nodes are small, rounded or bean-shaped masses of lymphatic tissue where several lymph vessels connect. Lymph nodes filter the lymphatic fluid and are critical for the body's immune response. During a physical examination, doctors often look for swollen lymph nodes on the neck, around the collarbone, and in the armpit and groin.

The Felt Sense of the Biological Conflict

Problems with the lymph nodes and vessels are related to deep anguish and a loss of self-esteem. There is an associated fear of the future, of things foreign, of what is not “I.” Biologically, when we feel attacked or threatened in some way, we want to defend ourselves and we look for protection. We scour the lymphatic network, increasing the flow and the maturing of the lymphocytes and monocytes, which are our defense system. This is the body sorting out what is not “I.”

The physical location where the illness manifests relates to the nature of the underlying conflict. The nodes under the arms are often additions to the original conflict—a secondary conflict of anguish and low self-esteem. These nodes swell up during the healing phase. For a right-handed person, problems with nodes in the left armpit relate to feelings of being a bad parent. This is sometimes accompanied by a decalcification of the humerus. Symptoms in the nodes of the right armpit often occur when a right-handed person feels that he or she is a bad partner. These associations are reversed in left-handed people.

Examples:

- A doctor carried out an in-depth examination on a worried patient without saying a word. The patient felt such anxiety for the inguinal region that she later manifested inflammation in a lymph node in her groin.
- Mr. G had erection difficulties. He met a woman who made fun of him and he experienced great anguish and loss of self-esteem in the sexual domain. He developed large nodes in the inguinal and pelvic region after meeting a woman who was understanding of his condition.

Neuronal connection: Brain marrow (toward its exterior)

Embryologic origin: New mesoderm

Lymph Nodes of the Head and Neck

The following material relates specifically to lymphatic circulation in the upper body—the head, the mediastinum in the thoracic cavity, and the posterior part of the neck—originating in the branchial arches. The

ducts go from the ears toward the neck and skirt the esophagus, then their liquid contents flow into the stomach. Repeated hiatal hernias can injure the upper-body nodes.

The Felt Sense of the Biological Conflict

Problems in the upper-body nodes can relate to male frontal fear in which the reaction is to attack when threatened. Upper-body-node problems are also related to a fear of illness and all that it entails: hospitals, treatment, and prognosis. There may be a particular fear of a diagnosis of cancer. Individuals may have great difficulty in confronting danger, putting themselves in front of it. There is an associated sense of feeling thrown, of not being able to count on your physical body or emotional state; of feeling that either could abandon you at any moment. For left-handed people in particular, there is a conflict of feeling powerless in the face of an emergency, of feeling that they don't have the right to defend themselves.

Examples:

- A man who consulted me about problems with his upper-body nodes described his child having an accident right in front of him. He could see the danger in front of him but was powerless to stop it.
- Mr. B was in good health when one day he experienced severe vertigo for several hours. He underwent the shock of the fear of a serious illness—a conflict that he slowly resolved, little by little. About a month later, however, the same vertigo began again and this time was even stronger. Again, Mr. B experienced great fear of a serious illness. His doctor calmed him a little and with time he constructed a solution. Shortly after, a nodule appeared on his neck.

Neuronal connection: Right frontal cortex

Embryologic origin: Ectoderm

SPLEEN

The spleen is a fist-sized organ located in the upper left part of the abdomen, between the stomach and the diaphragm. The largest lymphatic organ in the body, the spleen helps control the amount of blood in the body and destroys old and damaged blood cells. People can live without a spleen; however, its absence impairs the body's ability to fight certain infections. One of the spleen's more minor functions is to store platelets. The following discussion of the spleen also relates to blood platelets.

The Felt Sense of the Biological Conflict

Problems with the spleen relate to conflicts linked to the blood—intense fear of losing blood or intense fear during a transfusion. Blood transfusions can provoke a shock because our minds cannot make a distinction between transfusion and bleeding. There is a risk of a vicious circle: the hemorrhage creates a shock of fear linked to the blood; this stress causes the number of platelets to drop, which induces a hemorrhage.

In nature, an animal's wound is equivalent to a loss of self-esteem. Problems with the spleen relate to these conflicts of wounding—feelings of not being up to a battle because of a large, bleeding wound or of any kind of ineptitude related to the blood. The spleen is associated with humiliation and feelings of inadequacy—feeling unable to fight due to a lack of blood or vitality. The spleen enlarges (splenomegaly) in order to become a reservoir of blood: *"I'm in danger of being short of blood, so I build a reserve, just in case."*

Whereas the spleen can reflect conflicts of lowered self-esteem linked to the blood, platelets are associated with the desire to be pleasing. An increase in platelets relates to a conflict of joining—for instance, feeling misplaced in a family situation. **Idiopathic thrombocytopenic purpura (ITP)** is a systemic condition characterized by a low platelet count. It relates to illness of the bloodline, perhaps having no line of descent.

Examples:

I have seen individuals with spleen problems who experienced the following conflicts:

- Feelings of not having good blood

- Panic after spitting blood
- Having a hand mangled by a machine and being haunted by the vision of blood everywhere
- Fear of being short of blood
- Shock during a straightforward blood-testing exercise, such as a cholesterol test

Neuronal connection: Brain marrow, on the right parietal side

Embryologic origin: New mesoderm



6

NEUROLOGY

Our discussion of neurology is divided into two sections: the **brain** and the **nerves**.

BRAIN

The human brain is composed of approximately 10 percent neurons and 90 percent glial cells, which are also called neuroglia or simply glia. In a 1,300 g brain, we then have 130 g of neurons; their functions are fundamental. Neurons are the working cells of the brain. They are highly specialized cells that transport and process information. When neurons die, they die at the rate of 30,000 a day. It was long believed that neurons do not regenerate, but recently scientists have found evidence of adult neurogenesis.

Glial cells support, feed, oxygenate, and protect the neurons as well as eliminate their waste. Our discussion of the brain pertains largely to these glial cells, which are really at the service of the neurons. The brain could be likened to a research establishment that has 10 percent researchers (neurons) and 90 percent staff who carry out administrative or logistic functions (glial cells).

There are different types of glial cells, each with specific functions:

- *Microglia* originate from the mesoblast in the embryo. They belong to the reticuloendothelial tissue (as do the nodes and the spleen, for example). The cells are mobile and act as the primary form of

active immune defense in the central nervous system, playing an important role in case of infection. They also help to heal lesions by creating scar tissue. Microglia constitute 20 percent of the brain's total glial cell population.

- *Macroglia*, in contrast, originate from the ectoderm. They proliferate in a fixed location. There are two principal categories of these cells. Astrocytes are the most abundant type of macroglial cell. Their essential function is to draw metabolites (sugar, amino acids, etc.) from the blood and distribute them to the neurons. Oligodendrocytes are macroglial cells that surround, protect, and isolate the neurons by making up the myelin sheath.

Specific Disorders of the Brain


When a person presents cerebral symptoms, such as epilepsy, for example, the glial cells are involved. They manifest and are active in cellular reconstruction. Brain tumors, migraines, headaches, cysts, and hypodense and hyperdense regions are all neurological symptoms that indicate unusual activity of the glial cells.

Brain Tumor

The multiplication of macroglial cells to form tumors corresponds to the conflictual, dramatic felt sense of having to find a solution that is beyond one's usual intellectual possibilities. If you don't make it, if your neurons don't find a solution, the biological solution manufactures additional glial cells. These additional cells will bring the neurons more glucose (which is their principal fuel) and oxygen, so they can work even harder and surpass or exceed their usual capacity.

Astrocytomas (primary intracranial tumors derived from astrocytes) will manifest in an effort to make the "computer" of the brain work better. Oligodendrogliomas (a type of glioma believed to originate from the oligodendrocytes) are often found in people who very much concern themselves with others, who want to envelop and protect everyone. Quite frequently, the glioma appears when the solution for the conflict is found. It is a sign of regeneration, and it indicates a willingness to make the brain more efficient in case a new conflict arises.

Brain tumors always involve a conflict of having to extend oneself



past one's intellectual limits; the location of the tumor will depend on the particular domain in which this need appears. For example, if someone experiences this need in the domain of "territory" (work, home, family), the conflict will affect the neuronal connection involved in questions of territory—the right temporal cortex. If one has to outdo oneself to help someone in the family who has health problems, the multiplication of glial cells will take place in the right frontal lobe. It will take place in the cerebellum if the need is connected to protection from a "dirtying" or defiling experience. In the event of a glioma, it is essential to look for an active conflict in the collecting duct system of the kidney, which will explain the excess of edema in the brain.

Now we will look at one of the ways tumors are formed. In the second phase, after the initial conflict, a repairing edema may occur in the command center of the brain. If the same conflict happens again, with the same emotional tone, the repair operation in the brain (and in the associated organ) will be halted by it. The healing that was in process has now stopped. A few days later, if a solution is found for the conflict, the healing stage will begin again, creating a repairing edema in the cerebral network. This phenomenon can continue, going from conflict to solution and from solution to conflict, without a complete repair ever taking place: the glial cells never manage to finish the repair because a reactivation of the conflict always occurs. The water contained in the edema stagnates and thickens, turning into a jelly. After what is usually a long period of time—from one to ten years, or more—this accumulation can produce a tumor in the brain. In this case, the brain tumor is caused by multiple recurrences of the same conflict or of a group of conflicts associated with the same cerebral region and taking place over a considerable period of time.

Brain tumors often appear in people who are "coasting," absent-minded, or secretive—people who are used to being in denial and who tend to withdraw.

In conclusion, brain tumors are produced either in a phase of active conflict (when the sympathetic nervous system is dominant) of trying to be more efficient or effective or in the healing phase (when the parasympathetic nervous system is dominant) in the case of someone who is resolving a long-standing conflict. The seriousness of such tumors depends on how quickly the second-phase edema sets in. When the

solution happens quickly, the healing signs are violent, uncomfortable, even dangerous.

In summary, a tumor will be localized in the neuronal network that relates to the felt sense of the conflict. If there is more than one felt sense, there will be a number of edemas in the brain during the healing phase. As the edemas enlarge, if they are localized in the same cerebral region, they will form a single tumor and there will be a simultaneous healing of each felt sense. This situation can arise from a single event, a single shock that has been experienced in a number of ways, or from several conflicts that took place at the same moment or were resolved at the same moment.

Examples:

- Mrs. D, a nurse, worked terribly hard at her job, and at caring for her children as well as for her brothers and sisters. One day as she was coming home from a particularly tiring day of work, her sister and brother-in-law arrived unexpectedly and asked her to prepare one of her special dishes for them. She didn't dare refuse since she wanted to please everyone and ensure that those in her care were well fed.

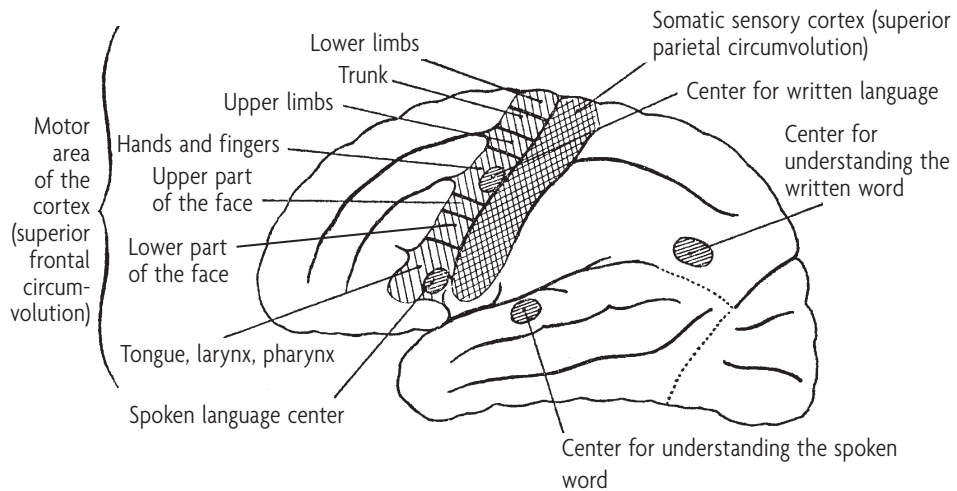
A few days later, a paralysis of the fingers of her right hand set in. She was beginning an oligodendroglioma. Mrs. D had been feeling overwhelmed with her caregiving responsibilities for several years. However, it was this event that triggered her symptoms. Her shock took place in the kitchen when she felt obliged to produce her special dish while at the same time she wanted desperately to send everyone away so she could lie down. She found herself in a double constraint. Her conflict manifested as a motor conflict in the body. Her brain tumor was localized in the neuronal network that controls the muscles of the right hand (left motor cortex).

- A farmer woke up one day with tingling resembling carpal tunnel syndrome and reduced sensitivity in three fingers of the left hand. He was diagnosed with a brain tumor. . . . But why the left hand and why these three fingers in particular? I asked him what had happened in the summer of that year.

He replied, "Nothing at all."

"Are you sure about that?" I asked.

"Nope, nothing!"



*Figure 6.1. Functional localizations of the cortex
(the outer layer of the brain)*

I had his wife, who was in the waiting room, come in and I asked her the same question. She replied, “Don’t you remember, at the end of July, that Arab who came and asked you for work? You said you’d take him on and asked him to be there at 8 o’clock the next morning. He didn’t come but he showed up two days later and began to hurl insults at you because you didn’t want to keep him on. He threatened to set fire to the farm and kill you.”

For this man, this event constituted a shock that reawakened an earlier shock. He had been in the war in Algeria, where he had killed and tortured Algerians. At that time, he held his rifle with the three fingers of the left hand.

The man was very much in denial: He had begun by saying that nothing special happened that summer! Then he began to weep as he recalled these two events. But after a few moments, he regained his composure and declared, “It’s not a big deal—nothing to be sick over.” Bringing these memories to the surface produced a strong emotion in him, which he hurried to cover up or trivialize and which he stopped expressing.

Epilepsy: Tonic-Clonic Seizure (Grand Mal)

Epilepsy is a chronic neurological disorder characterized by recurrent, unprovoked seizures. Generalized seizures are caused by abnormal elec-

trical activity in the brain. There are two primary seizure scenarios: one occurs when the body is put under too much stress. In this case, seizure wards off death from sympathicotonia (a condition in which the sympathetic nervous system dominates the general functioning of the body). This is an emergency mechanism when there is an overly great stress in a fearful subject who is under the influence of a strong emotion. This seizure appears on the day of the stress and is accompanied by an adrenal necrosis. It's a recuperative coma.

The second scenario arises when too many edemas have been created through too much vagotonia (hyperexcitability of the vagus nerve and overdominance of the parasympathetic nervous system). This puts the individual in cardiorespiratory danger and the seizure returns the body to stress and wards off death.

Each seizure conflict has two aspects, *fear* and *motor function*. Fear is associated with the cerebral region controlling the larynx. Motor function conflicts are associated with the motor cortex (see details under Paralysis later in this chapter).

The conflict of fear may relate to fear of death or cancer or of not being able to act. It may be a central conflict of total fear and may be associated with the nape of the neck. This conflict is associated with the following symptoms: lumps in the neck, lung problems, and degradation of motor functions.

Since this fear tends to recur, there are frequent recurrent cycles: active phase, then healing resulting in epilepsy, then active phase again. At any moment there is the possibility of initiating a recurrence with an event where the felt sense is colored by both fear and motor function—for example, fear of going to school, not wanting to go and having to go anyway. The severity of the seizure varies with the duration and intensity of the conflict.

An excess of edemas in both areas of the brain occurs when, for these two conflicts (fear and motor function), either the solution takes place or the exhaustion arising from vagotonia takes place. The brain then orders a reaction of sympathicotonia in order to “drive out” the edemas. This results in the epileptic seizure.

The epileptic seizure is accompanied by apparent death, pallor, and discomfort. During the seizure, the kidneys are no longer operating.

The individual flaps the lower limbs in the clonic phase, like a fish out of water flaps its tail before dying. Epilepsy is associated with surprise and being out of control.

There will be as many epileptic seizures as are necessary to emerge from the depths of the healing phase and move on to a normotonic state. Therefore, a single, significant shock can, during the repair phase, cause a number of epileptic seizures. Since an epileptic seizure is dangerous, the brain disconnects and the individual loses consciousness.

Partial treatment may result from resolving one of the two conflicts, but for complete treatment, both conflicts must be resolved, even if they are in a state of equilibrium. It is important to find out if the seizures are recurrent. If recurrent, a seizure will happen right after the healing phase. For example, someone relives his conflict in a dream. Upon waking, the conflict is halted, therefore healing follows and the seizure takes place.

Example:

■ Mrs. A had a seizure on the day that her daughter fell into a ditch in an auto accident. She experienced great fear. It lasted only moments but there was nevertheless a large amount of stress.

Several months later, Mrs. A's mother was suffering from cancer and was miserable. She confided to Mrs. A that her new husband beat her. Mrs. A wanted to go see her mother but she was afraid of this man, afraid of his remarks. She didn't go, but felt guilty about not seeing her mother more often. Finally, she went to see her, consumed by stress and on the very evening of her return she had an epileptic seizure. A second epileptic seizure occurred during another visit to her mother.

Neuronal connection: Motor cortex and areas of the brain relating to conflicts of fear

Embryologic origin: Ectoderm

Epilepsy: Absence Seizure (Petit Mal)

An absence seizure is the formal name for a petit mal (minor) seizure. These seizures are brief, often lasting less than thirty seconds, and involve vacantness and a lack of awareness. They may be accompanied

by twitching but not spasm or unconsciousness. The absence seizure is associated with the brain and consciousness. This generalized seizure is a frontal or temporal focal seizure.

As with tonic-clonic seizures, there are two conflicts associated with absence seizures: the threat of losing one's territory (associated with the right cortex) and a conflict of separation (associated with the somatosensory cortex).

These seizures often take place in children and in adults who have been denied the opportunity to grow up. The seizures often disappear with the arrival of sex hormones.

In the stress phase, nothing noticeable occurs although there are sometimes short "absences." In the healing phase, when the solution of the two conflicts takes place, there is an excess of edemas in the two associated areas of the brain. The brain orders a stress reaction in the sympathetic nervous system in order to "drive out" the edemas: this is the absence seizure. Afterward, the body reconnects. Unless these two cerebral networks in the brain are totally healed, there is a risk of having a recurrence through an event that triggers both conflicts.


Neuronal connections: The somatosensory cortex and the right frontal lobe (area that controls the bronchial tubes)

Embryologic origin: Ectoderm

Headache

Certain personality types escape easily into dreams. Such people have very strong defenses and shy away from problems, not wanting to face reality and acting precisely as if nothing were amiss. They experience turmoil, like everyone else, but their defense mechanism is denial: *"After all, it's not so bad; it's certainly not worth getting upset about."* They set aside their problems.

Such people generally move quickly into the second phase of illness (the healing phase in an equilibrated state), but they often then find themselves up against the same problem sometime later. It is at that moment that a headache occurs, localized in the area of the brain that corresponds to the nature of the conflict.



From a therapeutic point of view, it is important to uncover the denials associated with headaches. Patients have to become aware of their stresses and accept their emotions and internal conflicts. Work on the belief system is often necessary. These are people who only grudgingly accept their limitations, and who want to outdo themselves. They feel they must buckle down and accomplish tasks regardless of the consequences. Underneath the beliefs, one often finds guilt.

In the stress phase of a conflict, we find *compression* or *tension* headaches. The neurons and the glial cells are hyperactive and the individual feels as if the head were in a vise. These headaches are difficult to alleviate even with medication. We need to seek out the recurrent conflict, the one that keeps returning and which the person doesn't manage to resolve.

In the resolution phase of the conflict, we find migraines, which move outward and pulsate. These healing migraines are caused by edema. Since the brain is enclosed in the cranial cavity, the pressure from the swelling produces pain. One is therefore advised not to drink too much so as not to add water to the head, to keep the head elevated, and not to expose the head to heat in order to cool the edema. In therapy, we search for the problem that the person is trying to resolve—what was the positive thing that happened before the migraine (the resolution of the conflict)?

Migraines are often localized in the frontal cortex, above the eyes. The frontal cortex is the last to form in the evolution of the human body. It is what supports our most advanced thinking, decision making, and the movement into action. In our decoding, this is the area that is involved in experiences of impotence and of being without recourse when faced with a problem or danger. Here we are up against the same type of felt sense as with the glial cells. There is a need to be more efficient when meeting an issue; one has to ramp up one's intellectual capacity and find a solution. This can even lead to a rejection of the impotence or of the limitation. Migraines may also arise in driven individuals who don't know when to stop.

Extremely violent migraines, very painful ones in which the person cannot tolerate light or noise, are migraines of the active stage of a conflict. These sometimes occur in people who don't want to face reality or truth, which is symbolized by light. There is something that the

individual cannot tolerate seeing or hearing because the person has no answer or solution. There is also a fear of being seen.

It is important to consult a doctor about recurring or particularly painful headaches. Sometimes the pain is due to the compression resulting from cerebral edema, and in certain cases this can be very serious. A medical or surgical intervention is sometimes critical.


Examples:

- A woman who was a pharmacist suffered from violent migraines that woke her up at night. These migraines were localized above the eyes, sometimes on the right, sometimes on the left, and were alleviated by the application of cold. These were migraines of the second (healing) phase and they arose especially during her holidays.

I asked her to watch for positive things in her life in the days before the migraine. She then spoke of her recurrent conflict: She was worried about other people and often feared for their health. She felt responsible for others and felt that she needed to help them, but sometimes experienced feelings of impotence. By questioning her about her past, we realized that her mother had conceived her so that she would have someone to look after her when she was sick or elderly. Feelings of impotence such as those experienced by this woman in the repair phase gave rise to migraines above the left eye and related to the neuronal networks of the thyroid ducts. At other times, she would experience anxiousness about the health of others, which affected the nerve ganglions above the right eye. She recovered completely following therapeutic work focusing on her core beliefs.

- Mrs. S suffered from pulsating migraines behind the left eye. These were migraines of the repair phase. The positioning behind the eye led me to a conflict connected to her vision. She told me that her mother, from her birth on, didn't want to see her. She had wanted a boy, and since she had a girl, she didn't want to look after her. Later, at puberty, Mrs. S had a hard time with her first periods. She felt she was losing everything: her childhood, her games, her relationships with boys. It was hard being a woman.

Sometime later, Mrs. S's father committed suicide and her



brother lost an eye in an accident. In her family, it was understood that one didn't talk about such things—she must never speak of her father's suicide. It was important that others not see the family's misfortunes, including that she was a girl, that she had periods. Moreover, as she grew up, she began to resemble her mother more and more. This bothered her. She did not want to see that.

Visual information, on many levels, was unable to get through. Consequently, she decoded the optic nerve and constructed a vasoconstriction. This was a woman who took on a lot, shouldered everything. When she succeeded in moving past her troubles, she entered the healing stage without having a profound, lasting, and real solution because she was in denial. It was in such moments that her migraines appeared—migraines that nothing managed to alleviate. The principal factor in her felt sense was finding that she was the buffering element in conflicts, acting to smooth out things so that there would not be any criticism. Her migraines disappeared in three sessions.

Mrs. S did report that the migraines came back one day when she was at her brother's. This man abused his wife; she knew that and couldn't stand seeing it. But on this occasion, everything went well and the visit was uneventful. Shortly after, she had a repairing migraine with vomiting.

- Mrs. B suffered from tension headaches. She'd felt for a long time that she was subject to constraints, obstacles, and obligations. As a child, she was under continual pressure from her mother to always be working and not wasting time in "useless" leisure activities. Thus she developed strong feelings of guilt, a troubled conscience, and a permanent concern that she would disappoint others. She was then, in a recurrent way, constantly feeling she had to outdo herself without taking into consideration her own limits and real needs.

Mrs. B's tension headaches disappeared after three sessions. A significant development in her therapy was during the second session when she was led into a state of hypnotic relaxation. Afterward, she said that she had never felt so relaxed. This meant a dawning awareness of her previous state of permanent tension. She had to be

relaxed in a very conscious way for her to realize that she was quite unaware of her normal state of permanent tension.

- Miss H was subject to compression headaches. Her headaches began when she started to take oral contraceptives. When she stopped taking the pill, her headaches stopped. But the important element in this case was that she was taking the pill unknown to her father, of whom she was scared stiff. In the eyes of her father, sex was forbidden and it was shameful to have sexual relations outside of marriage. Being unmarried, taking the pill was shameful for Miss H. She had very little sexual desire and did not feel comfortable expressing her femininity. She had no confidence in herself, was self-effacing, and was always afraid of disturbing others, afraid even of existing. We can see in that a denial, a fear of facing things. When she was taking the pill, Miss H entered into an active conflict in relation to her father. When she stopped, she moved into the healing stage of this conflict of shame. With her, the headache was localized at the top of the cranium and at the level of the left temple, which is the location of the neuronal network relating to sexual conflict.


The Psychobiological Proving of Truth: The Epic Crisis

The psycho-biological proving of truth is a test that the biology imposes on psychological, cerebral, and organic levels. This test may involve psychological and organic symptoms but it is the cerebral symptoms that are the most sensitive and can indicate danger.

When a person has resolved his conflict, that person proceeds to a period of repair in the brain, in the body, and in the psychology. This repair takes place by using, among other things, inflammatory processes and edemas. Occasionally the edema in the brain may become dangerous, because of the pressure it creates.

The repair phase can therefore be dangerous, especially for the organs that derive from the ectoderm and in cases of repetitive conflict. The organism itself then halts the cerebral edema that threatens to asphyxiate a part of the brain and paralyze its functioning. The brain reacts this way in order to heal. *This is the epic crisis.*

In order to eliminate water from the brain, the body will create a new phase of stress, an orthosympathicotonia. This stress will



be experienced at all levels of being, with signs such as cold hands, extreme fatigue, sweating, insomnia, breathing difficulties, nausea, convulsions, visions problems, and headaches. The symptoms vary depending on the localization of the cerebral edema. If it is located on the motor cortex, there will be cramps and muscular contractions. There is often a risk of hypoglycemia, with a loss of consciousness, since the glucose, the brain's principal food, has been consumed in great quantities.

This reaction of the brain, which begins the expulsion of the edema, places the body back into the stress phase and stimulates its vitality. The maximum amount of force is applied at the moment of greatest relaxation. This test frequently happens at night when the parasympathetic nervous system is dominant and when repair, therefore, is at its height. On coming out of this crisis, which may last several minutes or several hours, the person gets rid of the water that was on the brain. To accomplish that, there will be frequent urination.

This crisis can be seen as a confirmation of truth or a verification: *Has the conflict been actually resolved?* This test is the tipping point toward a renormalization, a balance between stress and relaxation.

This proving of truth can appear right after the healing phase or much later. If this is the first time that the person has resolved this conflict, the crisis will appear several weeks afterward. Conversely, if someone frequently regenerates the same conflict (recurrent conflict or conflict in equilibrium), this test will be closer and closer to the transition to the healing phase. It may thus end up happening a few hours or a few minutes after that transition.

In all pathologies, this proving of the truth occurs. It will take different forms depending on the neuronal network, and therefore on the felt sense. One example of this test is the epileptic seizure, but there are other manifestations of it.

Broca's Area

Broca's area is a section of the human brain that is involved in language processing, speech production, and comprehension. If the Broca's area is damaged, the individual is said to suffer from Broca's area aphasia, a condition in which the person is unable to put together sentences that are grammatically complex.

The Felt Sense of the Biological Conflict

Problems in the Broca's area are related to conflicts of not being able to express oneself. This may be a fear of not speaking or of not daring to speak, or a conflict of not being able to explain oneself, of being mute.

This difficulty speaking may be similar to the conflicts associated with MS or paralysis (see those sections later in this chapter). One may think, *"I want to but I can't,"* or *"I must but I don't want to."* Contradictory commands are imposed on one's brain as one recognizes that experiencing reality is different from experiencing one's desires. Conflicts of speaking and not wanting (or being able) to speak are conflicts of the motor functions of speech. This can be found, for example, in those who suffer from Parkinson's.

Broca's area dysfunction is also related to conflicts of silence. Being unable to repeat a secret can lead to a difficulty in expressing oneself, stuttering, the impossibility of speaking clearly, or complete muteness. In the case of stuttering, the individual adds time or space in the "saying." This is related to messages from an ancestor.

Neuronal connections: Left cortex, Broca's area

Embryologic origin: Ectoderm

OTHER ASPECTS OF THE NERVOUS SYSTEM

Meninges

The meninges are the membranes surrounding the brain and spinal cord. The meninges consist of three layers: the dura mater (outer layer), the arachnoid membrane (middle layer), and the pia matter (inner layer). The primary function of the meninges and of the cerebrospinal fluid is to protect the central nervous system. The meninges are subject to hemorrhaging and hematomas, which may occur spontaneously or as a result of trauma. Meningitis is an infection that affects the meninges and meningiomas are tumors of this nerve tissue.

The Felt Sense of the Biological Conflict

Conflicts of the meninges can be divided into three categories:

1. Most often problems with the meninges relate to conflicts of fear

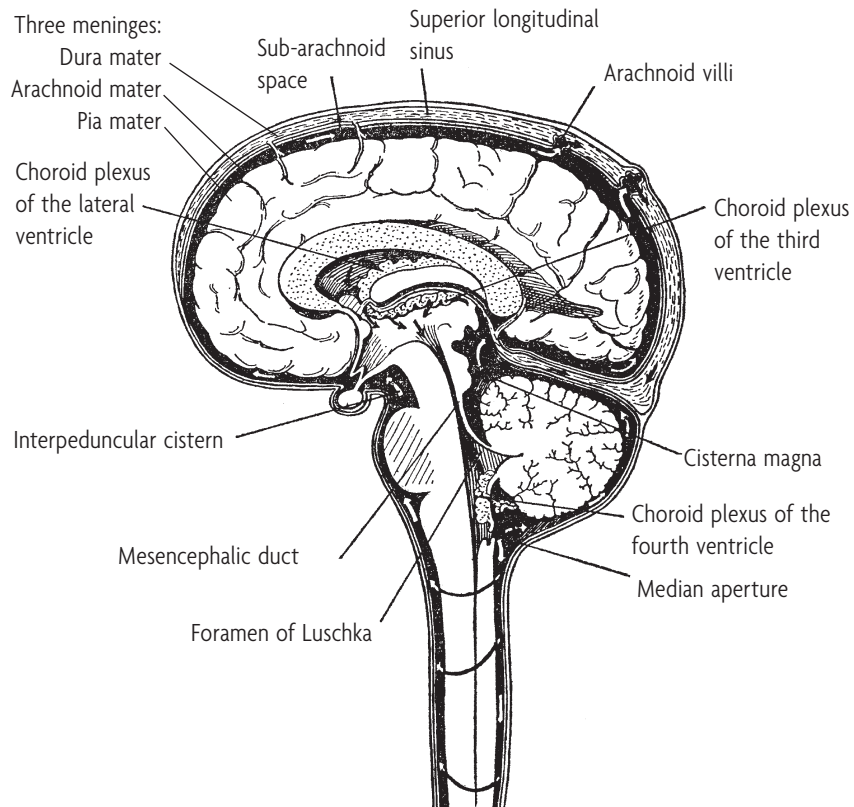


Figure 6.2. The circulation of cerebrospinal fluid

for the head, which is associated with the primordial mesoderm: for example, fear of a neurological or psychiatric illness, of a birth (the head emerging from the woman), of insanity, a tumor, or a problem with the vertebrae.

2. In the final healing phase of the cerebral network (often from a conflict of fear), the meninges that adhere to the cortex are inflamed.
3. Conflict of a loss of self-worth and a loss of territory, linked to the felt sense associated with the adjacent cortical zone.

Neuronal connection: Frontal cortex (cerebellum)

Embryologic origin: Primordial mesoderm (dura mater)

Myelin Sheath

The myelin sheath acts as electrical insulation for the axons of most neurons, and increases the speed of nerve impulse conduction.

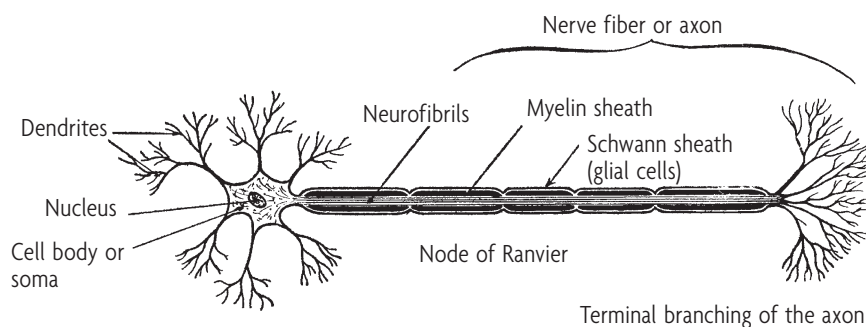


Figure 6.3. Nerve cell, or neuron

The Felt Sense of the Biological Conflict

Problems of the myelin sheath relate to conflicts of pain and unwanted contact. In this case, the contact is perceived as something disagreeable; perhaps it comes at a bad moment or is simply undesirable. This is the opposite of the conflict of separation.

The strongest conflict of contact and the most undesirable is the contact of pain. In the event of a painful assault (for example, a blow to the head with a sharp object), the organism will disconnect the sensitivity in that area of the body. The pain disappears immediately but so do the sense perceptions. This biological principle may help to explain the emotional conflicts of nerve sheath problems.

Neurofibromas are a type of tumor that grows on the myelin sheath. They can cause problems with sensation or movement, depending on the particular nerves affected. These excrescences of the nerve sheath may form a sort of screen, causing the surrounding sensory stimuli to be blocked and preventing them from reaching the brain.

Neuronal connections: Right and left post-sensory cortex; sensory nerves


Embryologic origin: Ectoderm

Specific Diseases of the Nervous System

The following is a discussion of several illnesses that affect the neuromuscular networks of the body.

Multiple Sclerosis

Multiple sclerosis (MS) is thought to be an autoimmune disease that affects the central nervous system. In MS, myelin—the fatty tissue that



surrounds and protects nerve fibers, helping them to conduct electrical impulses—is lost in multiple areas, leaving scar tissue called sclerosis. Sometimes the nerve fiber itself is damaged. When myelin or the nerve fiber is damaged, the nerve’s ability to conduct electrical impulses to and from the brain is disrupted, producing the various symptoms of MS.

Multiple sclerosis can appear six to twelve months after the shock of the associated conflict, which is often one of infantilization, where the family is too controlling and allows no motor function or individual authority. These constraints are accepted with difficulty. The individual is forbidden to grow up, not able to give her opinion, forced to remain a child. This may happen when the individual is identified too much with the mother’s desires (*“I am her arms, her legs”*) or when someone is made to carry out someone else’s plan.

Often, in addition, there is an associated conflict of separation, of loss of self-esteem, and of impotence. The loss of self-esteem may be related to moving around and to verticality: for example, fear of falling into the void. There may also be an associated “quick, quick” conflict of the thyroid. The diagnosis of MS is sometimes given to people who, in addition to difficulties in motor function, have issues with sight arising from an attack on the oculomotor nerve (such as double vision). This means that the person has manufactured a conflict of motor function and a conflict of fear or apprehension altering the optic nerve or the retina. These two conflicts may or may not have a connection to the same situation.

Therapists will try to find the symptom with which the illness began: visual, muscular, and so on. The Bach Flower Essence Remedy *scleranthus* can be used as an adjuvant treatment for multiple sclerosis.

Example:

- A young girl was invited to Africa by her aunt. She was very happy to be going, but she was overcome by a dreadful fear and apprehension of taking the flight. She imposed on her brain two conflicting desires, which manifested a paralyzed leg. Moreover, in the solution phase, she developed double vision in one eye.

Myopathy

Myopathy means “muscle disease.” A myopathy is a neuromuscular disorder in which the primary symptom is muscle weakness. Additional symptoms may include muscle cramps, stiffness, and spasm. *Myopathy* is a general term and there are many classes of myopathies.

Pain

Pain is related to the conflict of separation, which connects to the somatosensory cortex and therefore relates to skin sensitivity and pain. Someone who manufactures conflicts of separation has a cutaneous sensitivity that has developed in the solution phase. (See also the Periosteum section in chapter 8.)

Paralysis

Paralysis, the loss of muscle function in part of the body, occurs when something goes wrong with the way messages pass between the brain and muscles. The discussion of paralysis therefore pertains to the following parts of the body: the brain, nerve, and motor end plate (site of neuraptic transmission between the nerve and the muscle).

Paralysis relates to conflicts of annoyance, opposition to movement, and motor functions. These conflicts may arise when someone makes an impossible demand on the body’s motor functions. One may feel bound with shackles on the foot. This also may relate to conflicts of lack of initiative. Paralysis is also associated with feelings of not being able to find any way out, of feeling lost or paralyzed. Specifically, if there is a fear of not being able to flee, follow, or find an exit, or a feeling that you don’t know if you’re coming or going, then associated symptoms will likely appear in the legs. Fear of not being able to hold on to something or push away something is associated with the arms. Paralysis symptoms associated with other conflicts appear below:

- Conflicts of not being able to avoid something affect the muscles of the back and shoulders
- Conflicts connected to walking are associated with the right leg for a right-handed person and with the left leg for a left-handed person

- Conflicts linked to the protection of children are associated with the left leg for a right-handed person and the right leg for a left-handed person
- Fear of being a prisoner is related to infantile paralysis and clubfoot
- Wanting to swallow and being unable to is associated with paralysis of the esophagus
- Blocked emotional expression is related to paralysis or spasms in the face
- Conflicts of wanting to hunt and keep and of self-satisfaction are related to the hand

Hemiplegia, a condition in which one vertical half of the body is paralyzed, is associated with being brought up by two mothers (or having two strong maternal figures in one's life) and with impotence (not having enough strength in the muscles to struggle or to prevent someone from acting or moving).

Examples:

- Mr. F experienced paralysis after the shock of not wanting to go to the hospital, yet having to go.
- Another patient's paralysis was related to the conflict of wanting to hit his boss and preventing himself from doing it.
- Mrs. C experienced immediate paralysis of the leg after wanting to escape from a stuck elevator, which was impossible.
- A patient who panicked during a vaccination, wanting to flee but being unable to, experienced paralysis a short while later.

Plan or Thrust

All illnesses are expressed as either *plan* or *thrust*. In this way, all illnesses that arise from *remorse* are thrusts and all illnesses that are a function of *fear* are plans.

Let's look at what happens with a javelin thrower:

He has his javelin in his hand and he prepares to throw it. He runs and runs. . . . And at a given moment he engages the movement of his arm and he launches the javelin. The entire muscular force is transmitted to the object. The object flies through the air

for a certain distance, then lands, and the distance is measured.

This is a *thrust*. The movement is executed. If I don't want the movement to take place, my only option once the command has reached the muscle is to destroy that muscle. In fact, if the muscle is not destroyed, it will contract as soon as the command arrives, and the movement will take place. In this scenario, the command to destroy the muscle is expressed through myopathy.

Now let's imagine that the javelin thrower runs and runs, the javelin is poised, but the movement is not released. This is the phase that precedes the phase of movement. The biological imperative here is to stop the transmission of the nerve impulse before it even reaches the muscle. This involves a notion of the future, and is therefore in the structure that brings order to the muscle—that is, the motor nerve. The information does not reach the muscles. This is paralysis: we're at the stage of the *plan*. This phase is expressed in multiple sclerosis.

Parkinson's Disease

Parkinson's is related to fear of the future. One has a fear of no longer being alive and therefore being unable to finish things!

This is a conflict of motor functions, experienced as active phases and solution phases linked together in a series. The trembling is in the solution phase, but the patient never completes the solution phase and regresses. These regressions gradually aggravate the symptoms.

Parkinson's disease is a manifestation of vagotonia (the dominance of the parasympathetic nervous system), which, by following successive regressions, ends up being very difficult to cure. (I call such conditions "disease in equilibrium.")

Parkinson's corresponds to an epic crisis in healing: the gesture that happens too often. It's an illness typical of elderly couples. The woman makes a gesture to hold on to her husband when he is dying—she doesn't want him to depart. The illness begins with this gesture, which then continues to be made even though it serves no purpose.

Through fear of judgment, for example, she stops the movement and does not complete the gesture.

Spasmophilia/Tetany

These disorders are related to self-blame for not having made the right move to protect oneself (associated with symptoms on the left) or to express oneself (associated with symptoms on the right).

Tics

Tics arise from conflicts of thwarted movement or motor dysfunction linked to a strong emotion (often sexual). Dystonia, a neurological movement disorder, is related to forbidden love.

Example:

- A young man with a facial tic came to see me. When he was younger, his father had forbidden him to watch television during meals. The boy was seated with his back to the screen while the father faced it. The son wanted to watch television and was prevented from doing so by fear. As soon as the young man spoke about this, the tic disappeared.

Torticollis

Torticollis, or wryneck, is a condition in which the neck is in a twisted or bent position. It manifests in involuntary contractions of the neck muscles, leading to abnormal postures and movements of the head.

Torticollis is related to conflicts of wanting to turn the head, for example to see someone, and being prevented from doing so through an obligation. Being thwarted in this way sends out two contradictory commands to the brain. The individual wants to look but does not, feeling prevented from looking through morality, timidity, or shame. One part wants to go forward, another part wants to go back or to the side. Torticollis develops because one can't look in both directions at once. There may be an associated reduction of intellectual self-worth.

Spasmodic torticollis is characterized by involuntary tonic contractions or intermittent spasms of neck muscles, causing the neck to turn involuntarily to the left or right, upward or downward. This neurological movement disorder relates to conflicts of inadequate support.

Neuronal connections: Frontal motor cortex, precentral circumvolution; the left cortex controls the right hemisphere and vice versa

Embryologic origin: Ectoderm

7

OPHTHALMOLOGY

The eye, our organ of vision, is linked to the occipital lobe of the brain by means of the **optic nerve**. The eyeball is protected on the outside by the **eyelid** and by a layer of mucous membrane called the **conjunctiva**. **Lacrimal** or **tear glands** help to moisturize the exterior of the eye. Within, the **eyeball** is spherical and made up of several layers of cells. Outermost is the **cornea**, a curved surface that helps to focus light onto the **retina**, which sits at the back of the eyeball. The **aqueous humor** is a thick watery substance that fills the space between the cornea and the next layer, the **lens**. The **vitreous body** is a clear gel that fills the space between the lens and the retina, which receives images.

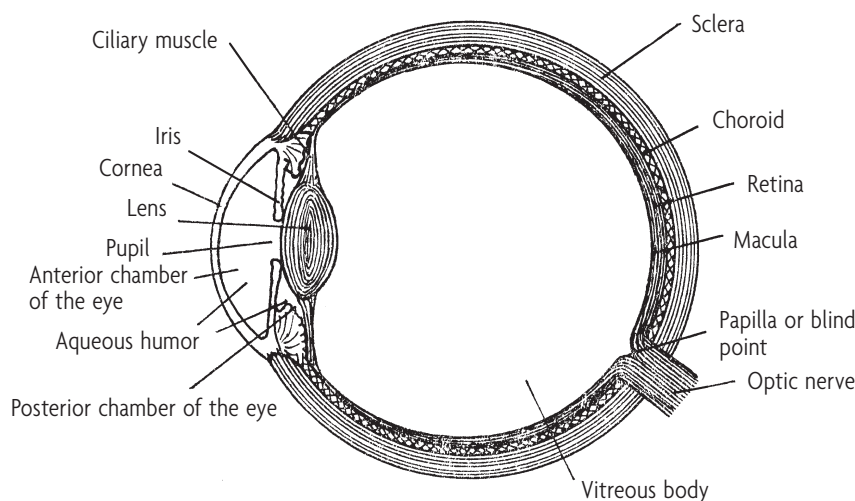


Figure 7.1. Eyeball (vertical anteroposterior section)

LACRIMAL GLANDS

The lacrimal glands are paired glands, one in each eye, that secrete tears. They are located in the upper, outer portion of each eye socket.

The Felt Sense of the Biological Conflict

Problems with the lacrimal glands are related to conflicts of wanting to catch something with the eyes. There is a fear of not being able to see what one would like to see, perhaps because one can't make it happen. One is not able to visually "catch" the desired object. There may be an associated sense of not being able to see because something is obscuring the vision ("mud in the eyes").

A secondary conflict may be centered on being forbidden to cry or to express one's emotions, or a fear of letting someone else see the emotions.

Example:

- Mrs. A suffered from dry eye syndrome. Her programming endodermic conflict appeared when her mother said to her, "You need to hide your emotions from others." She had a strict upbringing: One must not cry, talk, or complain. Her mother went so far as to censure fear and sadness. Mrs. A also had a second conflict, an ectodermic one: It was important for her to be *seen* in a good light, to be always impeccable. She tried to control everything.

Neuronal connections: (for the glands) right dorsal brain stem; (for the glandular ducts) cortex

Embryologic origin: Endoderm; ectoderm

EYEBALL

The command center for the eye is in the right and left occipital visual cortex. The left cortex controls the left side of the two retinas and is concerned with distant events, whereas the right cortex, which controls the right side of both retinas, concerns itself with nearby events. *Nearby* and *distant* can refer to physical distance but also to time.

In general, the *right* eye memorizes, compares faces, and looks at friends. It is connected to children, people who are nearby, and one's

identity. This is the eye of recognition and of emotionality. The *left* eye directs movement, looks out for enemies, and looks into the distance. This is the eye of defense and of looking out for danger. (The reverse is true for left-handed people.) If the two cortices are active at the same time, a particular aggregation takes place: The mind will create a sense of threat or fear. One may feel apprehension, paranoia, or a persecution complex.

When a person experiences fear or apprehension concerning recent events, there occurs, in the stress phase, an alteration of the right hemisphere—a contraction of the ocular muscles. In the repair phase, edemas will develop. If someone experiences repeated fears with the same tone and the recurrences come close together, the repair edemas will be larger. Eventually these edemas may become gelatinous and weaken the eyesight, which creates an additional apprehension. Then the person reinjures the eye during the solution phase. A long and intense apprehension can lead to the retina being detached during the healing phase, leading sometimes to blindness.

The Felt Sense of the Biological Conflict

Eye problems are related to fear in the nape of the neck, fear from a menacing danger behind you that you must be watchful for and can't get rid of. (The brain considers everything situated behind the cornea as coming from behind.) This fear includes a large component of apprehension: *"What is going to happen to me next?" "Am I going to become or remain paralyzed, blind, etc.?"* This fear at the nape of the neck can also be from something that is taking place there physically. Thus, if you say to someone "You have a cerebral tumor here," pointing to the nape of the neck, you may unleash a conflict of fear for the nape of the neck that leads to eye problems.

Children are more vulnerable to deep disorders of the eye because they have no experience in protecting or screening themselves from fear. Shock always hits them harder and more directly, which means deep in the eye, and it can lead to myopia. Note, however, that vision difficulties in babies may be due only to mechanical problems in the birthing process.

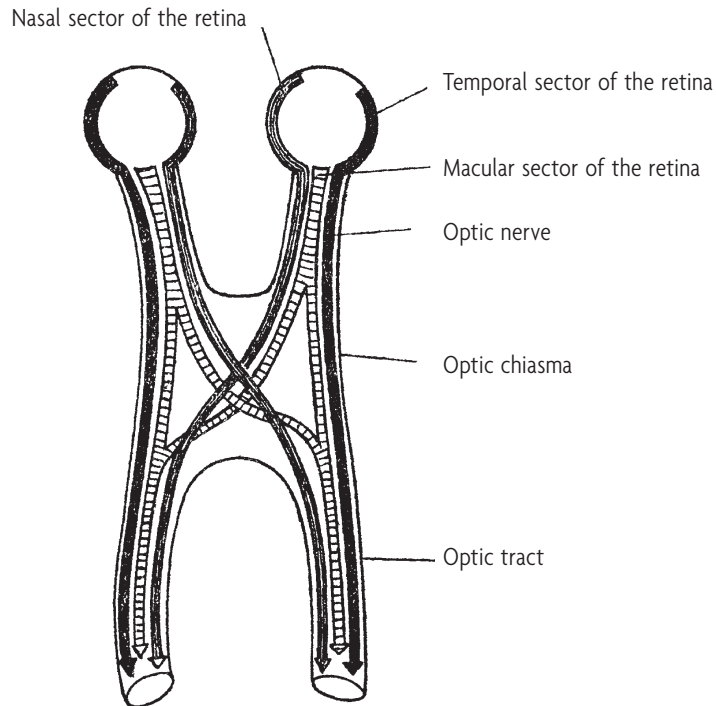


Figure 7.2. The crossing of optic nerve fibers in the area of the optic chiasma

OPTIC NERVE

The optic nerve is the second cranial nerve. It is entirely sensory, and conducts the nerve impulses for vision.

The Felt Sense of the Biological Conflict

Symptoms of the optic nerve can arise in someone who wants to cut off or halt visual information before it arrives, a person who doesn't want to be seen or doesn't want to see someone else looking.

CORNEA

The cornea is a curved, transparent coat that covers the colored iris.

The Felt Sense of the Biological Conflict

Disorders of the cornea reflect conflicts about what we see or wish to see. Specific conditions will arise from various nuances of feeling, as follows:

- **Keratitis:** Ulceration, inflammation, even herpes of the cornea can develop during conflicts of visual separation or conflicts of imposed visual contact. One thinks, *"I'm losing eye contact with my beautiful fiancée,"* or, conversely, *"I'm obliged all day long to see my sergeant."*
- **Keratoconus:** Alteration of the curvature of the cornea into a conical shape occurs in those who don't want another person to "see into" them: *"What takes place on the inside must not be seen on the outside."*
- **Astigmatism:** Irregularities in the curvature of the cornea develop in those who refuse to see some aspect of reality as it is. They want to deform reality. This may come from an awareness that one's idealized image is far from reality. One may decide that it's best not to look at the details.

VITREOUS BODY

The vitreous body is a jellylike substance located between the lens and the retina. It helps to maintain intraocular pressure and also contains cells that remove debris to keep vision clear.

The Felt Sense of the Biological Conflict

Predators, including humans, have their eyes in the center, while prey animals have their eyes positioned on the sides. In normal periods, prey animals will widen their field of vision to the rear, but during flight from an enemy, this creates a serious loss of efficiency and therefore a threat to the survival of the species. Because of this, during flight, prey animals will have a propensity to look to the sides, which will slow down their flight considerably. Nature therefore has foreseen the following program: The vitreous body is disturbed in a lateral direction right after the conflict of "being pursued," which is like the blinkers on a horse, preventing lateral vision and obliging the prey *to see only toward the front*.

No longer receiving images from behind, the prey thus increases his chance of survival. As soon as he is saved, the program that disturbed the vision is no longer necessary and the vitreous body is the site of necrosis in the area where it had been disturbed.

Specific Disorders of the Vitreous Body

When the vitreous body is repeatedly disturbed, the following ailments can develop.

Glaucoma

Glaucoma develops when an excess of aqueous humor in the anterior chamber of the eye presses on the vitreous body, creating tension in the eyeball. The eye “globulates,” becomes a wooden eye: glaucoma. This excess of liquid acts as a magnifying glass, a natural magnifying glass, which develops in someone who wants to reach the goal—good health—as rapidly as possible.

People with this condition may have great anxiety about the immediate future. They may feel they have to approach things closely (in time or space) because they are always a little late and therefore often fail when success should have been possible. With magnification, one can make it. Glaucoma can be accompanied by thought patterns like these: *“What did I just barely miss out on in childhood?”* *“There is danger behind but the goal is so close. Another two yards and I’ll be home safe. I want to get near this goal.”* Or *“I’m always behind, by just a little.”*

During a phase of stress, glaucoma arrives bringing magnification and an apparent shortening of the distance.

Green Cataract

This is a disorder of partial sight, like blinders. It represents a fear of what is behind: predator, aggressor, sodomy, for example. The solution is in fleeing. One needs to run without letting oneself be distracted by what is on the sides.

Neuronal connection: Central frontal cortex

EYELIDS

The eyelids protect the eyes and spread lubricating secretions over the eyeballs. Beneath the eyelids, a thin mucous membrane called the *conjunctiva* helps to protect the eye.

The Felt Sense of the Biological Conflict

The eyelids are affected by conflicts of motor function, when one wishes to see and not see at the same time. For example, one patient had developed a “drooping eyelid” at the age of eighteen. In therapy, she realized that she had always refused to see that her father was “shabby.” She wanted him to be perfect.

Certain conditions of the eyelid may arise when one feels one has seen something “dirty”—for instance, a newspaper photo of a family member involved in some disgraceful act. If this conflict of dirtying is accompanied by a sense of separation, one may develop a **sty** or a **chalazion**.

Conjunctivitis is an inflammation of the conjunctiva that arises from a conflict of separation. In the conflict phase, one may feel unable to withstand what one sees. A woman watching her elderly mother being wheeled in to surgery, for instance, may think, *“I’m afraid of being separated from her, of her dying.”* In the solution phase, a burning of the eyes—conjunctivitis—takes place.

A **pterygium**, a benign growth on the conjunctiva, can develop when one feels unprotected. *“Nobody is protecting me from what I see!”* The eye puts itself under a protective wing.

Neuronal connection: Cerebellum

Embryologic origin: Primordial mesoderm

SPECIFIC VISION DISORDERS

The following is a partial list of disorders that affect vision.

Amblyopia

Amblyopia, or lazy eye, is a disorder characterized by a lowering of visual acuity in an eye without any visible organic lesions in the eye, optic nerve, or occipital cortex.

The conflict of amblyopia is wanting to reunite what is seen as separated.

Example:

- A boy with amblyopia had parents who were separating and he desperately wanted them to reunite. He wanted them to be one again.

Blindness

Total blindness is the complete lack of form and light perception. However, *blindness* is frequently used to describe severe visual impairment with residual vision.

Blindness is related to what I call the ostrich conflict: out of fear, the individual prefers to see nothing and puts her head in the sand. Everything is black, nothing is seen; there's no longer any problem! There is an associated fear of daylight and a desire to hide one's presence in the mother's belly. When there are too many recurrent conflicts, they become organic and the eyesight weakens to a significant degree.

Cataracts/Lens Disorders

A cataract is a clouding of the eye's lens. The lens becomes opaque and it affects vision. Cataracts usually develop slowly and are very common in older people.

Cataracts and other lens disorders can arise when one has tried not to see what is happening in front of one but sees it anyway. It is essentially a desire to be blind to certain sights or facts, a refusal to believe what the eyes see. Inevitable and impending danger can also provoke the response of not wanting to see what is happening. In this case, the individual prefers to delay the moment when the retina will register it and instead creates a blocking screen—the cataract. The cataract will slow down or prevent information—the aggressor—from reaching one. This conflict often occurs in the elderly who don't want to see illness, old age, and death, so they manufacture a cataract. There may also be an associated feeling of not wanting to see things through. This reluctance solidifies, then opacifies the lens.

Examples:

- One patient I saw with cataracts reported, "I can't stand seeing the world moving on."
- Mr. B explained, "I always see my daughter with strange men and

I don't want to see them." He didn't want to take stock anymore. Because it's the lens that takes stock, Mr. B's lens became opaque, forming a cataract.

- I also saw a cataract in a dog whose owner had recently brought a cat into their home.

Detached Retina

This condition occurs when the retina separates from its attachments to the underlying tissue in the eye. This is a medical emergency, which if not treated quickly can lead to vision loss.

A detached retina suggests an intense conflict, a visual image of stress—for example, having a child run over before one's eyes. Faced with this horrific image, an adult would protect his sight. A child of six or eight, however, has no such protection mechanism. He will remain fascinated by the horrific scene before his eyes. Later in his life, this person will likely manufacture some detaching of the retina in situations that involve stress related to seeing.

In the healing phase, there is formed not only the necessary edema in the neuronal networks of the visual cortex, but sometimes also a gelatinous edema between the external and internal layers of the retina. This healing edema can provoke a detaching of the retina.

Neuronal connection: Occipital and interhemispheric visual cortex

Embryologic origin: Ectoderm

Hyperopia

Hyperopia, the opposite defect of myopia, is also known as hypermetropia or farsightedness. In hyperopia, the focal point is located behind (instead of on) the retina because the eye is too short.

The ability to see clearly into the distance is based on primordial biological survival programming. The workers in the field who saw the cloud of dust in the distance had the time to take shelter behind the ramparts. Hyperopia is related to a fear of future events, invasions, or danger that comes from a distance (in space or in time). The eye will make the best adjustment in order to see what is distant. This is how hyperopia is programmed—in order to be very efficient in distance vision.

Macular Retinopathy

Macular retinopathy, also called maculopathy, refers to any pathological condition or disease of the macula (the central area of the retina, where vision is keenest).

Macular retinopathy can manifest after seeing a family member die—or in any situation where a person no longer sees someone or something once close to him or her. To affect the macula, this loss must take place in an irreversible, serious, central way.

Neuronal connection: Occipital and interhemispheric visual cortex

Embryologic origin: Ectoderm

Myopia

Myopia, or nearsightedness, is a condition in which near objects are seen clearly but distant objects do not come into proper focus. Myopia occurs if the eyeball is too long or the cornea has too much curvature. The lengthening of the eye can be caused by a slight but permanent contraction of the ocular muscles.

Myopia is related to a fear of proximity—feeling that danger is near. In such cases, one has to see clearly what is close by, to the detriment of the sight of distant events. Sometimes there are associated memories of aggression from behind—such as the child who dreads the arrival of his alcoholic father. He dreads the slap and feels that his eye must be perfect for what is close, to see the slap coming and dodge it as best he can. He proceeds to become stuck in the position of myopia. It is often the recurrence of the fear of something or someone nearby that leads to myopia.

Example:

- A patient described to me how in sixth grade, his abusive father would come up behind him and shout, “Learn your French!” Twenty years later he had problems with his boss, whom he felt breathing down his neck. A few weeks later he developed myopia, and since then he wears glasses.

Nystagmus

Nystagmus is an involuntary eye movement that usually results in some degree of vision loss. Here we find involuntary, jerky, oscillating movements of the eye in both horizontal and vertical directions. The eye does not remain fixed but constantly sweeps in order to observe everything—like a windshield wiper! It's a little like a Parkinson's disease of the eye.

With nystagmus, there is a feeling of not facing up to a danger that is coming from several directions. The stress is continual and everywhere—survival is connected to surveillance of the environment. There is a feeling of not knowing where to look, as with the watchman on the battlefield.

Example:

- During war, a man had to take up a position in a forest. His eye ceaselessly swept laterally in order to spot the enemy. At every moment he had to survey the whole extent of his territory. Later, he developed nystagmus.

Presbyopia

Presbyopia is an age-related condition in which the eye has a progressively diminished ability to focus on near objects.

The conflict of presbyopia is one of a distant danger and fear/apprehension regarding the future, for oneself or for close relations. There may be an associated feeling that everything is stuck. With these distant fears and apprehensions, biology treats time like space. There is a fear of death, retirement, illness, old age, and so on, all of which are perceived as vital and unavoidable dangers.

Sometimes there is an absence of plans for the present. With nothing getting settled in the present anymore, there is nothing upon which to focus but an agonizing future. Common sentiments include "*I'm not adjusting as easily as I used to*" and "*I'm not going to have enough time to carry out all my plans.*"

Certain individuals, unconsciously, have an intuition that they're going to die at a precise age (for example, at eighty-four). When they pass the halfway point (forty-two in our example), presbyopia takes place. This is related to the feeling that it will be impossible to arrange

things; the time left is less than the time already passed. The problem is integrated in visual terms. It's as if the individual sees no future in the distance.

Red/Green Color Blindness

This condition is also known as deuteranopia, deuteranomaly, and daltonism. Biologically, this condition is about not seeing a color that is linked to a stress.

Example:

- Mrs. F was driven out of Russia by the “Reds” during a bloodbath. She also had a close relative who was a red-nosed alcoholic. For her, red came to be a color of horror and terror. Her son was born daltonic—unable to see the color red.

Retinitis Pigmentosa

In this condition there is too much pigment on the retina. Melanin accumulates in the depths of the eye. This is the visual equivalent of melanoma: vision of horror.

The related conflict is one of a horrible sight associated with “dirtying” or defilement—for example, finding a friend hanged or seeing a parent cheating on his or her spouse or doing some other ugly deed.

Neuronal connection: Occipital and interhemispheric visual cortex

Embryologic origin: Ectoderm

Strabismus and Diplopia

Strabismus, more commonly known as crossed eyes, is a condition in which the person cannot align both eyes simultaneously. It is a defect in parallelism or convergence of the two visual axes toward a fixed point. The subject looks only with one eye. Strabismus can be either a disorder of the brain coordinating the eye movement or a disorder of the muscles of the eye. If the latter, weakness of an oculomotor muscle means that its opposing muscle pulls too much. This problem leads to double vision: diplopia. Often, particularly in children, the brain is able to neutralize the effect of the double image. The person then sees with only one eye; the second image is suppressed.

The strabismus conflict can arise with the feeling that one is seeing something one should not be seeing. The eye shifts in order not to see. In this case, the eye that is affected tells us a lot about the related conflict, since the right eye is associated with feeling and the left eye with danger.

This conflict can also involve fear that somebody will see you doing something you should not be doing. The wandering eye represents the eye of the person who is watching you! Biologically, in these situations, the ability to watch needs to be diminished. The solution therefore is a breakdown in the eye. The field of vision may be reduced by a gelatinous edema arising during the healing phase. The eye turns in order to put the good area of the retina opposite the pupil. The person squints in order to try and see using the area of the healthy retina.

Diplopia can develop during a long phase of stress. This stress may be associated with multiple attacks on self-esteem, feeling diminished in the eyes of another. In this case, the biological response to the danger is to have two watching.

Convergent strabismus, where the eyes turn in slightly, allows a reduction of the lateral field of vision and an increase in the local field of vision. One woman I saw was incredibly focused on her abdomen while pregnant—either to cancel out the lateral field of vision (she didn't want to see other people) or to increase the central field of vision (preparing to watch her child's every reaction and movement). From the time of birth, her child had convergent strabismus.

Divergent strabismus, where the eyes drift outward, is the opposite problem. In order to watch over the exterior world, one must maintain the broadest possible active field of vision. It's an issue of prey—as seen in the zebras, gazelles, and other animals that are a meal for the big cats, always looking to the side.



8

OSTEOLOGY AND THE MUSCULOSKELETAL SYSTEM

Osteology is the study of bones—the framework for soft parts of the body. **Bone** is a connective tissue, originating in the mesoderm. It is made up of collagen fibers, mineral salts, and four types of cells, which together do the work of building, nourishing, and repairing bone tissue. Bones store minerals like calcium and phosphorus. They also contain **red marrow**, which produces blood cells, and **yellow marrow**, which stores triglycerides.

Other tissues in the musculoskeletal system include articular **cartilage** at the joints and a connective-tissue covering for each bone called the **periosteum**. Bones are attached to each other with **ligaments**, and are attached to their associated **muscles** with **tendons**.

OVERVIEW OF THE MUSCULOSKELETAL TISSUES

In problems related to the musculoskeletal system, there are always conflicts of reduction of self-worth. However, different nuances of feeling will affect different tissues.

- **Bone:** *“I am nothing,” “Looking at myself, I am structured on nothingness, on a lack, on the void.”*

- **Bone marrow:** This is where blood is made. Life (oxygen) passes through the blood. This is where meaning is given or received by life, as well as blood ties
- **Osteoclasts:** Osteoclasts destroy old bone cells and old values. Therefore, the reduction in self-worth is a nonacceptance of new values
- **Periosteum:** Conflict of brutal separation with a structural tonality; conflict of unwanted contact
- **Cartilage:** Reduction of self-worth related to gesture
- **Muscle:** Reduction of self-worth linked to effort, capacity, performance; felt sense of impotence
- **Tendon:** Reduction of self-worth regarding a thrust forward in the present. *“My action is considered worthless”*
- **Ligament:** *“No matter what I do, I’m not going to make it.” “I have to be stronger in the future”*
- **Fatty tissue:** Esthetic reduction of self-worth

BONE

Bone is what is deepest and most resistant in our body—it forms the frame around which everything is constructed and upon which everything rests and is supported. Bone is also what is hardest, most rigid, most solid in us: our values. At the pithy core of each bone is the bone marrow, the most central aspect of our structure, which often reflects our core relationships—those with family.

In the stress phase of a conflict, the bones will manifest injuries of depletion: necrosis, ulcer, decalcification, and hematopoietic depression. The reduction of self-worth may be accompanied by a somewhat depressed emotional state or unfavorable (malignant) tumor.

The healing phase, on the other hand, may manifest signs of accumulation like bacterial infection, favorable (benign) tumors, hemorrhaging and/or bone-building processes like granulation and filling. There may be deep and dull pain lasting six to eight weeks after the resolution of the actual conflict.

Felt Sense of the Biological Conflict

Feelings that can affect the bones are ones that greatly demoralize a person.

A major conflict that seriously reduces self-worth may cause someone to feel that he or she has been “*attacked right down to the marrow*” or “*reduced to zero*.” Deep down he may feel that he’s worth nothing, and this lack of self-worth may result in osteolysis—loss of the bony framework. Such decalcification occurs when the system lacks support for the fixation of calcium. The bone density will be reduced in proportion to the intensity of the conflict as it is experienced, such that deeper conflicts will affect the bones more severely than less intense ones. A total reduction of self-worth will engender a demineralization of the whole skeleton.

A child who is not yet aware of his potential to be part of things can experience reductions in self-worth when he is rejected by others or even if he simply feels himself to be rejected. Specific interactions may reduce his feelings of self-worth in the eyes of his friends, or he may believe that others don’t want to have anything to do with him because he’s “*not good enough*.”

Neuronal connection: Brain marrow, with contralateral control (the control of the right shoulder is in the left brain marrow, for example)

SYMPTOMS OF SPECIFIC BONES

Whereas deep, generalized injuries to one’s sense of self-worth can prompt demineralization of the entire skeleton, many conflicts are specific enough to affect particular bones instead. In these situations, the bone loss is most often of a diffuse nature, characterized by porosity with holes that have well-defined outlines. There can also be disintegration of the vertebrae manifesting in conditions like rheumatism and Scheuermann’s disease, or spontaneous fractures of the ribs or limbs.

Each part of the skeleton corresponds to a very specific reduction of self-worth. For example, in a right-handed woman, a loss of self-worth in her relationship to her child may result in decalcification of the head of the left humerus. Detailed correspondences for such localized symptoms follow.

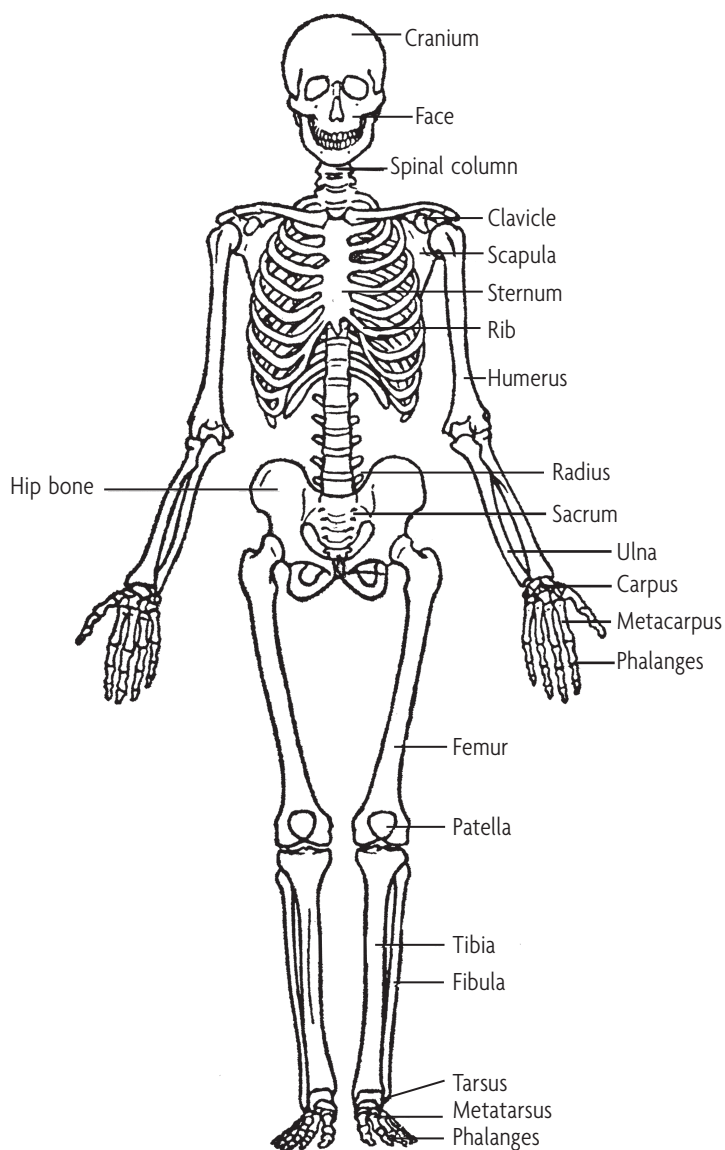


Figure 8.1. Skeleton

Top of the Skull

Symptoms of the top of the skull reflect conflicts that cause reduction of self-worth related to one's intellect. Doubts about one's intellect that are instigated by other people will result in problems of the *external* part of the top of the skull. Doubts that come from inside, from one-self, will affect the *internal* portion of the top of the skull.

Example:

- Mrs. F had several children but doted on her eldest daughter, who had started a business in the village. Mrs. F was proud of her daughter since it was an important business; she even had employees under her.

One day: shock. Her daughter declared bankruptcy and had to lay off the employees. Mrs. F identified with her daughter and developed an osteolysis in the top of the skull.

Small Bones of the Ear

The bones of the ear are conductors of sound. They transmit sounds from the outside air to the liquid within the ear. Symptoms related to these bones represent a reduction of self-worth that comes through unpleasant things one has heard.

Example:

- Mrs. P, who was ill, relied on her sister to help with the house-keeping. One day Mrs. P's husband said to her, "Your sister is like you; she doesn't know much about housekeeping." These words created shock and a reduction of self-worth that caused Mrs. P to have trouble with the bones of her ear for about ten days.

Bone around the Eye

Symptoms of the bone around the eye arise from reduction of self-worth from what one sees or from what one should have seen. One thinks, "*I should have noticed sooner.*"

Mandible

Symptoms of the lower jaw indicate self-worth problems related to speech and self-expression. Conflicts can arise in a variety of ways, including:

- One does not feel listened to
- One can't express one's aggressive feelings
- One feels that what one has to say is unbearable
- One missed an opportunity to speak up
- One's speech receives no reply. From this, a person feels isolated and tells himself that "*speaking doesn't have meaning anymore!*"

Conflicts of having failed to find the right words to protect oneself will tend to manifest on the left side, whereas failure to express one's feelings will create problems on the right side.

Example:

- A brilliant man made a reorganization plan for a corporation. Every time that he proposed the plan to the Executive Committee, it was not put on the agenda, and he was not able to present it or unveil it. He felt very reduced in self-worth.

Tooth

Teeth—accessory digestive organs—are composed mainly of **dentin**, a calcified connective tissue that gives each tooth its basic shape and rigidity. Dentin encloses a cavity filled with **pulp**, which contains blood vessels, nerves, and lymphatic tissue. A layer of **enamel** covers the dentin, protecting it from digestive acids and from the wear and tear of chewing.

Dentin

Problems in the dentin relate to conflicts of feeling incapable of acting (or “biting”) because of feeling too weak.

Neuronal connection: Frontal brain marrow

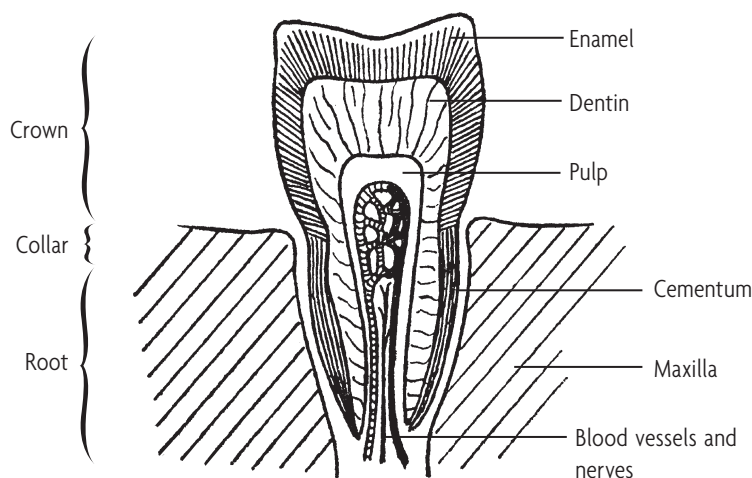


Figure 8.2. Tooth

Enamel

Problems with tooth enamel can arise when one restrains oneself from acting, out of a sense of propriety. *"I could bite, I'm capable of it, but I have no right to do that. I'm too well brought up."* Frequently, enamel decay will be accompanied by devaluing of the dentin.

Neuronal connection: Interhemispheric (frontal paramedian position)

Dental Pulp

Symptoms of the dental pulp result from feeling forbidden to nourish one's aggressive feelings.

Example:

- Mrs. J had tooth decay between her two upper incisors. She always had the same kind of dreams, in which she engaged in verbal aggressiveness with various people. In the real world, she wanted to say what she thought but was unable to do so because of her moralistic upbringing. She didn't want to disappoint everyone's considerable expectations by making trouble.

Mrs. J restrained herself from being violent and sometimes felt her hands tremble with the effort. In eleventh grade, she had a shock when she was angry with false friends who made fun of her. "I wanted to say who I was with violence but I could not. I'm afraid of my violence," she told me. This was the beginning of her dental caries and yellowing of the teeth.

Left Shoulder (for a Right-Handed Person)

Left-shoulder problems reflect conflicts around one's relationship to parents and/or children. Feelings of self-worth will be injured when someone scolds him- or herself for being a bad father, a bad mother, or a bad child.

Example:

- A mother had a shock when she learned that her son was in danger of having to repeat his school year. She blamed herself for not taking enough interest in her son; she had been engaged in too many volunteer activities in addition to her job. "As a mother I haven't

paid enough attention to my son's schoolwork," she reflected.

The woman eventually resigned herself to the situation by accepting that her son had to repeat his year. She said, "He will make a new beginning, which will be good for him later." For several months she had a lot of trouble with her left shoulder, which was diagnosed as periarthritis.

Right Shoulder (for a Right-Handed Person)

Right-shoulder disorders can arise from conflicts of lowered self-esteem in the context of one's social position, marital relationship, or status among siblings. There will be a reduction of self-worth in relation to other people, such that one tells oneself "*I'm not a good spouse,*" "*a valued worker,*" or "*a good student.*"

Examples:

- Mr. A got along well with his boss. He decided to take early retirement, and his boss then hired someone young to take his place. During the months when the young man was being trained by Mr. A, the boss always took the side of the young man when a problem arose in the workplace. Mr. A didn't feel appreciated by his boss, and his sense of self-worth declined. Mr. A developed an extensive decalcification of the right shoulder.
- Mr. P, who is left-handed, manufactured a decalcification of the head of the right humerus after he was unable to accomplish grand projects imposed on him by his parents. "*I'm a bad son!*" he said to himself.

Elbow

Symptoms of the elbow involve conflicts linked to the use of the arm and feelings of devaluation associated with work. We would say of someone who is lazy: "He has callused elbow syndrome."

Wrist and Hand

The wrists and hands represent our ability to accomplish things. Disorders in these bones often reveal conflicts related to dexterity. Our sense of self is devalued when we believe we are incapable of performing a task adequately.

Example:

- A young boy had been taking tennis lessons for two years and had always been among the best players. One winter, after having grown enormously, he did less well.

That December, the tennis instructor scolded the boy frequently, saying things like “What on earth are you doing? Don’t you know how to serve anymore?” Shock. The child had been insulted in front of his buddies. He lost interest in tennis and withdrew into himself. He didn’t go bicycling with his friends and hardly ever went out.

In July, his mother gave him a computer for his birthday, since she saw that he’d been sad. The child was very proud. Soon his buddies and others came to see him and were envious of all the things he could do with his computer. The child’s sense of self-worth was restored. At the end of July, however, the boy had trouble with his left wrist. What looked like a sprain grew worse, and by the end of August, an X-ray revealed an osteoma—the healing of osteolysis.

Sternum

The sternum is in the shape of a sword. It represents our inner weapon, which we brandish when facing an adversary by swelling out the chest, and which we hide when we want to be less noticeable by rounding the shoulders forward. Symptoms of the sternum reflect conflicts wherein we don’t like the way we “look” to others: we feel we lack charisma and/or physical attractiveness. Many women, for example, suffer decalcification of the sternum after removal of a breast.

Ribs

The ribs have been described as “venetian blinds of the heart” by French songwriter Claude Nougaro, who recognized their role as gateways to the emotional center of the heart. Like the sternum, the ribs can reflect low self-worth in a physical or charismatic sense. They can also symbolically represent members of the family: the ancestors are linked to the upper ribs, descendants to the lower ribs, and siblings to those in the middle.

Disorders of the ribs can arise when someone feels insufficiently loved or insufficiently protective of himself or family members.

Example:

- Mrs. M felt very bad about herself after being told she'd have to have her breasts removed. She subsequently developed an osteolysis of the ribs right behind the breasts.

Spine

The spine consists of three sections: The **cervical spine** supports the neck and head with seven cervical vertebrae; the **thoracic spine** supports the upper trunk with twelve vertebrae; while the **lumbar spine** supports the waist and pelvis with five lumbar vertebrae, the butterfly-shaped **sacrum**, and the **coccyx**. Between the vertebrae are cartilaginous tissues known as the **intervertebral disks**.

Cervical Vertebrae

Difficulties of the cervical spine arise from conflicts of capitulation: being obliged to bend the neck and lower the head in shame or deference. Conflicts of this nature may be preceded by feelings of injustice, scholarly humiliation, or struggles with a hierarchy.

If a problem presents in the upper cervical vertebrae—C1, C2, or C3—the patient may have lofty dreams of prestige or great moral visions (wanting peace, liberty, etc.). Conditions of the lower cervical vertebrae—particularly C7—will reflect conflicts of submission and experiences of injustice. One bends under the yoke or the pillory. This is the conflict of the serf in relation to the master.

Examples:

- Miss T, a young dancer, had an audition. She danced well and felt appreciated but in the end didn't get the job. A few days later, a teacher asked her to do some modern dance. Miss T didn't want to but complied anyway. The teacher then asked her for a particular movement that required turning the head. Miss T demurred, and the teacher was displeased at not having his instruction followed. Miss T ultimately gave in and made the same movement of her neck about twenty times in succession. The next day she had severe torticollis, a condition that arises in situations where we want to carry out two opposing movements at the same time. Her feelings of humiliation directly affected Miss T's cervical vertebrae.

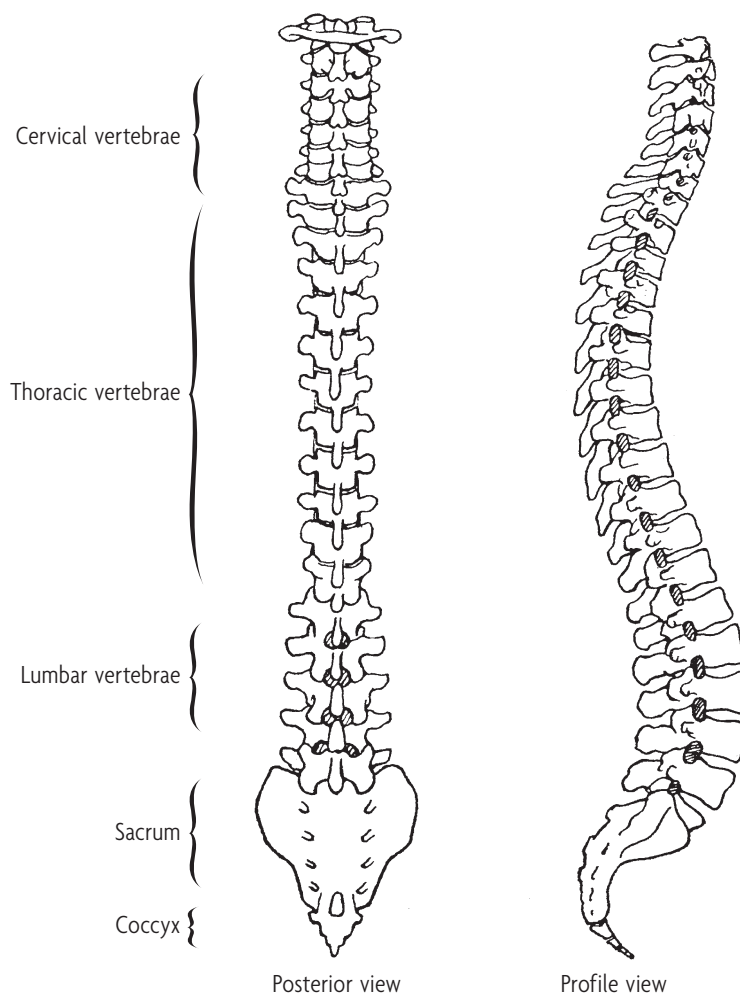


Figure 8.3. *Spinal column*

- Mrs. E developed pain in the upper cervical vertebrae and the top of her skull when an earlier complaint in her legs had been dismissed by her doctors. “My legs hurt,” she complained, “but there are no physical lesions so the doctors think I’m an idiot.” Her cervical pain was a consequence of her feelings of humiliation at being not understood.

Neuronal connection: Frontal marrow

Thoracic and Lumbar Vertebrae

The thoracic vertebrae are linked to the ribs and to our emotions.

Kyphosis, an exaggeration of the thoracic curve, can arise if a person feels somehow forbidden to move forward with her life, as if she were

not allowed to find happiness, for example, because her mother is ill. Lumbar vertebrae represent the foundation: what keeps us upright and serves as the pillar of our personality.

Problems in the thoracic or lumbar vertebrae may arise if we feel we can't count on anything anymore, or that we are personally responsible for upholding some situation that would collapse without us. Centralized, overall blows to our self-esteem in the domains of work and the family can leave us feeling like we've been cut down at the base. We're no longer able to stand upright because something has brought down our central support. L2 and especially L3 are the center of gravity of the body. A decalcification at this location comes from a reduction of self-worth in relation to an event that has affected the person in a fundamental way.

In addition, certain vertebrae may be affected when the organs they innervate respond to reductions of self-worth. For example, self-esteem problems of a sexual nature can result in symptoms at L5 or L5/S1.

Examples:

- After twenty years of employment, Mr. K underwent a competitive exam that he hoped would lead to a permanent position. The person who examined him in a particular discipline criticized everything Mr. K said in crude and unfair ways.

Shock: Mr. K found himself reduced in prestige in a part of his career related to that particular discipline (only). Subsequent to this, he had an osteolytic attack on just one section of his lumbar spine. The symptom lasted four to five months, then tapered off when Mr. K took a vacation that allowed him to regroup.

- Mrs. W suffered from lumbar pain at L5/S1. In 1986 she got married to assure herself a secure future. Her husband wasn't interested in having sex, however, and he soon became impotent. Mrs. W experienced a disappointment and a loss of self-worth as a woman because her female body was rejected. In 1987, she had a car accident, which increased her lumbar pain. Years later, in 1995, Mrs. W began to realize her own worth. She became more secure and decided to divorce. At this point, however, her pain increased and she became handicapped. Unable to cope with the limiting condition of her body, Mrs. W found her self-worth eroding and she never felt up to things.

Mrs. W needed a positive image of herself in the eyes of others: she needed to feel loved. “It’s stupid,” she said as she became aware of her feelings. She burst into laughter and moved into the healing phase.

A few months later Mrs. W met a new man who bolstered her sense of self-worth. At her next therapeutic treatment, she had a significant improvement in her pain.

Neuronal connection: Paraventricular marrow; single conflict = pain on one side; large or multiple conflicts = pain on both sides

Coccyx

The coccyx sits at the bottom of the spine and helps to stabilize it. Because the coccyx allows uprightness—which is what distinguishes us from animals—symptoms in this area can arise from losses of self-worth at the base of the personality. Often this loss of self-worth is related to one’s ability to express oneself sexually.

Intervertebral Disks

The intervertebral disks have their own conflicts, and reflect injuries to self-esteem that are less severe than those affecting the bones. A person suffering from disk problems may not feel “up to” the task at hand, or may feel unable to rely on himself (he can’t rest comfortably on the “cushion” of his own strength). Alternatively, disk problems may arise in someone who finds herself the buffer between two people who are arguing.

Herniated disks develop in recurrent conflicts that repeatedly test the emotional issues connected to two adjacent vertebrae. Healing edema in the spinal canal causes the periosteum to distend, and the disk slips out.

Pelvis

Symptoms of the pelvis can be triggered by overwhelming insults to self-esteem, such as sexual conflicts that greatly reduce one’s sense of self-worth. Alternatively, the pelvis can manifest symptoms when one feels unable to welcome a newborn or someone else in a satisfactory way.

Men who have undergone prostate surgery, for instance, often become impotent and incontinent. They experience deep injuries to their self-esteem, which gradually decalcifies the pelvis. This loss of self-esteem explains the metastases that sometimes follow the conflict and pathology of the prostate.

Examples:

- When twelve-year-old Miss C learned that her father was homosexual, her pelvis decalcified.
- Mr. M was a real mother hen. He had a lot of free time, thought a lot, and harbored a grandfatherly love that had never been realized. In October 1995, he noticed pain in his coccyx and sacrum.

Earlier that month, one of his daughters had had a miscarriage and the other an abortion. He said to himself, “They would have been born around June; I would have done this or that with them; I adore children.” Because he could not welcome these grandchildren, Mr. M’s pelvis demineralized. Now he feared being sick, and watched out for pain.

In the spring, Mr. M was in his kitchen. Outside there was a bush that had grown up and begun to clutter the window, preventing light from coming in. He went to cut off a branch and watched with horror as a nest with eggs in it fell to the ground. But the eggs didn’t break! Mr. M gathered up the branch and watched over the nest, eventually witnessing the hatching of four charming babies. Every day he looked out for them to be sure that all was well and that they would be able to fly away and live.

- Mr. X had a skewed pelvis: the right side was higher than the left side and no matter what he did it stayed that way—even after osteopathic treatment. Mr. X admitted that he was hesitant to invite his girlfriend of twenty years into his home because he had his own way of doing things. He believed he was content with the situation but it didn’t “sit well” with some deeper part of him. His girlfriend was symbolically always “by his side.”

Neuronal connection: Parieto-occipital marrow

Pubic Bone

Problems specific to the pubic bone are related to conflicts of sexual self-worth. One tells oneself, *"I'm not good in bed. I'm a bad sexual partner."*

Hip/Neck of the Femur

Disorders of the hip and the neck of the femur reflect conflicts of opposition, particularly having to give way against one's will to someone who is stronger. This situation is found very often in older adults who are not able to move about alone and yet who object to their need for a walker or a wheelchair.

In order to better understand why this conflict affects the neck of the femur, we can look to the animal kingdom. When two animals struggle head to head, if one gives way it is because he doesn't have enough strength in his rear legs—specifically in the two heads of the femurs.

Fracture happens most often in the solution phase since the periosteum, which acts as a wrapping for the bone, becomes soft from edema and fails to hold the bone. The neck of the femur can also be compromised in the active phase if the conflict lasts a long time without being resolved.

Femur

Problems of the femur reflect someone who is moving backward instead of forward in her life. This can happen if one feels unable to overcome an illness or other situation (*"I'm backing up. I move ahead and then I move back."*) or if one is healing too quickly from an illness. Often rapid healing feels too good to be true, so the patient backpedals.

During resolution of such conflicts, there may be up to four weeks of painful recalcification. A scar remains during the healing phase since it is a preparation for a possible subsequent combat.

Example:

- Mrs. D worked for her mother-in-law, who one day fired her. Mrs. D's husband didn't back her up. Shock: She felt put down in this situation but didn't feel confident enough in her abilities to argue with her husband or her mother-in-law, especially since she had no professional training and was at the entry level. She had to give in.

Mrs. D's conflict lasted six years off and on, especially when she saw her mother-in-law. One day her femur broke.

The Greater Trochanter and Thigh

Conflicts that affect the greater trochanter are similar to those that affect the neck of the femur. However, whereas the femur reflects a person who has reluctantly given in to an unpleasant situation, symptoms of the trochanter reflect one who flees a situation rather than capitulate. Disorders of the thigh can reflect thought patterns associated with conflicts about movement: *"I don't want to go there,"* or *"I would like to go there* (with the notion of obtaining something) *but I'm being prevented from doing so,"* or *"What am I doing here?"*

Lower Limbs

Disorders of the lower limbs reflect conflicts of nonactivity and nonengagement. One may feel powerless to finish something one would like to do, especially in sports.

According to the Chinese Energetic work of Régis Blin, problems of the hip joint are related to the element of earth and its issues of malleability. Problems of the knees relate to the wood element and flexibility, while complaints of the ankles correspond to the water element and issues of adaptability.

Knee

Knee complaints often occur in someone who doesn't want to submit to a situation, doesn't want to "bend the knee." Knee problems may also reflect conflicts linked to walking, to sports, to having to stand, or to spiritual turmoil.

Problems that affect knees and ankles may be indicative of movement in a direction you don't want to go in, but you go anyway. Or they may reflect conflicts over being no longer able to engage in a favorite sport.

Ankle and Foot

Symptoms of the ankles and feet may reflect feelings of being caught off-balance, not knowing which foot to lead with.

Conflicts of the feet can relate to the mother, in the sense that she

is the equivalent of the earth we walk on. They can also reflect conflicts linked to expenses or to situations that we have not accepted.

Pain specific to the calcaneus—the bone that forms the heel—can arise when someone feels very deeply put into question, as though the very essence of who he is is in question. Alternatively, problems specific to the heel may arise when one has been obliged to screech to a halt.

The symbolism of the toes is often linked to the mother.

- **Big toe:** Ego, “*I want.*” Conflict in relation to the authority of the actual mother (right toe) or of the symbolic mother (left toe).
- **Second toe:** The authority that I have over my life. Conflict centered on oneself and the relationship between collateral relatives and the mother or symbolic mother.
- **Third toe:** Pleasure, sexuality. Conflict of obtaining pleasure in relation to the mother or the symbolic mother.
- **Fourth toe:** Union, alliance. Resentment in relation to the mother or the symbolic mother.
- **Fifth toe:** Listening to oneself, inner listening. Territorial issues.

JOINTS AND ARTICULAR CARTILAGE

A joint is a flexible point of contact between two bones or between cartilage and bone. Articular cartilage is a thin layer of hyaline cartilage that covers the bone wherever it forms a joint. This cartilage reduces friction and absorbs shock from movement of the joint.

The Felt Sense of the Biological Conflict

All conflicts of gesture affect the joints, just as conflicts of plan affect the nerves and conflicts of thrust affect the muscles. Joints are what make gestures possible.

Symptoms may arise in the joints when a person suffers minor self-esteem issues that are linked to movement. Alternatively, the joints may be affected when another person who has acted as a strong guide or reference point ceases to serve in that role. In either case, different joints will be affected by different self-esteem issues (see under Symptoms of Specific Bones, pages 122–36).

Neuronal connection: Brain marrow

PERIOSTEUM

The periosteum is a dense sheath of connective tissue that surrounds the length of the bone surface wherever it is not covered by articular cartilage. The periosteum protects the bone, helps nourish bone tissue, and contains cells that help bone to grow.

The Felt Sense of the Biological Conflict

The periosteum is loaded with nerves. It is very sensitive and acts like the skin. Pain of the periosteum arises from conflicts of separation wherein one wants to touch another person and not touch him at the same time. This can extend to physical violence, as in slapping someone and then wishing not to have done it. Rheumatism of the periosteum reflects a more major conflict involving brutal separation.

In the stress phase of a periosteum conflict, the tissue itself may not feel pain. There is never any breakdown of the bone, and X-rays show nothing. The temperature of the skin may be lowered, however.

In the healing phase of a periosteum conflict, there will be hypersensitivity and acute pain, although still no signs visible on X-ray. The patient may present neurodermatitis in the epidermis, and ulcerations. Healing continues as long as the edema persists under the periosteum. During this phase, a person who was slapped can also register the conflict and have periosteum pain at the place that was slapped.

Example:

- Mrs. K's daughter presented her with some appallingly bad homework. Infuriated, Mrs. K hit her daughter with more force than she'd intended, at the same time not wanting to hit her at all. Mrs. K registered a double conflict: one in the area of the post-sensory cortex controlling the nerves of the periosteum of the hand and the other in the area of the motor cortex that controls movements of the hand. When she was in the recovery phase, her hand hurt and her arm was semi-paralyzed.

Neuronal connection: Post-sensory cortex

SKELETAL MUSCLE

Skeletal muscle, also called striated or voluntary muscle, is attached to bone and produces the movement of the body parts in relation to each other. Its fibers are long and thin and crossed with a regular pattern of fine red and white lines.

The Felt Sense of the Biological Conflict

Symptoms of the skeletal muscles are related to injuries to self-esteem that come through work linked with physical activity, moving about, and effort. Particular muscles will be affected by particular conflicts. Skeletal muscles may also develop problems in conflicts related to feelings of impotence, wasting of muscles, loss of weight, and lack of aggressiveness. The individual may question the use of fighting and may not build up muscles, as he feels he is sure to lose any fight.

Example:

- Mrs. C had a hernia in her groin. I inquired as to her feelings about physical activity, whether she felt she had the right to exert herself physically. She said, “No. When I was a child, that was reserved for boys; girls stayed put. They had no right to do sports—that was for boys.” So Mrs. C was taught that she didn’t need abdominal muscles. With this background, which resulted in feelings of low self-esteem, she developed the hernia in her groin. She finally understood. And two weeks later came the appearance of a lump. In reality the lump was something more than a hernia; it was the solution, the reconstruction of muscle.

Neuronal connection: Brain marrow

Embryologic origin: New mesoderm

TENDONS AND LIGAMENTS

A tendon is a cord of dense, regular connective tissue that attaches a muscle to the periosteum of a bone. Ligaments attach to articular cartilage and help attach bones to other bones to form secure joints. Ligaments are well suited for this purpose, in that they’re composed of

a group of connective tissue fibers bundled in a way that makes them particularly resistant to strain.

Problems affecting tendons are usually minor conflicts that injure one's self-esteem, but not greatly. Symptoms of the ligaments reflect conflicts of connection—worries that one doesn't feel powerful in connection to others, or that one is losing one's connection to others.

SPECIFIC ILLNESSES OF THE MUSCULOSKELETAL SYSTEM

Just as individual structures of the musculoskeletal system can be affected by certain kinds of conflicts, specific diseases also often have particular conflicts at their root.

Ankylosing Spondylitis

Ankylosing spondylitis is a chronic inflammation of the spinal column with painful stiffness or fusion of the joints, often occurring on the vertebrae between the sacrum and the iliac bones. This condition reflects a conflict of reduction of self-worth with a sexual coloration. Alternatively, it can arise from a deep conflict of low self-esteem with a need for assurance, a need to have guarantees, a need to reinforce and hold tight the ropes that support the central mast.

Example:

- A man or a woman finds him- or herself refusing the sexual act or being limited in it in order to please “the lady” or “the boss man.” An associated thought pattern might be: *“I want to make love and he/she refuses”* or *“I don’t want to make love and I’m obliged to.”*

Arthritis (General)

Arthritis pain tends to arrive a few days after the resolution phase of a conflict, in the evening, or when an additional effort is being made. Recurrences are frequent, since the healing phase handicaps us and we experience new losses of self-worth. Each recurrence of the conflict leads to a new crisis of pain, with inflammation and edema in the healing phase that is even more extensive. The cartilage becomes porous,

and the person continues to work in spite of healing pains, which gives rise to deformation.

The best treatment is rest and an attitude of acceptance, which wards off any recurrence.

Example:

■ Mr. W had suffered from back pain ever since some work projects that he had greatly improved were taken away from him. Shock. He was thanked for his work, but Mr. W felt devalued—and unable to complain because he had been thanked. Eight months later, Mr. W backed away from his work little by little, and that's when the pain appeared. He left for a vacation, moved into the healing phase of his conflict, and was attacked by severe pain. This was the second shock: he was no longer able to engage in sports, which was an unbearable disappointment that lowered his self-esteem even further.

Three months later, Mr. W decided to take up his sports again, disregarding the pain. With this decision, he entered the resolution phase of his conflict, and in two months all the pain was gone.

Specific Kinds of Arthritis

- **Chondral-humeral polyarthritis:** The associated thought pattern is, *"I don't have any good gestures; my gestures make me look bad."*
- **Osteoarthritis:** Lack of confidence in one's gestures can give rise to osteoarthritis (similar to chondral-humeral polyarthritis conflicts). No longer engaging in sexual activity, for example, might give one a feeling that one is "ready for the scrap heap."
- **Periarthritis:** Arthritis of the periosteum can arise during the healing phase of conflicts that surround giving: wanting to give more than one is able, for instance, or not being able to give something because the person is inaccessible (far away, deceased).
- **Progressive rheumatoid polyarthritis:** A chronic polyarthritis can take place only under chronic conditions—that is, when there are recurrences. It can remain stationary for ten years and then begin again. The conflict is always a conflict of reduction of self-worth related to the affected part. Recurrences create chronicity in the following way: A patient drops a beautiful vase and says, "I've done something really bad." The disease will then affect the fingers

of the hand that was holding the vase. The healing phase of this conflict may last for several months, during which time the person can no longer pick up anything. Feeling clumsy, the patient loses more self-esteem, which creates a new phase of stress. This amounts to a recurrence of the conflict, during which the healing phase is halted. The patient is in a vicious circle.

- **Rheumatoid arthritis:** Rheumatoid arthritis can develop during a conflict that reduces one's sense of self-worth around a sport or other activity that requires dexterity. There may be osteolysis of the joints or of the bony tissues near the joints.

Example:

- Mrs. N has no cartilage left. This condition developed over time due to several factors: Years ago, Mrs. N felt very guilty for not caring enough for her mother, who had been diagnosed with Alzheimer's disease. Mrs. N felt humiliated, and ashamed of herself for not having taken her mother out of the nursing home. That year, Mrs. N's first symptoms began: pain in the right hand and fatigue. She lost eighteen pounds.

A few years later, Mrs. N's mother had an operation, and Mrs. N felt very guilty about not spending enough time with her. She developed pain in her feet.

Unable to draw support from either her mother or her husband (conflict of direction: adrenals), Mrs. N became exhausted. Since her family ethic viewed fatigue as laziness, Mrs. N's sense of self-worth further deteriorated. Therefore, her fatigue became pattern-setting. She thought: *"I am no longer capable."*

Although at first Mrs. N refused to accept the fatigue, she finally gave in to it. "To hell with the housework," she said, and moved into the healing phase. A few days later, she had painful inflammations in her right hand.

Some years later, after Mrs. N's mother had died, her father had a new wife who wore her mother's clothes: "They're killing her twice," Mrs. N told me. After this, Mrs. N developed joint pain in the whole body. In the active phase, she had sharp pain. In the solution phase, she had pain that was deep and less sharp.

Chondroma

To understand the conflicts associated with this disorder, we will look at an example: Mrs. X had to always be “up to” the circumstances in her life. She developed chondromas, growing tumors of the cartilage. Her ring finger was swollen, continually destructuring and restructuring its bony tissue into another form. She thought to herself, *“I want to be part of a couple that is on a different basis and follows different values than those of my parents.”*

Complex Regional Pain Syndrome (CRPS)

Also known as reflex sympathetic dystrophy, CRPS is a chronic pain condition characterized by continuous, intense pain out of proportion to the severity of an injury, which gets worse rather than better over time.

CRPS can arise when there is a constant alteration between reduction of self-worth and reestablishment of self-worth. Often separation conflicts and sometimes motor-function conflicts accompany this. The recurrence is automatic each time one feels “weak” from the first conflict.

Example:

- Mrs. V had suffered from CRPS for three years. It had been a long road, moving from one therapy to the next, feeling abandoned each time by doctors who told her she had to live with the pain and accept it.

Mrs. V was very active in sports, particularly tennis, and she worked hard. In October 1987, her husband wanted to move to a new house. For Mrs. V, this was very hard. She’d be leaving behind twenty years with her children in their old house. She’d be moving into a house that needed renovation, and had no desire to spend time on her hands and knees doing a lot of work.

Mrs. V had the brakes on full because she had no desire to move, but her husband insisted, even signing all the papers for the sale without her. During the move, Mrs. V had to do work that involved getting down on all fours. She didn’t want to be on her knees anymore: her knees seized up and she had cramps and pain. She had to stop using her bike; even walking became difficult and painful. Sport stopped, work stopped.

Mrs. V had three conflicts: motor—*I want to go and I don't want to*; brutal separation from her home—pain in the periosteum; and reduction of self-worth—*I'm no longer up to it; I'm useless, both in sports and for work*.

After her first therapeutic session, Mrs. V cried all the way home in the car. Then she opened up to her husband: “It’s your house that has made me sick. I’ve had it.” The husband had no idea, and was shocked that his wife had hidden her life and feelings from him. After her second therapeutic session, Mrs. V experienced some moments without pain, and was able to stop using sleeping pills. The third found her with less pain and more perspective.

Gout

Gout* can arise when a person blocks the collector ducts of the bladder, feeling “*I don't want to lose a drop; I want to keep everything, even the garbage.*” This may result from a feeling that one’s very existence is disintegrating.

Hypercalcification

Tension or rigidity along the whole spinal column reflects a conflict of being too attached to one’s values and always needing to be right.

Paget’s Disease of the Bone

Paget’s disease of the bone involves a disregulation of the processes by which new bone is built in the body. This illness can result from a chronic conflict that reduces self-worth.

Plantar or Callus Pain

The associated thought pattern is: “*I kick people to get them moving; I’m sick of it; I’m a coward.*” Upon recognizing this pattern, immediately the pain lets go.

Scoliosis

Lateral bending of the spine often arises when one compares oneself unfavorably to others, saying, “*I’m not as good as X,*” or “*I’m not as*

*Translator’s note: The English medical term *gout* comes from the French word *goutte*, meaning “drop” or “droplet.”

strong as Y." When the curvature creates a hollow on the right side of the lumbar spine in a young woman on the verge of adulthood, she may have a fear of being judged by men.

A slow conflict of self-worth in relation to someone or something that is "beside" oneself (continually in one's thoughts) can lead to osteolysis, which quietly and imperceptibly rounds the shape of the vertebrae without breaking the nerve within it.

In men, scoliosis can reflect self-doubt related to the male lineage.

Neuronal connection: Brain marrow

Tendinitis

Tendinitis indicates a conflict of movement, with the specific site dependent on the nuances of the conflict.

- **Achilles tendinitis** reflects a conflict around what we are moving or "tending" toward.
- **Tendinitis on the dorsal side of the wrist** suggests withdrawal from words or from a place. We have denied the personal, which is devalued in relation to its strength.
- **Carpal tunnel tendinitis** arises from an indecision in acting or an inability to let go: *"I want to hold on to the reins!"*

Example:

- Mr. A developed pain in the tendons of his hands in July 1990. Earlier that year, he had had an accident that affected those tendons. In June 1990, when the cast was removed, Mr. A had a shock: "I can't use my hands anymore; I can't look after my household." Mr. A's father had often declared that only when someone is working can he be called "a somebody."

Walking Pigeon-Toed

The associated thought pattern is *"I'm going there but I don't want to."* There is also a notion of fear.

9

OTOLARYNGOLOGY: EAR, NOSE, AND THROAT

Ear, nose, and throat (ENT) specialists study each of these three areas or systems. The ear is composed of several parts, including the **inner ear**, the **middle ear**, and the **eustachian tubes**. Studies of the nose include the **mucosa** and **sinuses** of the nose, as well as the nasal septum and the sense of smell. Our discussion of the throat includes the **palate**, the **tonsils**, and the **larynx**.

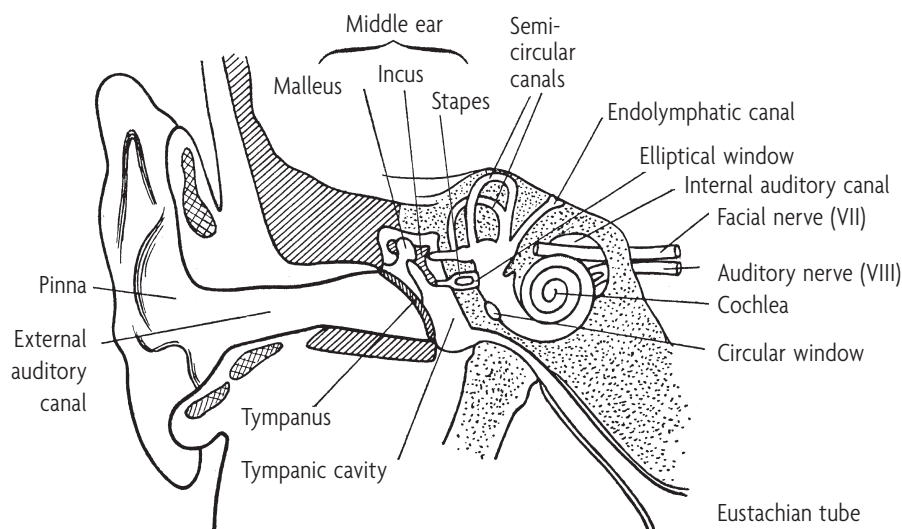


Figure 9.1. Anatomy of the ear (transverse vertical section)

INNER EAR

The inner ear is also called the labyrinth, because of its complicated series of internal canals.

The Felt Sense of the Biological Conflict

The conflicts associated with problems of the inner ear can be divided into two categories: conflicts of quantity and conflicts of quality.

Conflicts of quantity are often conflicts of separation—not receiving enough kind words, explanations, or silence. Too much silence—to the point that it is unbearable—can also result in ear problems. These conflicts of quantity can also be associated with aggression and too much noise. There can be a tendency to want to remove external sounds in order to hear the internal sounds. This can result in hypoacusis (hearing loss) from a conflict of not wanting to hear or not wanting to “believe my ears.” At such times we can retreat into a wall of silence.

The conflicts of quality include being bombarded by noise or information that is not what one wanted to hear, no longer being able to stand hearing disagreeable things, and encountering sounds or speech that go beyond our capacity of hearing. Some of these conflicts of hearing may also relate to a conflict of territory. It can be unbearable to have lost one’s territory and hear a rival penetrate it.

Specific Disorders of the Inner Ear

- **Ménière’s disease** is a disorder of the inner ear that can affect hearing and balance. The condition is characterized by progressive hearing loss, tinnitus, and vertigo. Those who suffer from this disorder struggle with three conflicts (parallel to each of the three symptoms). The exact physical cause of Ménière’s disease is unknown but it is associated with endolymphatic hydrops, or excess fluid in the inner ear.
- **Motion sickness** can be the result of a discrepancy between two sources of information and the associated difficulty in aligning two reference points—for example, trying to reconcile the inner world of imagination or reading with the external world of reality. This can occur when you are reading a book, which does not move, and looking at a landscape that is moving. Motion sickness is also related to conflicts between what you control (you are in control of

your car as you drive) and what you don't control (your passenger, perhaps). These conflicts are often associated with parents—children who are caught between what Dad says and what Mom says may experience motion sickness. It can also be a conflict between what you see and what you want.

- **Otosclerosis** is associated with a fear of danger and death triggered by a loud, suffocating noise such as in a firedamp explosion, gas explosion, or a train that rockets along. Each of these has a very loud sound and a movement.

Examples:

- Mrs. E lived in an apartment where she very often heard a great deal of noise late at night from her upstairs neighbor. Despite her comments, the neighbor continued. Mrs. E developed hypoacusis.
- Mrs. O became hard of hearing because over a period of eight years her husband grumbled about and railed at their grandson who was living with them.
- A woman who learned during a conversation that her husband was deceiving her developed hearing problems associated with the inner ear. She told me, "I don't believe my ears!"
- Mrs. V experienced frequent vomiting and a loss of hearing and was diagnosed with Ménière's disease. She had numerous conflicts with her superiors, who paid no attention to what she had to say. Mrs. V no longer wanted to hear things that annoyed her. She was tired of having to shout all the time trying to make herself heard. She was an idealist who hoped for harmony and a better world and decided to withdraw in order not to hear.

Another conflict that Mrs. V identified in our time together was that she wanted to protect her mother from difficulties. When she was born, her mother almost died and they were separated for three months.

At the end of our first session, Mrs. V had more energy and her head was clearer. The vertigo was reduced, less violent, and occurred less frequently. But she still felt conflicted about what direction she should take for the future (a conflict of the adrenals). Mrs. V spoke to me about how as a child she was taught not to talk about her problems. She was taught to listen to others, to feel for others, and

to remain silent. Speaking about oneself was “not right”—it was vile and despicable. At age thirteen she was groped by her father. This was the onset of her questioning what future there was for her. She came from a humble family with little money. She became a banker. At age twenty-six her husband accumulated significant debts. At age fifty-two, Mrs. V received the diagnosis of Ménière’s disease.

Neuronal connection: In the temporo-occipital position

Embryologic origin: Ectoderm

Vertigo

The most common type of vertigo is benign paroxysmal positional vertigo (BPPV). Symptoms include dizziness, lightheadedness, imbalance, and nausea. Symptoms are almost always precipitated by a change in position of the head, such as when a person lies down or bends forward. BPPV is caused by the presence of normal but misplaced crystals called otoconia. Otoconia are normally found in the utricle and saccule of the ear and are used to sense movement. However, when they’re loose in the semicircular canal, they can distort the sense of movement, causing a mismatch between actual head movement and the information sent to the brain by the inner ear; this is interpreted as spinning.

Vertigo is associated with conflicts of the inner ear and can sometimes be related to not being able to stand hearing something. Vertigo can also relate to conflicts that have their central relay in the cerebellum during the healing phase (this vertigo abates when one sits down). Another emotional cause of vertigo is experiencing a lack of bearings, often related to issues with the father. Conflicts linked to the motor function of the legs and a fear of moving forward into the future are also associated with vertigo.

MIDDLE EAR

The following discussion pertains specifically to the mucosa of the middle ear.

The Felt Sense of the Biological Conflict

Problems in the middle ear relate to conflicts of not being able to catch a “morsel” of information with the ear. This conflict dates back to embryologic antiquity—that is, to the time when the middle ear and the mouth constituted a “gullet.” Thus, the conflicts may also concern a lack of food or a force-feeding (the brain takes into account the context of the quantity of food related to the need, but it doesn’t distinguish between too much and too little). With children, not being able to “catch the morsel” is more in the sense of not wanting to do it a certain way (or of being unable or afraid to). These conflicts may relate to quantity (having too much to eat at once or not being able to eat one’s fill) or to quality (moving from the breast to the bottle or eating with a spoon and spilling everything).

Problems associated with the middle ear may also involve conflicts in relationship with the mother, and may have additional associations with digestion or hearing. A desire to go back to uterine life is also associated with middle ear conflicts. The experience of the uterine environment is sought in order to eliminate fear.

There are two networks in the brain related to hearing: one in the cortex, for distinguishing and recognizing people, and one in the brain stem, for recognizing undifferentiated sounds.

Specific Disorders of the Middle Ear

- **Mastoiditis:** This condition may come during a long-awaited pregnancy as part of a healing process. It is not the bone but rather the tissues surrounding the bone that are affected. The interior composition is a tissue like the intestine (the mastoid is a bone with air pockets that contain endodermic tissue).
- **Otitis:** This condition often occurs in the cradle, when the child wants to catch a toy and cannot. He constantly hears, “No!”

Example:

- Two people who consulted with me were dieting—depriving themselves of candy, among other things. The stress was intense when they saw good things on the table. When the diet ended, they both manufactured otitis.

Neuronal connection: Right dorsal brain stem

Embryologic origin: Endoderm

EUSTACHIAN TUBE MUCOSA

The eustachian tube is located between the mouth and the middle ear—connecting the middle ear cavity with the nasopharynx. It is linked to swallowing. The tube has pulsations every minute, which help to aerate the middle ear system and clear mucus from the ear into the nasopharynx.

The Felt Sense of the Biological Conflict

Problems in the right ear relate to conflicts of being afraid of not being able to catch the desired “morsel”—in this case, often love of the mother and the mother herself. Problems in the left ear are associated with having to listen to an inundation of information. This is very archaic, primordial territory—not managing to swallow vital, nutritional information.

Example:

- Mrs. K was sick on New Year’s Day, so she put herself on a strict diet. She considered not being able to eat the tasty cakes her friends brought her to be a biological conflict. As soon as she felt better, she ate them and had buzzing in one ear for two hours.

Neuronal connection: Right dorsal brain stem

EUSTACHIAN TUBE MUSCLES

The muscles of the eustachian tube system help open and close the tube, thus allowing it to perform its functions of equalizing atmospheric pressure in the middle ear, protecting the middle ear from pressure fluctuations and loud noises, and draining away mucus from the middle ear into the nasopharynx. Abnormal or impaired eustachian tube functioning may cause pathological changes in the middle ear, which can lead to hearing loss and other complications.

The Felt Sense of the Biological Conflict

Problems with the eustachian tube muscles may manifest out of fear for the middle ear and what it contains: one tries to keep the tube shut. Alternatively, symptoms may be associated with being afraid of hurting someone perceived by the ear (for example the mother, perceived through her voice). Problems could also result from being afraid to approach the mother—protecting oneself from the fear of the mother who wants to protect.

Examples:


- Mrs. P suffered from serous otitis media. She recognized that she had blocked her ears to reduce hearing, saying: “I don’t want to hear. I want to go back into my mother’s belly, into the amniotic fluid, and find once again those sensations, the water sounds.”
- Mr. W experienced unbearable, screaming pain and pressure in the middle ear while diving to a depth of sixteen feet. The Valsalva maneuver didn’t help relieve the pressure; swallowing helped a little. Mr. W spoke about his mother: “I protect her. I don’t want her to be hurt. She is suffering; she is sick; papa shouts at her, hits her. I want to protect her; I don’t want her to suffer.” Mr. W linked this situation to his eustachian tube not opening under water; it remained closed and refused all contact with the outside.

When the therapist Jean-Jacques Lagardet said to this patient, “You are afraid of hurting your mother,” there were two reactions: An emotion arose that was impossible for Mr. W to understand (his mother had died nine years before) and a sensation of release occurred in the left ear (connected to the female). After this, the Valsalva maneuver resulted in the usual pop.

Neuronal connection: Right and left cerebellum

NASAL MUCOSA AND THE SENSE OF SMELL

Olfaction has a number of functions, including detecting food or prey, sexual messages (pheromones), the identity of another person, and danger (predators, toxic gas, smoke, etc.). In the animal kingdom, smell is a primary sense. An animal senses an intrusive presence and immediately



wants to drive it out in order to regain an inner state of safety. Smell informs us of danger, be it from a predator, a gas leak, or rotten food. Your own odor alerts others to your presence.

The discussion that follows pertains specifically to the olfactory nerve fiber and the nasal mucosa. It is interesting to note that, as with the ears, we cannot close the nose; we can close only the eyes and the mouth.

The Felt Sense of the Biological Conflict

Conflicts of the nasal mucosa may relate to someone perceived as an intruder or rival. The buffalo smells his rival before he sees him, then, wanting to chase him away, he snorts to expel the scent. Smell is used to sniff out danger, to sense the predator. But it is also used to sniff out the prey, informing us of the right move.

Alternatively, conflicts of the nasal mucosa can relate to “olfactory paranoia,” where one is constantly trying to “catch a whiff” or “sniff out” something, wondering what’s afoot. This is accompanied by a feeling that something is being hidden and one isn’t being let in on little secrets.

Problems with smelling can arise from a conflict of not wanting to smell. This could relate to something that smells bad in either a literal or a figurative sense. Biologically, the data must be cut out before it reaches the brain. This is an olfactory and neurological conflict. Disorders of smelling can also relate to a fear of a particular conflict in the future: the fear of being separated from someone’s smell.

Some smells make our mouths water. Others are offensive and we desire only to be rid of them. These smells that we want to be separated from relate to conflicts of anxiety, fear, and apprehension. We may desire to rid ourselves of someone’s smell and thus his presence. Problems with sense of smell can relate to wanting to be distanced from the surrounding world; reducing the sense of smell is one way of accomplishing this distance. Reduced sense of smell is commonplace in those suffering from Alzheimer’s disease. There is a strong connection between memory and the sense of smell, and both can diminish over time.

For a right-handed person, the right nostril is generally associated with emotionality and the left nostril with danger, and vice versa.

However, the right nostril and the left nostril never function at the same time. Every three hours we change nostrils. We take information from the right nostril, then, alternating, we take from the left nostril for the subsequent three hours.

Last, problems with the bones of the nose relate to conflicts of low self-esteem usually associated with the marking of territory. This may involve a situation in which one wasn't able to smell or didn't know how to smell aggression in the territory.

Examples:

- Mrs. F came to me having lost her sense of smell. She told me that at the age of eight, she had disobeyed her mother, who then put her in a closet. This was experienced in a very stressful atmosphere with a lot of anger and fear. Mrs. F was shut up in the closet with garbage cans and remembers thinking over and over again, "This stinks!" This was the nose's programmed conflict. After bringing this scene into her awareness, Mrs. F regained a subtle sense of smell.
- Mrs. T's nose got blocked up, sometimes one nostril, sometimes the other: she had a seesawing vasomotor rhinitis. In our time together, we determined that what entered through her left nostril was associated with emotion. Breathing in through the right nostril was associated with understanding and analysis. When there was a danger that needed to be understood, she blocked the right nostril. If it was a danger to be felt, she blocked the left. During the session, Mrs. T's left nostril unblocked.
- When Mrs. K's cousin died at the age of twenty, Mrs. K experienced an enormous shock: "I will never experience her smell again; there's no longer any point in smelling." By blocking out smell, she blocked her emotion. Not smelling anything is a way to not feel.
- Mrs. Z's territory was her kitchen. Although she could have chased him away, her husband, with the best of intentions, often invaded this space. For thirty years, she wanted to chase him away without ever daring to say so. For thirty years, she experienced rhinitis. Once she understood the conflict, it took only six months for the rhinitis to disappear.

Specific Disorders of the Nose

The following conditions are associated with the nose and the nasal mucosa.

- **Common cold:** Having a cold is associated with experiencing something very displeasing or with giving someone the cold shoulder. It is also connected to a sense of anxiety experienced as an intrusion. The cold is a mucous edema and relates to wanting to be separated from something, an odor, for example, in order to restore contact with the self.
- **Edema and nasal encrustation:** These conditions relate to wanting to be separated from the outside in order to restore peace within.
- **Nosebleed:** This condition is like a valve acting to avoid an extreme of intracranial pressure. It relates to a fear of death. Seeing one's own red blood flow reassures: "I'm alive!"
- **Rhinitis:** This is related to separation in great danger and to negative anticipation of problems. It can also be associated with territorial conflicts.

Neuronal connections: In the diencephalon (sense of smell); at the bottom of the basal face of the left frontal lobe for the right half of the nose and conversely (for the nasal mucosa); in the posterior position of the neuronal network of the inner ear

Embryologic origin: Ectoderm

SINUS

The functions of the sinuses are to lighten the bone, to adapt to the external barometric pressure (as the eustachian tube does for the middle ear), and to adapt to a new atmosphere. The mucosa of the sinus is an extension of the nasal mucosa. The neuronal connections and the tenor of the associated conflicts are very similar.

The Felt Sense of the Biological Conflict

Conflicts of "stink"—something that smells bad either literally or figuratively—are associated with sinus problems. Such conflicts are often associated with a conscious or unconscious fear of a threat that is vague, hidden, or latent. This often involves situations in which

something doesn't seem (or smell!) quite right but you are unable to understand why or to clearly foresee events.

Sinus problems can also arise in a hierarchical environment in those who, being subjugated, are “sniffing the wind,” in contrast to those who have the power to go where they please.

Whereas problems with the retina relate to a fear behind oneself, sinus problems relate to a frontal fear. This may also involve fear or apprehension for someone who is beside you.

Examples:

- A shepherd's son confided to me that he smelled really bad. At school he felt ashamed and wished that others could not smell him. He was struck with a voluminous nasal polyposis.

The biological reality of polyps, their function, is to increase the amount of exchange surface with the outside world. And, as is often the case with human pathologies, their excess outstrips the original goal—the presence of a polyp induces a lessening of the sense of smell.

- Mrs. S was forty years old and had suffered from allergic sinusitis since the age of nine. She told me of her difficulties with hierarchy and anger. At the age of nine, she had changed schools and gone to live with a severe, authoritarian aunt. She was separated from her parents, isolated and abandoned. She manufactured a case of shingles in response to being sent away. She was the infected one, excluded, and, above all, because of the shingles, she was afraid of losing an eye and her eyesight. This was the beginning of a sinusitis that recurred every winter. After a one-hour session in which she recognized these emotional connections, she was cured.
- A patient suffering from deviation of the nasal wall reported that his life was “poorly partitioned off. I mix work and my personal, emotional life. For example, I want everyone to love me at work and I study my children with the intention of writing a book.”

Neuronal connections: At the bottom of the basal face of the left frontal lobe for the right half of the nose and the converse; in the posterior position of the neuronal network of the inner ear

Embryologic origin: Ectoderm

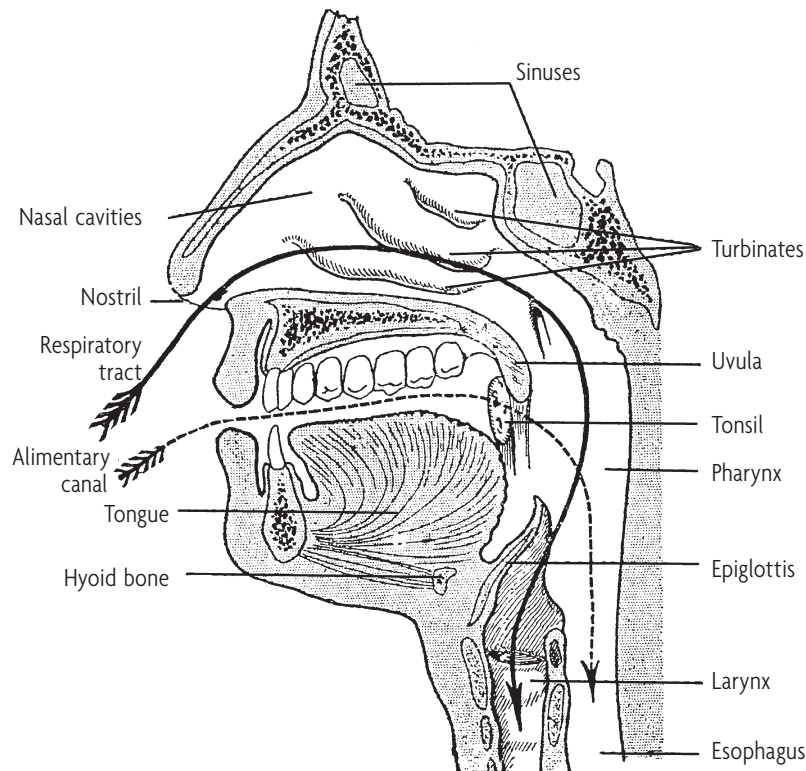


Figure 9.2. Anteroposterior section of the larynx, pharynx, and nasal cavities

NASOPHARYNX

The conflicts of the nasopharynx are similar to those of the tonsils (see page 158), but they are experienced in the olfactory and breathing space rather than in digestive terms.

The Felt Sense of the Biological Conflict

Children are connected to their mother through the sense of smell. In ancient times, smell was a powerful guide by which to find one's way. Young children still use this sense to identify their mother. As they suckle, they inhale the mother's smell. Problems in the nasopharynx relate to wanting to have something that you can't have. This relates to wanting to catch the mother's scent or her breast, which means safety and existence. Like the tonsils, the breast also has a connection to the lymphoid tissue and so problems with the nasopharynx are indirectly related to issues of anguish and self-esteem. Situations that can manifest problems in the nasopharynx may include not being able to be

close to a loved one who has moved. This conflict is also found in children, and sometimes in adolescents or young adults who come from the country.

Conflicts of the pharynx, parotids, sublinguals, middle ear, and adenoids are all closely related in terms of the felt sense. These conflicts relate to the “morsel” to be caught, swallowed, smelled, tasted, savored, or spit out.

Neuronal connection: Right brain stem

Embryologic origin: Endoderm

PALATE

The palate forms a partition between the oral and nasal cavities. It is composed of a hard and a soft portion, both of which are lined with mucous membrane.

The Felt Sense of the Biological Conflict

The hard (bony) palate relates to conflicts involving loss of self-esteem. It is also associated with not being able to catch a “morsel” of experience, or what is needed or desired. The soft (mucous) palate relates to conflicts of separation. This palate is in contact with what is being ingested but does not possess it. Soft palate problems can give rise to snoring. Snoring on the in-breath indicates a call for help. Snoring on the out-breath indicates a desire to ward off danger. Cleft palates relate to not being able to take in something because it’s too big.

Example:

- Mr. D thought he had won the lottery, but made a mistake with the numbers and wasn’t able to collect the winnings. These winnings were like a morsel that had been taken into the mouth but couldn’t be swallowed. Mr. D manufactured a tumor on his palate.

Neuronal connection: Right brain stem

Embryologic origin: Endoderm

TONSILS

The discussion below pertains to the palatine tonsils.

The Felt Sense of the Biological Conflict

Symptoms of the tonsils develop from conflicts of not being able to swallow something, or of wanting to ingest or experience something but being unable to catch it—this could be food, entertainment, a new car, good grades, etc. The right part of the tonsils correlates to catching and the left part to spitting out. Other conflicts associated with tonsils include a fear of not having all of something and of catching something but worrying that it might escape. These conflicts are related to the anguish of no longer being able to catch the milk of the mother, which represents safety. When milk is in the mouth, the infant knows that it is safe, that it exists. The tonsil is lymphoid tissue; therefore the tone of the conflict, as for all cells of the lymphatic system, is related to anguish and loss of self-esteem. Problems with the tonsils are also related to intense oral relationships. It is interesting to note that the words *anguish* and *angina* have the same etymology, coming from a word that means “to squeeze” or “narrow.”

Examples:

- Mrs. E had been interested for years in the Laplanders. At the age of twenty, she had traveled to Finland with her new fiancé. When they reached a point 100 km from the Arctic Circle, she asked him if he would like to go and see it. “Why do that?” he asked. “The landscape will be the same. We’ve already covered 4,000 km; that’s enough for me.” She said nothing, suffering in silence. She was taken aback since she had been so sure of catching this tidbit—of having this experience. Three days later, she voiced her complaint and her desire to see the Arctic Circle. Realizing the importance to her of traveling farther north, her fiancé agreed. The next day, Mrs. E had a large febrile (feverish) ulceration of the tonsil, with white spots.
- Mrs. Y had a small income and several children. In order to buy a small gift for each of them for their birthdays, she worked overtime to get extra money, although she wasn’t sure that this would bring her the amount she wanted. She knew she would catch some

of what she wanted, but would she be able to get it all? When a birthday arrived, each time she would manufacture a phlegmon in the tonsils. From her story, it was clear that when she was working overtime, she was very stressed about earning the amount of money she needed.

Neuronal connection: Right brain stem

Embryologic origin: Endoderm

LARYNX

The larynx, also known as the voice box, is the organ we use to emit sound. Composed of cartilage and muscles, the larynx forms a short passageway that connects the laryngopharynx with the trachea.

The Felt Sense of the Biological Conflict

Symptoms of the larynx relate to conflicts surrounding a message that doesn't get through and must be forced. In the stress phase, this may manifest as a nervous cough, high up. In the healing phase, this results in a hoarse voice. Disorders of the larynx are often preceded by situations of great fear: someone has been "scared stiff" when faced with an unexpected peril. We often say that such frightening events "take our breath away."

Examples:

- Mr. L was down on himself for making errors while speaking. He was afraid of saying something stupid and felt judged. He was often hoarse or losing his voice and got tired when speaking.
- Miss V was traveling by car, to the right of the driver, when he missed a turn. The car plunged into empty space but ended up being cushioned by the trees below. Miss V left the vehicle on her own and arrived at a villa without being able to say anything. Her voice left her for several days, long enough for her to rid herself of the emotion.

Neuronal connection: Left frontal cortex

Embryologic origin: Ectoderm

10

PULMONOLOGY

The respiratory system supports the transformation of venous blood into arterial blood, enriching venous blood with oxygen and removing carbon dioxide from it. The respiratory system includes the **lungs**, which are protected by two layers of **pleurae**. Within the lungs, oxygen exchange takes place in the **pulmonary alveoli**, which develop from the branched **bronchioles**. Oxygenated blood moves from the respiratory bronchioles through the bronchial tubes and the tracheal artery.

PLEURAE

The two pleurae are tissues that enclose and protect the lungs. Each pleura is composed of two layers of membrane, with a small amount of lubricating fluid between them.

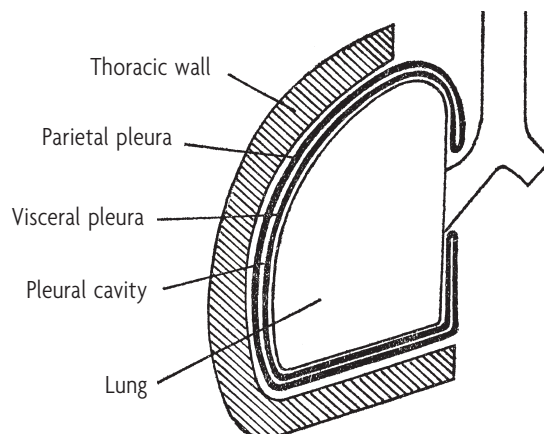


Figure 10.1. Pleurae

The Felt Sense of the Biological Conflict

Symptoms of the pleurae often develop in someone who fears an “attack” on the thoracic cavity. Fears of this nature may be quite specific—like fear of a tumor in the breast or lung, or they can be more general: for example, an unnamed fear of what is going on “inside.”

Pneumothorax, a collapse of the lung that occurs when the space between the pleural membranes fills with air, develops when a person feels attacked or chased by someone. “*I need space, freedom,*” such a person may think to herself. “*I protect my inner, vital space from others.*”

Example:

- A surgeon told a patient, “Tomorrow we’re going to operate on your lung.” Saying this, he pointed to the right side of the X-ray. The patient felt an attack on the right thorax even though the tumor was on the left side because the X-ray was a negative. The patient’s body sought to protect itself against the “attack” of the surgery by constructing a reinforcement inside the pleura—a mesothelioma. In this particular case, the man developed a mesothelioma in the right pleura during the conflict phase.

Neuronal connection: Cerebellum

Embryologic origin: Primordial mesoderm

LUNGS

The lungs are a pair of cone-shaped organs that lie in the upper thoracic cavity of the chest. With the heart lying between them, the two lungs separate the thoracic cavity into two distinct chambers, a separation that allows each lung to function on its own in the event of injury to the other.

The Felt Sense of the Biological Conflict

Disorders of the lungs relate to the primordial fear of death, which is often described in terms of the breath, as in one who takes his “dying breath,” a “last gasp,” and so forth. Fundamentally, this is a fear of losing oneself: that is, of losing one’s territory or of losing the ultimate territory—life. Generally the fear is of a visceral nature and is

very difficult to reassure. Sometimes the fears of dying will be tied directly to issues of the breath, as with fears of suffocation.

The lungs make tumors essentially as a way of creating more lung—that is, more cells in order to breathe more. Fear for oneself may manifest as several spots on the lungs, while a fear that someone else will die is more likely to generate a single spot. A fear of suffering while dying may cause several spots to appear high up in the lungs, decreasing in size farther down. Small fears can create a cough.

Example:

■ When Mr. J presented with a tumor on his lung, I began to question him.

“Do you fear death?”

“Yes, I’ve been afraid of ‘bringing myself down’ since January.”

“All the time or from time to time?”

“All the time, I think, and there’s no solution.”

Earlier that year, Mr. J had been with his mistress in the parking lot of a mall when her husband came upon them by chance. Shock. The woman told Mr. J to disappear and he fled.

For several days, he parked miles from his home, then sneaked home and didn’t even turn on the lights for fear of being discovered by his mistress’s husband. Six days later she telephoned him to say, “Run. He wants to kill you.”

Mr. J. took refuge with his former spouse and felt helpless. “I couldn’t do anything,” he told me. “I couldn’t defend myself or take a complaint to the police since I didn’t want to hurt her.”

Neuronal connection: Right brain stem

Embryologic origin: Endoderm

ALVEOLI

Alveoli are the structures within the lungs that bring oxygen into the blood. They are small cup-shaped pouches that are composed of two types of cells: cells that are the main sites of oxygen–CO₂ exchange and cells that produce an alveolar fluid that keeps the surrounding cells and air moist.

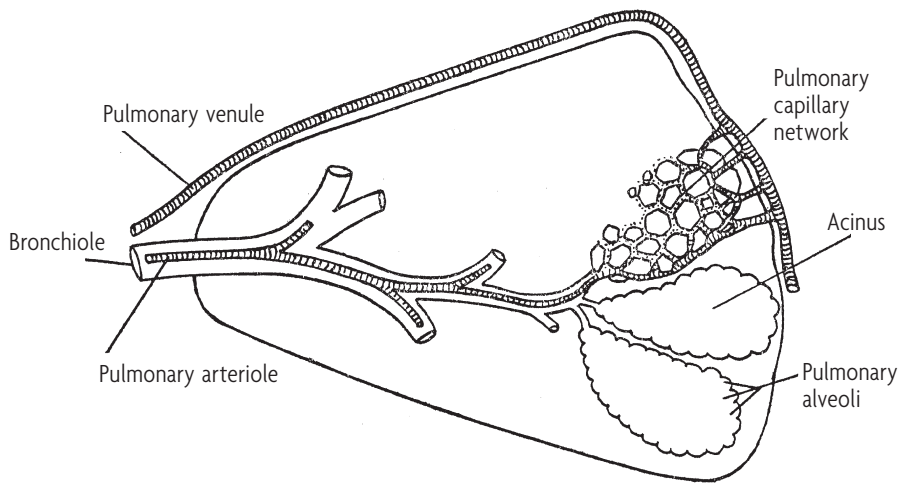


Figure 10.2. Pulmonary lobule

After a shock, an organism will often construct special alveolar cells to improve the exchange of gases in the alveoli—that is, to capture more oxygen. In the language of the body, *“I want to breathe more, I want more pulmonary alveoli. I multiply the alveoli for increased respiratory functionality. I create one tumor or several, always situated near arterial segments so they’re well supplied with blood.”*

The Felt Sense of the Biological Conflict

Problems of the alveoli arise when one feels oneself to be in a chronically “stifling” situation. For example, one may fear not being able to breathe anymore because of an illness or other crisis in one’s life. Alternatively, a sports enthusiast may consider himself incapable because of a lack of air or of breath.

Emphysema is a disease in which the walls of the alveoli are destroyed, reducing the surface area available for gas exchange. This is a symptom of the phase of stress.

BRONCHI

The bronchi are tubes that carry air deep into the lungs. Within the lungs, the bronchial “tree” separates into progressively smaller branches, which end up as microscopic respiratory bronchioles. The bronchi are composed in part of cartilage, muscles, and mucous linings.

The Felt Sense of the Biological Conflict

Problems of the bronchi arise from conflicts related to threats to one's territory. The enemy has not yet stormed in, but the peril is doubtless imminent. For a man, these conflicts often arise on the job, while for a woman they may relate to the family. We can imagine why such issues affect the bronchi by picturing the way a gorilla sticks out his chest and pounds on it to threaten others in his territory. The more he opens his bronchial tubes, the more intense the resonant sound becomes. Then he bares his canines, showing his aggressiveness.

Symptoms may arise if one feels a threat of loss of territory, a threat to the couple, or even a fear of being "prevented" from evolving in one's territory. (*"You're sucking the air of out me!"*) If the element of physical fear dominates, symptoms will strike the left bronchial tube; if the element of emotional territory dominates, symptoms will strike the right bronchial tube.

Fear of not being able to flee or attack will affect the bronchial *muscles*. Fear of being separated—as from one's spouse or clan—will affect the bronchial *mucosa*. If there is also a desire to hold on, coronary difficulties may be involved as well.

A dry cough is the sign of a spasm in the bronchial musculature, similar to how the musculature of the stomach reacts to digestive problems: *"I reject the intruder, the stranger, the authority."* Such a cough may indicate a person's refusal to withstand a particular situation—such as cigar smoke, other people, and limitations of one's personal space.

Examples:

- Mr. C was very worried about his son's future, because his son didn't apply himself at school. Mr. C manufactured a bronchial conflict that reoccurred every time the situation at school was unfavorable. In this case, the territory for this man was his son and the threat was related to his son's future.
- Miss Q had chronic bronchitis. During her treatment, she told me that every time she entered a room, her automatic, unconscious reflex was to take stock of the size of the room, where the windows were located, and whether she could open them. If the room was too small, she had a feeling that she wanted to push back the walls; instead she expanded her bronchial tubes.

When Miss Q had bronchitis, she was afraid, because of the illness, that she'd be short of air. Hers was a self-perpetuating conflict.

Neuronal connection: Right fronto-lateral cortex

Embryologic origin: Ectoderm

RESPIRATORY ILLNESSES

Several kinds of conflicts are associated with breathing difficulties.

- **Asthma** can reflect a conflict in which one wishes for situations that don't exist and refuses situations that do exist. Alternatively, one may feel conflicted about preferring one's own company (one's own air) to that of others. (*"I want, then I don't want, to appropriate for myself the space that surrounds me."*) The asthma attack is sustained by the fear that the air is not going to make it to the lungs.
- Patients with **expiratory bradypnea** may feel that their breathing is a demonstration of their commitment to life, and that they must breathe noticeably in order to stay alive.
- **Laryngeal dyspnea** can develop during a conflict of vocalization: *"I want, then I don't want, to scream, shout, call for help."*

Example:

- When Mr. B was a child, he had to obey, not move, and not make any noise. In a sense, his mother forbade him to "live." On the other hand, when his uncles and cousins visited his house, they were allowed to do anything. "They are taking possession of my territory," thought the young Mr. B. "I refuse to breathe their air." Because the uncles smoked, tobacco came to equal intrusion for Mr. B. He created a thought pattern that said, *"I want to breathe good air and there isn't any,"* thereby programming his respiratory problems.

Neuronal connection: Cortex of the left and/or right hemisphere

Embryologic origin: Ectoderm

II

Reproductive System ANDROLOGY

The male reproductive system is designed to ensure the continuation of the species. This function extends from seduction to conception. Within the male sexual system, the **testes** produce spermatozoa and testosterone and the **scrotum** protects the testes. Secretions from the **seminal vesicles** and from the **prostate** combine with the spermatozoa to constitute sperm.

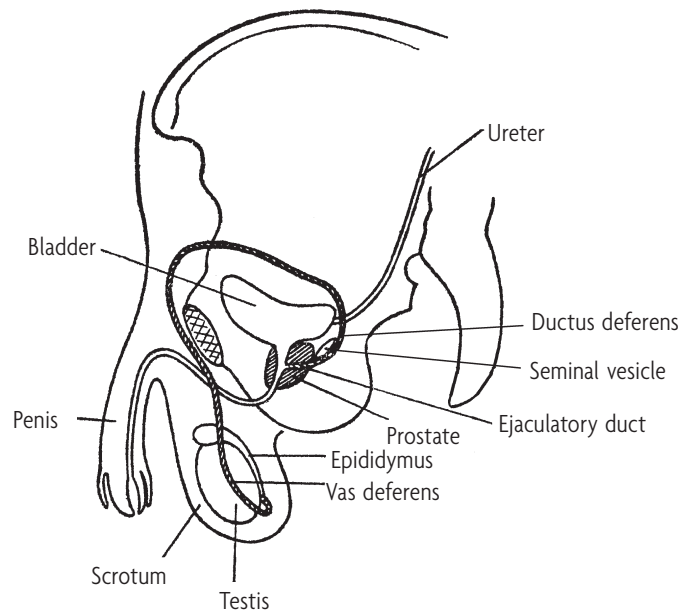


Figure 11.1. Male reproductive system

PROSTATE

The prostate gland secretes chemicals that have two biological functions. Some enzymes act as natural antiseptics that are able to “clean” the genital ducts as they pass through, whereas other secretions help to nourish the sperm.

The Felt Sense of the Biological Conflict

Based on the two functions of the prostate, there are two types of felt sense associated with it: conflicts around “unclean” sexual experiences and those around family traumas—particularly those related to children or grandchildren.

In the first case, the conflicts will have some genital or sexual coloration. There can be genito-anal conflicts or conflicts about “unclean” sexual activity. In addition, there can be conflicts that I call “semi-sexual,” which are not solely connected to the genitals or to sexual behavior but which are accompanied by associations with them. For example, one can feel conflicted about finding oneself or others who are close to be outside of “sexual norms.” A man may have a shock when he learns that his son is “running after the girls a bit too much,” for instance, or he may feel guilty for being aroused by homosexual behavior.

Second, issues of the prostate can develop during conflicts related to stressful situations with children, grandchildren, or someone similar (a student, etc.). A man may be greatly traumatized when told that his granddaughter has been raped, for example. Others may have conflicts related to the life of a young couple who resemble “grandchildren” (nieces or nephews, students, young neighbors) in which the partners are badly matched, or in which one partner behaves badly toward the other, or in which there is mortal or physical danger with or without a sexual coloration. All of these situations are considered unpleasant in relation to oneself.

Examples:

- Cancer of the prostate began when Mr. G, an older gentleman, learned that his wife no longer desired him sexually. He began to engage in sexual practices that she considered offensive.
- At the age of six, Mr. T underwent sexual groping by a friend of the family. At eighteen he entered therapy and felt that he resolved

his problem and moved beyond it. From then on, however, he sweat a lot during his sleep. He got up often to urinate without being able to totally empty his bladder. He developed a tumor of the prostate.

- Mr. N had to act as midwife for his wife because the situation demanded it. This was a pattern-setting conflict for him. He “worked” in the sexual area to bring out the infant, and it was “unclean,” involving mucus, blood, and excrement. Mr. N’s felt sense was that this was “beyond normal,” because it shouldn’t have been up to him to do this work. Later, his daughters had difficult pregnancies. This reactivated Mr. N’s pattern-setting conflict and became an active conflict in him.

Neuronal connection: Middle of the brain stem

Embryologic origin: Endoderm

SCROTUM

The scrotum, suspended from the root of the penis, is the fleshy pouch that surrounds and protects the two testes. Embryologically, this tissue develops from a part of the peritoneum membrane, which descends to become the scrotum.

The Felt Sense of the Biological Conflict

Conflicts that cause a fear of hurting inside can give rise to symptoms of the scrotum. After the fear has been treated, a hydrocele may form.

Neuronal connection: Cerebellum

Embryologic origin: Primordial mesoderm

TESTES

The testes are paired oval glands that develop inside the abdomen of the growing fetus. They descend into the scrotum around the seventh month of pregnancy. The testes contain both germinative cells that produce sperm and interstitial tissues that contribute to hormone production.

Germinative Cells

Inside the testes are hundreds of tightly coiled *seminiferous tubules*, where spermatogenesis takes place. Conflicts that affect the seminiferous tubules are usually serious traumas involving the loss of loved ones.

Every living being is the temporary spatial-temporal support for the survival of the species. This means that in us there are two biological survival programs: the biological program of personal survival and the biological program of the survival of the species, which is the more powerful of the two drives.

The most profound event for a living being is the loss of a child. When you lose your child, the continuation of the species disappears. So, in a conflict of loss, the body can develop a pathology of the ovaries in relation to the ancestral line of ova or a pathology of the testes in relation to the ancestral line of spermatozoa.

Example:

- When Mr. K was thirty-eight years old, he was cutting wood, a piece of which hit him on the testicles. Because of the pain, Mr. K consulted a doctor, who ultimately diagnosed a cancer. The previous spring Mr. K's aunt had been diagnosed with cancer. Doctors had said that she would die within a few days. Mr. K's feelings had been in revolt, in refusal. He kept thinking, "I don't want to lose her." She rallied at the time, then died six months later. This time Mr. K. was prepared and got through it all right. And it was during this healing phase of the conflict of the fear of losing her—after she had died—that his cancer was diagnosed.

Neuronal connection: Mesencephalus

Embryologic origin: Endoderm

Dermoid Cyst

A dermoid cyst is a cyst with a wall that often contains skin or structures connected with skin like hair and teeth. A dermoid cyst is almost like a cloning: you remake yourself all alone. Here we have an old program of parthenogenesis that is misapplied. The amoeba,

a single-cell being, divides in two in order to reproduce and to continue living; it doesn't need another amoeba.

A boy of seventeen was operated on for the third time to remove a dermoid cyst located below the coccyx. Hair was found growing inside it. This young man relied very much on himself and was the best student in his school. Although an individualist, he did nevertheless have a few male friends, but no girlfriends.

Through his mother, this young man had internalized the program: “*we manage on our own*”; in the family's worldview, “*We do it alone.*” Five generations before, in the mother's family, a bourgeois English ancestor had impregnated a Frenchwoman of low station. She raised the child alone, and without a father present, it was almost as if she had produced the child all by herself. The origin of the pregnancy, of the paternity, remained a family secret, which, in effect, put a biological silo in place. The boy reenacted this parthenogenesis when he repeatedly re-created the dermoid cyst.

Interstitial Areas

In the spaces between the seminiferous tubules, specialized clusters of cells called *Leydig cells* secrete testosterone. Disorders in the interstitial areas of the testes can arise from conflicts of loss or from semi-sexual conflicts such as being put down, admonished, rebuked, and torn apart by a person of the opposite sex. There may be accompanying feelings of guilt. Conflicts of loss that affect the interstitial tissues are nine times more frequent than those that affect the reproductive tissues, and are also less deep-seated. For example, one might have a feeling of wasting one's time or of losing one's identity, plans, or memory.

Example:

- Mr. X, twenty-eight years old, reported that his right testicle was painful after erections. He told me that his intimate relations began with caresses but went no further. He refused penetration, putting himself in the girl's place and thinking, “She must find this terrible.” This is an example of a conflict of identification: he was upset with himself and blamed himself for doing “dirty” things to his girlfriends.

Cryptorchidism is a condition in which the testes don't descend from the pelvic cavity into the scrotum. Cryptorchidism can develop when there is a conflict of forbidding oneself to grow up or to be a man, to be a father, or to procreate. One may feel forbidden to outstrip one's parents, or forbidden to do better than they did.

Neuronal connection: In the marrow at the occipital base of the brain, near the mesencephalus

Embryologic origin: New mesoderm

SEMINAL VESICLES

The seminal vesicles secrete many fluids, some of which help to nourish the sperm, others that neutralize acids which would otherwise kill sperm, and others that contribute to sperm motility.

The Felt Sense of the Biological Conflict

Disorders of the seminal vesicles can develop during conflicts related to lost territory or to sexual frustration. (See Coronary Arteries in chapter 1.) During the stress phase, the body may manifest ulcers of the seminal vesicles; during the healing phase, there will be swelling of the mucosa of the seminal vessels in the area of the ulcer.

Neuronal connection: Right peri-insular cortex

Embryologic origin: Ectoderm

12

Reproductive System GYNECOLOGY

Gynecology is the study of various organs that are unique to women and are dedicated to the transmission of life: **breasts, Fallopian tubes, ovaries, uterus, uterine cervix, vagina.**

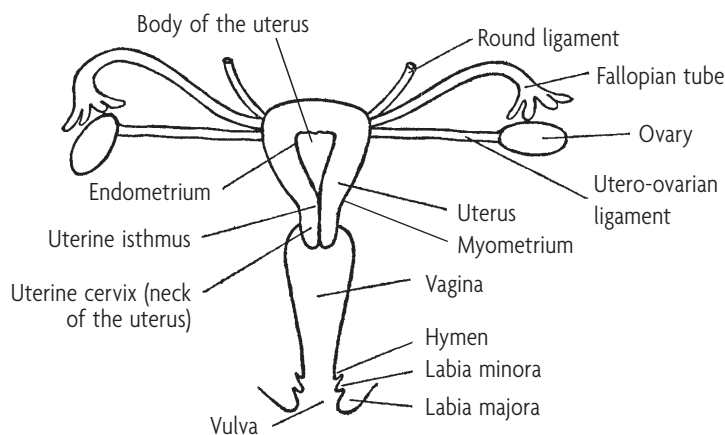


Figure 12.1. Female reproductive system

BREASTS

The breasts are the only organs that have no use for their owner: they exist for the nourishment of someone else (offspring). Four types of conflict can arise in the four types of tissue present in the breast, but none of them is ever a conflict of a sexual nature.

- **Dermis:** Conflict of dirtying
- **Galactophore ducts:** Conflict of separation
- **Glandular tissue:** Human ordeal
- **Nerve endings:** Desire for separation

Dermis

Symptoms that appear on the dermis of the breasts can develop from conflicts that make one feel dirty or disfigured. They can also develop in someone who feels that her integrity has been attacked.

Example:

- Mrs. P entrusted her house to her brother-in-law for a few days while she and her husband were away. Upon her return, Mrs. P was shocked to find the house in a shambles: the bed was unmade with the sheets dirty and thrown on the floor, and the television and washing machine were broken. Her nest had been dirtied, but she felt that she couldn't say anything to her husband since it was his brother. She was shocked and felt suffocated. "I entrusted my home to him," Mrs. P said. "I called every day, and he told me, 'No problem.' I didn't expect this. It's unbelievable!"

Mrs. P's body reacted strongly with an attack on the gland of the breast and the dermis. Her left breast turned red, then black, and she was diagnosed with scirrhus, a cancerous growth of the connective tissue.

Neuronal connection: Right and left of the cerebellum cortex

Embryologic origin: Primordial mesoderm

Galactophore Ducts

Conflicts affecting the milk ducts of the breasts are often conflicts of separation—not sexual in any way, but related to the tonality of mothering. There may be a lack of communication with close ones—as if they were torn from the breast—whom the woman wants to keep close. If the conflict is long and intense, the skin will be affected as well.

If the husband leaves, the right breast will likely be affected, while the left breast will show symptoms if a child or child substitute goes away.

All separations target the brain, specifically the somatosensory cortex, which itself is under the control of the epidermis. From an embryologic point of view, the ducts in the breast are made of the same tissue as the epidermis; they are an invagination of it.

In the conflict phase, the ducts may develop ulcerations. Biologically, these are intended to allow an increased flow of milk. The meaning is: In the case of the loss of contact with a child, since the mother is unable to nurse the child, the breast may “burst” since it continues to produce milk. The ulcerations therefore allow the milk that is produced to flow more freely. Even if a woman is not breast-feeding, she can produce a pseudo-milk that would permit micro-calcifications to persist.

Example:

- Ms. S developed a tumor in the ducts of her left breast; it appeared about a year after her companion broke many things in her apartment, which she loved. After he left, Ms. S declared, “I’m taking back my apartment and my contacts with my women friends.”

Neuronal connection: Sensorial cortex (mutual control between the cortex and the breast on the opposite side)

Embryologic origin: Ectoderm

Glandular Tissue

In a right-handed woman, symptoms of the *left breast* will reflect mother/child conflicts or conflicts related to the nest—the first territory, the home. Conflicts may arise when a woman takes a child’s side (against someone or something) or when a woman has issues in direct relation to the child—about the child himself, for instance, or something that happens to him, or something he has done.

The same kind of conflicts can arise in relationships that are similar to mother–child relationships, including those with a dependent ill spouse or parent. In the broader sense, this conflict can develop over anyone or anything that you feel driven to mother as a priority or to take under your wing in order to protect. The conflict can be also in relation to the apartment or the home—the nest.

The *right breast* reflects conflicts with someone whom one mothers secondarily and without any sexual coloration—often the partner.

Note: For a left-handed woman, this is reversed: right breast for the conflict of the nest, left breast for the conflict of the partner.

Examples:

- Mrs. N had several children when she and her husband decided to build a house. The husband wanted her to make plans with him, very quickly. Mrs. N, however, was overloaded with her work; she was exhausted and couldn't manage another thing. She argued with her husband about this house that she wanted to have as a nest. Later, a tumor was found in her left breast.
- When Miss R was thirty-eight years old, her friend asked her to marry him. Then he didn't mention it again. Miss R was troubled about not being able to build a nest, and developed a liquid cyst in her left breast.
- Mrs. X complained that her right breast was red and burning; it had swollen and become sensitive. Mrs. X articulated her conflict this way: "When I die, who will bury my depressed adult child? I'm afraid she will turn into a wreck. I see her as unable to cope."

Neuronal connection: Lateral position of the cerebellum on the side that is opposite to the breast

Embryologic origin: Primordial mesoderm

Nerve Endings

Conflicts that affect the nerves of the breast involve a desire to separate, when contact is imposed, unpleasant, unwanted, and/or painful. This is the opposite of the type of separation conflict that affects the breast glands. In this case, one wants to be separated and doesn't want to be touched.

Neuronal connection: Post-sensory cortex

Embryologic origin: Ectoderm

FALLOPIAN TUBES

The Fallopian tubes extend laterally from the uterus to just beside the ovaries. They provide a route for the sperm to reach the ovum and for a fertilized egg to reach the uterus.

The Felt Sense of the Biological Conflict

Disorders of the fallopian tubes often arise after conflicts that include a semi-sexual coloration: something not “clean,” generally with a male person (similar to the kinds of experience that affect the endometrium, which will be discussed shortly). Such conflicts may be related to something that is too “disgusting”—that is, associated with a sexual conflict—that feels nasty, cruel, or dirty.

Some examples of situations that can give rise to Fallopian tube pathologies are a violent dispute with someone of the opposite sex, rape or sexual relations experienced with violence, any sexual type of aggression, especially if the woman is haunted afterward with the possibility of being pregnant, and even a memory of incest or rape in the family lineage.

During an ectopic pregnancy, a fertilized egg remains in the Fallopian tube without entering the uterus. This can happen when a pregnancy is desired and feared at the same time.

Neuronal connection: Brain stem, left position

Embryologic origin: Endoderm

OVARIES

The two ovaries arise from the same embryonic gonadal tissue as the testes. Ovaries produce a number of female hormones, as well as the secondary oocytes that become eggs.

Germinative Cells

Like the testes, the ovaries are affected by conflicts of loss. This is because we are programmed to help our species survive, so that injuries to that survival—like the loss of a child—will be associated with our reproductive organs. As with the testes, disorders of the reproductive cells are less frequent than those of the hormone-producing tissues, occurring in only about 10 percent of cases. Such disorders can result in teratoma, seminoma, or dermoid cysts.

Hormone-producing Cells

The conflicts of loss that affect the ovarian hormones are more frequent and less profound than the conflicts described for the germi-native cells of the ovaries, and are similar to the conflicts that affect the hormonal cells of the testes—conflicts of loss, or semi-sexual, ugly conflicts that arise from feelings of guilt. For example, a woman may develop symptoms of the ovaries after being denigrated, admonished, rebuked, or torn apart in a quarrel with a man.

During the active phase of a conflict, the mother who loses a little one may feel herself no longer worthy of having children: her ovaries may become necrotic and cease to produce hormones, so that neither ovulation nor procreation is possible.

In the healing phase, the tissue is reconstructed and forms a cyst, which will produce more sex hormones (estrogen in a woman and testosterone in a man). This hyperproduction of hormones increases the powers of seduction in the woman (and virility in the man). Eventually the cyst hardens and becomes an integral part of the ovary.

Interestingly, the cysts of the kidney or ovaries develop at about the same rhythm as a pregnancy and also need nine months in order to become the seat of a hardening and to be able to fulfill the function that was assigned them by the organism.

Examples:

- Miss L found that she was pregnant. Unmarried, she experienced a lot of guilt imprinted by her Judeo-Christian upbringing. After six months of pregnancy, the infant was diagnosed with hydrocephalus, and Miss L had a therapeutic abortion—a horror for her—at twenty-four weeks (six months) of pregnancy.

Years later, Miss L began a new pregnancy. She felt serene up until the sixth month. Then she was hospitalized for a week: the doctors were cautious and wanted to take a maximum of precautions in her case.

But at just the same time, Miss L's mother became ill and died. Although she had a "fine and sudden death," this was a terrible moment for Miss L. She blended together, emotionally, what she experienced upon the death of her mother with what she had experienced upon the death of her first baby. Some months later Miss L

was diagnosed with ovarian cancer of the granulosa, with a hyperactive tumor that was 7 cm in size.

- A little girl had a dog that she allowed to get away from her. In a horrible accident, a car ran over the dog and killed it. Shock. The girl experienced loss with guilt for not having watched out for the dog. She later developed a cyst in her ovary.

Neuronal connection: In the marrow at the occipital base of the brain (near the mesencephalus)

Embryologic origin: New mesoderm

UTERUS

The uterus consists of three layers of tissue: the perimetrium (outer layer), the myometrium (middle layer), and the endometrium (inner layer).

Endometrial Layer

The endometrium is the innermost layer of the uterine wall. It is highly vascularized and is itself composed of two layers—one of which sloughs off during menstruation and the other of which continually re-creates the menstrual layer.

The biological function of the uterus goes from conception up to the end of giving birth. The conflicts therefore range from sexual conflicts (during the sex act) to conflicts related to loss of the sexual partner or of the child, to family and extended family conflicts. Purely sexual conflicts will tend to involve a pathology of the cervix, but more-general conflicts that include a semi-sexual coloration will affect the uterus.

Grandparents often have very strong conflicts concerning their grandchildren, as if they were to begin their parental function over again, including even procreation. For an elderly woman, a great fear for the little ones or of “unclean” sexual impulses can give rise to pathology of the uterus. A woman may be greatly affected, for instance, on discovering that her granddaughter was sexually molested.

An older woman may have conflicts in relation to the sexual conduct of others, not accepting the sexual life of children or of other close associates. Parents may be shocked by the married life of their daugh-

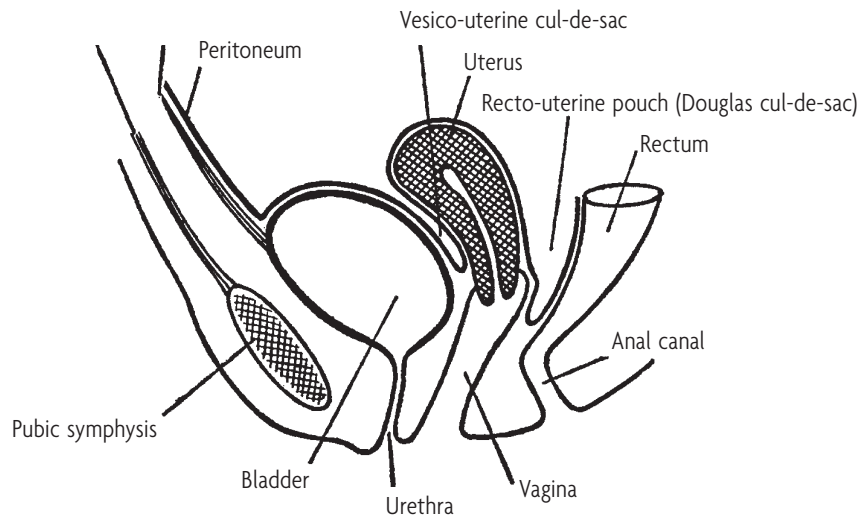


Figure 12.2. Anteroposterior vertical section of the pelvic cavity

ter, or may feel that their children's sexuality somehow reflects badly on them.

Endometriosis can occur when a woman very much wants to get pregnant but doesn't feel that she's in a good situation for that to take place (the home is elsewhere, the family has broken up, for example).

Pain during the period (often associated with acne) can arise when a woman has a very strong plan to have a baby boy, and the male hormones are badly managed. Alternatively, this symptom can occur when one has been desired very strongly as a son.

Examples:

- Miss D didn't want to make love before marriage. She did so, nevertheless, because she felt obligated to her fiancé. Later, a tumor was found in her endometrium.
- A grandmother developed a tumor in the endometrium when she learned that her grandson was leaving the girlfriend he was living with. She couldn't accept that, and all the more so since she really liked the girl (loss). A recurrence of this shock came when her grandson began seeing a different young woman whom the grandmother didn't find very nice or attractive (semi-sexual ugliness).

A solution occurred when the two young people began to live together; the grandmother consoled herself with the thought that:

“After all it’s their life.” A short time later, she was losing blood (healing phase).

- Mrs. P suffered from endometriosis since the start of her marriage. There was already a conflict because Mrs. P’s husband couldn’t stand her mother. The mother never came to their home, but visited her daughter instead at the family business, which wasn’t far away. Mrs. P dearly wished for a child so as to please her mother, to be able to present her with it, but she felt unable to welcome a child into the home that her mother had been pushed out of. Instead, Mrs. P’s territory was her business, where she was an accountant and where she spent her life—sometimes even Sundays. This was where she went to see her mother. Endometrial tissue from Mrs. P’s uterus migrated into the bladder. This is endometriosis. The bladder, which is there as an organ for marking territory, marked Mrs. P’s “real” territory, which was her place of work.

Neuronal connection: Center of the brain stem

Embryologic origin: Endoderm

Smooth Muscles

The smooth, middle layer of the uterus is known as the myometrium. The contraction of muscles in the myometrial layer is responsible for expelling the fetus during labor.

Problems of the uterus can develop when a woman’s self-esteem is injured from not being able to become pregnant or have a child, or from not having the child or the family that was wanted. These conflicts can arise after an abortion, a miscarriage, or a dead child, or even from a desire for an ideal pregnancy.

Example:

- Mrs. F was thirty-eight years old when she lost her child after five months of pregnancy. This was a shock for Mrs. F’s mother, who thought, “She’s never going to be able to have a child!” Two years later, a new pregnancy occurred and was followed by a delivery that turned out just fine. But Mrs. F’s mother was later diagnosed with a tumor of the myometrium.

Neuronal connection: Mesencephalus

Embryologic origin: New mesoderm

UTERINE CERVIX

The cervix is a canal that connects the vagina and the uterus. Cells in the mucosa of the cervix produce a mucus that can protect and nourish sperm after insemination.

The Felt Sense of the Biological Conflict

Conflicts that affect the uterine cervix occur most often in younger women. These can be conflicts of sexual frustration or lack of affection, when one has a partner and is frustrated because of being abandoned by or separated from that partner, for example. (This is different from conflicts affecting the vagina, which arise from frustration at not having a partner.) There can be conflicts of “unpleasant dependence” with a partner who is either too indifferent or too considerate. In a left-handed woman, there may also be issues surrounding a loss of territory.

Slight nuances of feeling can affect the biology very differently, as follows.

- **Cervix + coronary veins:** Involves a sexual conflict of frustration, associated with the conflict of territory with dereliction; therefore, involving the coronary veins as well.
- **Cervix + coronary veins + vagina:** Conflict of territory, in conjunction with a sexual conflict engendered by the fear of not being possessed, of not belonging to anyone.
- **Cervix + vagina + bladder:** Relates to a conflict of sexual frustration in a situation that can prevent a future territory or nest from being organized.
- **Coronary veins alone:** Associated with a conflict of feeling caught between two males.
- **Juncture of the cervix and the body of the uterus:** If the conflict is purely about the growth of the family, one makes a pathology of the body of the uterus. If the conflict is purely about sexual frustration, one makes a cervical pathology. But if one searches desperately

for a partner in order to create a family, one makes a pathology of this juncture between the cervix and the uterus.

- **Vagina:** Involves a sexual conflict of not being possessed, of not belonging to anyone; a conflict of not being able to accomplish sexual union.

Examples:

- When Mrs. O learned that her husband was cheating on her, she no longer felt herself to be the chosen woman. She developed a dysplasia of the cervix.
- Mrs. B stopped having periods when her husband changed: he became indifferent toward her and didn't look at her as he had before. Because of this, Mrs. B felt lifeless, useless, distant, transparent, empty, and hollow. "He doesn't see me. I am not desired," she reflected.

When they finally came back together, Mrs. B moved into the healing phase and experienced abundant bleeding. In her case, the absence of her periods was because of a lowering of the estrogen level. This lowering was a result of the active conflict of sexual frustration in the broad sense. By sexual frustration, we need to understand that this means a being with a sexual nature who is disappointed in her expectation of receiving tenderness, love, and spirited, affectionate, and physical attention from the man.

During active conflict, the female brain, the left hemicortex, was blocked and no longer gave the command to produce female hormones.

Neuronal connections: Peri-insular position of the left cortex; left cortex of the cerebellum near the control center for the right breast

Embryologic origin: Ectoderm

VAGINA

The vagina is a fibromuscular canal, lined with mucous membranes, that extends from the exterior of the body to the uterine cervix.

The Felt Sense of the Biological Conflict

Symptoms of the vagina often arise from conflicts of not being able to accomplish sexual union. This can be from frustration at not having a partner or from conflicts about sex itself. Sometimes these conflicts can create a vicious circle: The active conflict, in blocking the left hemisphere and therefore the fabrication of female hormones, can lead to frigidity and further prevent sexual relations. Similarly, vaginal bleeding can occur in the healing stage, preventing sexual relations and perpetuating the underlying frustration.

Symptoms of the labia develop from conflicts of a forced sexual relationship. Itching and fungal infections can arise in the healing stage.

Symptoms of the Bartholin's glands—located near the entrance of the vagina—can arise if sexual desire is considered reprehensible or if a woman refuses penetration, because, for example, she wants to punish the man.

Examples:

- Mrs. Y didn't allow herself sexual pleasure. At the age of thirteen, she had had an orgasm while sleeping. When she awoke, she saw her father, who had recently died, at the foot of her bed, and she felt guilty about the orgasm. At fourteen, she had an orgasm alone accompanied by great happiness, but she thought she would go to hell. As an adult, Mrs. Y suffered from vaginal dryness.
- Mrs. J had Bartholinitis. She was an attractive redhead and all the men looked at her. Her felt sense was: *"There's a great danger in being seductive. I must not attract the male."* At the time of her first periods, Mrs. J's grandmother had said to her, "Don't go near the boys anymore—they're dangerous!" The grandmother had been speaking about herself and her anguish at being pregnant and a single mother, but the granddaughter had heard her warning as a danger in the sex act itself.

Neuronal connection: Left temporal cortex

Embryologic origin: Ectoderm

FETAL EXTENSIONS

In some cases, a woman's conflicts will affect her pregnancy.

Twins

Twin births may perhaps follow a conflict of loss or fear of the loss of a child: one makes a spare child. In a way, there is one child that exists and one that does not exist (symbolically, of course), which is a replacement, in the shadow, there in case the first one were to die.

The meaning of twins is also perhaps linked to hyperthyroidism in the family. *"We have to make children quickly, and to save time we'll combine two pregnancies into one."* Many examples of this exist in the animal kingdom—for instance, the female rabbit, which has two uteruses and begins a new pregnancy when the first one is still in progress. Little bunnies are staple food for foxes and you have to make a large number for a few to survive. In the case of eagles, the firstborn eats the one born second. Thus the second comes for the first, to serve him, to be his first meal. In the case of blue parrots, the one born second is smaller and survives only if the first does not: a baby that is in reserve, just in case.

Neuronal connection: Brain stem

Embryologic origin: Endoderm

Mole

A molar pregnancy is a pathological process that occurs when a sperm has fertilized an empty egg or when an extra sperm fertilized an egg, both of which result in a proliferation of nonfunctioning cells. This kind of symptom develops from a particular kind of conflict of loss: wanting to desire a child, essentially being pregnant with the desire for a child.

Chorioepithelioma

Cancer of the placenta can develop under three separate circumstances:

1. If a child is born following one or two stillborn children, that child's placenta must be more important.

2. If a mother feels unsure whether she'll be able to carry the pregnancy to term, more food is needed, and therefore more placenta so that there can be increased nutritional exchange between the mother and the fetus.
3. If a mother carries a repetitive thought pattern that *"I am welcoming but the house is empty"* or *"I am welcoming but there is no wish for a child on the part of my husband."* This can also produce false pregnancies.

13

UROLOGY

The biological missions of the urinary system are to purify the blood and to move waste to the outside. The two **kidneys** are the organs that filter the blood. They help to regulate blood volume, blood pressure, and blood glucose levels. The kidneys are made up of three parts, each of which originates from a different embryologic tissue: the **parenchymus** (glomerulus) develops from the mesoderm, the **urinary collector ducts** originate from the endoderm, and the **epithelial lining of the urinary ducts** develops from the ectoderm.

Urine flows from the kidneys into the **renal pelvis**, the **ureters**, the **bladder**, and the **urethra**.

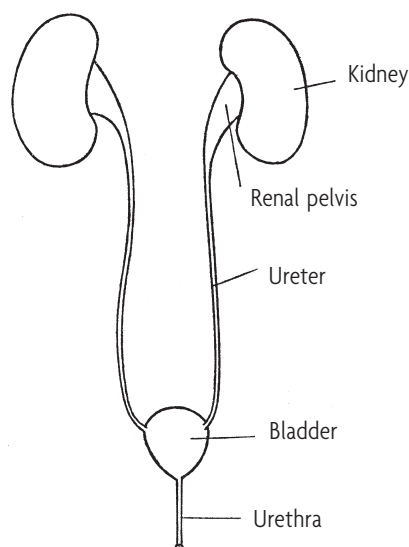


Figure 13.1. Urinary system

KIDNEYS: PARENCHYMA

The parenchyma is the functional part of the kidneys; it contains the nephrons that filter blood and create urine. In Chinese medicine, the kidney is connected to ancestors and to ancestral energy, such that the right kidney is associated with yang/male energy and the left kidney with yin/female energy.

The Felt Sense of the Biological Conflict

Conflicts that affect the parenchyma of the kidney, or the glomerulus network of capillaries that feeds it, all have something to do with liquid. There may be conflicts related directly to water (fear of flood

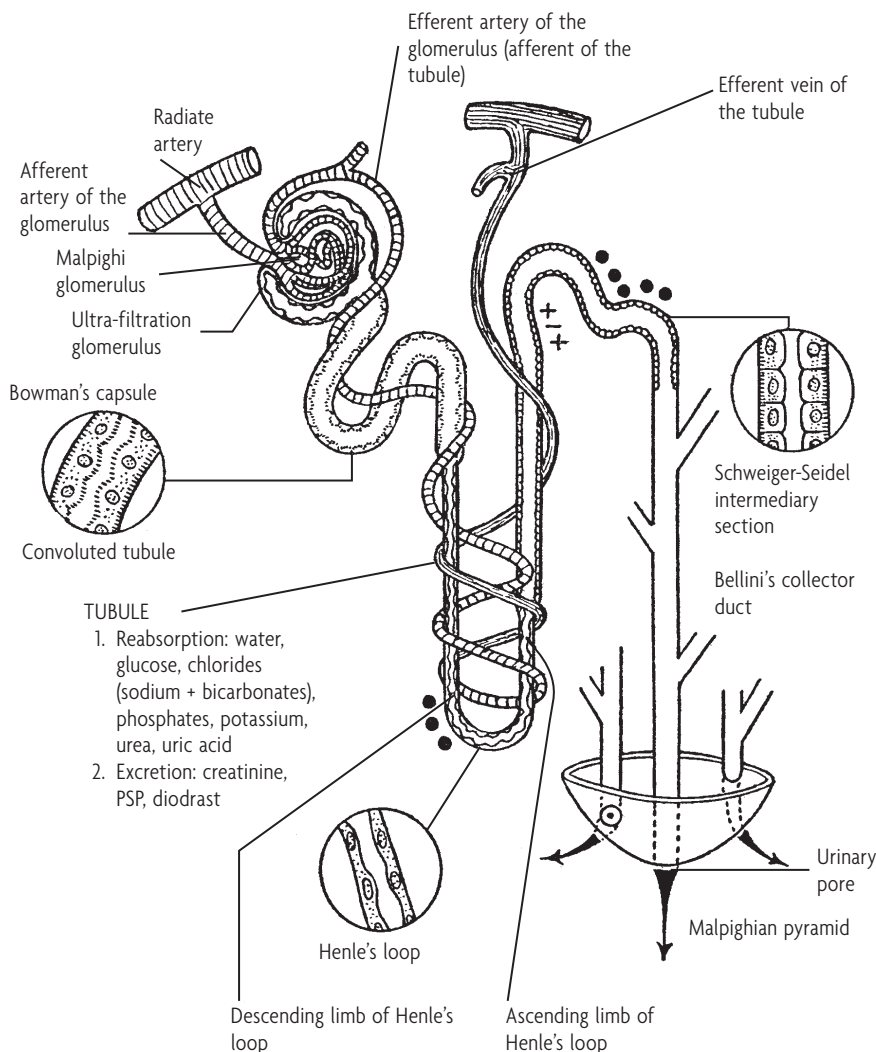


Figure 13.2. Nephron: Structure and physiology

or drowning), or to some other liquid—snow, ice, milk, oil, cash (as in liquid assets), gas, alcohol, urine, dialysis liquid, etc.—but not to blood, which relates to platelets or the spleen. For example, a nurse who was obsessed about forgetting to give drops (of medicine) found herself on dialysis.

Hypertension can develop when the conflict of liquids is accompanied by a conflict of injustice, as for someone whose feelings can be described thus: *“Disappointed in love, I close my heart, I harden.”*

Example:

- Mr. N had arterial hypertension. A water conflict had been programmed into him as a child, when his donkey gave birth near a river and its baby immediately died by drowning. Even though Mr. N was a child, he had to carry the baby donkey on his back and dispose of the body. After that, he felt unwell whenever he took a bath; he felt there was something dead in the water with him. Once Mr. N recalled that event he felt better, but was nevertheless afraid that, because of his hypertension, his heart would fail before he could accomplish his goals.

Neuronal connection: Mesencephalus. Note that the neuronal connections of the renal parenchyma are not crossed: the left kidney is controlled by the left brain.

Embryologic origin: New mesoderm

KIDNEYS: COLLECTOR DUCTS

The collector ducts are a series of tubules that channel urine created by the parenchyma into the renal pelvis. From the nephrons in the parenchyma, urine passes first into papillary ducts, then into larger ducts called the minor and major calyces.

When our distant ancestors still lived in water, it would often happen that an individual would be cast from this environment and find himself on dry sand; that is, he would find his existence threatened. As a result, the organism sought to retain water. The collector ducts were then blocked to prevent any loss of water during these life-threatening emergency conditions.

The Felt Sense of the Biological Conflict

Situations that affect the collector ducts of the kidneys involve the struggle for existence. These situations can reflect an attachment—as when the fish is thrown out of the water and “needs” the water—or an abandonment, as though one is a fish who feels abandoned by the wave, which “took the others back but not me.”

In a deeper sense, conflicts that affect the collector ducts are those that reflect a complete loss of bearings or a struggle for existence in a context where one has lost everything, or everyone. This is a common conflict among refugees, immigrants, isolated disaster victims, and so on, but it can occur in anyone who has felt his values collapse or her dreams shatter. Alternatively, one can feel dispossessed when suddenly confronted by a “void” in a social or family situation (as when parents divorce), feeling that “the ground is giving way” beneath one’s feet.

There may be regret for having lost one’s youth with someone or something that was not worth it; a feeling that life is too hard, too long, too much, or frustration with an illness that has gone on for too long. One may feel unable to face one’s life, or unable to live because one’s interest in life is gone.

In the desert, the body enters *anuria*. The meaning is to stop the loss of water; reduction of the urinary outflow is observed. Through this the individual may continue to survive. A buildup of uric acid in the ducts can occur in someone who doesn’t want to lose a “drop” of life. *“I keep even the waste from my connection with life.”*

Examples:

■ Mr. E had cancer of the kidney. In 1991, at the time when he was a senior official at a bank, he and his family were attacked in the street. His family was held hostage for twelve hours, and the thieves were never caught. Mr. E experienced many emotions at the time: helplessness, disgust, and so on.

Mr. E’s conflict lay in having his family mixed up in all that. He wanted to protect them from this world of money, from disgusting criminal elements that seemed contaminated. He felt a disintegration of values he had patiently built up over his many years as a father and provider.

- Mrs. R's twin sister had her face modified with plastic surgery. This was a big shock for Mrs. R, who no longer recognized her sister. She felt that their root connection was gone, and she developed a conflict of being dispossessed. As a consequence, Mrs. R experienced blood in the urine, pain, and fever.

Neuronal connections: Vertical position in the brain stem; homolateral association between the organ and the neuronal relay

Embryologic origin: Endoderm

KIDNEYS: RENAL PELVIS

The renal pelvis is a single large cavity within the kidney that collects the urine that has passed through the various ducts and calyces.

The Felt Sense of the Biological Conflict

Symptoms of the renal pelvis develop from conflicts related to marking distant territory—territory that is either spatially far away or which is expected in the future.

Renal calculi—kidney stones—can form to protect territory from the invader or when one's territory is not clearly defined, as when living with in-laws, for example. Calculi can form also because of improper elimination.

Example:

- A retired miller walked toward his mill, which was his secondary, distant territory. He took a misstep and almost fell into the rushing water, but caught himself in time. The miller related this incident to his children, who, being worried, forbade him to return to the mill. A few days afterward he suffered from agonizing spasms from kidney stones and was no longer able to urinate. He couldn't find the limits of his distant territory anymore, and thus could no longer mark it.

Neuronal connection: Right and left temporo-occipital cortex

Embryologic origin: Ectoderm

URETERS

A single ureter transports urine from the renal pelvis of each kidney to the bladder. The following discussion of the ureters also pertains to the submucosal layer of the bladder.

The Felt Sense of the Biological Conflict

The ureters and the submucosa of the bladder will be affected by conflicts over territory, specifically over something crude or unclean in the territory. Further distinctions between the ureters and the bladder may come to light in the future.

Example:

- A son brought some friends to his parents' home. His mother was happy to welcome them but had a shock when they "overstepped their bounds" by taking over his room and sitting on his bed to chat. When they left, the mother manufactured a serious urinary infection.
- Mrs. Z, who couldn't throw away anything, was stressed every time she came home and saw the "bazaar" that piled up in her house. A friend of Mrs. Z's made a remark about the mess to her, and Mrs. Z suddenly became aware of the mess in her territory. Shock. She went to a convent for a retreat and moved on to the healing phase: immediately she had blood in her urine.

Neuronal connections: Right temporal cortex (left ureter), left temporal cortex (right ureter); left ventrolateral position of the brain stem (bladder)

Embryologic origin: Ectoderm (ureters); endoderm (bladder)

BLADDER: MUCOSA

The mucosal layer is the deepest layer of tissue that comprises the wall of the urinary bladder.

The Felt Sense of the Biological Conflict

The leopard marks his territory of 30 sq. km every day with his urine. Like many animals, humans excrete hormones in their urine, which

therefore includes data on sexual arousal. In this way, the “coloration” of a bladder conflict can be semi-sexual. Bladder conflicts develop in two distinct ways:

The right side of the bladder is the “female” half. Symptoms that affect this side of the bladder reflect conflicts of not being able to organize one’s territory or recognize the limits of one’s territory. There may be an inability to determine one’s position or get one’s bearings (as within a family structure).

The left side of the bladder is the male side. Symptoms in this region arise from conflicts around marking territory—defending territory from a rival. For example, a spouse may suffer this kind of conflict if the in-laws are always around at home or if a newly retired spouse is suddenly “underfoot” all the time. One patient was a property manager for a distinguished official. There were always people walking through her garden and she never felt at home.

Enuresis (bed-wetting) arises from conflicts of brutal separation that are linked to sexuality (the control of the sphincter is in the inter-hemispheric cortex). A little girl, for example, might experience such a conflict after the divorce of her parents. *“Daddy won’t look after me anymore!” “I feel separated from my daddy!”*

In traditional Chinese medicine the kidney is associated with the emotion of fear. For a child, if the territory is not felt to have been secured by the father, the child is afraid and becomes overstressed. The sphincter muscle that closes the bladder moves into sympathicotonia (falls under the dominance of the parasympathetic nervous system) and opens (in normotonia).

Examples:

- Mrs. E had a bladder infection for two months, since her twenty-year-old daughter (who used to live at home) came back and returned to living in her childhood room. After her daughter’s initial departure (which she believed to be permanent), Mrs. E had moved into her daughter’s room to use it as a painting studio.

Since her daughter came back unexpectedly, Mrs. E was unable to organize her territory as she used to do, and she developed cystitis—an active conflict without a germ. She urinated often (to mark her territory).

- When Mr. Q was sixty-five, his wife said to him, “Now look, we’re going to put your desk and your computer over there and we’ll have to get rid of this, and that . . .” Two hours later, three times in a row, Mr. Q had violent stabbing pains in the lower abdomen. That night he had severe difficulty urinating, accompanied by light, diffuse pain, which increased steadily the next day. Mr. Q became aware of the connection between his symptoms and what his wife had said to him. He explained this to her, taking all the necessary precautions so she didn’t feel blamed, and was able to move into a healing phase.

Neuronal connections: Female (right) half: left temporo-occipital cortex; male (left) half: right temporo-occipital cortex; post-sensory cortex

Embryologic origin: Ectoderm



CONCLUSION

Medicine is the art of imitating Nature's healing ways.

HIPPOCRATES

THERAPY

The symptom occurs in a person. If the person has the symptom, the person has the connected causal and biological felt sense. Having the felt sense, the person also has the conflict with its whole history, and will undergo the newest event according to his or her limiting beliefs. By the same token, the person has the best possible solution to the problem: his or her own.

If the therapist is master of his technique, then the patient can be the master of his healing. As for me, I have healed only one person: myself. This means that when I burn myself, I am the one who repairs my skin. If, one day, I break a bone, I will repair the bone. My biology is intelligent—it won't make a liver or skin in place of my bone. It's my biology that heals me.

As a therapist, I have tools that I learn to master and that I propose to patients. Do they want to use them? How will they use them? That is not under my control. My objectives can be defined as follows: free up meaning and emotion, promote healing, take the evolution—toward happiness, for example—and make it attractive: in fact, make it irresistible, move into a new operational mode, change!

One of my colleagues often says to his patients: *"You have cancer? There's going to be a death. So act so that it's not you but rather your old way of functioning that ends up dying."* Because if you have cancer, dia-

betes, a cold, itching . . . it means that there is something that has led to that, something preexisting. You have to act so that it's *that something* which dies, which disappears—that way of being in the world. It has to be the anger, the put-down, the sadness . . . that's what has to take its leave, or be transformed, or grow up. A radical change, a turning around, or a conversion is demanded by the biology through the language of symptoms.

Before it enters the biology, before it enters the body or before it becomes a disease, there is a form of thought that we call a belief. The person has a belief, which could be, for example: *"Life is not worth living"* or *"Any time there's fire, I'm in danger."* There are beliefs that are simple and others that are harder to find. Sometimes they can be very mixed. For example, the person may not know how to communicate or how to be in touch with his or her emotions: *"because if I express my emotions, I'm in danger; if I don't express them, I'm also in danger. What can I do?"*


I have a patient who told me her belief was: *"If I get better, I'm going to die!"* Another patient said, *"The day I am no longer depressed, I know that my mother will no longer have any reason to live; she says that there will be nothing left for her but to die."* So long as this patient had not dug down to uncover that belief, which was completely unconscious, she remained ill. And it was fine that way: her mother, thanks to her and to her depression, continued to live!

At the origin of all problems, there is always an event—tied to a family or personal story—and a belief that is independent and continuing. Even though the child did not have his hands cut off (see the story in the introduction, page 8), a belief continues after the ordeal and the person runs the risk of experiencing whatever the belief dictates unless it is deprogrammed. There are beliefs that fit well and are positive and there are others that are less so or can be very limiting.

BECOMING AWARE OF OUR BELIEFS

First of all: Listen.

Statistically, we have twice as many ears as we do mouths! I'm inclined to deduce from this that we are made to listen twice as much as we speak. My first tool is Rogerian listening. Carl Rogers, who was



an American psychologist, developed a very refined way of listening that is not authoritarian, but is instead welcoming and respectful of the other person. It involves a listening to what is not said that underlies what is said. The other person constantly speaks to me through his name, his gestures, his assumptions, as well as through a thousand and one verbal or nonverbal cues arising from his inner world—among others, those concerning his unconscious history of conflicts.

The second tool I use is NLP (Neuro-Linguistic Programming), which elaborates the structure of an experience.* Every experience corresponds to a structure. There are our internal processes (values, beliefs), our internal states (emotions), and our internal and external behaviors (illnesses). The NLP allows me to have a road map of the structure of the problem. The structure is more important than the content.

The third tool that I use is Ericksonian hypnosis, which is a non-controlling, therapeutic form of hypnosis. The human being is much richer than he believes, and it is useful to hold to this truth as well as to the problems. I am convinced that the unconscious really wants to be well and that it will take firm hold of anything that leads in that direction. Hypnosis provides access to the unconscious resources.

We can imagine that we have in one hand: *Why am I not well?* and in the other hand: *How to be well*. On one side: exploration, analysis, understanding; on the other side: training sessions. It is interesting to learn, to learn to be well, to be in contact with inner resources that are there but that are just not connected. There are people who are completely at ease in certain situations and very ill at ease or threatened in other circumstances. So it's a question of simply allowing, giving the permission to go forward while being in contact with the resources, with full assurances of safety. In this way, the problem is put into contact with its solution and with the necessary resources.

There are also the tools of Marc Fréchet, who discovered memorized cycles in our biology. Secrets of the family are sometimes found in this way. Marc has developed different elements, such as lines of siblings and the transgenerational notions, which other authors have also spoken of.

*See the glossary for further information.

PREVENTION

In relation to prevention or prophylaxis, I'm simply going to give a few comments. I'll begin with a specific case. Several years ago, my eldest daughter, who was seven at the time, had received the present of a marvelous doll with long blond hair. While she was away for a short time, her little sister, who also found the doll very beautiful, undertook to cut its hair. The older daughter, when she saw what had happened, was at first angry and then she cried. Our reaction, as parents, was spontaneously to tell her, "*It's not serious, it's nothing, it's just a doll, don't make such a fuss about it . . .*"


However, seven years later, she was still suffering and still bore a grudge against her little sister. When someone expresses a feeling, what is our reaction? Are we really comfortable with that?

My first advice is to allow and even facilitate the expression of the emotion that is felt. We fear other people's emotions whether they are children or adults. Remember: If you have a troubling emotion, *it is because there is something you have not been able to resolve or bring to a conclusion*. And if you have a symptom, *it is because you have not been able to express an emotion or a felt sense*. So let's not be too quick to give advice, which cultivates dependency. And never criticize. Criticizing is a crime. You can really harm someone because you have not wanted, known how, or been willing to hear his or her felt sense.

One patient said to me, "My little dog is dead." As far as I'm concerned, I can say that it's not serious—it's only a little dog. But for this woman, it's much more. It's her life, it's her being that she's expressing. If she cannot speak of it, if she cannot speak of her feeling, her hurting, or if you ignore her, if you use a biting tongue, if you criticize her—you kill her. Passively. The person is there with a dagger in her heart, and you don't let her pull it out. You tell her it's not serious! However, she is asking for only one thing—that she be listened to, that she be allowed, that she be able to free herself by expressing her emotion.

Another preventive element is connected to the notion of beliefs. I'll return to the example of the woman who thought she saw her grandson have his hands cut off before her very eyes. She had an emotion that she was freed from in therapy. But she still had the belief that "*it could happen one day*."

I'm thinking of another woman, who had been raped when she was



twenty-four. Since then, she harbored fear and anger. She worked on it and became able to recall the incident without a troubling emotion. But twenty years later, she is still single, leading a life without sexual activity—because she has the belief that “*a man is dangerous.*” This is a belief, not an emotion and for her it is a piece of evidence and a truism. What’s necessary, then, is to encounter that belief and deprogram the limit of that belief, as it can be limiting to come to the age of thirty or forty and to have no sexual life, no husband, no children. . . . (In any case, that’s my belief!)

When speaking of prevention, something to keep in mind is that the human being is unknown to himself. This is like the man who is looking for his keys at night under a street lamp but he has no luck finding them. Someone passing by asks what he is doing. He says that he’s looking for his keys. The passerby offers to help, and after a few minutes, since they still can’t find them, he asks if the man is sure that he lost them just there. And the man replies, “No, I know that I lost them elsewhere, over there, where it is dark.”

“Ah, I see, but why are you looking for them here, then?”

“Because there is light here and over there it is dark!”

Likewise, we look for the key to our problems and to our suffering only where there is some light—where there is consciousness. We don’t want to go into the dark, into our unconscious mind, where we might find all the monsters and ghosts from our past and where there is anguish. It’s difficult to go there all alone and we sometimes need someone to take us by the hand in order to lead us into our own unconscious: the problem is not so much getting in (since that takes place at night and in our nightmares) as it is getting out. And in order to be sure of getting out again, we would like to go with someone who has already traveled this path and who is not afraid to go into the darkness simply because he knows how to get out again.

And if there is a guide who is able to go there and come out again, I may have the unconscious intuition that the darkness is not as dark as all that. If for someone the unconscious is conscious, the unconscious is no longer unconscious but is a uni-consciousness—the one, conscious of himself in himself.

GLOSSARY

aggregation: Just as the sky is studded with stars that aggregate into constellations, behavioral problems, neuroses, and so on, arise from an assemblage of several simultaneously active conflicts.

biodecoding therapy: A form of therapy founded on biology and not on psychology (which is an extension of biology). Biodecoding therapy is founded on biological laws and on the active participation of the patient. By understanding the hidden threads that led to his illness, the patient, master of his own health, will discover the felt sense that has manifested biologically inside him. Bringing the emotion into consciousness, the reframing, and the healing phase are some of the means of reorienting the patient toward a choice of health.

conflict: Tension in the whole person so that an adaptive solution is found when one is faced with the unexpected and the inexpressible.

ectoblast = ectoderm = ecto = Fourth membrane layer of the embryo, from which the most recently evolved organs develop.

endoblast = entoblast = endoderm = endo = First membrane layer of the embryo, from which the primordial organs develop.

mesoblast = mesoderm = primordial meso + new meso = Second and third membrane layers of the embryo.

NLP (Neuro-Linguistic Programming): Involves an approach to communication and to change that concentrates more on the structure of the subjective experience rather than on its content. It has multiple applications (once communication actually begins); in therapy, the focus is more on the *how* (I do what I do in becoming ill) than the *why* (I'm not well). In a word, how do I construct my experience of reality? NLP is also a powerful tool kit for change. By acting on the structure of the experience (mental representations

and limiting beliefs, for example) one's relation to the world and one's worldview are transformed.

normotonia: The normal *tonus* of our being, either before any stress has taken place or after the healing period is over.

orthosympathicotonia = sympathicotonia = stress phase = First phase of illness.

parasympathicotonia = vagotonia = healing phase = Second phase of illness.

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Biogenealogy is a comprehensive new vision of health that takes the mind-body connection one step further by identifying and consciously addressing the emotional shocks that create physical disorders. Each symptom of an illness precisely indicates its emotional origin. Thus, far from being an enemy, the physical symptom is actually a valuable ally that provides the key to the cure of the physical disease as well as resolution of the emotional imbalance that created it.

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Intended for therapists, researchers, and any person who wants to take his or her health in hand, this book is an important guide to understanding and decoding the causes and not just the effects of illness.

CHRISTIAN FLÈCHE is a psychotherapist and a master practitioner of Neuro-Linguistic Programming and the leader in the field of the biological decoding of the psycho-cerebro-physical effects of diseases that manifest in the body. He also is a practitioner of metaphor and symbolic modeling and uses Ericksonian hypnosis, psychogenealogy, and memorized biological cycles in his work. His workshops and seminars have influenced therapists throughout his homeland of France.



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