

Delusions in Homœopathic Psychiatry

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Abstract: The utility and rules of application of the delusion rubrics in the repertory are discussed. The author contends that patients suffering illness will move through some or all of five stages as they struggle to acknowledge that they are suffering an illness. The stages consist of: denial, forsakenness, causation, depression and resignation; and they each can be represented by appropriate delusion rubrics. Recognition of this correspondence can facilitate selection of the appropriate simillimum. A detailed case of *Thuja* is presented to illustrate this scheme. Aspects of the material medica of *Thuja* are also presented.

Keywords: homeopathic psychiatry; delusion rubrics, the use of; psychological reaction to illness, five stages of; *Thuja*

This excerpt is adapted from Liz Lalor's new 'book' entitled "Homœopathic Psychiatry – Understanding the Use and Meaning of the Delusion Rubrics in Case Analysis," which will be published as a Radar computer program module, to be launched this year.

Homœopathic psychiatry is the psychoanalytical study of the meaning and application of the *Delusion* rubrics in homœopathic case-taking and case analysis.

A delusion is an illusion which misrepresents the truth. Psychology is the science that deals with emotional and mental processes and behaviors. A psychological delusion¹ is a perception or opinion which is exaggerated or disproportionate to reality. In psychiatry, a 'delusion of grandeur' is viewed as a symptom of mental illness and is applied to the patient who is displaying hallucinatory exaggeration of their personality or status. For example: *he suffers from the delusion he is a great singer*. In psychiatry, the patient's psychological delusion is treated because it indicates an abnormality or illness in the affected person's thought processes. In both modalities – psychiatry and homœopathy – the psychological delusion exists because the patient needs to avoid reality.

In homœopathy, the psychological delusion is viewed as an exaggeration or distortion of personality status indicative of an abnormality or an illness. The Mind section of the repertory² contains the delusion rubrics. These are the rubrics which are applicable in the case analysis if the patient displays psychological delusions.

In the application of a delusion rubric (in case-taking) the homœopath seeks to understand why the patient has established the delusional state and why he needs to maintain the misrepresentation of reality.

This understanding in homœopathic case analysis is an integral part of case-taking, one which will facilitate the identification of the simillimum in the case. In a psychiatric consultation, the psychoanalyst also seeks to understand the need behind why the patient has created the psychological delusion to avoid reality. In both modalities – psychiatry and homœopathy – the delusion is recognized as being injurious to health and as the first indicator of potential illness across all levels – the emotional, mental and physical. That is where the similarity between the two modalities ends.

The treatment of the patient in homœopathy is based on the cure from the simillimum. An understanding of the patient's psychodynamic need for the psychological delusion is the indicator of, and explanation for, the simillimum.

Constitutional analysis is frequently based on the assumption that illness is a state of being the patient moves into as a result of an emotional, mental, or physical trauma. Every patient who consults a homœopath will be dealing with loss. This loss might be loss of emotional health, loss of mental health or loss of physical health. The psychodynamic development of the delusion symptoms (rubrics) follows five psychological stages which patients will encounter as they struggle to acknowledge or resign themselves to their loss of good health.

In my Rubric Model I have identified five psychological stages. The rubric categories match the psychological delusions and the psychological stages which,

in my experience, all patients manifest in an illness. The developmental order of the groups follows the psychological processing of delusional states within patients as they *deny* rather than acknowledge their loss of well-being. In all homœopathic consultations the patient will move through some or all of these five stages as they struggle to acknowledge that they are suffering an illness. A patient will often start her story from the arrogant assumption, or misapprehension, of immortality - we all assume that we are entitled to health and long life.

Denial

"I am not sick."
 "I will be cured."
 "I will cure myself."
 "I should not have got sick."
 "This should not have happened to me."

Forsaken

"My body has let me down." (abandonment)
 "My illness has been caused by others." (persecution)
 "I have been cheated of my life." (abandonment and persecution)
 "I have been singled out for punishment." (abandonment and persecution)

Causation

"I have caused my disease."
 "This is my fault."
 "I must have done something wrong to deserve this."
 "I have been bad."
 "I have sinned."

Depression

"I will never become well."
 "I will never succeed."
 "I will always fail."
 "This is my fate."

Resignation

"I am dying."
 "I am sure I have cancer."
 "I am sure I have a terrible disease."
 "I am too weak to survive this world."

In the Rubric Module I take the most commonly used *Delusion* rubrics that I have found in my practice, group them according to the five rubric headings, and explain their delusional use.

Denial: 'hubristic denial' of disease.

Forsaken: disproportionate feelings of abandonment, or persecutory delusional beliefs.

Causation: disproportionate guilt.

Depression: predictions of failure.

Resignation: overblown resignation to disease and

death, or exaggerated hypochondriacal fears of illness.

These stages encompass respectively, the psychological 'delusions of grandeur,' 'delusions of abandonment' and 'delusions of persecution,' 'delusions of original sin,' 'delusions of impending doom' and the 'delusions of hypochondria.' The purpose of understanding these five psychological stages is to enable accurate matching of the simillimum to the psychological presentation of your patient's delusional state. If one learns how to recognize these five psychological stages in the consultation within the patient, repertorization and remedy selection should prove more accurate. [Note: The examples given below of rubrics corresponding to the five stages might seem incomplete; this is because, for the purposes of this article, the rubrics have been limited to those which apply to the *Thuja* case presented below.]

1. **Denial:** I have allocated all the delusion rubrics which pertain to 'delusions of grandeur' into Denial. If the patient's trauma starts with denial of, and disbelief in, their illness, then the simillimum is listed in Denial. If the trauma inside the patient starts with martyrdom and/or a delusional belief in divine cure then the simillimum is listed in Denial. If the patient unrealistically believes he is so *great* or *superior* that he will not die, then the simillimum is listed in the delusion rubrics: *immortality, in communication with God, under an all powerful influence, or being divine.*

2. **Forsaken:** I have allocated all the delusion rubrics which pertain to psychological 'delusions of abandonment' or 'delusions of persecution' into Forsaken. If the trauma inside the patient starts with her feeling alone and abandoned, or singled out for punishment by her illness, then the simillimum is listed in the delusion rubrics: *forsaken* or *persecution*.

3. **Causation:** I have allocated all the delusion rubrics which pertain to psychological 'delusions of original sin' or self-blame into Causation. If the trauma inside the patient starts with him feeling guilty and unrealistically responsible for his illness then the simillimum is listed in the the delusion rubrics: *he is sinful, he has committed a crime* or *he has done wrong*, and is allocated to the section Causation.

4. **Depression:** I have allocated all the delusion rubrics which pertain to psychological 'delusions of impending doom' into Depression. If the trauma inside your patient starts with her feeling hopeless doom about being sick or feeling like she will never succeed in becoming well in life, then the simillimum is listed in the delusion rubrics: *failure* and *he will not succeed*,

and is allocated to the section Depression.

5. I have allocated all the delusion rubrics which pertain to psychological 'delusions of hypochondria' into Resignation. If the patient's trauma starts with hypochondria or delusional doom about being sick, or you feel that your patient is exaggerating his weakness or sickness, then the simillimum is listed in the delusion rubrics: *death* and *disease*, and is allocated to the section Resignation.

Each remedy profile will present in one, or all, of the psychological stages.

Each patient will have a tendency to be *predominately* in denial, forsakenness, persecutory paranoia, guilt, depression, or hypochondria.

The simillimum *must* have delusion rubrics which match the delusional state of mind of the patient.

If the constitutional remedy that the homœopath has chosen has delusion rubrics allocated into Denial, the patient *must* display psychological 'delusions of grandeur'. Similarly, delusion rubrics allocated to Forsaken must display 'delusions of abandonment' or 'delusions of persecution;' those allocated to Causation, 'delusions of original sin;' Depression, 'delusions of impending doom;' and Resignation, 'delusions of hypochondria.'

The advantage in identifying and understanding the psychological processing that your patient is moving through is that it allows you to narrow the remedies being considered to the remedies listed in those particular rubric categories.

Below is an example of a *Thuja* patient. I have outlined this *Thuja* case to highlight the five psychological stages and the five stages involved in repertorization.

The importance of understanding the five psychological stages within each constitutional remedy profile is that such an understanding will provide psychological insight into how each constitutional remedy will behave when sick.

Thuja

Case Notes

First Consult: October 2008.

D.O.B. 1952.

Occupation: Christian Pastor.

Presenting Issue

Physical weakness and exhaustion.

Pervasive sadness and crippling anxiety.

Frequent urination.

Food sensitivities.

Mental and Emotional Symptoms of the Case

He described himself as having clinical depression.

Pervasive sadness.

Afraid of people. He would come into the church via the back door in order to avoid running into his parishioners.

Fearful of parishioners finding out he was scared of people.

Fearful of the legal responsibility he had as the parishioner of the church. He was terrified of a parishioner claiming against the church for injury. He had severe anxiety attacks, especially at night in regards to potential future public liability claims.

Fearful of bureaucracy. He had dreams about being responsible for insurance claims.

He was finishing his seminary thesis, and struggled with writing because he has learning difficulties.

He had suffered with crippling depression and Chronic Fatigue Syndrome which contributed to him dropping out of society and moving to the hills to live in the 1970's.

He was a vegetarian in the 1970's, but his wife insisted on cooking meat which he didn't like eating.

He suffered with anxiety after he ate and was often in pain with gastritis.

He hid his past life when he practiced vegetarianism, yoga, and meditation, from his parishioners because he was afraid of what they would think.

He hid his psychic abilities from the church.

He believed he was able to hear God's direction, and was following God's instructions by joining the church.

He left society for twenty years and lived in isolation in the hills. He was subsequently rejected by his mother and father.

He felt that he was being punished for having abandoned his two young children when he left his first wife. He felt that God had forgiven him his sins because he had contact with his children. He felt that by taking care of his step-daughter he was making up for not having looked after his own children.

He felt he was a failure because he was always depressed and overcome by crippling panic attacks. He thought he would not be able to succeed at his role of pastor of a church because he was fearful of people.

He felt that he was too weak to be able to deal with the stress and fear of running the business side of a parish church. He was terrified of dealing with public liability and the possibility of a parishioner suing him.

Physical Symptoms of the Case

Frequent urination up to 6-8 times at night.

Frequency during the day, approximately hourly.

Thirsty (not diabetic).

Extreme sensitivity to foods.

Anxiety after eating.

Worse: sugar, which caused bleeding gums.

Worse fructose.

Worse milk - lactose intolerant.

Worse spices, creamy sauces, cheese, mayonnaise

Signs of Irritable Bowel Syndrome.
 Belching, indigestion, bloating.
 Difficulty swallowing.
 Hot hands at night.
 History of Chronic Fatigue Syndrome.
 Adrenal gland exhaustion.
 Felt weak and easily overcome with extreme tiredness.
 Extreme sensitivity to chemicals.

Notable Key Aspects of the Case

The patient was born into a wealthy well established family. He went to boarding school in Australia with Prince Charles. (He told me this to highlight the fact that he was born into a socially prominent family.) His father was a barrister and his mother a well-known socialite. Preceding his birth, his mother lost twin girls, who died after birth in the hospital. His mother wanted a girl and was grief-stricken that he was born a boy. She subsequently dressed him in girl's clothes until he was five years of age. His mother rejected him as a young child and made it clear she had never wanted a boy. At six or seven years of age he was exposed to pictures of nuclear bombing on the television. He became crippled, even catatonic, with fear of being annihilated and had been classified as clinically depressed ever since. He suffered suicidal feelings since his childhood, when he was overcome with guilt from seeing pictures of starving children on television, in a campaign called *Feed the Children*. Before he saw the photos of starving children, he described himself as extremely fat. He told me that shortly after seeing the photos he gave up drinking milk and had been extremely thin ever since. He did not like putting on any weight. His food sensitivities started after he gave up drinking milk, but he did not attribute his food sensitivities to experiencing the trauma of the pictures of starving children. He believed he always had food sensitivities, and this was what had made him fat as a child. He stopped eating after seeing the campaign *Feed the Children*. He continued to suffer with extreme fears of violence and was extremely uncomfortable with stereotypical masculine men. His main reason for consulting me was his food sensitivities and his anxiety. He suffered from anxiety about being sued in his role as a parish priest and was struggling to embrace the role and responsibilities that the job entails. As a child he was intensely disgusted by his mother. He described her dress sense as being sexually inappropriate and *in the vein of Tina Turner style of dressing*. His mother would walk around the house naked and would go to the toilet in front of him as a child; he found this repugnant. He married a girl who he got pregnant at an early age, and had two children. His father was physically violent and emotionally abusive towards his mother. He left his wife and children because she was schizophrenic and physically violent towards him. He escaped into living a hermit's

life in the hills. He had been estranged from his family since he left his wife. He argued with his father about his lack of success. He had recurring dreams of being alone and terrified in a city, with no money. In the dream he eventually found his way home and was not allowed into the family home. He woke up in terror when he realized that he was not able to enter the family home. He was on a disability pension from the government and had suffered with clinical depression and Chronic Fatigue Syndrome.

He was, at the time of the consult, finishing off his studies to become a Christian pastor. He practiced yoga and meditation in the past but joined the church because he wanted to gain spiritual recognition in a *more socially acceptable form of religion*. He was worried about whether it was *Jesus or the devil* who he could hear. He hoped that joining the Christian church would ensure that it was Jesus he could hear, and not the devil. He hid his past spiritual practices from his wife and his practitioners. His mother recently died, cutting him out of the family inheritance and denying that he was her child in the will. His brother and sister were the only children mentioned. He was contesting the will.

Physically, he suffered from numerous food sensitivities. He suffered from anxiety after eating. He was embarrassed by his urinary frequency; during the first consult he needed to go to the toilet three times. He described himself as psychic and able to see images and auras. He suffered with learning difficulties which made his efforts to achieve his Master in theology extremely hard work.

Case Analysis

This case justifies the use of delusion rubrics because the following four aspects are present in the patient's case development.

1. Evidence of inner conflict and evidence of self-destruction and pathology. If a patient has intense food sensitivities, there has to be inner turmoil fueling the reactivity. He has not been able to work because of crippling physical weakness and sensitivity to his environment.

2. The psychological delusion is used in a disproportionate way. He over-reacted to his responsibilities towards solving the world's nuclear crisis and starvation in poor countries. He still over reacted to responsibility; this was evident in his fear of public liability responsibilities in regard to his parishioners. He was still crippled by the sin of having left his children.

3. The delusional stance was maintained because it was advantageous to feel too weak to be able to take responsibility. His anxiety about his role as a pastor was terrifying. It was advantageous to maintain the fragility because he was then able to avoid taking on responsibility. He also needed to maintain his feelings

of fragility so that he could deny his past guilt for having fallen from grace.

4. The 'never-well-since' event was the fear and subsequent depression he suffered when he learned about the possibility of being annihilated by a nuclear bomb. He was still crippled by suicidal depression and guilt, and pervaded by sadness, and extremely sensitive to suffering in himself and others. The campaign *Feed the Children* filled him with guilt when he ate.

The simillimum in this case must cover his exaggerated self-blame for his sins and the sins of the world.

Each patient will have a tendency to be *predominately* in denial, forsakenness and persecutory paranoia, guilt, depression, or hypochondria. The simillimum *must* have delusion rubrics which match the delusional state of mind of the patient. The importance of understanding the five psychological stages within each constitutional remedy profile is that they provide psychological insight into how each constitutional remedy will behave when emotionally, mentally, or physically unwell. Each remedy profile will present in one, or all, of the psychological stages.

If the constitutional remedy that the homœopath has chosen has delusion rubrics allocated into Denial, the patient *must* display psychological 'delusions of grandeur.' The simillimum in this case must pertain to the delusion that he is not sure whether it is Jesus or the devil who is influencing him.

Delusions: influence; one is under a powerful: *thuj*.

Delusions: divided: two parts; into: which part he has possession on waking; and could not tell: *thuj*.

Delusions: superhuman; is: control; is under superhuman: *Thuj*.

These three rubrics can refer to delusions that one is under the control of Jesus (God) or the devil.

If the constitutional remedy that the homœopath has chosen has delusion rubrics allocated into Forsaken, the patient *must* display psychological 'delusions of abandonment' or 'delusions of persecution.' The simillimum must cover this patient's feelings of being forsaken by his mother because she wanted a girl. The simillimum must cover his feelings of being an outcast, and his dreams about being abandoned and forsaken with no home to which to go.

Delusions: forsaken; is: *thuj*.

Delusions: outcast; she were a, as if: *thuj*.

Delusions: friends: affection of; has lost the: *Thuj*.

If the constitutional remedy that the homœopath has chosen has delusion rubrics allocated into Causation, the patient *must* display psychological 'delusions of original sin.' The patient was worried about whether it was *Jesus or the devil* who influenced him. By joining the Christian church he was hoping that it was Jesus he

could hear, and not the devil. He hid his past spiritual practices from his wife and his practitioners; this is the delusion rubric: *he is dirty*. The simillimum must cover his feelings that he sinned by abandoning his children.

Delusions: dirty: he is: *thuj*.

Delusions: criminal, he is a: *thuj*.

Delusions: sinned; one has: *thuj*.

Delusions: divided: two parts; into: which part he has possession on waking; and could not tell: *thuj*.

Delusions: influence; one is under a powerful: *thuj*.

Delusions: superhuman; is: control; is under superhuman: *Thuj*.

These rubrics can refer to delusions that one is under the control of God or the devil.

If the constitutional remedy that the homœopath has chosen has delusion rubrics allocated into Depression, the patient *must* display psychological 'delusions of impending doom.' The simillimum must cover this patient's feeling that he was not worthy enough to succeed as a Christian minister. Responsibility in *Thuja* confronts them with the terrifying fear of failure.

Delusions: worthless; he is: *thuj*.

If the constitutional remedy that the homœopath has chosen has delusion rubrics allocated into Resignation, the patient *must* display psychological 'delusions of hypochondria.' The simillimum in this case must address this patient's crippling feelings of being weak, emotionally, mentally, and physically.

Delusions: body: delicate, is: *Thuj*.

Delusions: existence: longer; she cannot exist any: *thuj*.

The advantage in identifying and understanding the psychological processing that your patient is moving through is that it allows you to narrow the remedies being considered to the remedies listed in those particular rubric-categories. I have no other information about this case other than what he has told above. By following these psychological stages, I have easily found the simillimum and understood the disturbance in this case.

Prescription: *Thuja* 30, dry pilule once a day, continuously.

Case analysis

I use the following key points and headings in analyzing a case:

Striking, or Peculiar Signs and Symptoms (*Organon* 153)

Theme

Rubric repertorization

Materia Medica

Follow-up Consultations

How, Why, and When Causations: the 'Never-well-since' event.

1. Striking, or Peculiar Signs and Symptoms

Thuja is listed in the delusion rubric *under superhuman control*, but they have self-conflicting denial about who is influencing them. *Thuja* has the delusion rubric *being at war*. *Thuja* chooses to abdicate personal responsibility for his power because he fears that the powerful influence is coming from 'the evil side,' and not 'the good side.' This secret will be the underlying self-denial in every *Thuja* case. Another rubric to consider in a *Thuja* case would be the delusion rubric *someone calls*. The homœopath needs to ask *who* is influencing him. All *Thuja* cases will have a divided self which they are trying to keep secret; this conflict will always cause eventual destruction of either the mind or body. *Thuja* is, significantly, the only remedy listed in the delusion rubric *divided into two parts* and *which part he has possession of when he wakes he does not know*. *Thuja* has a strongly developed defense which manifests in his obsessive need for religion – Mind rubric: *Fanaticism, too occupied with religious affections*. *Thuja* needs to believe that he is being controlled by God or a 'good' higher being, otherwise he is overwhelmed by his own fears of immoral behavior. This *Thuja* case feared that the higher power with which he was in contact was the devil, and not Jesus. It was this fear which drove him to become a Christian pastor and give up his previous 'unconventional' spiritual life. If he had stayed in the alternative world of spirituality, the power influencing him could have been the devil. In the Christian ministry he felt he would be protected, and more assured that Jesus would be the one influencing him.

If a constitutional remedy has two opposing forces, they will be evident in the delusion rubrics. *Thuja* has the delusion rubric: *she is all powerful* in Stage One versus the delusion rubric *he is worthless* in Stage Four. A person with such extremely conflicting polarities will move into a psychological process of self-denial; it is too painful to live with the self-realizations. The repertorization, using the psychological model I am proposing, is extremely worthwhile because it will always reveal the psychodynamic crisis within each remedy. The self-denial in *Thuja* is the precursor of its secrecy. *Thuja* has the mind rubric *Secretive*. He hides his past spiritual practices from his wife and his practitioners.

2. Theme

Delusions: superhuman; is; control; is under superhuman: This patient displayed religious fanaticism. He believed he was able to hear Jesus's direction and was following God's instructions by joining the church. He was in denial of how exhausted trying to be good and

religiously acceptable made him; he was crippled with tiredness. He believed that by being good and listening to God's instructions he would clear the slate of his sinful past. He hid his psychic spirituality from the church and his parishioners. He also hid his sadness and fear from his parishioners.

If the trauma inside of your patient starts with religious martyrdom and denial of the self, then immediately the simillimum is listed in the delusion rubrics *in communication with God*. *Thuja* believes he is *under a superhuman control*. This *Thuja* case was fearful of hell, damnation and the supernatural. *Thuja* needs to align himself with God and religiosity with incredible fervor to overcome his fear of punishment.

Delusions: outcast; she were an: He lived in isolation in the hills for twenty years. He was rejected by his mother and father.

Delusions: wrong; done wrong; he has: He felt that he was punished for having abandoned his two young children. He felt that by taking care of his step-daughter he was making up for not having looked after his own children. He felt that God had forgiven him his sins after re-establishing contact with his children.

Delusions: worthless; he is: He felt he was a failure because he was always depressed and overcome by crippling panic attacks. He thought he would not be able to succeed at his role of pastor because he was fearful of people.

Delusions: body; continuity of body would be dissolved: He felt that he was too weak to be able to deal with the stress and fear of running the business side of a parish. He was terrified of dealing with public liability and the possibility of a parishioner suing him.

Mostly, I have successfully used the homœopathic remedy *Thuja* to treat very simple cases of the wart virus in patients. *Thuja* has the Mind rubrics *fear of others approaching them* and *insanity, will not be touched*. Both of these are internal dialogues and responses one would expect from someone who has warts all over their hands or face. Warts on the face or hands can make people feel like they do not want to be touched or feel like they need to hide from society. The underlying disturbance within the *Thuja* profile is fragility. *Thuja* has the delusion rubrics *the body is lighter than air, the body is delicate, body is brittle, and body is thin*. The delusion rubrics *their body will be dissolved* and *she can no longer exist* indicate a core disturbance underpinning *Thuja*. Understanding the delusion rubric *body is dissolved* helped me understand the psychotherapeutic need in *Thuja* for the 'delusions of grandeur,' which force him into believing he is *all powerful*. In one *Thuja* patient who consulted me, his fear of being eliminated was formed deep within his psyche when he was brutally attacked in his first sexual encounter. His first sexual encounter formed the pri-

mary 'never-well-since' event. His crippling fear of being killed (*no longer exist*) every time he had sex in the future resulted in pre-emptive, self-protective erectile dysfunction. The self-deluding need to avoid his underlying fear of extinction created huge psychological 'delusions of grandeur.' He consulted me, but left without taking a remedy because he believed that nothing was physically or mentally wrong with him. He also refused to take the homeopathic remedy in case it changed him in some way. *Thuja* fears attack. *Thuja* has the delusion rubric *body is in danger of coming in pieces*. In this *Thuja* case, the fear of no longer existing was the underlying psychological trauma underpinning the development of the patient's Chronic Fatigue Syndrome, and his mental and emotional breakdown later in life. His fear of being eliminated (*dissolved*) developed from the primary 'never-well-since-event' when he found out about nuclear extinction. His fear of nuclear extinction subsequently overwhelmed him with fear of his own extinction. A little while after finding out about nuclear extinction, he was confronted with world poverty and starvation. He subsequently went on to develop food allergies as a child. The food allergies justified his reduced intake of food so he could become very thin. *Thuja* frequently develops psychosomatic, empathic pathologies. *Thuja* has the delusion rubric *has lost the affection of a friend* – this rubric is reflective of a deep fear in *Thuja* of being *friendless* and isolated and *outcast*. As a result, *Thuja* often develops strong somatic, empathic responses to others' suffering, especially animals. *Thuja* has the Mind rubric *love for animals, and cats*. The patient's Chronic Fatigue Syndrome developed from years of internal discord within himself.

Thuja has a profound contradiction between Stage One and Stage Five in the five stage psychological model. On the one hand, *Thuja* manifests psychological 'delusions of grandeur,' alluding to their feeling under God-like superhuman control, while on the other hand they have profoundly disabling psychological 'delusions of hypochondria' which cause them to feel that at any moment they will dissolve and die. The delusion rubrics *delicate, thin, about to die, diminished, disintegrating, emaciated* are all examples of exaggerated predictions of physical decay. The inconsistencies and contradictions between Stage One and Stage Five in *Thuja* are evidence of self-deluding psychosis. Psychosis is a severe mental derangement involving the whole personality. Psychosis is the precursor to the destruction of 'ego,' and involves a complete loss of contact with reality. *Thuja* needs to believe he is all powerful to avoid his fears of extinction. Religious fanaticism is common in *Thuja*. *Thuja* needs a savior to save him from *diminishing*. *Thuja* has the Mind rubrics *religious fanaticism, too occupied with religion, despair of religious salvation and reproaching oneself*

about one's own passion. *Thuja* has the delusion rubric *is under superhuman control and she is all powerful*.

For the simillimum to be *Thuja* there has to be evidence that the patient is not aware of her own self-delusion. The delusional stance of *Thuja* is locked in the unconscious mind. *Thuja* has the Mind rubric *untruthful*. If *Thuja* is confronted in her conscious or subconscious mind with her underlying *disintegration*, it will literally shatter a very *brittle* and fragile ego. If *Thuja* is confronted by the homeopath with her state of denial, she will feel overwhelmed. I have experienced a few *Thuja* patients who have walked away from my consultations without taking the remedy because they did not think there was anything wrong with them. *Thuja* has the Mind rubric *secretive*. In psychosis, the mental derangement needs to remain hidden in the unconscious mind of the patient; to face the psychotic derangement would cause complete personality destruction. The simillimum will only be *Thuja* if the patient appears (to the homeopath) mentally and emotionally fragile. *Thuja* will not believe she is fragile; she believes she is *powerful*. *Thuja* will acknowledge her physical fragility, but she will not acknowledge mental and emotional fragility.

Denial: Delusion rubrics containing *Thuja: powerful: all powerful; she is; fancy, illusions of, superhuman; is; control; is under superhuman* (In relation to *Thuja* this rubric can be allocated to either God or the devil.)

Forsaken: Delusion rubrics containing *Thuja: forsaken; is; appreciated, she is not; friendless, he is; outcast; she were an*.

Causation: Delusion rubrics containing *Thuja: criminal; he is a; sinned; one has*.

Depression: Delusion rubrics containing *Thuja: insane; he is; worthless; he is*.

Resignation: Delusion rubrics containing *Thuja: body: continuity of would be destroyed; body: diminished; body: thin, he is; body: pieces, danger of going to; die: about to, one was; body: delicate, is; dirty, he is; touched; he is; flying; skin; out of his*.

Inconsistencies:

1. Denial: *Powerful: all powerful; she is: thuj.*
versus
5. Resignation: *Body: delicate, is: Thuj.*

Thuja is a homeopathic remedy derived from the *Arbor vitae* tree. The wood is light, soft and brittle and vulnerable to splitting. *Thuja* has the theme of fragility and sensitivity in all spheres – emotional, mental, and physical. Because of the trees' tall growth, "longevity, incorruptible resin and ever-green leaves, cypress and *Thuja* have been associated with immortality (Tree of Life)." [Vermeulen] *Thuja* has opposing sensitivities

of weakness and strength (religious fervor).

Noted Theme Words Used in the Consultation

Weak
Sensitive
Fragile
Anxious
Suicidal
Sad
Depressed
Fragile health
Thin
Afraid
Fears of abandonment
Guilty
Fears of violence
Fear of Hell
Fear of the supernatural
Guilty of a crime
Duty
The right thing
Spiritual
Religious
Morals
God
Sociably acceptable

3. Rubric Repertorization

I have listed below an extensive list of rubrics which are reflective of 'ego' disintegration.

Delusions: bed: touch the bed when lying; as if she did not: thuj.

Delusions: body: brittle, is: Thuj.

Delusions: body: continuity of body would be dissolved: thuj.

Delusions: body: delicate, is: Thuj.

Delusions: body: immaterial, is: thuj.

Delusions: body: lighter than air; body is: thuj.

Delusions: body: pieces: coming in pieces; body is in danger of: thuj.

Delusions: body: ugly; body looks: Thuj.

Delusions: die: about to die; one was: Thuj.

Delusions: die: time has come to: thuj.

Delusions: diminished: thin, he is too: thuj.

Delusions: dirty: he is: thuj.

Delusions: divided: two parts; into: thuj.

Delusions: divided: two parts; into: which part he has possession on waking; and could not tell of: thuj.

Delusions: double: being: thuj.

Delusions: emaciation; of: thuj.

Delusions: existence: longer; she cannot exist any: thuj.

Delusions: falling: height; from a: Thuj.

Delusions: feet: touch scarcely the ground: walking; when: thuj.

Delusions: floating: air; in: thuj.

Delusions: flying: skin; out of his: thuj.

Delusions: friendless, he is: Thuj.

Delusions: glass³: she is made of: thuj.

Delusions: glass: wood, glass, etc.; being made of: Thuj.

Delusions: ground: touch the ground; she would hardly: thuj.

Delusions: head: belongs to another: thuj.

Delusions: heavy; is: thuj.

Delusions: identity: errors of personal identity: thuj.

Delusions: influence; one is under a powerful: thuj.

Delusions: insane: he is insane: Thuj.

Delusions: intoxicated: is; he: thuj.

Delusions: legs: glass; were made of: Thuj.

Delusions: light: is light; he: thuj.

Delusions: move: he moves: to and fro; he moves: sitting and lying; when: thuj.

Delusions: outcast; she were an: thuj.

Delusions: people: beside him; people are: thuj.

Delusions: person: present; someone is: thuj.

Delusions: poisoned: he: has been: thuj.

Delusions: pursued; he was: thuj.

Delusions: seat: moving; seat is: to and fro: thuj.

Delusions: separated: body: mind are separated; body and: thuj.

Delusions: separated: body: soul; body is separated from: thuj.

Delusions: separated: world; from the: he is separated: thuj.

Delusions: strange: familiar things seem strange: thuj.

Delusions: strangers: seeing: Thuj.

Delusions: thin: body is: thuj.

Delusions: turn: she: had been turned: circle; in a: thuj.

Delusions: worthless; he is: thuj.

Delusions: wrong: something was wrong: thuj.

Mind rubrics for Thuja

Mind: ailments from; neglected; being; mother; by one's: thuj.

Mind: ailments from; quarrelling; father; with one's: thuj.

Mind: anxiety: business; about: thuj.

Mind: anxiety: conscience; anxiety of: Thuj.

Mind: anxiety: eating; after: thuj.

Mind: anxiety: future, about: thuj.

Mind: aversion; mother, to: thuj. [positr., taosc.]

Mind: company: aversion to; sight of people; avoids the: Thuj.

Mind: confidence: want of self-confidence; self-depreciation: thuj.

Mind: eating; after; agg: thuj.

Mind: fear: approaching; of; others; of; delirium, in: Thuj.

Mind: fear: opinion of others, of: thuj.
Mind: forsaken feeling; beloved by his parents, wife, friends; feeling of not being: Thuj.
Mind: religious affections: too occupied with religion; fanaticism: thuj.
Mind: reproaching oneself: Thuj.
Mind: suicidal disposition: thuj.
Mind: timidity: public; about appearing in: thuj.

Urinary organs: complaints of urinary organs: thuj.
Vision: colors before the eyes: thuj.

This patient was a man who was physically weak and fragile. Emotionally, he was frightened of his parishioners and terrified of taking responsibility. He struggled with living in society. He had abandoned his two young children and his marriage. He was a psychic. He lived his life believing the 'Age of Aquarius' was about to unfold. He was also starkly judgmental and moralistic in his portrayal of his 'Tina Turner' mother. He needed to discard his own psychic spirituality for the socially acceptable forms of religion found within the Christian church. He martyred himself to his step-daughter to overcome his debt to his own children. He martyred himself to his wife, who continued to feed him meat when he would prefer to be a vegetarian, because he needed to prove that he was conscientious and would stay in the marriage. *Thuja* struggles with opposing forces. On the one hand he was weak and frightened, and on the other hand he was fixed and rigid. On the one hand he had 'God on his side', and on the other he was terrified of *hell and judgment and the supernatural, and the devil*. *Thuja* has psychological 'delusions of grandeur' [religiosity] which leaves him open and vulnerable, and needing to hide his 'delusions of original sin.' *Thuja* develops psychoses because he needs to hide from themselves, and others.

4. Materia Medica

"I have often found this feeling of fragility in *Thuja* expressed in the physical sphere, where the patient feels that any article of food or drink is surely bound to cause him problems, and that his system cannot take things such as drugs, allergens, emotional stress or even a draught of air. He tries to avoid all these factors and attempts to keep himself covered from exposure to the same. These avoidances only reinforces the fear, and this vicious cycle goes on, making *Thuja* one of the main remedies for neurosis, with several obsessive-compulsive traits, fixed ideas and behavior patterns. In the emotional sphere, this feeling of fragility is manifest in the fear of losing face in society. The person believes that he has a certain image in society of being a religious, morally upright, clean, honest person, free from human failings such as dishonesty, sexual temptations (especially when forbidden), etc. Thus he

presents an elevated picture of himself and is afraid that any little slip on his part might reveal the real him or the bad part of him which he has tried so hard to cover up. In this "bad part" lies his dishonesty, sexual desires (which may even be for close relatives), his immoral or irreligious feelings. If this is discovered, he is going to fall down from his imagined elevated position and will be finished. Thus his survival depends on a complete cover-up, and there is a tremendous anxiety of being exposed. Translated into expressions, the *Thuja* person is secretive and talks to the physician as if sharing a secret; he is conscious of the presence of other persons, especially strangers. In rubrics, you have the feeling of floating in the air ("Delusion, body lighter than air") and dreams of falling from high places, which represent his fear of falling from his elevated position. Thus *Thuja* seems to come from a situation of a religious order in society or from any situation that demands rigidity in thinking, very fixed ideas. Theocracies, like those in the Middle East, would require this remedy. Also, many of the strict religious leaders, with rigid ideas about sin, often have many skeletons in their cupboards, and many times require *Thuja*. In fact 'Religious fanaticism' is one of the rubrics." [Sankaran]

5. Follow-up Consultations

First Follow-up Consult: November 2008.

I concentrate entirely on videotaping only the follow-up consultations. I usually commence videos after the patient has taken the remedy for some time and I am always vigilant of any new trauma which has sparked their subconscious or unconscious memory, because it is at that point that I find the meaning and relevance of every delusion rubric. In this case, the transformation was so profound after just four weeks of taking *Thuja* 30, one dose a day, that I was compelled to ask the patient if I could record the first follow-up session. This is the first *Thuja* case which I have ever videotaped.

For the simillimum to be considered correct, the five stages of the psychological delusion of illness and loss must be noted to have changed. His reported changes included:

He realized that he had been exhausted for years from pushing himself to be good.

He reported that his spiritual confidence had grown.

He reported that he was *no longer sorry for the fact that he existed*.

He was not as fearful of bureaucracy. He reported that he was dealing with stress much better. He had only two anxiety attacks about bureaucracy and public liability responsibilities and was able to escape the anxiety much more easily. He now thought that the degree to which he felt responsible was an overreaction. He was not as afraid of his parishioners. He had started to be able to talk with people and organize to have coffee with his parishioners.

His clinical depression was much improved.

He no longer felt like he had an all pervasive sadness.

His suicidal feelings decreased substantially.

He was finishing his seminary thesis. He didn't feel like he was struggling with writing as much, and felt confident about presenting his paper.

He realized after the first consultation that he liked to be *slight and small* so people would not notice him. [Delusions: *body thin.*]

Follow-up: Physical Symptoms of the Case

Frequent urination was no longer an issue at night.

The frequency during the day was still present, but greatly reduced. In the first consult he went to the toilet three times; this consult he didn't go once.

The hot hands at night returned momentarily in two short-lasting panic attacks.

6. How, Why, and When Causations – the 'Never-well-since' Event

As a student of homœopathy I was taught not to ask leading or inquiring questions which would cross the boundaries of psychotherapy. The irony is that the delusion section of the Mind in our repertory has for centuries contained a form of psychoanalysis which is the basis of homœopathic psychiatry. Inherent in the very nature of a psychological delusion and the use of the delusion rubrics in case analysis is that the patient's perception is not correct; it is delusional. In a homœopathic consultation the psychological delusion is recognized as the first indicator of potential illness in the case-taking and is labeled the 'never-well-since' symptom. The delusion rubrics reflect and mirror psychodynamic trauma and they have always been significant markers in a patient's life which point us in the direction of the simillimum. Chronological events are crucial in case development in that they show us the cause and meaning of the 'how, why, and when,' of the significant events⁴ in our patients' lives. The homœopath needs to ask the patient "Why do you think you are sick?" or "What event has happened in your life which you think has contributed to your illness?", or simply "Tell me about your life and what has happened to you in your life." I prefer to ask the last question because then the patient will tell me about the events in his life which he thinks are crucial to his case. To elicit the 'never-well-since' symptom, I ask leading and inquiring questions; such as, in this case:

Question: Do you think that guilt came from when you were a child?

It must have, because that is when it started to manifest. I have no idea of any incident other than what I told you that my mother never wanted a boy; she wanted a girl. That was not just a little thing; it had

a lot of energy in it. She had just lost two little girls. They didn't come out of the hospital. I think it is all tied in with needing to apologize for existing. This lady said don't apologize.

Question: "So, then you grow up, leave home, get married and leave your children, and then your life starts to really fall apart?"

"Can I tell you the story of the guitar? This is what happened: I married a young lady who was very troubled when I met her, psychiatrically. It was at a time when I was heavily into New Age. We thought the Age of Aquarius was coming. I had a more disciplined approach to it all, which is why I continued. For a lot of other people it was just like a fashion. One thing led to another, but because this lady was in the middle of a breakdown my mother told her she could come and stay at our place. Basically, to cut a long story short, the girl was very beautiful, and she got pregnant. (Please note he has not said he got her pregnant, which was what happened; he has distanced himself from his past sin.) We began to live together, and the situation got worse; it got more explosive. I had a guitar which this grazer gave to me. I went to boarding school and, because he knew I played guitar, he rolled up one day with this guitar, a very valuable one. The way the marriage ended was it was just another one of those explosive days, and she put her foot through the case. The broken guitar was like a metaphor of the marriage, but more tragically what happened was it was like the end of the ideal. [Thuja has the delusion rubric illusions of fancy.⁵] I was very much in love with another woman at that time, but she didn't want to know about me because I was so dysfunctional. One day the man who owned the guitar rang up and wanted the guitar back. I had had it repaired and he wanted this guitar because he had married, and the person he married was the lady with whom I was in love. Years later, intentionally, I started to make guitars and lived in the hills. All the time I was thinking of reconstructing my life because of this smashed-up guitar. Years later, when I arrived in the church that I am in now, a lady that worshiped there had the same little guitar, and when I saw it, I said, "I have a case for you," and the case was the case that had the footprint on it. Maybe I have repaid the debt, but what happens next?"

Question: "If you go back to your religion when you repay the debt, then are you let back into paradise?"

"I think I am starting to know what that feels like. I think it is stopping the striving against those things like rejection."

Question: "The rejection from your mother?"

"Yes. After I read the will I took all the photos down. My present wife wanted me to have the photos up, in

fact that is important to her - family. But what I think is that an idea that helped after the incident with the guitar, back when I was twenty-five years old, was: we do have a spiritual family. There are such wonderful goals in a spiritual life. People don't realize what the rewards are. I am not talking about God thinking you are a wonderful person; I am talking about a whole world of perception. Peace and a spiritual life which is really tangible."

Question: "The remedy I gave you is also for feeling abandoned and rejected and that you were not good enough. If there is a degree of being let back into paradise, you then asked, 'What does that look like?' Paradise is when you start to feel like a worthy person. The remedy I gave you was for feeling unworthy for your assumption of sin. This is what you have felt all of your life since that event, rejected not only by your parents but by the whole of society, which is what you were talking about: wanting to be in the church, a conventional church, not a spiritual practice, because you wanted that acceptance."

"Yes. Because it was part of getting back on the good side you see."

Question: "What the homœopathic remedy is undoing is the issue of abandonment. Did you deal with the two panic attacks?"

"Yes. Basically, it didn't take long to deal with those; it only took five minutes. I feel like I have been intentionally trying to please people, but if you have lived your whole life like I have, then no one trusts you. By the time I was forty, I had just lost so much credibility because I believed a spiritual life gave you permission. If I could make myself go back there, I would tell myself I was going in the wrong direction. Why I am getting burnt out is that I am doing this just out of my own tank. I am intentionally forcing myself into right conduct and right attitudes, but I would like it to be spontaneous."

The Secret Revealed

Underlying the need for *Thuja* to maintain their secrecy is the fear of being outcast from society.

Patient: "I feel threatened they will find out about me. I can spend days in the presence of God. It is a blinding white light. The presence displaces me. It is ecstasy, nirvana. The problem is, I don't know who it is. I don't know if it is God. I don't know if it is the devil which needs to be cast out of me. I don't know what it is. I can't tell my Christian friends and congregation because they will ask if it is Jesus who is in the white light and I don't know who it is; for all I know it could be the devil inside of me. I had a dream. I was trying to go up some stairs and there were all these people on the stairs blocking the way. I knew that, if I got

in touch with the primitive beast inside of myself and just pushed these people out of the way, I could get up the stairs. I have a lot of anger inside of me which I don't think I should have in my position as a pastor of a Christian ministry. If I was to do a mandala of my life, there would be all these parts - my past life as a devotee and my life as a Pastor; my life as a guitar maker, and then this anger which is inside and shouldn't be there. If people get too close, they are going to see that anger. I need to be in the presence of God, but I don't know what that is; it could be the devil. I don't know who it is. The presence displaces me. It is like the ecstasy you have in sex and you have an orgasm with your wife, but this presence I can be in for days. How can I assure my parishioners that it is Jesus I am seeing?"

"I feel very threatened around people. I find it hard to be myself. I still feel that I am too broken, and damaged, and fragile, to be part of the human family. I think they will find out about me, that I don't really feel comfortable with people. Don't get me wrong; it is not that I don't like these people. I do; they are all good people. It is just that I have anger inside of me which, if I don't get away from people especially in the mornings, I am scared they will see. I am still very restless in the mornings. I can't stay at home. I need to leave the house and go and have a coffee. Even if I go to work, as soon as I get there I have to leave and go to the coffee shop. I am always looking for wide open spaces and anonymity. The anxiety is only there now in the mornings. By the afternoon and night I feel much better now, not so restless. I would like to change this. It is not that I am unusual in going to have a coffee in the mornings; lots of people do it. The thing is that if my wife were to disagree with it, it would be something which would cause an argument. It is an obsession with me. I can't stay in the house. I am trapped and controlled by this need to get out of the house, and I would like that to change."

Question: "Why do you have to leave the house?"

"There is something repugnant about people having breakfast in the morning, them having toast in their pajamas. I don't know if it just looks lazy, but I find it repugnant. (Here I am reminded of his feeling of repugnance that he had towards his mother when she would go to the toilet in front of him when he was a child.) I get very angry with physical clumsiness and mess in the environment. Just seeing people eat toast in the morning in their pajamas is totally repugnant to me. I am totally threatened by my own organizational stress. I can go into my study and it is a mess. Don't get me wrong, Liz, if you were to come to my house, everything would be in order, but my desk is a mess. For example, if I did your job and had to have all the bottles you have in that cabinet in alphabetical order, I would not be able to do it. (My consulting room is

extremely tidy. Patients are either confronted by it or like it.) *I got a high distinction for my thesis and I can do my sermons, but I do them in the coffee shop in the morning. I am totally frozen with anxiety when I have to try to order my desk. My wife has put up a row of ugly files in the study. The reason I call them ugly is that I don't understand her system of filing and it overwhelms me. I feel very restless as soon as I wake up and I have to get out of the house. I can't deal with the laziness of what people look like in the morning when eating toast in their pajamas. I need wide-open spaces, anonymity in the mornings."*

Case analysis

Thuja has numerous Mind rubrics which reflect the same internal discord; for example: *disgust with his own body, aversion to being touched, and always washing her hands*. The psychotic patient can also develop delusional disorders, disorganized thinking, hallucinations, illusions, or paranoid delusional states. *Thuja* is extremely threatened by anything which reminds him of human decay. *Thuja* has the delusion rubric *he is dirty*⁶. *Thuja* needs his religiosity to protect himself from humanness. *Thuja* feels too delicate to be able to cope with any signs of gross human behaviors. *Thuja* is a victim of his own religiosity and conscientious sense of duty.

Treatment: Continue with *Thuja* 30, dry pilule once a day, continuously.

Third Follow-up Consult: January 2009

His stomach and digestion was greatly improved; no bloating or pain or indigestion.

His urinary frequency was greatly improved.

He was also not as thirsty. He still came to the consultation with his drink bottle, but he did not drink from it once. In the first consultation he drank obsessively, every twenty minutes. In the second consultation, he drank three times in a ninety minute consultation.

He reported his confidence was greatly improved.

He had less anxiety and was able to deal with a legal issue at the church without it causing any panic attacks at all, which was the first time that had happened.

The fact that he felt more stable he found remarkable,

He was dealing with more responsibility within the church, which he said he had never been able to cope with before.

He reported his step-daughter had bought a house and was about to move out. He was far more open about the difficulties of living with a step-child. He no longer felt he was in karmic debt to her and was very happy she was moving out. He felt as if he had to compensate for years. He felt that there had always been territorial tension over his access rights to his wife

because the step-daughter had lived with them. He reported that it felt *remarkable to not feel so guilty*.

He had started to reveal more about what he was keeping secret. His need to hide his past allegiances to the 'Aquarian Age' was less.

Conclusion

Follow-up: June, October, 2009.

He still contacts me from time to time, but the contacts are mainly short phone consultations. He has continued on the remedy when he feels that he needs to repeat it, and then for approximately a week at a time when he notices the anxiety returning. He rings to see what I think of his assessment of himself. He has finished his theological studies and has passed with distinction. He is seeking a permanent position in a church. After the will has been settled he wants to live in Germany and pursue more theological studies. He is much happier because he has started to teach his practitioners meditation. This indicates to me that his need to hide that part of himself is no longer an issue. He is extremely well physically and no longer describes himself as having CFS or any other sort of physical weakness. He has allowed himself to gain a small amount of weight. He is still eating meat at home with his wife.

I have kept him on the same potency and daily dose: *Thuja* 30 1/day, dry pilule, as needed.

Bibliography

Sankaran, Rajan. *The Soul of Remedies*. Santa Cruz, Bombay, Homœopathic Medical Publishers, 1997. pp. 203-205.

Schroyens, Fredrik, M.D. *Synthesis*. London, Homœopathic Book Publishers. 1997.

Vermeulen, Frans. *Prisma*. The Netherlands, Emryss bv Publishers, 2002. p.1337, pp.1375-1378.

Vermeulen, Frans. *Synoptic Materia Medica* 1. The Netherlands, Emryss Publishers, 1992. pp. 398-401.

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Glossary

Conscious mind: knows and is aware of thoughts and feelings.

Delusion: a self-deluding and self-deceiving belief which avoids reality.

'Delusion of abandonment': an assumption or pre-

sumption that one will be abandoned or neglected.

'Delusion of deprivation': an over-exaggerated presumption of poverty.

'Delusion of grandeur': a delusion that one is greater or more powerful than is the case in reality.

'Delusion of hypochondria': a delusion that one could become ill or that one is already ill. Exaggerated fear of diseases and obsessive fear that one is going to die.

'Delusions of impending doom': assumptions and predictions of failure.

'Delusion of original sin': an assumption of presumed guilt for real or perceived wrongs committed in one's life.

'Delusion of persecution': also known as a **'persecution complex'**: A delusional belief that others are pursuing you in order to harm you. Incorrect perceptions and imaginings that someone is going to embarrass you or cause you embarrassment in society. Imagining rejection and abandonment. Pre-empting real or perceived rejection or abandonment and responding to this incorrect perception by either aggressive behavior or self-imposed exile.

'Delusion of superiority': a delusion that one is superior than others.

'Ego': Freud developed the concept of the 'id', 'ego', and 'super-ego'. The organized, realistic part of the psyche is the 'ego'. The reference and use of the word 'ego' in *Homœopathic Psychiatry* refers to the destruction of the 'ego' from the conflict between the psyche and the external world. If a remedy profile has a weakened 'ego' then their psyche is under threat. In modern-day society, ego is usually used to describe self-esteem or one's sense of self-worth. However, according to Freud the 'ego' is used to describe the psyche.

Hallucination: illusory perceptions or imaginations not based in reality.

Hubris: an insolent pride or alignment with the Gods, leading to nemesis.

'Hubristic denial': the belief that God has bestowed upon one great powers of omnipotence. A patient suffering with 'hubristic denial' refuses to believe that they are sick, or could die. In relation to disease, and impending death, a patient suffering from 'hubristic denial' believes they will be cured by God. Often, they believe that they are so powerful they can cure themselves. 'Hubristic denial' is the denial of illness, or impending death, because one believes one is an omnipotent God.

'Hubristic visions': the delusion rubric: *has visions* can indicate a need to create an illusion of oneself which is grandeur than reality. A 'hubristic vision' of oneself is the belief that one is aligned with God.

'Id': the unconscious, instinctual, unstructured inspiration in our somatic behavior is the 'id'. The 'id' is unconscious and is not restricted by social conventional-

ity. The 'id' is unrestrained selfish self-gratification.

Illusion: a sense-perception which proves to be incorrect.

Illusions of fancy: the delusion rubric: *illusions of fancy*, alludes to a psychological 'delusion of grandeur'. A patient who is suffering *illusions of fancy* has grand visions of persona: their expectations of what they can achieve, or what they *have* achieved, or who they are in the world, are exaggerated.

Paranoia: a fear of persecution which results in a disproportionate or abnormal tendency to suspect others; hence paranoiac or paranoid.

Primary Trauma: the first trauma in a patient's life. It usually occurs in childhood and frequently forms the conscious, subconscious and unconscious responses which govern the assimilation and misinterpretation of the first pain in life.

Psychodynamic: the interplay between conscious, subconscious, and unconscious motivations in a patient's life, and the manifestation or evidence of those motivations in behavioral patterns. Psychodynamics is the study of the interrelationship between the conscious, subconscious, and unconscious mind, and the psyche, and how they process behavioral patterns at the conscious, subconscious and unconscious levels. The psychodynamic therapist aims to find evidence of the first maladaptive event or evidence of the first disproportionate response to an event or trauma in the patient's life. The assumption is that this primary event is the core basis of future delusional functioning which has influenced the patient's behavioral patterning within their conscious, subconscious, and unconscious mind. In homœopathy this event is called the 'never-well-since-event'.

Psychodynamic application of the delusion rubrics in case-development: rubric evidence of the first 'never-well-since-event' and subsequent events in the patient's life. Rubric repertorisation or evidence collected to explain the patient's behavioral patterning within their conscious, subconscious, and unconscious mind.

Psychotherapeutic: understanding the application, and need for, the psychological delusion in the patient's life. The understanding behind the practical reason why the patient has maintained the psychological delusional belief.

Psychotherapeutic meaning: the study of how each remedy profile listed under each rubric heading has used the delusional stance to its advantage.

Psychical: of the soul, phenomena outside of the emotional, mental or physical sphere.

Psyche: is the personification of the soul, spirit and mind.

Psychology: the science that deals with emotional and mental processes and behaviors.

Psychological delusion: a perception or opinion which

is exaggerated or disproportionate to reality.

Psychosis: according to Freud psychosis is a conflict between the 'ego' and the external world. A psychosis is a severe mental derangement. The delusion rubrics which cover psychoses are the *Delusion* rubrics: forsaken, depression and resignation. These delusion rubrics emphasize the threat that the world poses to the self or 'ego'. They contain the 'delusions of abandonment', 'delusions of persecution', 'delusions of impending doom', and the 'delusions of hypochondria', in that order. Psychosis results from a difficulty in the relationship between the 'ego' and the external world.

Psychosomatic: delusions of mind and body. Illusions which cause a physical manifestation of an imagined disease. A psychosomatic disease can be in response to the aggravations of stress.

'Somatic delusion': an incorrect delusion about physicality. A 'somatic delusion' is a delusion concerning the body image or parts of the body.

Subconscious mind: contains thoughts which are not fully conscious and mental and emotional processes existing or operating in the mind beneath the easy reach of the conscious mind. Contains mental and emotional processes and motivations with which the person is not aware but which are still able to influence and offer explanations of behavior. The subconscious mind is easily accessed in any psychotherapeutic environment including homœopathic consultations, when the practitioner delves into the development of the primary trauma in a patient's life.

Unconscious mind: contains secrets, thought processes, emotional feelings, intuitions or perceptions, and behavioral patterns which are suppressed by the patient's conscious mind, even though they can still influence behavior and thoughts.

Endnotes

- 1 The psychological terminology used is defined in the Glossary.
- 2 I accessed all the delusion rubrics used via Radar© Schroyens F., *Synthesis Treasure Edition*. Millennium view (progressive).
- 3 "The **glass delusion** was an external manifestation of a psychiatric disorder recorded in Europe in the late middle ages (15th to 17th centuries). People feared that they were made of glass "and therefore likely to shatter into pieces." One famous early sufferer was King Charles VI of France who refused to allow people to touch him, and wore reinforced clothing to protect himself from accidental 'shattering.' (http://en.wikipedia.org/wiki/Glass_delusion)
- 4 Trauma in patient's lives usually starts when they are children, and frequently the trauma forms the subconscious and unconscious responses which govern the assimilation and misinterpretation of the first pain in our life. It is also possible that a child is born after having an in-utero trauma.

If the in-utero trauma or a subsequent birth trauma is the original trauma, then patients will not necessarily be able to relay a conscious or subconscious experience from their life. The primal memory will be buried in the unconscious memory, which will still unconsciously influence the patient, but it will not be able to be explained consciously by the patient in the case-taking. If the trauma is in-utero or a birth trauma, patients will have other significant early indicators which will confirm that they are emotionally still in an early psychologically arrested infant state. A primal or birth trauma is not a psychological delusion until patients use the trauma to delude themselves. A primal or birth trauma may predispose patients to future psychological delusions. A primal or birth trauma may also predispose the person to a definitive psychodynamic trauma which becomes the primary delusion rubric. It is a relevant delusion rubric in a case when you are able to notice that the patient has internalized the trauma and is using the trauma in a disproportionate way to misrepresent reality. The psychological delusion must be able to be traced back by the patient to a specific event in his life. The psychodynamic trauma is the basis of the primary delusion rubric even if there were circumstances and early in-utero primal traumas in the patient's life which predisposed him to a psychological delusion or psychological trauma.

Assimilation of the first psychodynamic trauma and the intricacies which develop from that interpretation form our stance in this life. This interpretation then develops our conscious reactions to the world. In the unconscious we lock away secrets and thought processes from ourselves that we can't easily access, even though they can still influence our behavior and thoughts. In the subconscious mind, thoughts which are not fully conscious, but still able to influence and offer explanations of our behavior, sit just under the surface. In case-taking, the patient will dip into his subconscious world, and it is in this world that you will find the meaning of the 'causations' or the 'how, why, and when' in the case. Notably, it is not a delusion rubric in the case development until a delusional stance is formed by the patient. In both modalities – psychiatry and homœopathy – it is accepted that a baby is not born with a psychological delusion, rather a psychological delusion is developed by the child or adult as a result of the child or adult misinterpreting the precipitating event. For example, if a mother, while carrying a child, was in turmoil over whether she wanted to keep the baby or wished for a miscarriage or abortion, it would be possible to assume in case-taking that the baby might be born with primal feelings that could be reflected in the Mind rubrics: *anxiety*, *forsaken*, or *frightened easily* or *fear of being neglected*. The remedy *Pulsatilla* will appear in all those rubrics. In a *Pulsatilla* case an in-utero primal trauma or birth trauma could be repertorized by using the Mind rubric *fear of being neglected*. Although *Pulsatilla* will also be listed in the delusion rubric *forsaken*, it is not correct for the homœopath to use the delusion rubric *forsaken* in the case if the

Pulsatilla patient does *not* have display delusional thinking. My role as a homœopath is to repertorize a patient's story and to find the correct Mind rubrics in the case. My role in case-taking is not to assume anything unless the patient shows evidence of a psychological delusion.

5 *Illusions of fancy*: the delusion rubric *illusions of fancy* alludes to a psychological 'delusion of grandeur.' A patient who is suffering *illusions of fancy* has grand visions of persona: their expectations of what they can achieve, or what they *have* achieved, or who they are in the world, are

exaggerated.

6 I am currently treating another *Thuja* case, a woman whose reason for consulting me was to help her overcome her self-disgust and feelings of dirtiness after she has sex. Her disgust is so extreme that she has to shower for at least one hour after sex. Given the water restrictions that we have in place in Australia (after the longest drought in history), she was feeling racked with guilt, not only for having sex, but for also using so much water. AFH