

SCHIZOPHRENIC CONSTELLATIONS

written by Caroline Markolin, Ph.D.



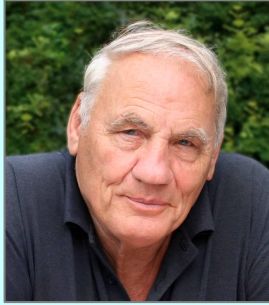
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Our presentations of the Biological Special Programs and of the Schizophrenic Constellations take into consideration Dr. Hamer's research published in his German publications (including *Vermächtnis einer Neuen Medizin* [Legacy of a New Medicine], 1987) as well as updates and amendments of the *Scientific Chart of Germanic New Medicine* (English translation by Caroline Markolin, 2007). Through her close contact with Dr. Hamer, Caroline Markolin had the privilege to discuss GNM-related questions with Dr. Hamer on a regular basis. The invaluable knowledge she has gained first-hand over a period of more than ten years is incorporated in these pages.

Rev. 1.13

INTRODUCTION



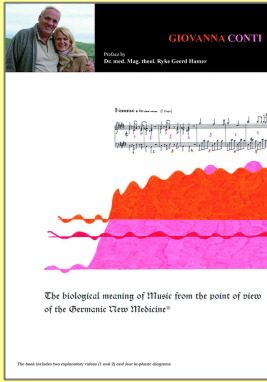
Following his medical training at the University of Tuebingen, Germany, Dr. Hamer worked for several years as an assistant at the University's psychiatric clinic. "What I saw there was dreadful and horrific. Patients, including young people with schizophrenia, who had dreams and hopes like you and I, were sitting in a closed facility like animals in a cage. Nobody knew what diseases these unfortunate people really had. Since that time, I had the strong desire to help those poorest of the poor. I believe that I have succeeded" (Ryke Geerd Hamer, *Vermächtnis einer Neuen Medizin*, Vol. 2, p. 49).

After Dr. Hamer had discovered the Five Biological Laws and the causes of physical diseases, it was only natural that he investigated also the causes of mental diseases in the context of the New Medicine. Through the studies of his patients' brain scans, he was able to establish that psychiatric conditions such as psychoses, manic-depressive conditions ("bipolar disorders"), or obsessive-compulsive behaviors always originate from two biological conflicts that correspond to both brain hemispheres. Because of the involvement of both sides of the brain, he termed the various combinations of conflicts "schizophrenic constellations".

Dr. Hamer: "Our personality is the sum total of our biological conflicts."

Among the astonishing results of Dr. Hamer's research are his findings that "constellations" have a significant influence on the development of a person's character and behavior. Going beyond the purely medical aspect, GNM explains why, for instance, someone becomes a perfectionist, a show-off, a compulsive talker, a procrastinator, a homebody, or a loner and why there are people who are tidy, structured, and over punctual while others are messy, unorganized, and chronically late. We also get new insights into the causes of aggressive behaviors, suicidal tendencies, submissiveness, emotional remoteness, and immaturity. Moreover, we learn to understand from the perspective of biological conflicts, what makes a man a womanizer or a woman a nymphomaniac, why a man acts effeminate or why a woman behaves like a man, and what type of conflicts lead to homosexuality. This greatly challenges the view that human behavior is solely shaped by our environment, socially and culturally conditioned, or genetic.

Schizophrenic constellations such as a Flying Constellation, Mytho Constellation, or Autistic Constellation are of enormous evolutionary significance. As a further step in evolution, they provide humans with the potential for self-growth and for the advancement of humanity as a whole. Many of the greatest discoveries, inventions, technological achievements, and works of art and literature came, therefore, from constellated people.



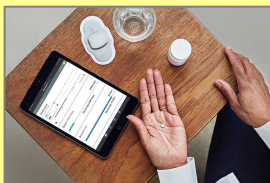
In *The Biological Meaning of Music from the Point of View of German New Medicine* (2008), Giovanna Conti examines musical works of Beethoven, Mozart, Schubert, and Chopin in the context of GNM. She shows how the tempo (fast and slow), the rhythm (stressed and relaxed), the timbre (light and dark), and the choice of scales (major and minor) communicate a Biological Special Program (*sympathicotonia and vagotonia*) experienced by the composer at the time (see *Allegro from Beethoven's Seventh Symphony*). This also includes Schizophrenic Constellations (manic-depressive moods) as expressed, for example, in Chopin's *Nocturne* No. 20b and Mozart's *Symphony* No. 40.

“Who would have expected that the Five Biological Laws of the New Medicine will one day serve as the foundation for a completely new appreciation of music” (Professor Helmut Calgéer, German music pedagogue and conductor).

THEORIES ABOUT THE CAUSES OF MENTAL DISEASES AND MOOD DISORDERS

Modern psychiatry rests largely on the theory that mental diseases and mood disorders are caused by an **abnormal brain chemistry**. Yet, to this day, there are [no biological or chemical tests](#) that could verify such a claim. Nonetheless, psychiatric drugs (antipsychotics, antidepressants) designed to reverse the alleged “chemical imbalance” became the standard medical treatment. For the pharmaceutical industry, this unproven doctrine has opened a market of gigantic proportions (watch *The Marketing of Madness* in [this video](#)).

The FDA has approved first digital pill for schizophrenia and bipolar disorder

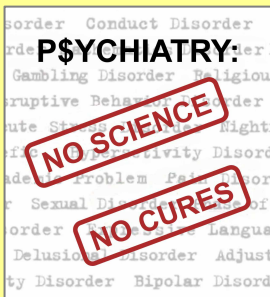


“The U.S. Food and Drug Administration has approved the first digital pill for the U.S. which tracks if patients have taken their medication. The pill called Abilify MyCite, is fitted with a tiny ingestible sensor that communicates with a patch worn by the patient – the patch then transmits medication data to a smartphone app which the patient can voluntarily upload to a database for their doctor and other authorized persons to see. Abilify is a drug that treats schizophrenia, bipolar disorder, and is an add-on treatment for depression ... Experts though, have expressed concerns over what the pill might mean for privacy. Some are worried that tracking pills will be a step towards punishing patients who don't comply” (*U.S. Food and Drug Administration*, November 13, 2017).



In the treatment of mental diseases, electroconvulsive therapy (ECT), also known as electroshock therapy, is still in use today. During the procedure, electric currents are passed through the patient's brain in the belief that the induced seizure will fix the “chemical abnormality”.

Read the article in [Independent](#), December 4, 2017



“In truth, the ‘chemical imbalance’ notion was always a kind of urban legend – never a theory seriously propounded by well-informed psychiatrists” (Ronald W. Pies, M.D., Professor of Psychiatry, the State University of New York and Tufts University School of Medicine).

“There is no rational science behind what they *think* is the cause of these symptoms. The medications that are being given to these people are, without exception, introducing chemicals that are altering the brains in ways which can be very damaging ... In the absence of a proven chemical imbalance ... the medications are in fact toxic” (Dr. Grace Jackson, M.D., Psychiatrist).

Watch the documentary *The Scam of Psychiatry* in [this video](#)

In 1952, the **American Psychiatric Association** published its first edition of the **DSM-Diagnostic and Statistical Manual of Mental Disorders**. The DSM presents a classification of mental diseases based on a consensus of elect members of the Association. Since its first publication, the number of categories of “mental disorders” has increased from 106 in the DSM-1 to 297 in the **DSM-5**, the current edition (2013). The DSM-5 specifies, for instance, 10 distinct “personality disorders”, including the so-called “borderline personality disorder” (BPD) characterized by mood swings, angry and self-harming behavior, patterns of unstable relationships, and a fear of abandonment. In the latest revision, “symptoms” such as caffeine withdrawal, insomnia, shyness, sexual dysfunctions, and ODD-Oppositional Defiant Disorder have also been added to the roster of “mental illnesses”. Previous editions had already elevated arrogance, narcissism, above-average creativity, cynicism, and antisocial conduct to the ranks of psychiatric illnesses, resulting in a rapidly growing medicalization and pathologization of behaviors regarded as “abnormal”.

“We are telling people that they must act in ways seen as normal by the psychiatric profession.”

Thomas Szasz, *The Myth of Mental Illness*, 1960

By design, the DSM is primarily concerned about statistics and symptoms of mental diseases rather than their causes. From a scientific point of view, it has no value. As a diagnostic tool, it is worthless.

Research on neuroplasticity has brought to light that the brain is not, as previously thought, a static cell mass but actually a dynamic system of neural networks. It has been found that if a certain part of the brain is incapacitated, adjacent brain cells take over its function by forming new neural pathways to accomplish the tasks that have been compromised. The recognition that the brain has the ability to heal itself is certainly a welcome paradigm shift in neuroscience. However, concerning the causes of diseases, neuroplasticity research is still locked in the medical belief that physical and mental illnesses are the result of dysfunctions of the human organism. Hence, conditions such as Autism Spectrum Disorders, ADD, ADHD, depression, or obsessive-compulsive behaviors are thought to be caused by an **abnormal brain plasticity**, or an “overconnected brain that has formed too many plastic connections”. In order to repair the “faulty circuit”, the recommended therapy is to suppress the plasticity tendency through the use of TMS (Transcranial Magnetic Stimulation) – and this in combination with medication, “typically an antidepressant or a Prozac-type drug”!

NOTE: In his publication *The Brain That Changes Itself* (2007), Norman Doidge contends that the American psychiatrist Jeffrey M. Schwartz was the first who used brain scans to understand condition such as OCD. Dr. Schwartz published [his work on the subject](#) in 1997. This was ten years *after* Dr. Hamer had already validated his findings of the causes of mental diseases through extensive brain scan studies.

Geneticists argue that psychiatric disorders are linked to **abnormalities in a person’s DNA** while [epigeneticists](#) suggest a **disrupted gene expression** as the cause. Biologists propose that mental illnesses arise from **dysregulations in the organism** such as improper thyroid functions, abnormal cortisol levels, irregular blood sugar levels, or from viral infections or a sick gut.

In neuroimmunology, immunopsychiatry, and psychoneuroimmunology mental diseases are attributed to a **dysfunctional immune system** (“antibodies made by a rogue immune system attack the brain and might cause psychosis”, *The Lancet*, November 1, 2016). At the *Institute for the Study of Peak States*, hearing voices is treated by “making the person’s immune system aware that there is a fungal pathogen present, one that indirectly causes the voices”. This “fungus” is believed to be a “subcellular fungal parasite that has the ability to manipulate the mental state and behavior of its host”. The proposed solution is to “eliminate this organism by finding a drug or a vaccine to immunize people against it” (Grant McFetridge, *Silence the Voices. Discovering the Biology of Mind Chatter*).

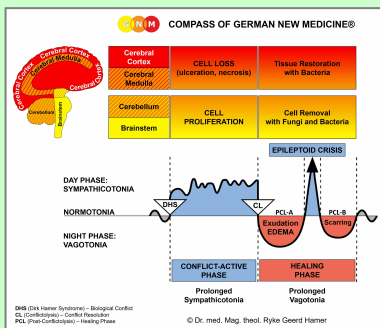
Psychologists maintain the view that mental illnesses are caused by social and emotional factors such as early childhood trauma, exposure to violence, lifestyle crises, family and relationship problems, or a low socioeconomic status. The common treatment is a combination of psychiatric medication and psychotherapy.

None of these theories are able to explain why a person develops a very specific “mental disease”, why the condition appears at a certain time in someone’s life, why the symptoms occur in different degrees, or why they are permanent or recurring. Based on sound scientific criteria, Dr. Hamer’s discoveries of the “schizophrenic constellations” provide us, for the first time, with answers to these questions. They also serve as a foundation for an entirely new therapeutic approach.

SCHIZOPHRENIC CONSTELLATIONS

Dr. Hamer discovered that mental diseases (psychoses), mood disorders (manic depression), and behaviors such as hostility, social withdrawal, perfectionism, hypersexuality, or excessive talkativeness are caused by what he called a “**schizophrenic constellation**”. In psychiatry, the word “schizophrenia” is used as a diagnostic term for a wide range of mental illnesses. In GNM, a “schizophrenic constellation” means that a person is **conflict-active with two biological conflicts that correspond to both brain hemispheres**. The combination of conflicts determines whether the constellation manifests itself as **delusions** (paranoid delusions, delusion of grandeur), **hallucinations** (visual, auditory, olfactory), **impaired cognition** (ADD, short-term memory loss), **abnormal movements** (motor tics), **obsessive thoughts** (about death, sex, harming someone, suicidal ideation), **compulsive behaviors** (hyperactivity, compulsive ritualistic behavior, self-injury, compulsive lying, hoarding), or as a **manic-depressive condition** (“bipolar disorder”). The degree of the mental state and constellated behavior is proportional to the intensity of the conflicts.

Mental diseases and mood disorders develop like physical diseases according to the Five Biological Laws. This implies that they



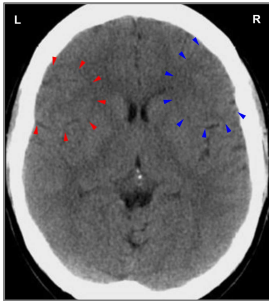
- originate from a **DHS** (an unexpected, emotionally distressing event) followed by a conflict-active phase and, provided the conflict(s) can be resolved, by a healing phase.
- have a **brain correlate** (a brain scan shows the impact of the related conflicts in the corresponding brain relays).
- have an **organ correlate** (the Biological Special Programs that generate the mental symptoms also run on the organ level).

Dr. Hamer: “There is no psychosis without an organ correlate just as there is no organ disease without a correlation to the psyche. On a brain scan, we can see both, the psychosis and the physical disease. If we know one level, we also know the other two. This is important when it comes to making a diagnosis.”

NOTE: In psychiatry and psychology the psyche is viewed as entirely separated from the body. In GNM, the **psyche** is regarded as an integral part of the human biology and inherently connected to the brain. This is why we speak in German New Medicine of *biological* conflicts rather than of psychological conflicts.

Consistent with the [Fifth Biological Law](#), “mental diseases” are not, as claimed, “abnormalities” (see [Theories](#)) but instead innate survival strategies that are activated from the conflict-related brain relays the moment a constellation is established. A person dealing with only one conflict is already in a changed mental state (continuous dwelling about the conflict situation) but still able to keep the mental boat on course. A mental overload with more conflicts, however, generates seemingly disordered (“crazy”) thoughts and behaviors that, in reality, allow the individual to better cope with two (or several) coinciding conflicts. The alterations ([cell proliferation](#) or [cell loss](#)) on the related organs offer additional support on the physical level.

The role of the brain: Under normal conditions, the two brain hemispheres vibrate in a balanced rhythm. When a biological conflict registers in the related brain relay, the side of the brain that receives the shock (DHS) vibrates in a different rhythm. The moment a second conflict impacts in the other brain hemisphere, the brain rhythms of both sides of the brain are out of synch. It is the altered brain rhythm of both brain hemispheres that creates an altered mental state and the constellation-related symptoms and behaviors.



This brain scan shows a Flying Constellation, visible as sharp ring configurations (Hamer Foci) in the control centers of the laryngeal mucosa (left temporal lobe) and bronchial mucosa (right temporal lobe).

A strong DHS that completes a constellation causes instantly an acute psychotic state (see [psychotic attacks](#)). It takes about 2 to 3 months for the “quivering” brain to settle. After that period the constellation gradually stabilizes.

NOTE: Alcohol and drugs change the brain rhythm of the entire brain. Hence, if a person suffers a DHS, for example a territorial anger conflict, while drunk or on drugs he/she acts constellated (manic, depressed, aggressive, withdrawn) already with one conflict. By the same token, alcohol and drugs reinforce a constellated behavior! **Brain injury or brain surgery** also alters the brain rhythm. This explains personality changes that have been observed with people who had been operated on the brain or following a brain injury.

The two conflicts can occur simultaneously or in sequence. The first conflict might already happen at an early age, for example, an abandonment conflict because of the loss of a grandparent, a self-devaluation conflict experienced at school, or a sexual conflict due to sexual abuse. The second conflict could take place years or even decades later. It is the second conflict, for instance, an indigestible morsel conflict, a territorial loss conflict, or the unexpected loss of a loved one that activates a constellation and the related mental and behavioral changes.

A person can suffer at once two conflicts of the same nature, for example, two nest-worry conflicts (worries about a child and a partner), two separation conflicts (from both parents), two self-devaluation conflicts (associated with a parent and a teacher), prompting instantly a constellation.

NOTE: If someone perceives his mother or child also as a partner or, conversely, when a partner is also perceived as one’s child or mother and the conflict corresponds to paired organs such as the breasts, then the DHS (nest-worry conflict, separation conflict) affects simultaneously both brain hemispheres creating, in this case, a Cerebellum Constellation or a (Post)Sensory Cortex Constellation.

A constellation can be brought on when one DHS has two aspects. A cancer diagnosis, for example, could trigger at once an existence conflict (a fear for one’s life) and a death-fright conflict resulting in a Brainstem Constellation.

A constellation can be permanent or recurring due to tracks or conflict relapses. Tracks associated with the conflicts (a certain person, location, subject) intensify the current mental state or reactivate a constellation after one of the two conflicts (or both) has been temporarily resolved (see [psychotic attacks](#)). Sudden depressive moods, fits of rage, instant social withdrawal, impulsive suicides, or spontaneous crimes are, typically, triggered by setting on a conflict track or when the same conflict(s) happens again. Persistent conflict activity creates a lasting constellation, ranging from mild to severe, depending on the degree of the corresponding conflicts.

Manic and depressed moods, or a manic-depression, only develop with Temporal Lobes Constellations.

In constellation, a person is in double sympathicotonia (nervous, restless). Stress, additional conflicts, stimulants such as coffee or energy drinks as well as drugs and medication with sympathicotonic properties (cortisone, cytostatic drugs, morphine) exacerbate the current mental condition.

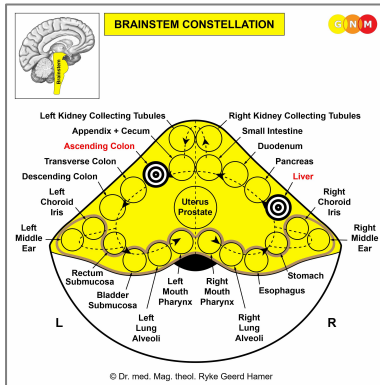
Conflict Resolution: Once one of the two conflicts is resolved, the person is no longer in constellation and subsequently, the mental state and behavior return to normal. At that point, the corresponding organ also goes into healing causing, for example, bronchitis, laryngitis, hepatitis, a urinary tract infection, or hemorrhoids, depending on the nature of the underlying conflict. **Caution:** With intense conflict activity a conflict resolution can lead to serious complications such as an occlusion of the bile ducts after the resolution of a territorial anger conflict or to the development of a large brain edema since healing also takes place on the brain level. We also have to take into account the **Epileptoid Crisis** that is initiated at the height of the **healing phase**. The Epi-Crisis is a brief, intense reactivation of the conflict(s). Hence, during that period the reoccurring mental symptoms are much stronger (see **psychotic attacks**). If a constellation involves one of the two heart relays, this could trigger a coronary arteries-related heart attack or a lung embolism. Hence, the “clearing” of conflicts as it is done by certain modalities can lead to devastating results!

The GNM approach: With severe constellations, Dr. Hamer strongly advises that the conflicts should not be resolved but rather downgraded. The objective is to **transform a hyper-constellation into a hypo-constellation**. The main reason for this approach is to prevent complications that potentially arise during the **healing phase**, particularly during the Epileptoid Crisis.

Dr. Hamer: “When I discovered the First Biological Law of the New Medicine, I thought, in my enthusiasm, that one has to resolve all conflicts as quickly as possible. Today, I know that this was a mistake. There are conflicts we have to take with us into the grave so that we can live longer” (*Vermächtnis einer Neuen Medizin*, Vol. 2, p. 55).

BRAINSTEM CONSTELLATION

Biological conflicts: morsel conflicts, starvation conflict, death-fright conflict, abandonment conflict, existence conflict, refugee conflict, procreation or gender conflict. Any conflict combination is possible.



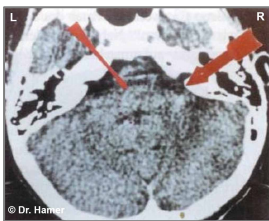
Brain and Organ Level:

The **right side of the brainstem** controls the right side of the mouth and pharynx (including the thyroid and parathyroid glands) as well as the esophagus, stomach, liver parenchyma, pancreas gland, duodenum, small intestine, right kidney collecting tubules, lung alveoli of the right lung, right middle ear and Eustachian tubes, tear glands, choroid, iris, and ciliary body of the right eye, right half of the pituitary gland, right half of the pineal gland, right half of the prostate, right half of the uterus and right fallopian tube.

The **left side of the brainstem** controls the left side of the mouth and pharynx (including the thyroid and parathyroid glands) as well as the appendix, cecum, colon, rectum and bladder, Bartholin's glands, smegma producing glands, left kidney collecting tubules, lung alveoli of the left lung, left middle ear and Eustachian tubes, tear glands, choroid, iris, and ciliary body of the left eye, left half of the pituitary gland, left half of the pineal gland, left half of the prostate, left half of the uterus and left fallopian tube.

The GNM diagram shows a Brainstem Constellation with a combination of a starvation conflict (related to the liver parenchyma) and an indigestible morsel conflict (related to the ascending colon).

The constellation is established, the moment the second conflict registers in the opposite brain hemisphere. The conflicts could also occur simultaneously. The constellation can be permanent or recurring due to tracks or conflict relapses.



This brain scan of a 7 year-old girl shows a Brainstem Constellation that has already been resolved.

The story: The father of this young girl owned a small grocery store in a village in Germany. One day he learned that a supermarket will open right next to his shop, which was a big concern for him. When the girl overheard her father saying to her mother, "We are going to starve!", she took this literally and suffered a starvation conflict (registered in the [liver parenchyma relay](#) on the right side of the brainstem). The uterus conflict (left brainstem hemisphere) is associated with an "ugly conflict with a male"; in this case, with the "mean" supermarket owner who threatened the "survival" of the family.

At the time the CT was taken, the girl was no longer in constellation. The brain edema ([PCL-A](#)) in the liver relay (showing dark) indicates that the starvation conflict has been completely resolved. The uterus conflict, however, is still partly active. Luckily, the cell proliferation ("cancer") in the liver and in the uterus was never detected (Source: Ryke Geerd Hamer, *Vermächtnis einer Neuen Medizin*, Vol. 2, p. 110).

The Brainstem Constellation manifests itself as **mental confusion** (see also [Kidney Collecting Tubules Constellation](#)), as **not being able to think clearly**, as being **incapable of any reflections**, **unresponsive**, and **mentally frozen**. Typically, the person has a **vacant look** and is **staring into space**. The **purpose of the constellation** is to make the conflicts inaccessible in order to be better able to cope with the distress. **NOTE:** The mental absence should not be mixed up with a depression.

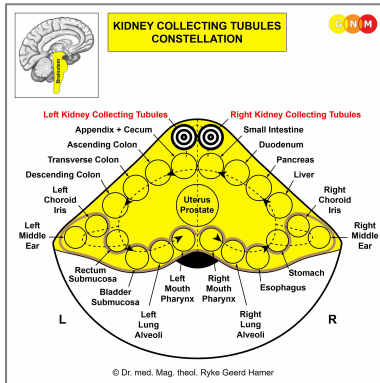
The degree of the confusion and mental remoteness is proportional to the intensity of the conflicts. A short and moderate constellation is noticeable as losing the train of thought or forgetting what one wanted to say (having “a blank”). A strong constellation, however, can cause a severe mental confusion (see [Alzheimer’s disease](#)), or a **delirious state**. Here, we also find what is known as **catatonic stupor**, marked by a greatly diminished responsiveness, rigidity (stiff posture), inability to speak, and unawareness of one’s surroundings (compare with autistic stupor).

A Brainstem Constellation can also be concluded from laboratory findings. An elevated creatinine and PSA level, for example, reveal a concurrent abandonment or existence conflict (related to the kidney collecting tubules) and procreation or gender conflict (related to the prostate). Conventional medicine or psychiatry does not recognize this correlation since they view the organism and the psyche as entirely separated.

KIDNEY COLLECTING TUBULES CONSTELLATION

The Kidney Collecting Tubules (KCT) Constellation is a specific type of Brainstem Constellation.

Biological conflicts: abandonment conflict, existence conflict, refugee conflict – feeling like a “fish out of water”

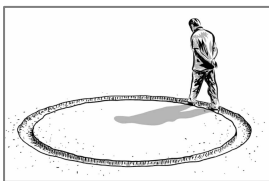


Brain and Organ Level: An abandonment conflict, existence conflict, or refugee conflict corresponds to the kidney collecting tubules. The kidney collecting tubules of the right kidney are controlled from the **right side of the brainstem**; the kidney collecting tubules of the left kidney are controlled from the **left side of the brainstem**. There is no cross-over correlation from the brain to the organ.

The first conflict impacts randomly in the right or left brainstem hemisphere. The KCT Constellation is established, the moment both kidney collecting tubules relays are affected. The constellation can be permanent or recurring due to tracks or conflict relapses.

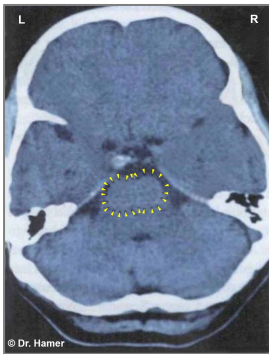
Mentally, the KCT Constellation presents as **disorientation**. People in this constellation have a **poor sense of direction** and get easily lost in unfamiliar places. They are puzzled by directions and tend to confuse right and left. They have a hard time finding their way around in big buildings such as [hotels](#), [office buildings](#), or [airports](#). [Large shopping malls](#) are like a maze where they go in circles until – at last – they find their way out (which is usually not where they came in). Driving in new areas is highly distressing. Closed roads, diversion signs, or taking the wrong exit on a highway throws them into a state of panic. They certainly don't enjoy traveling by themselves and have no inclination to explore new destinations (compare with Flying Constellation). When they have to take a plane, they are at the airport long before departure. They usually go straight to the gate and sit close to the counter, boarding card and passport in their hands; they are also the first to board.

NOTE: Disorientation develops only with a KCT Constellation, not with a Brainstem Constellation involving only one of the two kidney collecting tubules relays.



It is a well-known phenomenon that people who get lost in the desert curve around in loops, all the while believing they are walking in straight lines. Researchers at the *Max Planck Institute for Biological Cybernetics* in Germany suggest that it is the lack of external reference points that causes someone to walk in circles (“Why Do Humans Walk in Circles?”, *Live Science*, August 5, 2011). Dr. Hamer's findings shows that a lack of internal or emotional reference points, experienced as an abandonment, existence, or refugee conflict, generates the same behavior. Animals behave in a similar way. A young deer, for instance, that is lost does not leave the area because if it were to run around, the mother could not find it.

The degree of disorientation is proportional to the intensity of the conflicts. With a strong constellation, the disorientation might reach a degree that the person no longer recognizes his surroundings. In the elderly, a KCT Constellation is often caused by being hospitalized (first refugee conflict) and then transferred to a nursing home (second refugee conflict), where they feel like a “fish out of water”, away from their home and their family (see also [dementia](#) linked to separation conflicts).



This brain scan shows a KCT Constellation ([view the GNM diagram](#)) caused by two refugee conflicts.

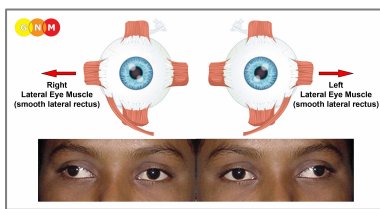
The story: “When the woman in this case study was five years old, she was told, ‘If you are not good, you’re going to Aunt Clara.’ Indeed, the latter wanted to gladly adopt the child, which was not a rarity in children’s families at that time. To be sure, Aunt Clara was not at all a monster, she was nice ... but the idea of being separated from her parents, siblings, playmates, her parents’ house and the neighbors was very frightening. The child suffered a refugee conflict caused by the fear of having to move away. We do not exactly know when and on what occasion the second conflict occurred, but it was most likely during a visit at Aunt Clara’s. The child was anxious to go back home and was afraid to be left behind with her aunt. Because she heard over and over again, ‘If you are not good, you will go to Aunt Clara’, the child lived in constant fear of being deported to her aunt. From that time onwards, she had two conflict tracks; the one was not to be good, and the other was to travel in the first place. This has remained so until the time of the present recordings (1994). Although the patient is now 50 years old, mother of an adult daughter and the wife of a doctor, she still tries to be good and, if at all possible, never to travel. A further conflict track is her mother who had always said that certain sentence, so heavy with consequences. The patient needs only to get a letter from her mother or speak to her over the phone and she instantly has a recurrence of her refugee conflict! If she now were to travel, then she would have two refugee conflicts affecting the collecting tubules of both kidneys.

Once, however, it so happened that both conflict tracks were activated at the same time, when, after an argument with her mother, she was persuaded by her husband to go to Bavaria (Germany) with him for a short vacation. As soon as they had driven a few hundred kilometers, the husband realized with astonishment that his wife was completely disoriented. Perhaps, he thought, it would get better at their destination; but there it was even worse. Over and over, his wife asked where she was, could not find the hotel room and wandered around the hotel completely disoriented. Since her husband knew the New Medicine, he immediately understood that his wife was in a KCT Constellation. As he later told us at a seminar, he asked himself: ‘What would Dr. Hamer now do or advise?’ Answer: He would say: ‘Go home with your wife right away!’ And that’s what they did. The doctor took his disoriented wife by the hand, put her back in the car, re-packed their luggage and went home as quickly as possible where they arrived late in the afternoon. However, his wife did not recognize her own house and asked her husband where they were. Again, the husband asked himself: ‘What would Dr. Hamer now do or advise?’ Answer: ‘He would say: Go with your wife where she loves to be most.’ Well, that was easy to do. The chicken and goose coop at the end of the garden, about 50 meters from the house was his wife’s preferred place to be. Again, he took her by the hand and went with her to the chicken coop. There they remained for a while and watched the chickens. Finally, his wife turned around and said: ‘Horst, we are at home!’” (Source: Ryke Geerd Hamer, *Vermächtnis einer Neuen Medizin*, Vol. 2, p. 105).

The KCT Constellation creates, therefore, a **compulsion to stay close to home**. The **purpose** of this need originates in the biological conflict of being swept out of the water environment and washed ashore. The instinctive response of staying put (figuratively speaking, “close to shore”) provides the chance to be picked up by the next wave and carried back home, so to speak. This innate behavior is controlled from the two kidney collecting tubules relays and activated by the constellation.

Thus, people in a KCT Constellation move only within a certain radius of their home. The more intense the constellation, the smaller that radius becomes. A strong constellation might generate a fear of leaving one's home, a fear of traveling even short distances ("When I think about getting in the car and going somewhere, I feel panic and think it's too far to go"), or a fear of public transportation (moving away from the home base). Here we also find what is known as **agoraphobia**, a fear of open places and crowds (compare with claustrophobia with a Motor Cortex Constellation and social withdrawal with an Autistic Constellation). The fear is, essentially, an anxiety of not being able to get back home (see also **anxiety attacks and panic attacks**) that originates from a previous abandonment, existence, or refugee conflict experienced as being "thrown into the desert".

The Biological Special Programs run at the same time on the organ level. With the conflict of "feeling like a fish out of water", the kidney collecting tubules close through cell proliferation causing water retention in order to supply the organism with sufficient amount of water. Hence, both the physical and mental symptoms serve a biological purpose. It has long been noticed that persons with little urine output are also disoriented. The "uremic disorientation", as it is termed, is thought to be the result of the minimal urinary excretion. The real reason, however, is the KCT Constellation. Dr. Hamer: "Oliguria (a urine output between 150-400 ml daily) and anuria (less than 50 ml per day) are terms that indicate not only a physical but also a psychiatric diagnosis." The same holds true when someone is on dialysis due to the failure of both kidneys. The disorientation seen in dialysis patients is not, as assumed, caused by dehydration, Vitamin B12 deficiency, or low blood sugar, but instead by a schizophrenic constellation involving both kidney collecting tubules relays. It goes without saying that dialysis patients often suffer additional existence conflicts, which exacerbates the mental symptoms. **NOTE:** The surgical removal of a kidney or of both (bilateral nephrectomy) does not remove the disorientation because the disorientation is brain-controlled!



The lateral eye muscle (smooth lateral rectus) is supplied by the abducens nerve (sixth cranial nerve) that originates in **the control centers of the kidney collecting tubules**. In the event of an abandonment, existence, or refugee conflict, the lateral eye muscle pulls the eye(s) outward. When the conflict impacts in the right kidney tubules relay, the right eye deviates towards the right; when the left kidney tubules relay is involved, the left eye deviates towards the left (compare with strabismus related to the extraocular eye muscles). With a KCT Constellation, both eyes deviate sideways, which, biologically speaking, enables the individual to keep the ocean, that is, the home in sight.

In addition to the spatial disorientation, the KCT Constellation creates a **loss of sense of time**, precisely, a loss of sense of the present time (compare with short-term memory loss related to a (Post)Sensory Cortex Constellation). An intense constellation causes delusions of living in an earlier period of one's life. And this is exactly the **purpose of the constellation**. When the abandonment, existence, or refugee conflicts become emotionally too difficult, the constellation allows a person to retreat into an emotional sanctuary, where one feels not alone.

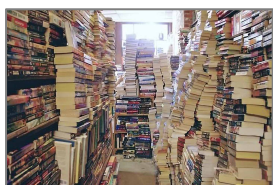
Confusion, being lost in a figurative sense, is another indication of a KCT Constellation (see also **Brainstem Constellation**). It has been observed that people, regardless of age, become confused when they are hospitalized. Some don't even recognize family members who come to visit. When this occurs in the elderly, doctors quickly interpret this as a sign of dementia. In February 2017, a German article appeared on *PravdaTV.com* entitled "Zu Hause gesund, im Krankenhaus plötzlich dement" [Healthy at home, demented in the hospital]. The author writes: "These patients do not suffer from dementia or confusion that developed because of their age. The confusion is rather the consequence of being in the hospital. Because the moment they are back at home, the confusion disappears." With German New Medicine we now have the science that explains this apparent discrepancy.

What is termed a “**coma vigil**” (agrypnia coma) is caused by an acute KCT Constellation. A coma vigil is a semi-conscious, persistent vegetative state, in which the patient appears awake with eyes open and staring. The person is totally unresponsive and unable to recognize his or her surroundings.

Disorientation, a loss of sense of time, and confusion are symptoms of so called **Alzheimer’s disease** (see also [Alzheimer’s](#) with short-term memory loss and dementia related to a [\(Post\)Sensory Cortex Constellation](#)). In conventional medicine it is assumed that Alzheimer’s is either genetic, caused by a B12 deficiency, hypothyroidism, systemic infections, or the consequence of a stroke. Dr. Hamer’s research shows that the mental condition presented with Alzheimer’s is the result of continuous abandonment, existence, or refugee conflicts. The increasing number of people with Alzheimer’s in today’s aging population has nothing to do with faulty genes, vitamin deficiencies and the like but is directly linked to a society where more and more people live in poverty (existence conflicts) and where many of the elderly live by themselves or in nursing homes (abandonment conflicts, refugee conflicts). In societies where the elders are revered and integrated in their community, “Alzheimer’s disease” is unknown.

“Being lonely when you’re older doubles the risks of Alzheimer’s”

(Archives of General Psychiatry, 2007)



Hoarding, the compulsion to accumulate certain items, is also linked to a KCT Constellation (compare with “messie syndrome” related to a Flying Constellation). Driven by ongoing existence conflicts, the hoarder saves certain items such as household supplies or food in the belief that they could be needed at some point in the future. With underlying abandonment conflicts, the saved items (books, magazines, newspapers, and the like) have an emotional significance. Surrounded by the things he/she hoards, the person feels safe and not alone. What exactly a person hoards points to the original conflicts.

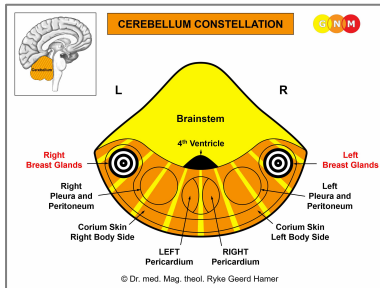


[This video](#) shows a woman who is hoarding stuffed animals. Note her behavior at 0:54-1:36, revealing a maturity stop.

Collecting mania and compulsive buying serve the same purpose. The irresistible impulse to collect certain items and to overshop often stems from an emotional need caused by persistent abandonment or existence conflicts (compare with addictive behaviors).

CEREBELLUM CONSTELLATION

Biological conflicts: attack conflicts, nest-worry/argument conflict. Any conflict combination is possible.



Brain and Organ Level: Attack conflicts correspond to the corium skin, pleura, peritoneum, and pericardium; nest-worry/argument conflicts to the breast glands. The organs and tissues of the left side of the body are controlled from the **right side of the cerebellum**; the organs and tissues of the right side of the body are controlled from the **left side of the cerebellum**.

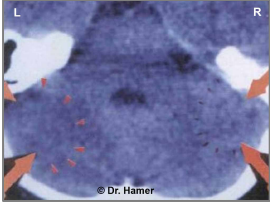
NOTE: A person's biological handedness and whether the conflicts are mother/child or partner-related determine on which side of the cerebellum the conflicts register.

The constellation is established, the moment the second conflict impacts in the opposite brain hemisphere. The conflicts could also occur simultaneously. The constellation can be permanent or recurring due to tracks or conflict relapses.

The GNM diagram shows a Cerebellum Constellation involving the breast glands of both breasts, related to two nest-worry/argument conflicts (see brain scan below).

The Cerebellum Constellation manifests itself as **emotional numbness**. People in this constellation feel void inside and emotionally disconnected from others. They are incapable of emotions such as compassion or empathy and lack sympathy and concern. Hence, they come across as insensitive, heartless, and uncaring. The **purpose of the constellation** is to shield the individual from further "attacks" and to allow the person to retreat into a state of "unfeelingness" in order to prevent complete exhaustion. It is an innate self-protection, controlled from the cerebellum and activated by the constellation. **NOTE:** The emotional withdrawal should not be mixed up with a depression.

Setting on a conflict track or experiencing a conflict relapse after one of the two conflicts (or both) has been resolved causes an instant mood change and from one moment to another the person becomes **cold and distant**. The trigger could be a certain situation, a certain person (family member, spouse, co-worker, boss), or a certain subject (the same old argument). A concurrent Aggressive Constellation can prompt sudden violent behaviors that are carried out without any feelings of guilt or remorse (see [spontaneous crime](#)).



This brain scan shows a chronically recurring Cerebellum Constellation ([view the GNM diagram](#)).

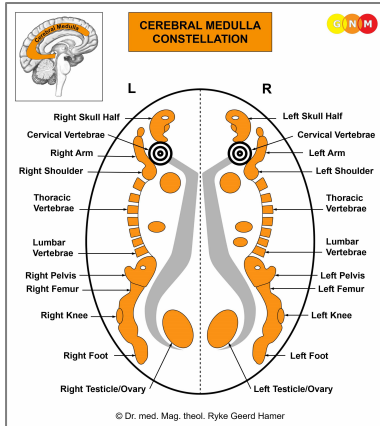
The story: A young woman, who was living with her parents, suffered recurring nest-worry/argument conflicts every time her parents were fighting. The brain CT reveals that she perceived her parents' quarrels as a "double conflict" involving both breast glands relays (see red arrows): one conflict is associated with her mother, the other with her father (biologically, a person's father is considered a "partner"). She reported that each time her parents argued, she felt "dead inside" for 3 to 4 days (Source: Ryke Geerd Hamer, *Vermächtnis einer Neuen Medizin*, Vol. 2, p. 134).

The CT image was taken when she entered the healing phase. Throughout the [PCL-Phase](#) she had night sweats due to the breast gland tuberculosis. When she was out of constellation, she was emotionally "awake". All this can be concluded from a brain scan!

NOTE: The removal of a breast or of both (double mastectomy) does not cancel the constellation! Conversely, a preventive mastectomy cannot *prevent* a constellation, since the brain still receives the conflict shocks that cause the mental/emotional symptoms. In fact, a double mastectomy, perceived as two attack conflicts affecting both breasts, can put a woman instantly into a Cerebellum Constellation.

CEREBRAL MEDULLA CONSTELLATION

Biological conflicts: self-devaluation conflict, loss conflict. Any conflict combination is possible.



Brain and Organ Level: Self-devaluation conflicts correspond to the bones and joints, skeletal muscles, tendons, ligaments, lymphatic system, and blood vessels (except the coronary vessels). Loss conflicts correspond to the ovaries and testicles. The organs and tissues of the left side of the body are controlled from the **right side of the cerebral medulla**; the organs and tissues of the right side of the body are controlled from the **left side of the cerebral medulla**.

NOTE: A person's biological handedness and whether the conflicts are mother/child or partner-related determine on which side of the cerebral medulla the conflicts register.

The constellation is established, the moment the second conflict impacts in the opposite brain hemisphere. The conflicts could also occur simultaneously. With localized self-devaluation conflicts affecting both sides of the body, the person is instantly in constellation. The constellation can be permanent or recurring due to tracks or conflict relapses.

The GNM diagram shows a Cerebral Medulla Constellation involving the cervical vertebrae, related to two intellectual self-devaluation conflicts.

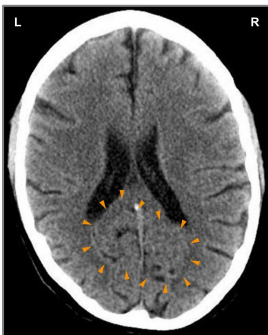
The Cerebral Medulla Constellation presents as a **compulsion to draw attention to oneself**. People in this constellation have a persistent self-referential attitude and an over-inflated sense of self-esteem. They come across as overconfident, arrogant, pompous, and over pretentious – as “full of themselves”. Here we find the show-off, the bragger, the boaster, the know-it-all, and the **narcissist** who craves for attention, approval, praise, and admiration (classified in the DSM-5 as “narcissistic personality disorder”). The significance of this self-importance is to counteract the double or multiple breach of self-esteem by creating a superior, often unreal image of oneself. In other words, inferiority turns into superiority, into an exaggerated sense of being better than others (in psychology, this is called a superiority complex). We find this behavior also in nature, where fluffing up the feathers is a means to impress the opponent by pretending to be stronger or bigger. It is a natural survival tactic. In the human world, the inflated ego serves the **purpose** to protect the individual from further self-devaluation conflicts. At the same time, the “puffed-up” self-esteem gives the person that has been put down the strength to pick himself up and regain courage and self-assurance. It is the **“megalomania constellation”** that produces the necessary force for exceptional achievements, academically, intellectually, in sports, in the arts, or in a professional career. This constellation might also explain what is commonly known as the “Short Man Syndrome”.



This brain scan shows a Cerebral Medulla Constellation ([view the GNM diagram](#)) caused by two physical performance conflicts. The brain edemas (visible as dark) indicate that the person has already entered the [healing phase \(PCL-A\)](#) with pain in both knees.

A “**sports megalomania**”, brought on by recurring physical performance conflicts (losing competitions, not performing as expected, being put down by a coach and/or a parent, not meeting one’s own expectations) can propel an athlete to reach his peak. This would not be the case without a constellation.

NOTE: Organs that derive from the new mesoderm (“surplus group”) show the biological purpose at the end of the healing phase. After the healing process has been completed, the organ or tissue is stronger than before, which allows being better prepared for a conflict of the same kind. The self-centred behavior remains therefore also past the conflict resolution (all other constellations show the related mental symptoms and behaviors only in the conflict-active phase and during the Epileptoid Crisis). With a hanging healing, that is, when the healing phase is continually interrupted by tracks or conflict relapses, the self-confident demeanor persists throughout life.



This brain CT of a 36 year-old male shows a Cerebral Medulla Constellation ([view the GNM diagram](#)) caused by two loss conflicts related to his wife (partner) and his child. On the organ level, the constellation involves both testicles.

The “**mating megalomania**” forces a male to brag about his sexual performance in order to attract a new mate to secure reproduction. The same applies to females.

The Cerebral Medulla Constellation also creates the **control freak**, the person who has a compulsion to exercise control and power over others (see [crime disposition](#)). Here we find the so-called “gaslighter personality”. In psychology, [gaslighting](#) refers to a manipulation tactic that aims to evoke low self-esteem in another person in order to maintain the need of being in a superior position. Someone who engages in gaslighting attempts to establish a sense of confusion in his victim(s) regarding their view of themselves, their interpretation of life, their perception of reality, their memory, or their intellectual or social skills. Combined with an Aggressive Constellation, the gaslighter intends to hurt the other person with his manipulative mind games. It is a form of emotional and psychological abuse.



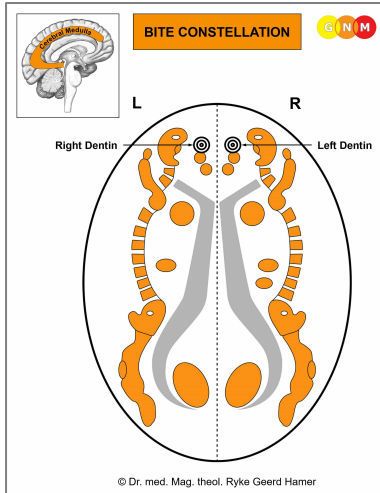
Rulers in history that were obsessed with large empire fantasies (Genghis Khan, Alexander the Great, Caesar, Napoleon, Stalin, [Mussolini](#), Hitler) must have been in a megalomania constellation. This constellation also explains the origin of personality cults, where religious or political leaders produce heroic images of themselves.

What is known as **Munchausen syndrome** is a condition where people deliberately produce, exaggerate, or fake symptoms of a physical or mental disease in order to draw (medical) attention or sympathy to themselves (compare with hypochondria). From the GNM point of view, this behavior is the result of self-devaluation conflicts experienced in association with a previous illness (humiliating comments or treatments by doctors or nurses) or not feeling cared for.

An intense megalomania constellation could lead to **delusions of grandeur**, of greatness, genius, wealth, fame, brilliance, or omnipotence. The type of delusion reveals the underlying conflicts. For example, a person who believes to be a famous general like Napoleon (either in fantasy or by conduct) might have suffered traumatic self-devaluation conflicts in the military through brutal, humiliating training or as a soldier in combat. Many U.S. Vietnam veterans developed mental diseases of this kind after they had returned home, where they faced humiliation and dishonor. If grandiose delusions have a religious content, for instance, a belief that he or she has received a special message from God, the self-devaluation conflicts might have been caused by parental disciplining such as verbal reprimands or corporal punishments for “sinful” deeds (as to messianic delusions see also Flying Constellation).

BITE CONSTELLATION

The Bite Constellation is a specific type of Cerebral Medulla Constellation.



Biological conflict: a **bite conflict**, experienced as not being able to “bite” an opponent because the individual is in a weaker position.

Brain and Organ Level: Bite conflicts correspond to the dentin of the teeth. The dentin of the left teeth is controlled from the **right side of the cerebral medulla**; the dentin of the right teeth is controlled from the **left side of the cerebral medulla**.

NOTE: A person’s biological handedness and whether the conflicts are mother/child or partner-related determine on which side of the cerebral medulla the conflicts register.

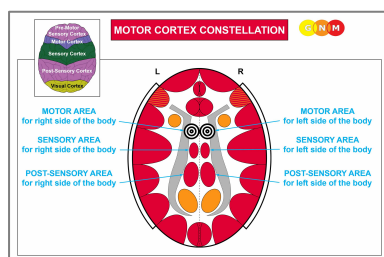
The constellation is established, the moment the second conflict registers in the opposite brain hemisphere. The conflicts could also occur simultaneously. The constellation can be permanent or recurring due to tracks or conflict relapses.

The Bite Constellation presents as **compulsive nail biting**, or **onychophagia** (compare with motor tics and obsessive skin picking). In the DSM-5, nail biting is classified as an “obsessive-compulsive disorder”. The **purpose** of the compulsion is to compensate for the inability to “bite” or “snap” an opponent or to defend oneself verbally. Typically, the nail biting is triggered through setting on a conflict track (a certain situation or the encounter with a person who was involved when the conflicts first occurred). Stress exacerbates the behavior. With intense conflict activity or a strong track, the nail biting becomes excessive.

Given the nature of the bite conflict (being in a weaker position vis-à-vis a parent, an older sibling, teacher, schoolmate, a growing resistance against authorities), it should not come as a surprise that compulsive nail biting is more common in children and adolescents.

MOTOR CORTEX CONSTELLATION

Biological conflict: motor conflict (“feeling stuck”). The conflict can be associated with the entire body or with a single muscle or muscle group.



Brain and Organ Level: Motor conflicts correspond to the striated muscles of the skeletal musculature and the ability to move. The motor function of the left side of the body is controlled from the **right side of the motor cortex**; the motor function of the right side of the body is controlled from the **left side of the motor cortex** (view the [GNM diagram](#) showing the motor [homunculus](#)).

NOTE: A person’s biological handedness and whether the conflicts are mother/child or partner-related determine on which side of the motor cortex the conflicts register.

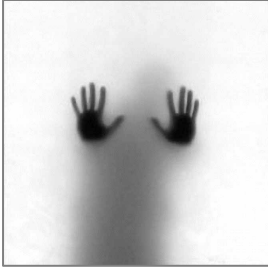
The constellation is established, the moment the second conflict impacts in the opposite brain hemisphere. The conflicts could also occur simultaneously. With localized motor conflicts affecting both sides of the body the person is instantly in constellation. The constellation can be permanent or recurring due to tracks or conflict relapses.

The Motor Cortex Constellation causes **motor hyperactivity** and a **compulsion to move**. The compulsion to move presents as not being able to sit still, squirming in the chair, excessive fidgeting, hand or feet tapping, finger drumming, leg-swinging, pacing, weaving, or rocking. The degree of hyperactivity is proportional to the intensity of the conflicts. The **purpose of the constellation** is to counteract the distress of feeling stuck with maximum movement. Moving calms the person and reduces the anxiety.

In psychiatry (DSM-5), a persistent urge to move is classified as a **Hyperactivity Disorder (HD)**. With GNM we learn to understand why in today’s society more and more children show this behavior. It has nothing to do with a diet high in sugar, as suggested, but rather with **feeling stuck** – in daycare, in kindergarten, in school, or in a difficult family situation. Being stuck in the house most of the day (watching TV, playing computer games, excessive cell phone use) can cause motor conflicts on a strictly biological basis because humans, particularly children, are meant to move! **NOTE:** In conventional medicine, a “Hyperactivity Disorder” diagnosis might also be made when a child is manic (see [primary mania](#)) or manic-depressive with a dominance of the manic mood; just like an ADD (Attention Deficit Disorder) diagnosis might be made when the child is depressed (see [primary depression](#); see also [ADHD](#)).

Motor conflicts can already be experienced **in utero**, for example, when the fetus feels stuck in the womb because of unbearable noise in the immediate surroundings (chainsaws, jackhammers, loud traffic, yelling, screaming). As a result, the baby is born with hyperactivity. A distressing vaccination experience (not being able to escape, feeling tied down) could lead to motor hyperactivity in early infancy.

The so-called **restless legs syndrome**, an irresistible urge to move the legs, originates from leg-related motor conflicts (localized conflict) of feeling stuck (behind a school bench, behind a desk, behind a counter) or not being able to escape a place or an uncomfortable situation. During daily activities, the symptom is usually not noticed, but all the more during periods of rest. With an intense constellation, a person has also difficulties sleeping due to the mental and physical restlessness caused by the conflict-active, sympathetic state. **NOTE:** The weakness of the leg muscles that occurs with a prolonged constellation (hanging conflict) might show as a quick leg fatigue or an abnormal gait.



Claustrophobia, a fear of having no escape and of being trapped or enclosed (in a windowless room, a locked room, an elevator, a place crowded to capacity) is linked to a Motor Cortex Constellation (compare with agoraphobia, a fear of open places and crowds related to a Kidney Collecting Tubules Constellation). The “feeling stuck” conflict(s) might have already occurred at a young age, for example, through punishment or during play.

It has been observed that people who are claustrophobic are often hyperactive and vice versa. From a GNM point of view, this makes perfect sense. Hyperactive individuals need motion and, therefore, panic when they feel trapped (see also [anxiety attacks](#) and [panic attacks](#)).

Motor tics with sudden, rapid, repetitive, compulsive movements also reveal a Motor Cortex Constellation. The specific tics such as head or neck jerking, shoulder shrugging, hand and arm flapping, gesturing, compulsive touching, movements of the legs (jumping, skipping, hopping) reveal the original conflict situation (a fight, a rape, wanting to push away an offender, distress of not being able to hold someone back or escape a dangerous situation). In children, the motor tics might originate from “feeling stuck” at school (being teased, bullied, not wanting to go to school) or stuck in a distressing family situation (abuse, domestic violence). This explains, why the majority of children resolve the tics when they reach adulthood.

GNM offers an explanation as to why motor tics develop at a particular time in a person’s life, why they differ from person to person, and why they vary in severity.

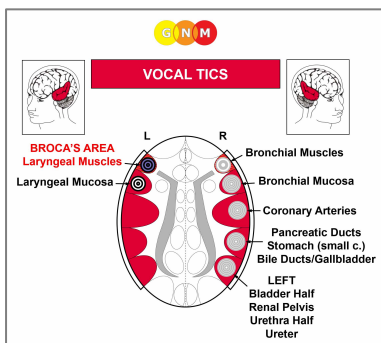
“My aim was to show that the symptoms of mental diseases also had a human meaning” (C.G. Jung)

**Case about a seventy-five-year-old patient, making
“mysterious movements” for almost 50 years**

“The case concerned an old patient in the women’s ward. She was about seventy-five and had been bedridden for forty years. Almost fifty years ago she entered the institution, but there was no one left who could recall her admittance; everyone who had been there had since died. Only one head nurse, who had been working at the institution for thirty-five years, still remembered something of the patient’s story. The old woman could not speak, and could only take fluid or semi-fluid nourishment. When not eating, she made curious rhythmic motions with her hands and arms. I did not understand what they meant. I was profoundly impressed by the degree of destruction that can be wrought by mental disease, but saw no possible explanation. At the clinical lectures she used to be presented as a catatonic form of dementia praecox, but that meant nothing to me, for these words did not contribute in the slightest to the understanding of the significance and origin of those curious gestures ... Late one evening, as I was walking through the ward, I saw the old woman still making her mysterious movements and again asked myself, ‘Why must this be?’ Thereupon I went to our old head nurse and asked whether the patient had always been that way. ‘Yes’, she replied. ‘But my predecessor told me she used to make shoes.’ I then checked through her yellowing case history once more, and sure enough, there was a note to the effect that she was in the habit of making cobbler’s motions. In the past shoemakers used to hold shoes between their knees and draw the threads through the leather with precisely such movements. When the patient died shortly afterwards, her elder brother came to the funeral. ‘Why did your sister lose her sanity?’ I asked him. He told me that she had been in love with a shoemaker who for some reason had not wanted to marry her and that when he finally rejected her, she had ‘gone off’. The shoemaker movements indicated an identification with her sweetheart which had lasted until her death” (C.G. Jung, *Memories, Dreams, Reflections*).

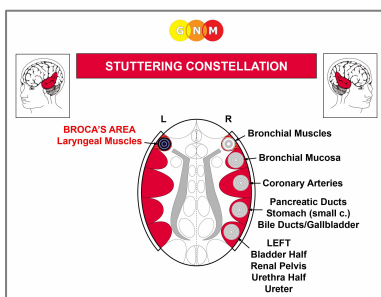
Facial tics such as facial grimacing, excessive blinking, nose wrinkling, or mouth movements originate from the distress of “having lost face” due to a loss of dignity, humiliation, shame, or because of being teased or ridiculed. **Tongue tics** (tongue thrusting, tongue rolling) involving the tongue muscle point to the conflict of “not being able to move the tongue” (figuratively, not being able or allowed to say something). **Jaw tics** (jaw chattering) related to the jaw muscles indicate a bite conflict of not being able or not being allowed to “bite an opponent” (a family member, relative, teacher, classmate, a bully) or “snap” something that one desires.

NOTE: Animals develop motor tics too. With a Motor Cortex Constellation horses engage, for instance, in weaving and stall walking. Dogs present jaw or teeth chattering, for example, when someone throws a ball or when they are hoping for a few table scraps. Cats show jaw twitching, typically, when they hear a bird (watch *Droppy’s jaw twitching* in [this video](#)). The tics are triggered by a track (the ball track, the food track, the bird track).



Vocal tics, also known as **phonic tics**, involve both larynx relays, including the Broca’s area (speech center) embedded in the control center of the laryngeal muscles (left cortical hemisphere). Depending on a person’s gender, laterality, and hormone status, the conflict linked to the larynx is a scare-fright conflict or territorial fear conflict. The specific conflict associated with the Broca’s area is a **speechless conflict**, experienced as an acute fright and being “speechless with fear”.

The vocal tics occur with simultaneous conflict activity linked to a brain relay in the right temporal lobe (see [Autistic Constellation](#) and [vocal tics](#)). The specific repetitive vocalizations (throat-clearing, grunting, squeaking, barking, or complex sounds such as words, phrases, or complete sentences) reveal the underlying conflict.

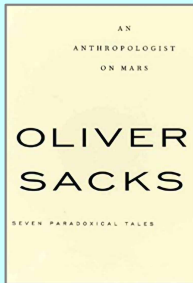


Compare with Stuttering Constellation: Stuttering is the result of a speechless conflict related to the Broca’s area (left cortical hemisphere) combined with a conflict that corresponds to the right temporal lobe (territorial fear conflict, territorial loss conflict, territorial anger conflict, territorial marking conflict, scare-fright conflict, sexual conflict, identity conflict, depending on gender, laterality, and hormone status).

The stuttering is caused by the laryngeal muscle spasms during the **Epileptoid Crisis**. A moderate speechless conflict with a short Epi-Crisis causes *clonic* muscle contractions. In this case, the flow of speech is disrupted by quick repetitions or prolongations of sounds, syllables, or words. Typically, the person speaks fast and unintelligibly. A strong speechless conflict with an intense Epi-Crisis causes *tonic* muscle contractions resulting in a disruption or blocking of speech with silent pauses in which the person is unable to produce sounds.

The encounter with a conflict track exacerbates the motor or vocal tics. The tics also tend to worsen during stress since the enhanced sympathetic state amplifies the constellation. Similarly, tics usually diminish when a person is calm (vagotonic) or focused on a particular activity. Recurring bouts of tics with symptom-free periods in between indicate that one of the two conflicts (or both) has been temporarily resolved.

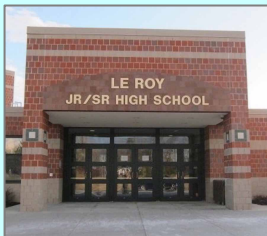
So called **Tourette syndrome** is a clinical diagnosis for the presence of multiple motor and vocal tics (in the Middle Ages Tourette's was considered a "possession"; today, it is believed to be a genetic disease or caused by a chemical imbalance of the neurotransmitter dopamine).



In his publication *An Anthropologist on Mars* (1995), Oliver Sacks, former professor of neurology at the N.Y.U. School of Medicine, tells the **story of Dr. Carl Bennett**, a surgeon with Tourette's syndrome ("his Tourette's had started when he was about seven"!). Astonishingly, Dr. Bennett's incessant tics vanish once he engages in the rhythmic routine of surgery. His vocal tics include vocalizations that sound like "Hi Patty!" ("Patty, I learned later, was a former girlfriend, her name now enshrined in a tic"). He ("I am a loner") also displays characteristics of an autistic behavior ("His moustache had constantly to be smoothed and checked for symmetry, his glasses had to be 'balanced' – up and down, side to side, diagonally, in and out – with sudden ticcy touchings of the fingers, until these, too, were exactly 'centered'. 'The touching has to be symmetrical', he commented").

Oliver Sacks: "It is almost as if the Tourette's body becomes an expressive archive – albeit jumbled – of one's life experience."

"The Town that caught Tourette's"



In October 2011, 12 girls at Le Roy Junior/Senior High School in the town of Le Roy, upstate New York, developed acute motor and vocal tics resembling symptoms of Tourette's. By December 2011, 18 girls (7th to 12th grades) and one boy were affected. By June 2012, most of them had recovered and graduated from high school that month.

Watch the documentary in [this video](#)

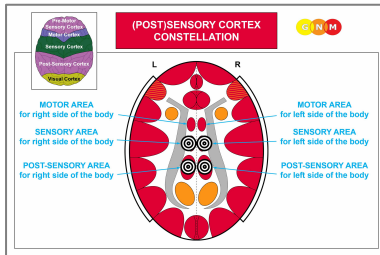
It has been suggested that the girls' condition was caused by the exposure to industrial toxins (an old spillage from a train crash in the 1970s), by the HPV vaccine, or by a "viral(!) throat infection". Because of its purported spread, neurologists from the *DENT Neurologic Institute in Buffalo and Rochester* diagnosed the affliction as "conversion disorder" and "mass psychogenic illness" (modern terms for "mass hysteria" that predominantly afflicts women).

Questions from the GNM perspective:

- Why did the "outbreak" occur in that town and in that school?
- Why in October 2011?
- Why did it affect those particular students?
- What motor conflicts (not being able to escape, not being able to defend oneself, "feeling stuck") did the students experience shortly before the onset of the symptoms?
- Some girls developed vocal tics, which points to a concurrent scare-fright conflict or speechless conflict. What happened?

(POST)SENSORY CORTEX CONSTELLATION

Biological conflict: separation conflict, experienced as a loss of (physical) contact; also, wanting to separate from someone.



Brain and Organ Level: Separation conflicts correspond to the epidermis, the lining of the milk ducts, and the periosteum.

The epidermis of the left side of the body and the milk ducts in the left breast are controlled from the **right side of the sensory cortex**; the epidermis of the right side of the body and the milk ducts in the right breast are controlled from the **left side of the sensory cortex** (view the [GNM diagram](#) showing the sensory [homunculus](#)).

Equally, the periosteum of the left side of the body is controlled from the **right side of the post-sensory cortex**; the periosteum of the right side of the body is controlled from the **left side of the post-sensory cortex**.

NOTE: A person's biological handedness and whether the conflicts are mother/child or partner-related determine on which side of the (post)sensory cortex the conflicts register.

The constellation is established, the moment the second conflict impacts in the opposite brain hemisphere. The conflicts could also occur simultaneously. With localized separation conflicts affecting both sides of the body, the person is instantly in constellation. The constellation can be permanent or recurring due to tracks or conflict relapses.

The (Post)Sensory Cortex Constellation manifests itself as **short-term memory loss**. The **purpose** of the short-term memory loss is to block out the memory so that the individual is better able to cope with the separation. From a biological point of view, a separation from the pack is one of the most traumatic biological conflicts. In Nature, being separated from the group usually means death. We humans share this distress with all species. **NOTE:** A short-term memory loss occurs already with a single SBS (Biological Special Program); with a constellation, the symptom is more evident.

The degree of the short-term memory loss is proportional to the intensity of the conflicts.



This brain scan shows a Post-Sensory Cortex Constellation (view the [GNM diagram](#)) with a Hamer Focus in the periosteum relay of each brain hemisphere. The impact of the conflicts compromises the synapses that pass electrical signals (information) from one neuron to another, which causes the memory impairment.

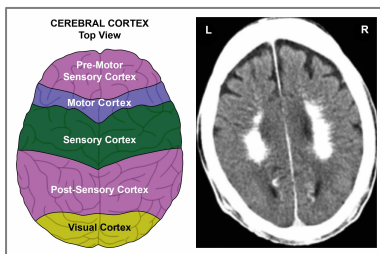
NOTE: The short-term memory loss reaches into (PCL-A) because the swelling (edema) in the conflict-related brain relays continues to delay the transmission of nerve impulses between brain cells. After the [Epileptoid Crisis](#), the condition returns to normal.

When children have a poor short-term memory, this is nowadays considered as one of the symptoms of **ADD (Attention Deficit Disorder)** or **ADHD (Attention Deficit Hyperactivity Disorder)**, if the child happens to be hyperactive at the same time. From the GNM perspective, the concurrence of memory problems and hyperactivity indicates two coinciding constellations: one is related to separation conflicts, the other to conflicts of feeling stuck (see [Motor Cortex Constellation](#)). Often, the learning difficulties start after the separation from one of the parents or from both, after a move or a change of school involving a separation from schoolmates and friends, after a new sibling was born who gets more attention, after the mother goes back to work, or when the parents constantly argue or are too busy to spend time with their child. **NOTE:** In conventional medicine, an “ADD” diagnosis might also be made when the child is depressed (see [primary depression](#)) with poor concentration or manic-depressive with a dominance of the depressed mood; just like an “HD” (Hyperactivity Disorder) diagnosis might be made when the child is manic (see [primary mania](#)), i.e., being inattentive and easily distracted.

Separation conflicts experienced in infancy or in early childhood are the underlying cause of **dyslexia**.

When the elderly start to be forgetful, it is usually regarded as the first sign of **Alzheimer’s disease** or **dementia**. According to the guidelines issued in 2019 by the World Health Organization (WHO), “getting regular exercise, not smoking, avoiding harmful use of alcohol, controlling one’s weight, eating a healthy diet, and maintaining healthy blood pressure, cholesterol and blood sugar levels” apparently helps to reduce the risk of developing dementia. This claim is purely hypothetical!

Neurologists argue that Alzheimer’s is an age-related “neurodegenerative disease” that affects the functions of brain cells, whereas brain researchers argue that the memory impairment is caused by brain atrophy or enlarged ventricles. According to Dr. Hamer’s findings, a brain atrophy is the result of repetitive scarring processes in the brain due to continuous conflict relapses of *any* biological conflict. Enlarged ventricles are linked to the choroid plexus and the distress of having difficulties memorizing (“the thoughts don’t flow smoothly”). Hence, it is not the large size of the ventricles that causes dementia, as suggested, but the other way around, namely that the short-term memory loss activates a Biological Special Program that enhances the production of cerebral spinal fluid (in the conflict-active phase) leading, eventually, to an enlargement of the ventricles (see internal hydrocephalus).



In conventional medicine it is assumed that dementia is somehow related to “plaques” in the brain (“Scientists do not know exactly what role plaques play in Alzheimer’s disease”, *Alzheimer’s Association, www.alz.org*). In reality, these “plaques” are calcium deposits that form over time due to constant conflict relapses that interrupt the healing process; here shown on both hemispheres of the (post)sensory cortex, the area of the brain that corresponds, biologically, to separation conflicts. Typical separation conflicts are the death of a life-long spouse, the loss of a partner or friend, little or no contact with the immediate family (children, grandchildren), or having to move to a seniors or nursing home.

A concurrent Kidney Collecting Tubules Constellation, when abandonment/existence/refugee conflicts and separation conflicts occur together, adds confusion and disorientation to the memory loss. The result is the typical clinical picture of Alzheimer’s disease. Behavioral changes such as belligerence, social withdrawal, or depressed moods indicate further conflicts and additional constellations.

In 1986, David Snowdon, an epidemiologist at the University of Kentucky, began a research project that became known as the **Nun Study** (published in 2001). The goal of his investigation was to determine the causes of Alzheimer's disease by focusing on a group of 678 Catholic sisters who are members of the School Sisters of Notre Dame congregation in Mankato, Minnesota. The participants were between 75 and 107 years of age. The homogeneous lifestyle and environment of the sisters made the nuns an ideal population to study. In addition to assessments of their medical records and regular testing of their physical and cognitive performances, the participants agreed to donate their brain after death for research purposes. The outcome was remarkable! The postmortem examination of the nun's brains revealed that a significant number were showing pathologies of Alzheimer's in their brain, even though the sisters never exhibited signs of memory loss during life. Researchers in the field of brain plasticity suggested that the nuns' mental activities favored the development of new neural networks that eventually assumed the work of the degenerated brain cells. The science of GNM takes a different approach. Based on the findings that every disease is caused by a biological conflict (First Biological Law), the memory decline, as seen in Alzheimer's patients, does not originate in the brain but instead in the psyche, precisely, from lasting separation conflicts leading over time to dementia. Hence, the "plaques" found in the brain are not the cause of the memory loss but the result of continuous repair processes in the conflict-related brain relays. If the person manages to resolve the separation conflicts, the memory function returns to normal, the plaques, however, remain. This explains why there are people, like some of the Notre Dame's sisters, who had "pathologies" of Alzheimer's in their brain while their memory was fully intact. The Nuns Study also confirms the GNM understanding that memory problems are entirely unrelated to aging.

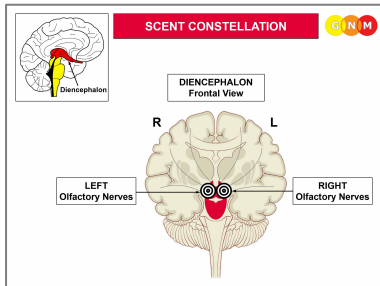


The sisters of the School of Notre Dame are living under privileged conditions. They lead their lives in a supported community, where they share their activities and engage in conversations. The monastic community provides an ideal environment for coping with separation conflicts such as the loss of a Sister or the death of a family member. When they reach old age, they are spared from moving into a seniors home. It is a reminder of generations where the elderly were living with their families and were cared for until they died.

Watch the documentary in [this video](#)

SCENT CONSTELLATION

Biological conflicts: scent conflict of “not being able to smell something or someone” or, the opposite, “not wanting to smell something or someone”.



Brain and Organ Level: Scent conflicts correspond to the olfactory nerves that are controlled from the **diencephalon** (interbrain), located in the central part of the cerebrum just above the brainstem. The olfactory nerves in the left nasal cavity are controlled from the **right side of the diencephalon**. The olfactory nerves in the right nasal cavity are controlled from the **left side of the diencephalon**.

NOTE: A person’s biological handedness and whether the conflicts are mother/child or partner-related determine on which side of the diencephalon the conflicts register.

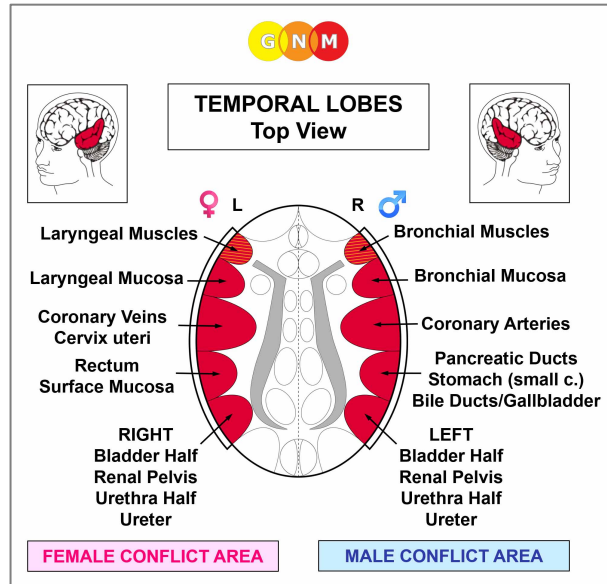
The constellation is established, the moment both olfactory nerves relays are affected. The constellation can be permanent or reoccurring due to tracks or conflict relapses.

The Scent Constellation presents as **olfactory hallucinations** or **phantosmia** (compare with hyperosmia, an increased sensitivity to smell).

A person in this constellation smells an odor, usually unpleasant, that is not present in the physical environment. The **purpose of the hallucination** is to be a warning in association with a smell or stench that was present when the scent conflicts first occurred (compare with auditory hallucinations and visual hallucinations). The olfactory hallucination could be the odor of a certain chemical or something that smells burned, smoky, rancid, exceedingly sweet, foul, spoiled, fecal, rotten, or putrefied (**cacosmia**), depending on the original conflict situation. This is why the phantom smell varies from person to person.

NOTE: Conflict activity with only one conflict related to the olfactory nerves causes hyposmia or anosmia, a reduced or complete loss of smell. It has been observed, that olfactory hallucinations often occur in people who experienced a loss of smell. Based on GNM, the reason for a change from hyposmia to phantosmia is the constellation (an additional scent conflict corresponding to the other brain hemisphere).

THE TEMPORAL LOBES



Organs controlled from the LEFT temporal lobe:

- laryngeal muscles
- laryngeal mucosa
- cervix/coronary veins
- rectum surface mucosa
- right half of the bladder and urethra, right ureter, right renal pelvis

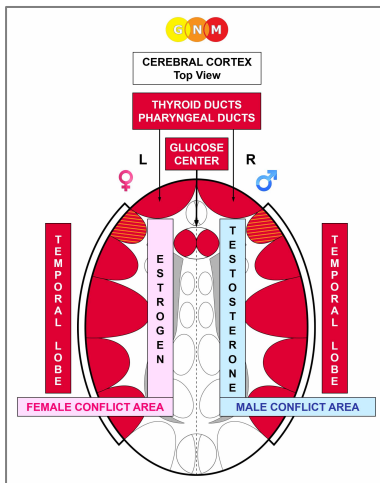
Organs controlled from the RIGHT temporal lobe:

- bronchial muscles
- bronchial mucosa
- coronary arteries
- stomach (small curvature), bile-ducts, pancreatic ducts
- left half of the bladder and urethra, left ureter, left renal pelvis

The temporal lobes are located laterally on each side of the cerebral cortex. The left temporal lobe reaches from the two larynx relays to the control center of the right half of the bladder, the right temporal lobe from the two bronchi relays to the control center of the left half of the bladder.

The **biological conflicts** linked to the temporal lobes are first and foremost territorial conflicts. The **right temporal lobe** relates to **male territorial conflicts** (territorial fear conflict, territorial loss conflict, territorial anger conflict, territorial marking conflict), the **left temporal lobe** to **female territorial conflicts** (scare-fright conflict, sexual conflict, identity conflict, marking conflict) associated with a woman's "inner space", including reproduction. In GNM, we therefore refer to the right temporal lobe as to the **male territorial conflict area** and to the left temporal lobe as to the **female territorial conflict area**.

The female and male conflict experience is largely influenced by the **HORMONE STATUS**, particularly by the estrogen and testosterone levels (both men and women produce these hormones).



Dr. Hamer established that the production of estrogen and testosterone, which occurs predominantly in the ovaries and testicles, is controlled from the temporal lobes. The **estrogen level** is regulated from the **left temporal lobe**, or female conflict area; the **testosterone level** is regulated from the **right temporal lobe**, or male conflict area.

A change of the hormone status alters a person's biological identity and, consequently, the way conflicts are perceived. Hence, a woman with a low estrogen level experiences conflicts like a male. Conversely, a man with a low testosterone status experiences conflicts like a female.

In **females**, the **estrogen level decreases** during pregnancy and nursing, after menopause, with an ovarian necrosis in both ovaries, when both ovaries have been removed, due to estrogen-lowering medication or contraceptives (progesterone in birth control pills suppresses the estrogen production), and after radiation or chemo treatments. The **estrogen level increases** with an ovarian cyst or through estrogen-enhancing medication (estrogen replacement therapy).

In **males**, the **testosterone level decreases** in elderly men, with a testicular necrosis in both testicles, when both testicles have been removed, due to testosterone-lowering medication, and after radiation or chemo treatments. The **testosterone level increases** with a testicular cyst or through testosterone-enhancing drugs.

The **hormone status also changes with conflict activity involving the temporal lobes**. With the impact of a conflict in the left temporal lobe the estrogen level decreases; equally, with the impact of a conflict in the right temporal lobe the testosterone level goes down. In GNM, we call this a **conflict-related hormonal imbalance**.

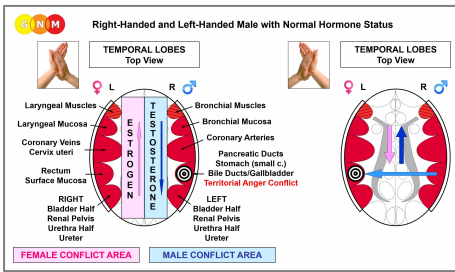
The Principle of Gender, Laterality, and Hormone Status

- A person's gender, laterality, and hormone status determine whether a conflict registers in the right or left temporal lobe.
- The hormone status determines whether a conflict is experienced in a male or female fashion.

NOTE: The principle of gender, laterality, and hormone status also applies to the thyroid ducts and pharyngeal ducts relays (located in the front of the **pre-motor sensory cortex**) as well as to the **glucose center** (alpha and beta islet cells of the pancreas).

Example: male territorial anger conflict and female identity conflict

Right-handed and left-handed male with normal hormone status (NHS)

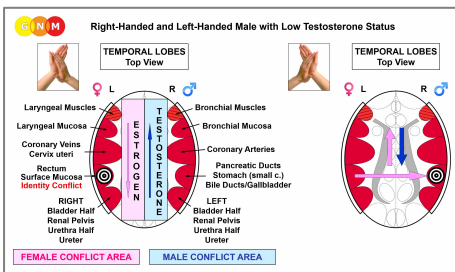


For a **right-handed male** with a **normal hormone status**, a territorial anger conflict registers in the stomach/pancreatic ducts/bile ducts relay. With the impact of the conflict in the right temporal lobe the testosterone level goes down and as a result, the estrogen level is relatively higher.

For a **left-handed male**, the conflict is transferred to the opposite brain hemisphere and registers in the rectum relay. Consequently, the estrogen level decreases and the testosterone level is significantly higher.

NOTE: With left-handers, the conflict is transferred to the opposite brain relay in the other brain hemisphere.

Right-handed and left-handed male with low testosterone status (LTS)

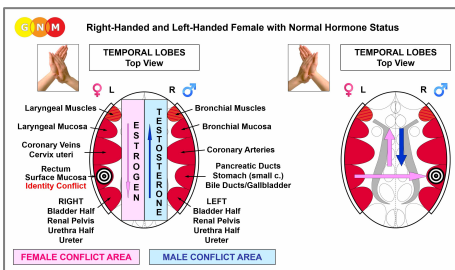


When a **right-handed male** with a **low testosterone status** experiences a female identity conflict, the conflict registers in the rectum relay. With the impact of the conflict in the left temporal lobe the estrogen level goes down and as a result, the testosterone level increases.

For a **left-handed male**, the conflict is transferred to the opposite brain hemisphere and registers in the stomach/pancreatic ducts/bile ducts relay. Consequently, the testosterone level decreases even more, causing the estrogen level to be considerably higher.

NOTE: Following a biological conflict related to the temporal lobes, right-handed and left-handed males have a different hormone profile.

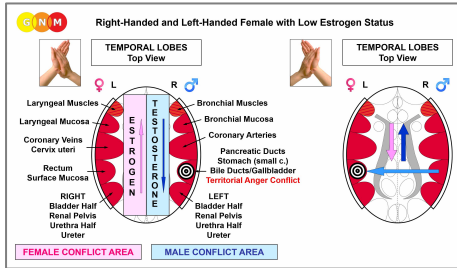
Right-handed and left-handed female with normal hormone status (NHS)



For a **right-handed female** with a **normal hormone status**, an identity conflict registers in the rectum relay. With the impact of the conflict in the left temporal lobe the estrogen level goes down and as a result, the testosterone level is relatively higher.

For a **left-handed female**, the conflict is transferred to the opposite brain hemisphere and registers in the stomach/pancreatic ducts/bile ducts relay. Consequently, the testosterone level decreases and the estrogen level is significantly higher.

Right-handed and left-handed female with low estrogen status (LES)



When a **right-handed female** with a **low estrogen status** experiences a male territorial anger conflict, the conflict registers in the stomach/pancreatic ducts/bile ducts relay. With the impact of the conflict in the right temporal lobe the testosterone level goes down and as a result, the estrogen level increases.

For a **left-handed female**, the conflict is transferred to the opposite brain hemisphere and registers in the rectum relay. Consequently, the estrogen level decreases even more, causing the testosterone level to be considerably higher.

NOTE: Following a biological conflict related to the temporal lobes, right-handed and left-handed females have a different hormone profile.

TL Constellations is a LearningGNM program designed for practicing the principles of Gender, Laterality, and Hormone Status related to the **Temporal Lobes**.



Click on the image to download the **TL Constellations PDF.rar** file.

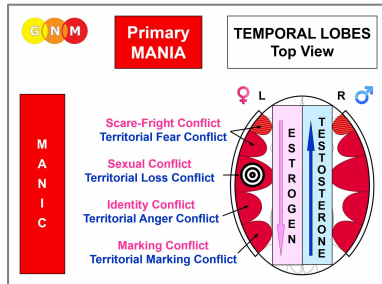
Extract the contents of the RAR file into a folder and follow the ReadMe.txt file for instructions.

With a change of the hormone status, a conflict might move to the other brain hemisphere, provided the conflict is still relevant. For example, after menopause, a female sexual conflict (sexual rejection) could be perceived as a male territorial anger conflict. The impact in the new brain relay typically happens through a conflict track; setting on the track is, basically, like a new DHS. **NOTE:** The transfer of a conflict to another brain relay changes the entire symptomatology on the organ level as well as on the emotional and mental level!

MANIA AND DEPRESSION

Biological conflicts that correspond to the temporal lobes cause a **mood change**, explicitly, a manic or depressed mood. To differentiate mania and depression from manic depression, we use in GNM the terms “**primary mania**” and “**primary depression**” (in psychiatry, mania and depression are classified as “unipolar mania” and “unipolar depression” to be distinguished from “bipolar disorders”).

PRIMARY MANIA



Mania is generated from the **left temporal lobe**. Hence,

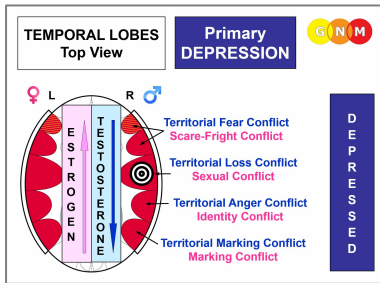
- a **right-handed female with a normal hormone status** and a **right-handed male with a low testosterone status** become manic with a scare-fright conflict, sexual conflict, identity conflict, or marking conflict.
- a **left-handed male with a normal hormone status** and **left-handed female with a low estrogen status** become manic with a territorial fear conflict, territorial loss conflict, territorial anger conflict, or territorial marking conflict.

The degree of mania is determined by the intensity of the conflict.

NOTE: In case of a Temporal Lobes Constellation (manic depression) both right-handers and left-handers are manic when the left-hemispheric conflict is dominant.

Mania presents as an **elevated mood**. A manic person is active, extroverted, dynamic, energetic, driven, overly excited, euphoric, and full of vigor (see also [manic depression](#)). If the underlying conflict is moderate (“hypomania”), a manic state can be highly beneficial as it raises the energy, heightens the mood, and increases a person’s efficiency and productivity. People with a mild or moderate mania are generally in a happy and cheerful mood. Severe mania, however, can consume a person due to the lasting, intense stress (sympathicotonia) and sleep deprivation. In children and teens, a manic (overactive, impulsive) behavior is in today’s psychiatry diagnosed as a “Hyperactivity Disorder” (see [HD](#) related to a [Motor Cortex Constellation](#)).

PRIMARY DEPRESSION



Depression is generated from the **right temporal lobe**. Hence,

- a **right-handed male with a normal hormone status** and a **right-handed female with a low estrogen status** become depressed with a territorial fear conflict, territorial loss conflict, territorial anger conflict, or territorial marking conflict (see also [postpartum depression](#)).
- a **left-handed female with a normal hormone status** and **left-handed male with a low testosterone status** become depressed with a scare-fright conflict, sexual conflict, identity conflict, or marking conflict.

The degree of depression is determined by the intensity of the conflict.

NOTE: In case of a Temporal Lobes Constellation (manic depression) both right-handers and left-handers are depressed when the right-hemispheric conflict is dominant.

Depression presents as a **low mood**. A depressed person is passive, introverted, listless, sad, and incapable of experiencing joy and pleasure (“anhedonia”). Depending on the intensity of the conflict, the condition ranges from a persistent feeling of sadness to a severe, “clinical” depression (see also [manic depression](#)) with debilitating effects on a person’s well-being. A light depressed mood, however, has definitely its favorable aspects, since it opens a space for deep introspection and for a creativity that differs from the vivacious productivity of the manic state (see [Autistic Constellation](#)). Artists at all times have drawn from this “productive melancholy” to create some of their greatest works.

In children and teens, a depressed mood is in today’s psychiatry considered a symptom of ADD-Attention Deficit Disorder (see [ADD](#) related to a [\(Post\)Sensory Cortex Constellation](#)).

Considering that left-handed women with a normal hormone status as well as right-handed women with a low estrogen status (postmenopausal women, women on birth control pills, pregnant and nursing women, women on estrogen-suppressing medication, women who had their ovaries removed) are more susceptible to suffer from depression, GNM offers an explanation as to why far more women suffer from depression than men or why depression is a common side-effect of contraceptives (“Depression is one the most common reasons women stop using birth control pills. Despite this, research can’t explain the connection”, *Healthline*, February 11, 2016). Also, when a woman starts taking the pill or enters menopause, a female conflict such as an identity conflict or a sexual conflict might turn into a territorial anger conflict or territorial loss conflict. Thus, the same conflict situation that made a woman manic makes her on contraceptives or after menopause depressed.

The encounter with a **conflict track** (meeting a certain person, being at a certain location, talking about a certain subject) reinforces the manic or depressed mood or triggers recurring manic or depressive episodes (compare mood swings linked to manic depression). Taking into account the biological handedness, with a recurring territorial anger conflict – at home, at work, at school – a right-handed male falls into a state of depression; the same conflict would make a left-handed male manic. The weather or the season could also be a track. This is why some people become depressed when it rains or in the late fall when the days get darker. In psychiatry, this is termed “**Seasonal Affective Disorder**” (SAD). It goes without saying that seasonal depression has nothing to do with a Vitamin D deficiency, as claimed.

The Healing Phase: Regarding mania, after the resolution of the conflict, the person is no longer manic but feels rather tired and lazy. As to depression, during the healing phase, the agitated depression (sympathicotonia) changes into a relieved depression (vagotonia). The two types of depression are, however, of considerably different quality. While the agitated depression (**conflict-active phase**) presents as restlessness, nervousness, irritation, racing thoughts, and difficulties sleeping, throughout the relieved depression (**healing phase**) the person is extremely tired and sleeps excessively (**hypersomnia**). Prolonged conflict activity (hanging conflict) as well as a prolonged healing phase (hanging healing) leads to a chronic, long-term depression, called **dysthymia**. In conventional medicine, persistent fatigue might also be diagnosed as “chronic fatigue syndrome”.

ORGAN LEVEL

Together with the manic or depressed mood, the Biological Special Program also runs on the corresponding organ (First Biological Law).

Example 1: If a right-handed male with a normal hormone status (NHS) has a territorial fear conflict, the conflict impacts in the **bronchi relay** (right temporal lobe) and he is depressed as long as he is conflict-active. When a left-handed male (NHS) suffers a territorial fear conflict, the conflict registers in the **larynx relay** (left temporal lobe) and he is manic throughout conflict activity. During the **healing phase**, the right-handed male develops bronchitis, the left-handed male laryngitis.

Example 2: When a right-handed female (NHS) has a sexual conflict, the conflict registers in the **cervix/coronary veins relay** (left temporal lobe). Throughout the **conflict-active phase**, she has moderate angina pectoris; moodwise, she is manic. For a left-handed woman with a normal hormone status, a sexual conflict impacts in the **coronary arteries relay** (right temporal lobe). During the **conflict-active phase**, she too has angina pectoris, but instead of being manic she is depressed. After the conflict resolution, the right-handed woman shows healing symptoms of the cervix (vaginal discharge). The Epileptoid Crisis is also significantly different. While the right-handed female undergoes an episode with rapid heartbeats (tachycardia) and breathing difficulties, the left-handed female shows a slow heartbeat (bradycardia). If the sexual conflict was intense, the left-handed woman suffers a coronary arteries-related heart attack whereas the right-handed woman has a lung embolism (the same holds true for a left-handed female with a low estrogen status after she has resolved a territorial loss conflict).

NOTE: Hormone replacement therapy (HRT) changes the perception of a conflict and, thus, forces the psyche to a conflict resolution. Hence, during the Epileptoid Crisis, let's say of a territorial loss conflict, the right-handed postmenopausal woman is at risk of having a heart attack, the left-handed woman of having a lung embolism. The same can be said about testosterone treatment for men. When, for example, an elderly man who is active with a sexual conflict is put on testosterone-enhancing medication, the right-handed male is at risk of having a lung embolism; the left-handed male of having a heart attack. Estrogen-suppressing medication has a similar effect. When, for instance, a right-handed woman who is active with a sexual conflict starts taking the birth control pill, she is no longer able to experience the conflict from a female perspective. As a result, the conflict goes into resolution causing a pulmonary embolism during the Epileptoid Crisis. This is why lung embolism is a frequent side effect of contraceptives (*Pulmonary embolism (PE) with oral contraceptives – risk greater than thought?* This New Zealand study, reported in the June 17, 2000 issue of *The Lancet*, suggests that “women taking oral contraceptives are nearly 10 times more likely to develop PE than nonusers” Source: [Medscape](#)).

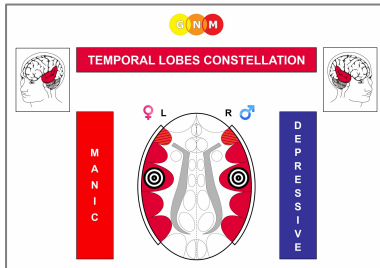
Example 3: When a right-handed male (NHS) has stomach pain, we can conclude that he experienced a territorial anger conflict involving the **stomach relay** (right temporal lobe). With prolonged conflict activity, he develops stomach ulcers due to the continuous ulceration in the stomach lining. While he is conflict-active he is depressed. When healing sets in, the stomach ulcers heal with inflammation and pain. In contrast, a left-handed male (NHS) becomes with the same conflict manic. When he goes into healing, he develops hemorrhoids because for a left-hander, a territorial anger conflict impacts in the **rectum relay** (left temporal lobe).

Failing to recognize the psyche-brain-organ relation and the two-phase pattern of every Biological Special Program, conventional medicine considers the physical symptoms and the mood change, for example, the development of a depression, as entirely unrelated. The physical symptoms are treated by a physician, the depression by a psychologist or psychiatrist. What is commonly called a “psychosomatic disorder” is a vague diagnostic term since it refers only to general stress as the assumed cause of an illness. Theories suggesting that a depressed mood is the result of a lifestyle crisis that upsets the body systems leading to an imbalanced blood sugar level, impaired thyroid function, a sick gut, and the like, are also missing the point. Based on the science of GNM, the physical symptoms related to a depression originate from very specific biological conflicts that correspond to very specific [brain relays in the right temporal lobe](#). By applying the principle of gender, laterality, and hormone status, we are able to conclude from the physical and mental symptoms the type of conflict that causes a depression. This knowledge is also the starting point of the therapeutic approach.

The significance of the biological handedness demonstrates that conflicts, in terms of GNM, are primarily of a *biological* nature. That a right-handed female responds to a sexual conflict with ulceration in the cervix, a loss of estrogen production, and a manic mood, whereas a left-handed woman develops angina pectoris and a depression, wouldn't make any sense on a solely psychological level.

The fact that right-handers and left-handers respond to the same conflict with a different organ manifestation reveals the **biological purpose of mania and depression**. In the right temporal lobe are the control centers of several vital organs, including the [bronchi, coronary arteries, bile ducts, and pancreatic ducts](#) with potentially serious complications during the [healing phase](#). The **depressed mood**, however, **stops a right-handed male and a left-handed female from resolving the conflict**. In case of a territorial loss conflict, this prevents a heart attack that would occur during the Epileptoid Crisis. Moreover, a right-handed male with a decreased testosterone level (caused by the impact of a territorial conflict in the right temporal lobe) is as a “female” not inclined to resolve his territorial conflict. In the left temporal lobe, on the other hand, are the control centers of the [larynx, cervix/coronary veins, rectum, and bladder](#) where, except for the Biological Special Program of the coronary veins, there are much fewer risks of complications. Here, the **manic state gives the left-handed male and right-handed female the necessary energy to resolve the conflict as soon as possible**, which puts them into the ideal position to secure procreation in the event that unexpected territorial conflicts threaten the group or the pack. This also explains, from a biological point of view, why humans are right-handed or left-handed (animals right or left-pawed or right or left-hooved) in the first place.

MANIC DEPRESSION

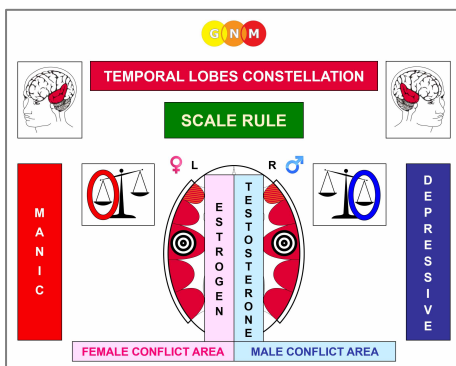


A **MANIC DEPRESSION** develops with **conflict activity involving both temporal lobes**.

With the impact of the **second conflict** in the opposite brain hemisphere, the person is in a **TEMPORAL LOBES CONSTELLATION** and **manic-depressive** (in psychiatry referred to as “bipolar”).

NOTE: A manic depression only occurs when both conflicts correspond to the temporal lobes – with any conflict combination (see [Postmortal Constellation](#), [Casanova Constellation](#), [Nympho Constellation](#), [Aggressive Constellation](#), [Flying Constellation](#), [Mytho Constellation](#), [Autistic Constellation](#), [Marking Constellation](#)).

Manic-depressive means that the **mood cycles between mania and depression**, between manic episodes and depressive episodes. Depending on the intensity of the conflicts, the condition ranges from mild mood swings to a severe psychosis (in psychiatry, very mild alternating periods of depression and hypomania are considered a “cyclothymic disorder”, or cyclothymia). A lasting dominance of one of the two conflicts causes a persistent manic or depressed mood. This, however, should not be confused with a primary mania or primary depression that differ from a manic depression insofar as a manic-depressive state is always accompanied by very specific mental symptoms and behaviors that are determined by the exact combination of conflicts, that is, by the particular constellation.



The **SCALE RULE:** When the greater weight of conflict activity is on the **left temporal lobe**, the person is **manic**; when the greater weight is on the **right temporal lobe**, the person is **depressed**.

NOTE: **Stress** (general stress) and **stimulants** such as coffee or energy drinks as well as medication and drugs with sympathicotonic properties reinforce a manic or depressed mood. **Additional conflicts** corresponding to the temporal lobes enhance the mania or depression significantly.

CC Constellations is a LearningGNM program designed for identifying the conflict sequence of biological conflicts associated with certain cerebral cortex constellations as a basis for the GNM therapeutic approach.



Click on the image to download the **CC Constellations PDF.rar** file.

Extract the contents of the RAR file into a folder and follow the ReadMe.txt file for instructions.

Tracks that were established when the conflicts first occurred **amplify a current manic or depressed mood**. Setting on a depression-related track deepens the depression; setting on a mania-related track lifts the depression and heightens the mania. Hence, a manic track can be consciously used to get out of a depressed mood. **Tracks and conflict relapses also reactivate a constellation** after one of the two conflicts (or both) has been temporarily resolved. Essentially, a track (a certain location, person, situation, sound, odor) is like an “allergy” prompting a recurrence of the manic or depressed mood and behaviors.

Psychotic attacks with sudden emotional, mental, and behavioral changes are brought on

- when a strong DHS completes a constellation
- due to conflict relapses. The encounter with a highly emotionally charged conflict track can throw a person instantly into a serious manic or depressed state (recurring psychotic attacks). Here we find what is known as “post-traumatic stress disorder” (PTSD), where the person re-experiences the trauma through distressing memories of the event, accompanied by typical physical sympathicotonic symptoms such as nausea, excessive sweating, and a fast heart rate.
- when an additional conflict impacts in the right or left temporal lobe. With further conflicts, a moderate manic or depressive condition can become highly acute.
- during the [Epileptoid Crisis](#), after one of the two conflicts (or both) has been resolved

The **Epileptoid Crisis**, initiated at the height of the healing phase, is a brief, intense reactivation of the conflict. Throughout that period the mental symptoms present, therefore, as much stronger than during the conflict-active phase.

With a heavy constellation, the Epileptoid Crisis can trigger an acute psychotic episode. In the event of a **double Epi-Crisis** that occurs when both conflicts were resolved around the same time, the psychotic attack is particularly severe and could last 3 to 5 days. This applies specifically to cortical constellations. An acute double Epi-Crisis of a Brainstem Constellation, including a KCT Constellation, can prompt a complete mental shutdown with extreme anxiety and fear. Recurring double Epi-Crises are triggered by conflict tracks. **NOTE:** According to Dr. Hamer, a double Epi-Crisis could already be brought on one week after the conflict resolution.

The GNM approach: When a constellation is acute, Dr. Hamer strongly advises **to downgrade the conflicts rather than to aim for a complete conflict resolution because the constellation protects the individual** (see [organ level](#)). **Downgrading the conflicts**, for example, through finding a partial resolution, **reduces the conflict intensity and the degree of distress**. The objective is to **transform a hyper-constellation into a hypo-constellation**. The main reason for this approach is to prevent complications that potentially arise during the healing phase both on the conflict-related organs as well as on the brain level (the extent of the healing symptoms and of the Epileptoid Crisis is determined by the degree of conflict activity). According to Dr. Hamer, with this method, an acute psychosis subsides within 3 to 4 months, without medication. In GNM, the use of medication is only a temporary measure to provide safety for the person ([this research study](#), published in 2017 in the *Journal of Mental Health*, shows that antipsychotic drugs taken over a long period of time “compromise the contribution of the individual effort in recovery” and “reduce the likelihood of functional recovery”).

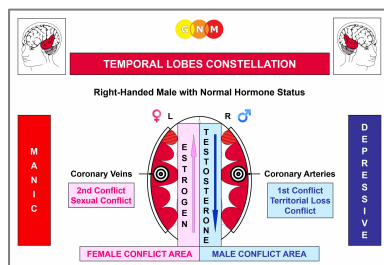
To downgrade a constellation, the first step is to identify the time and circumstances of the *second* conflict (see [conflict sequence](#)) that activated the constellation and its related mental symptoms. The type of constellation (Postmortal Constellation, Autistic Constellation, Aggressive Constellation, Flying Constellation, Hearing Constellation, etc.) can be concluded from the person’s emotions, thoughts, and behaviors. A brain scan, if available, shows the Hamer Foci in the corresponding brain relays. A maturity stop is another important diagnostic criterion because it allows estimating quite accurately at what age the second conflict occurred. At this point, we can ask specific questions about a conflict that happened around that time. Developing strategies how to avoid conflict tracks intend to keep the conflict activity on a low level. With a downgraded constellation a person feels generally quite well, especially when the manic mood is dominant.

THE CONFLICT SEQUENCE

In order to establish what types of conflicts cause a manic depression and in what sequence the conflicts register in the temporal lobes, we have to apply the **principle of gender, laterality, and hormone status** (whether the conflicts are mother/child or partner-related is irrelevant).

Right-handed male with normal hormone status (NHS)

From a biological point of view, for a male with a normal hormone status, the **first conflict** can only be a **male territorial conflict** (territorial fear conflict, territorial loss conflict, territorial anger conflict, territorial marking conflict). If he is right-handed, the conflict registers in the **right temporal lobe** (male conflict area).

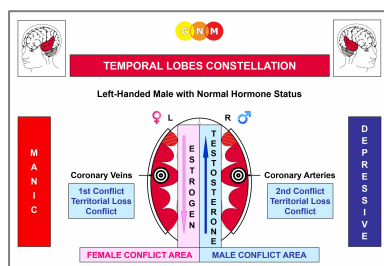


When a right-handed man suffers a territorial loss conflict, for example, the loss of his workplace, the conflict goes to the coronary arteries relay. Throughout conflict activity, he is depressed (primary depression). With the impact of the conflict in the male conflict area, the testosterone level decreases and, subsequently, the estrogen level is relatively higher.

The **second conflict** is, therefore, a **female conflict** (scare-fright conflict, sexual conflict, identity conflict, marking conflict). If he experiences, for instance, a sexual conflict (sexual rejection, loss of a sexual mate), the conflict goes to the coronary veins relay in the **left temporal lobe**. With the second conflict, he is manic-depressive and in constellation; in this case, in a Postmortal Constellation.

Left-handed male with normal hormone status (NHS)

For a left-handed male with a normal hormone status, the **first conflict** is also a **male territorial conflict** (territorial fear conflict, territorial loss conflict, territorial anger conflict, territorial marking conflict). Even though the conflict is experienced in a male fashion, the conflict registers in the female conflict area because with left-handers the conflict is transferred to the other brain hemisphere; hence, to the corresponding brain relay in the **left temporal lobe**.

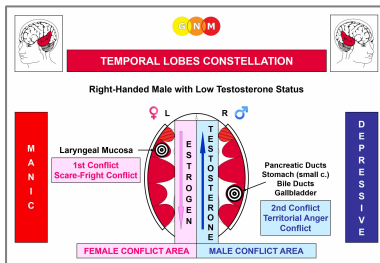


When a left-handed male suffers a territorial loss conflict, the conflict goes to the coronary veins relay. Throughout conflict activity, he is manic (primary mania). With the impact of the conflict in the female conflict area, the estrogen level decreases and, subsequently, the testosterone level is significantly higher.

The **second conflict** is, therefore, another **male territorial conflict**, for example, a new territorial loss conflict that goes to the coronary arteries relay in the **right temporal lobe**. With the second conflict, he is manic-depressive. If both territorial conflicts have a sexual aspect, he is in a Casanova Constellation. **NOTE:** For a left-handed male with a normal hormone status, a Temporal Lobes Constellation is always brought on by two territorial conflicts.

Right-handed male with low testosterone status (LTS)

For a male with a low testosterone status, the **first conflict** can only be a **female conflict** (scare-fright conflict, sexual conflict, identity conflict, marking conflict). If he is right-handed, the conflict registers in the **left temporal lobe** (female conflict area).

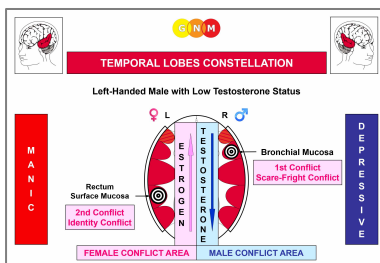


When, for example, a right-handed, elderly man has a scare-fright conflict, say, because of the unexpected death of his wife, the conflict goes to the laryngeal mucosa relay. Throughout conflict activity, he is manic (primary mania). With the impact of the conflict in the female conflict area, the estrogen level decreases and, subsequently, the testosterone level increases.

The **second conflict** is, therefore, a **male territorial conflict**, for example, a territorial anger conflict that goes to the stomach/pancreatic ducts/bile ducts relay in the **right temporal lobe**. With the second conflict, he is manic-depressive and in constellation; in this case, in an Autistic Constellation.

Left-handed male with low testosterone status (LTS)

For a left-handed male with a low testosterone status, the **first conflict** is also a **female conflict** (scare-fright conflict, sexual conflict, identity conflict, marking conflict). Even though the conflict is experienced in a female fashion, the conflict registers in the male territorial conflict area because with left-handers the conflict is transferred to the other brain hemisphere; hence, to the corresponding brain relay in the **right temporal lobe**.



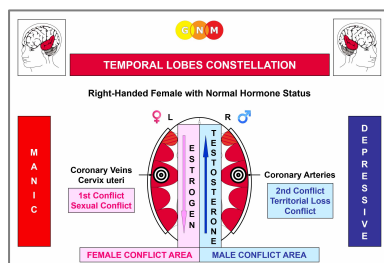
When a left-handed, elderly man has a scare-fright conflict, the conflict goes to the bronchial mucosa relay. Throughout conflict activity, he is depressed (primary depression). With the impact of the conflict in the male conflict area, the testosterone level decreases even more, causing the estrogen level to be considerably higher.

The **second conflict** is, therefore, another **female conflict**, for example, an identity conflict (not knowing where to belong) that goes to the rectum relay in the **left temporal lobe**. With the second conflict, he is manic-depressive and in constellation; in this case, in a Mytho Constellation.

NOTE: For a left-handed male with a low testosterone level, a Temporal Lobes Constellation is always brought on by two female conflicts.

Right-handed female with normal hormone status (NHS)

From a biological point of view, for a female with a normal hormone status, the **first conflict** can only be a **female conflict** (scare-fright conflict, sexual conflict, identity conflict, marking conflict). If she is right-handed, the conflict registers in the **left temporal lobe** (female conflict area).



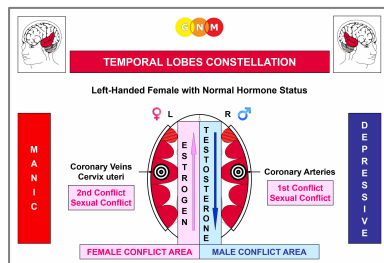
When a right-handed woman suffers a sexual conflict (sexual abuse, sexual rejection), the conflict goes to the cervix/coronary veins relay. Throughout conflict activity, she is manic (primary mania). With the impact of the conflict in the female conflict area, the estrogen level decreases and, subsequently, the testosterone level is relatively higher.

The **second conflict** is, therefore, a **male territorial conflict** (territorial fear conflict, territorial loss conflict, territorial anger conflict, territorial marking conflict). If she experiences, for example, a territorial loss conflict (loss of a friend or family member, loss of her home), the conflict goes to the coronary arteries relay in the **right temporal lobe**. With the second conflict, she is manic-depressive and in constellation; in this case, in a Postmortal Constellation.

The control center of the cervix, located in the left temporal lobe, regulates the menstrual cycle, including ovulation. Normally, a girl's first period (menarche) occurs around the age of 11. If, however, a right-handed girl has a sexual conflict before puberty, her first menstruation will be delayed. By the same token, a right-handed woman who is already menstruating has no period (amenorrhea) while she is conflict-active with a sexual conflict (during that time she is manic). She only continues menstruating when the conflict is resolved or when a second conflict impacts in the right temporal lobe. With an intense conflict she has **prolonged and heavy menstrual bleeding** due to the elevated estrogen level (see also cervix mucosa, uterus mucosa, uterus muscles, and ovaries). During that time she is depressed (see [Scale Rule](#)). At that point, the right-handed female is in constellation. When a right-handed girl gets her first period *before* the age of 11, this indicates that she is already in constellation (manic-depressed) with an accentuation of a territorial conflict linked to the right temporal lobe.

Left-handed female with normal hormone status (NHS)

For a left-handed female with a normal hormone status, the **first conflict** is also a **female conflict** (scare-fright conflict, sexual conflict, identity conflict, marking conflict). Even though the conflict is experienced in a female fashion, the conflict registers in the male territorial conflict area because with left-handers the conflict is transferred to the other brain hemisphere; hence, to the corresponding brain relay in the **right temporal lobe**.



When a left-handed woman experiences a sexual conflict, the conflict goes to the coronary arteries relay. Throughout conflict activity, she is depressed (primary depression). With the impact of the conflict in the male conflict area, the testosterone level decreases and, subsequently, the estrogen level is significantly higher.

The **second conflict** is, therefore, another **female conflict**, for example, a new sexual conflict that goes to the cervix/coronary veins relay in the **left temporal lobe**. With the second sexual conflict, she is manic-depressive and in constellation; in this case, in a Nympho Constellation.

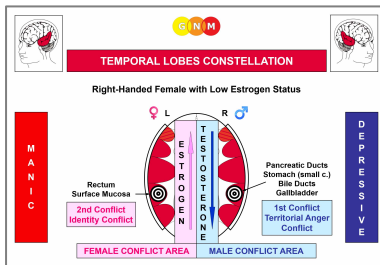
NOTE: For a left-handed female with a normal hormone status, a Temporal Lobes Constellation is always brought on by two female conflicts.

While a right-handed female with a normal hormone status loses her menstrual period with her first sexual conflict, a left-handed woman continues to menstruate due to her elevated estrogen level. With an intense sexual conflict, her first period could already occur before the age of 11. She only stops menstruating or has a delayed menarche when she is in constellation and the second sexual conflict, linked to the left temporal lobe, is stronger. During that time, she is manic rather than depressed. She will get her period when the right-hemispheric conflict becomes accentuated or due to an additional conflict that impacts in the right temporal lobe. Now, she is no longer manic but depressed.

NOTE pertaining to right and left-handed females: The menstrual period only stops when the cervix relay, located in the left temporal lobe, is affected. Alternating moods between mania and depression, triggered by conflict tracks, result therefore in **irregular periods**. When the conflict in the left temporal lobe is amplified, the period stays away and the woman is manic; when the conflict in the right temporal lobe is dominant, the period continues and the woman is depressed. Throughout the premenstrual phase, the autonomous nervous system is in a heightened state of sympathicotonia. Thus, during that period, a constellated woman is even more depressed or more manic, depending on which of the two conflicts is accentuated. The depressed or manic mood and behavior are colored by the specific constellation. With an Aggressive Constellation, for instance, a woman tends to be argumentative and confrontational.

Right-handed female with low estrogen status (LES)

For a female with a low estrogen status, the **first conflict** can only be a **male territorial conflict** (territorial fear conflict, territorial loss conflict, territorial anger conflict, territorial marking conflict). If she is right-handed, the conflict registers in the **right temporal lobe** (male conflict area).

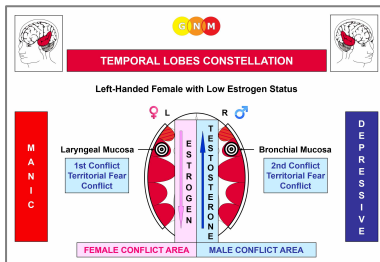


When, for example, a right-handed postmenopausal woman has a territorial anger conflict, the conflict goes to the stomach/pancreatic ducts/bile ducts relay. Throughout conflict activity, she is depressed (primary depression). With the impact of the conflict in the male conflict area, the testosterone level decreases and, subsequently, the estrogen level increases.

The **second conflict** is, therefore, a **female conflict**, for example, an identity conflict (not knowing where to belong) that goes to the rectum relay in the **left temporal lobe**. With the second conflict, she is manic-depressive and in constellation; in this case, in an Aggressive Constellation.

Left-handed female with low estrogen status (LES)

For a left-handed woman with a low estrogen status, the **first conflict** is also a **male territorial conflict**. Even though the conflict is experienced in a male fashion, the conflict registers in the female conflict area because with left-handers the conflict is transferred to the other brain hemisphere; hence, to the corresponding brain relay in the **left temporal lobe**.



When a left-handed postmenopausal woman experiences, for instance, a territorial fear conflict, the conflict goes to the laryngeal mucosa relay. Throughout conflict activity, she is manic (primary mania). With the impact of the conflict in the female conflict area, the estrogen level decreases even more, causing the testosterone level to be considerably higher.

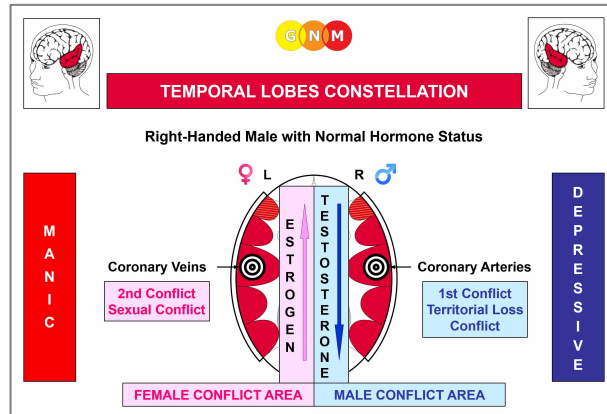
The **second conflict** is, therefore, another **male territorial conflict**, for example, a new territorial fear conflict that goes to the bronchial mucosa relay in the **right temporal lobe**. With the second conflict, she is manic-depressive and in constellation; in this case, in a Flying Constellation.

NOTE: For a left-handed female with a low estrogen status, a Temporal Lobes Constellation is always brought on by two territorial conflicts.

ORGAN LEVEL

Dr. Hamer discovered that **the moment a Temporal Lobes Constellation is established**, the Biological Special Programs stop on the conflict-related organs. Hence, when a person is manic-depressive, **the changes that occur on the organ level are kept within limits**. This is particularly important if the constellation involves vital organs such as the heart. **NOTE:** Healing symptoms such as bronchitis, laryngitis, hemorrhoids, a bladder infection or the development of certain cancers (laryngeal cancer, bronchial cancer, cervical cancer) only occur when the preceding conflict was experienced as highly intense.

An example:



When a right-handed man suffers a territorial loss conflict, the conflict registers in the coronary arteries relay (right temporal lobe). Throughout the **conflict-active phase**, he has angina pectoris and he is depressed (primary depression). Lasting conflict activity for more than nine months could put him into a dangerous situation because, in the event that he resolves the conflict, he would have a fatal heart attack during the Epileptoid Crisis. If, however, he happens to have in addition a sexual conflict involving the brain relay of the coronary veins (left temporal lobe), the ulceration process in the coronary arteries comes instantly to a halt. Now he is manic-depressive, but being in constellation saves his life. Thus, the **biological significance of the Temporal Lobes Constellations** is not only about mental survival but also about physical survival.

If this man were to resolve the sexual conflict, the territorial loss conflict would continue to run “solo”, leading to a potentially deadly heart attack in the healing phase if the territorial conflict were also to be resolved. Dr. Hamer: “An overeagerness to resolve the conflicts can have dramatic results because once one of the two conflicts is resolved and the other one is still active, the clock is ticking.” Therapeutic approaches that aim for a quick conflict resolution without recognizing these biological correlations could, therefore, lead to serious complications. This is why it is important not to resolve but rather downgrade conflicts that correspond to the temporal lobes because the constellation protects the individual!

Dr. Hamer: “Taking into account that a Biological Special Program runs parallel in the psyche, in the brain, and on the corresponding organ, treating a ‘mental illness’ without considering the brain and organ level, as it is done in psychiatry, psychotherapy and other modalities, is senseless and potentially dangerous. The awareness of the psyche-brain-organ relation asks therefore for an entirely new therapeutic approach.”

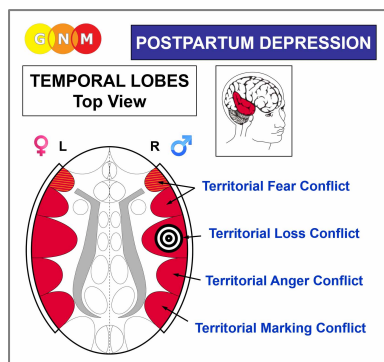
POSTPARTUM DEPRESSION AND POSTPARTUM PSYCHOSIS

Like a Biological Special Program that is initiated by a biological conflict, the pregnancy also progresses in **two phases**: a sympathicotonic phase followed by a vagotonic phase. During the **first three months of pregnancy**, the woman is in **sympathicotonia**; **from the fourth month to childbirth**, she is in **vagotonia**. The vagotonic state of the expectant mother serves the purpose to prevent her from overexerting herself and putting herself and her baby in danger. The **postpartum period** begins immediately after the birth of the child.

POSTPARTUM DEPRESSION

In conventional medicine, a postpartum depression is thought to be caused by the hormonal changes that occur after giving birth. If this were true, every woman in childbed would suffer from depression, which is certainly not the case. Based on GNM, a postpartum depression (primary depression) only occurs when the pregnant woman experienced a **male territorial conflict during gestation or during delivery**. **NOTE**: Due to her low estrogen status, a pregnant woman experiences conflicts in a male fashion. Such conflicts include territorial loss conflicts (loss of her home, loss of the father of her child, loss of a family member or close friend), territorial anger conflicts (anger at home or at work, arguments with the partner or spouse, a difficult pregnancy, uncomfortable pregnancy examinations), or territorial fear conflicts (fears of a miscarriage, fears about the healthy development of the baby).

The right-handed (RH) pregnant female



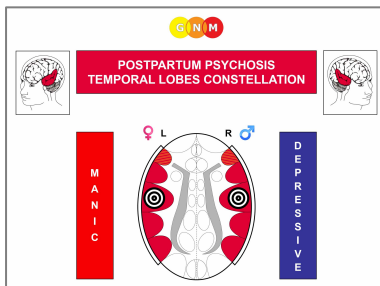
- If a **RH pregnant female** has a **territorial conflict** (territorial fear conflict, territorial loss conflict, territorial anger conflict, territorial marking conflict) **during the first trimester**, the conflict impacts in the right temporal lobe. While she is conflict-active, she is depressed (primary depression). However, when she enters the fourth month (the **vagotonic phase**), the depression stops. After the delivery of her child, the depression is reactivated, provided the conflict is still an issue.
- If a **RH pregnant female** experiences a **territorial conflict during the second or third trimester**, the vagotonic state reduces the depression considerably. After she has given birth, the depression returns.
- A **territorial conflict** such as a territorial fear conflict or territorial anger conflict might also occur **during delivery**, putting the woman into a depressive state.
- If a **RH female is conflict-active with a female conflict** (scare-fright conflict, sexual conflict, identity conflict, marking conflict) **before pregnancy**, the conflict registers in the left temporal lobe and she is manic (primary mania). When she gets pregnant, her estrogen level decreases. If the conflict is still relevant, with her first conflict relapse, the previously female conflict is experienced in a male fashion, for example, as a territorial anger conflict that registers in the right temporal lobe. Hence, the same conflict that made her manic before pregnancy makes her now depressed. During the fourth and ninth month, the depression does not progress. After childbirth, she will have the same degree of mania she had before pregnancy.

NOTE: A **left-handed pregnant female** can only have a postpartum depression with a second territorial conflict that corresponds to the right temporal lobe (the first territorial conflict goes to the left temporal lobe since with left-handers the conflict is transferred to the other brain hemisphere – see conflict sequence for females with a low estrogen status). In this case, she is in constellation and manic-depressive (see [postpartum psychosis](#)).

The postpartum depression lasts as long as the territorial conflict is not resolved. The conflict resolution often comes with the joy over the new baby and the new responsibilities.

POSTPARTUM PSYCHOSIS

From the GNM perspective, the presence of a postpartum psychosis indicates that a **woman is in a Temporal Lobes Constellation (manic-depressive) following the birth of her child.**



- If a **pregnant female** (right or left-handed) is in a **Temporal Lobes Constellation before pregnancy or during the first trimester**, the constellation-related mental state and behaviors stop when she enters the fourth month of pregnancy (in [vagotonia](#)). After delivery, the constellation (psychosis) is fully reactivated. If the conflict linked to the right temporal lobe is accentuated, the woman is depressed; if the conflict on the left side is dominant, she is manic.
- If a **pregnant female** gets into a **Temporal Lobes Constellation during the second or third trimester** (see [conflict sequence](#) related to right-handed and left-handed females with low estrogen status), the vagotonic state reduces the mania or depression considerably. After the birth of her child, the manic depression (psychosis) fully returns.
- The **second conflict** that creates a constellation, for example, a scare-fright conflict or territorial anger conflict (see [conflict sequence](#) related to right-handed and left-handed females with low estrogen status) can also occur **during delivery**.

How exactly the postpartum psychosis presents, is determined by the type of constellation that was established before giving birth. With an Autistic Constellation, the new mother tends to withdraw, whereas a Flying Constellation might propel her into a state of extreme euphoria, particularly when the manic mood is dominant. With an Aggressive Constellation she is argumentative and confrontational. If the Aggressive Constellation is severe, she might harm her baby and/or herself. Because of the sudden reactivation of the constellation (see [psychotic attacks](#)), the mental symptoms and behaviors present as much stronger than before delivery. It could take two to twelve weeks until the psychosis levels off.

BEHAVIORS CONTROLLED FROM THE TEMPORAL LOBES

"You're only given one little spark of madness. You mustn't lose it" (Robin Williams)

OBSESSIVE-COMPULSIVE BEHAVIORS

A distinctive feature of Temporal Lobes Constellations and manic depression is the development of **obsessive-compulsive behaviors**. From a biological point of view, the compulsive urge to act a certain way is not, as claimed, a "disorder" (OCD-Obsessive Compulsive Disorder) but instead an innate survival program that is activated the moment the constellation is established (see also [hoarding](#) with a [Kidney Collecting Tubules Constellation](#), a compulsion to move with a [Motor Cortex Constellation](#), compulsive checking with a [Paranoia Constellation](#)). The **purpose** of the compulsion is to help the individual to better cope with the conflicts. Complex compulsive behaviors, for instance, when compulsive ritualistic behaviors, aggressive behaviors, paranoid impulses, and motor tics occur together, indicate a combination of several constellations. The individual conflict situations explain why the behaviors start at a certain time in someone's life, why they vary in degrees, and why they differ from person to person.

When constellations are severe, the compulsions can build to a point where they gravely interfere with a person's daily life. The **GNM approach** is to identify and resolve the conflict that prompted the compulsive behavior (see [conflict sequence](#)). **CAUTION:** If the underlying conflicts involve vital organs such as the heart (see [organ level](#)), the objective is to downgrade the conflicts rather than to aim for a complete conflict resolution.

NOTE: There is a fine line of difference between obsessive-compulsive behaviors and addictions. Generally, addictive behaviors (gambling, shopping, video-gaming, smartphone use) have, similar to addictive substances (alcohol, drugs, nicotine), a rewarding effect whereas compulsive behaviors are primarily driven by achieving relief from anxieties. However, **addictive behaviors** can become compulsive the moment the psychic distress takes over, or, to put it in GNM terms, when a person is in a schizophrenic constellation (see [pornography addiction](#), [funeral addiction](#), [bulimia](#)).

MATURITY STOP

"I'm afraid if I ever grow up, I won't be able to make a living" (Robin Williams)

When a person is still in the developmental age and experiences a conflict that creates a constellation, the maturation stops at the time when the second conflict takes place. The maturity stop, however, is only put on hold. Once one of the two conflicts is resolved, the person is no longer in constellation and, therefore, able to catch up in his development very quickly (the maturity stop allows an individual to resolve the conflict at the emotional age when the second conflict occurred). Yet, if the conflicts are not resolved by the age of about 23, the maturity stop remains and there will always be a discrepancy between the intellectual world of an adult and the emotional world of a child or adolescent. With a conflict resolution after the age of 23, the manic depression ceases; the maturity stop, however, stays and becomes part of the adult's personality. The **purpose of the maturity stop** is to protect the individual because instinctively nobody attacks an infant or a child. The maturity stop also serves the purpose to keep the individual out of the (territorial) competition.

“A sense that babyfaced individuals should be protected from those who are more mature-faced is revealed in the finding that more babyfaced plaintiffs in small claims court are awarded more compensation from mature-faced than babyfaced perpetrators. Other evidence of stronger protective responses to babyfaced individuals is provided by the finding that people who find a lost letter with a resume enclosed are more likely to return it when the photo on the resume shows a babyfaced than a mature-faced person” (*Psychology*).



In the wolf pack the “puppy license” grants the young wolves permission for inappropriate behavior. The role of the “constellated” adult wolves is to play with the young wolves.

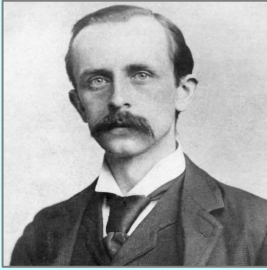
The maturity stop explains why, for example, a 12 year-old child behaves like an infant that is still in the defiant age, why a grown-up woman at the emotional age of 16 acts like a teenager, why a 40 year-old man with a maturity stop at 13 is unable to settle down and commit to a marriage, why an emotionally 9 year-old adult requires a guiding hand throughout life, or why some children appear more mature than their parents. Here we find the adult who is still living with his parents, the man who has an infantile bond to his mother, the “old hippies” that never came out of the Sixties (a time loaded with territorial conflicts and sexual conflicts), or the young woman who is attracted to men older her age. What is known in psychology as a “father complex” is in the context of GNM a maturity stop linked to a father-related conflict such as a sexual conflict involving the father or an elderly man or the loss of the father at an early age (territorial loss conflict). Dr. Hamer: “The phenomenon of the maturity stop has existed all along. However, in our days, not least because of early sexualization, the frequency of constellations among teenagers between the age of 11 and 14 has increased significantly. Most conflicts occur during that period.”

The more intense the constellation, the more obvious is the immature conduct. Setting on a conflict track can trigger a sudden display of childish behavior such as [pouting](#), throwing a tantrum, or seeking comfort with a stuffed animal. The encounter with an abuser from childhood, associated with a sexual conflict, scare-fright conflict, or territorial fear conflict, can prompt an instant regression into infancy.



“It’s embarrassing to confess that I can’t get rid of any of my childhood dolls or stuffed animals, or even those I’ve acquired in adulthood – especially since I’m 37 ... But for some reason, all these toys are very much alive to me. In truth, it probably reveals that I am emotionally stunted, underdeveloped and still living with the mindset of a six-year-old ... It’s especially hard to go to the grocery stores and see all those unsold bunny rabbits and teddy bears near the flower section. I mean, who buys those? It’s horrible! Honestly, if I had millions of dollars, I’d probably purchase every one of them and stash them in my house so they wouldn’t feel rejected.” Source: *Rehab Reviews* (compare with hoarding related to a Kidney Collecting Tubules Constellation).

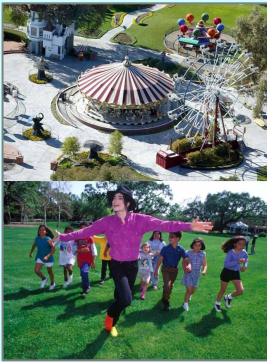
The age of the maturity stop, that is, the age when the second conflict occurred, might show in a person’s facial features (“baby face”), stature, voice, in the way of talking or laughing, the choice of clothing, or in his or her interests and profession ([work in pediatrics](#), children’s and youth work, teaching in a nursery or elementary school, writing children’s books, [puppeteering](#)). People with a maturity stop are naturally attracted to those of “their age”.



The Scottish author **J.M. Barrie** (1860-1937) created the literary figure of *Peter Pan: The boy who would never grow up to be a man*.

When Barrie was six years old, his brother David died in a skating accident. According to his biography, he never recovered from his brother's death. Throughout his life, he tried to recapture the happy years of his childhood and "retained a strong childlike quality in his adult personality".

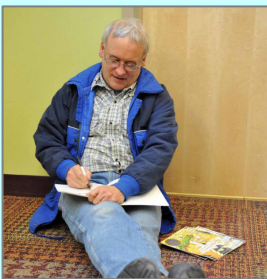
In 1897, Barrie met Sylvia Llewelyn Davies, the daughter of the writer and cartoonist George du Maurier. Barrie used to entertain her two sons George, aged 5 and Jack, aged 4, by telling them fairy tales. The Davies brothers eventually served as a model for his legendary novel.



In 1988, at the age of 30, **Michael Jackson** built a magical home at the Sycamore Valley Ranch in California. He named the property "Neverland", after the fantasy island in Barrie's famous story.

"Neverland is me. It represents the totality of who I am ... I created it for me and my children. It was almost like it was done subconsciously ... It was so easy, because it was me being myself ... My favorite thing to play is a water balloon fight ..." (*True Michael Jackson*).

During the time of the *Jackson 5's*, Michael Jackson had to endure years of physical disciplining from his father. "He practiced us with a belt in his hand and if you missed a step ...", "I was so scared that I would regurgitate" (*Interview*, July 1, 2003). The recurring scare-fright conflicts were, most likely, what caused his manic-depressive condition and his manic performance on stage (the "father-track"). Michael Jackson was right-handed ([see picture](#)).



Canadian writer **Robert Munsch** is the author of more than 25 children books. He openly admits that he is obsessive-compulsive and manic-depressive. "I am a storyteller. I write books for kids, I talk to kids, and I listen to kids" (*Note to Parents*) – see also Mytho Constellation.



British writer **Joanne K. Rowling**, author of the best-selling *Harry Potter* fantasy series, writes for the age-group of young teens.

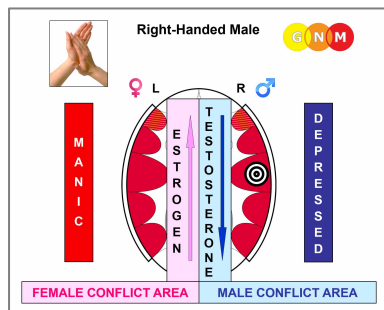
“The worst thing that happened during my teenage years was my mother becoming ill. She was diagnosed with multiple sclerosis ... Although most people with multiple sclerosis experience periods of remission, Mum was unlucky; from the time of her diagnosis onwards she seemed to become slowly but steadily worse. I think most people believe, deep down, that their mothers are indestructible; *it was a terrible shock* [emphasis added] to hear that she had an incurable illness” (*J. K. Rowling*).

FEMININE AND MASCULINE BEHAVIORS

Dr. Hamer discovered that feminine and masculine behaviors are controlled from the same areas in the brain that regulate the estrogen and testosterone levels. Next to the hormone status, a person's biological handedness is of equal significance.

Generally, both males and females can exhibit feminine and masculine traits. However, **independent of one's gender, conflict activity related to the left temporal lobe accentuates a masculine behavior, whereas a feminine behavior prevails with conflict activity linked to the right temporal lobe.** Based on Dr. Hamer's findings, gender roles are first and foremost determined by biological conflicts a person experiences in the course of life rather than solely a result of social and cultural conditioning, as suggested.

The right-handed male



With the impact of a territorial conflict (territorial fear conflict, territorial loss conflict, territorial anger conflict, territorial marking conflict) in the right temporal lobe, the testosterone level goes down and as a result, the **estrogen level is relatively higher** (see [Principle of Gender, Laterality, and Hormone Status](#)).

A right-handed male with an active territorial conflict is therefore, biologically speaking, a “female”.

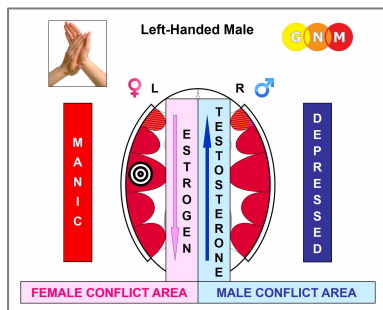
His femininity might show in his physical appearance (soft facial features, feminine body shape) or in his demeanor. If the conflict happens in infancy or childhood, for example, because of abuse, parental punishments, the loss of a family member, losing “territorial fights” with an older brother, bullying at school, and the like, then the effeminate behavior is already apparent at an early age. Such a boy likes to be with girls and has a preference for activities typical for girls (“As a kid I always enjoyed playing with dolls, making jewelry, singing, acting, and dancing – all things considered ‘girly’ by society – and I gravitated toward girls my own age”). In his adulthood, he might be sexually attracted to men (see [homosexuality](#)). However, not all effeminate men are gay!

Since the male territorial conflict area is closed (view the GNM diagram above), such men do no longer have the need to be in charge (a concurrent megalomania constellation might give the impression of superiority and of being in command). Generally, they are easy going and relaxed (“depressed”). They get along well with both men and women. They are good team players and women enjoy them as male friends. Instinctively, they treat them as their kind. Concerning a partner, they happily put their life into the hands of a strong female, particularly with a maturity stop (see [submissiveness](#)).

For comparison:

- A left-handed male shows a feminine behavior only when he is in a Temporal Lobes Constellation with a dominance of the right-hemispheric conflict, that is when, his second territorial conflict is stronger than the first (see [conflict sequence left-handed male normal hormone status](#)).
- In both right-handed and left-handed constellated males, tracks associated with the conflicts cause the male and female behavior to alternate together with a manic or depressed mood. As a father once observed, “When my son feels bad, he goes into his effeminate behavior. When he feels happy and buoyant, he is likely to avoid the feminine regression.”

The left-handed male



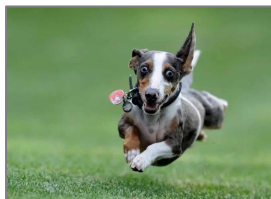
With the impact of a territorial conflict (territorial fear conflict, territorial loss conflict, territorial anger conflict, territorial marking conflict) in the left temporal lobe, the estrogen level decreases and, consequently, the **testosterone level is significantly higher** (see [Principle of Gender, Laterality, and Hormone Status](#)).

A left-handed male with an active territorial conflict is therefore, biologically speaking, “double masculine”.

While a right-handed male becomes with a territorial conflict soft and effeminate, a left-handed male displays instead an overly manly behavior, particularly in the presence of women. Due to his higher-than-normal testosterone level, he also has an increased sex drive (see [Casanova Constellation](#)).

Contrary to the right-handed male, the left-handed man still acts territorial since his male territorial conflict area is open (view the GNM diagram above). His mania (primary mania) provides him with the necessary strength to stand up and fight and to attack a second time, so to speak, in order to defend or regain his place. Hence, such men (or boys) have a tendency to be rebellious and to take charge. Only when he is in constellation with two territorial conflicts is a left-handed male no longer able to think in territorial terms.

Owing to their manic energy, left-handed males with a territorial conflict are able to generate a tremendous amount of vigor and stamina. Hence, they tend to do a lot of sport, often extreme sport. Many top male professional athletes are left-handers, including Joe Frazier, Mark Spitz, Pelé, David Beckham, Lionel Messi, Wayne Gretzky, Bobby Orr, Bobby Hull, Jimmy Connors, and Rafael Nadal.

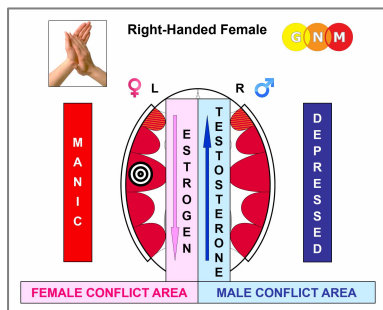


Hyper and overly excited left-pawed dogs are usually active with a territorial conflict. Instinctively, animals deal with the excess energy by working it off physically.

For comparison:

- A right-handed male presents a manly behavior only when he is in a Temporal Lobes Constellation with a dominance of the left-hemispheric conflict.
- In both right-handed and left-handed constellated males, tracks associated with the conflicts cause the male and female behavior to alternate together with a manic or depressed mood.

The right-handed female



With the impact of a female conflict (scare-fright conflict, sexual conflict, identity conflict, or marking conflict) in the left temporal lobe, the estrogen level goes down and as a result, the **testosterone level is relatively higher** (see [Principle of Gender, Laterality, and Hormone Status](#)).

A right-handed female with an active female conflict is therefore, biologically speaking, a “male”.

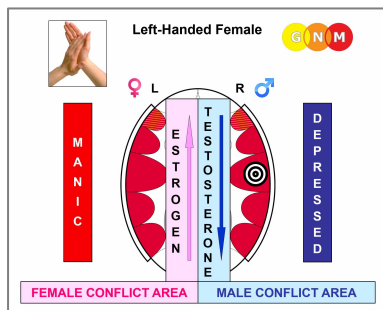
As a girl, she is the boyish type with typical tomboy traits. She is interested in toys for boys, likes to climb trees, play soccer or hockey, and hang out with boys. If she experienced the conflict, let's say, at the age of five or six, her behavior does not differ from a boy her age. The earlier the conflict occurs, the more pronounced is her male demeanor.

In an adult woman, her masculinity might show in her facial features, her physique, the way she likes to dress, or in her hobbies and the profession she chooses. Even if she looks feminine, she emanates a male presence. Since the male conflict area is open (view the GNM diagram above), she acts territorial. She is determined and in charge. Due to her mania, she is full of energy, active, and impulsive. As a “male”, she has a natural way of interacting with men. She also connects well with other masculine women. Concerning a partner, she is attracted to the soft, effeminate type. If she is lesbian, she is drawn to feminine women.

For comparison:

- A left-handed female presents a manic and masculine behavior only when she is in a Temporal Lobes Constellation with a dominance of the left-hemispheric conflict, that is, when for example, her second sexual conflict is stronger than the first (see [conflict sequence left-handed female normal hormone status](#)).
- A right-handed woman who is postmenopausal or on contraceptives shows already a male behavior due to her low estrogen status. If she experiences a territorial conflict (territorial fear conflict, territorial loss conflict, territorial anger conflict, territorial marking conflict), her estrogen level increases due to the drop of testosterone. As a result, she becomes feminine, also in her appearance. Now she gravitates towards a “real man” rather than a “softy” (a study conducted at the University of Sheffield, England, found that taking contraceptives alters significantly a woman's mate choice. Source: [Ecology & Evolution](#), March 2010).
- In both right-handed and left-handed constellated females, tracks associated with the conflicts cause the male and female behavior to alternate together with a manic or depressed mood.

The left-handed female



With the impact of a female conflict (scare-fright conflict, sexual conflict, identity conflict, or marking conflict) in the right temporal lobe, the testosterone level decreases and, consequently, the **estrogen level is significantly higher** (see [Principle of Gender, Laterality, and Hormone Status](#)).

A left-handed female with an active female conflict is therefore, biologically speaking, “double feminine”.

Her pronounced femininity might show in her look, her style, her demeanor, or the way she carries herself. It could also manifest itself as an overly caring or protective behavior, an ideal trait for nursing professions or for working with small children. With a maturity stop she tends to behave girlish.

Overall, such a woman feels more comfortable in the company of other women. Concerning a partner, she prefers the manly type rather than a “softy”. The ideal match is a left-handed manic male. Because of her higher-than-normal estrogen level, she has an increased sex drive (see also [Nympho Constellation](#)), contrary to a conflict-active right-handed female who has due to her low estrogen status a rather low libido.

For comparison:

- A right-handed female presents a feminine behavior only when she is in a Temporal Lobes Constellation with a dominance of the right-hemispheric conflict.
- A left-handed woman who is postmenopausal or on contraceptives shows already a male behavior due to her low estrogen status. If she experiences a territorial conflict (territorial fear conflict, territorial loss conflict, territorial anger conflict, territorial marking conflict), her estrogen level decreases causing the testosterone level to be considerably higher. As a result, she becomes even more masculine, also in her appearance.
- In both right-handed and left-handed constellated females, tracks associated with the conflicts cause the male and female behavior to alternate together with a manic or depressed mood.

SUBMISSIVENESS



In Nature, among social animals, the alpha male and alpha female are the leaders of the pack and in charge of reproduction. Within a wolf pack, wolves that had lost a territorial fight take the rank of beta wolves, who submit to the alpha. When an alpha wolf approaches a beta wolf, the latter lowers its ears and shows its throat to demonstrate submissiveness.

It is similar in the human world. When, for example, a boy (whether right or left-handed) experiences a territorial fear conflict or territorial anger conflict over his domineering mother, his beta wolf behavior shows as obedience and subservience towards his mother as the alpha female. Such a boy idealizes and adores his mother and assumes the role of her protector and her “lover”. Deep inside he is jealous of his father whom he considers a rival (Sigmund Freud called this the Oedipus complex). Unless he resolves the conflict, which is unlikely (see [maturity stop](#)), he will remain a mother’s boy throughout his life. As an adult, he is attracted to females who resemble his mother, as a partner he seeks a woman who is in charge. He might choose a woman who is much older than he (see [Emmanuel Macron and his wife](#); a union of a right-handed male and a right-handed female). He also displays a submissive behavior towards an alpha male.

If a boy has a territorial conflict with a male, for instance with a terrorizing father, an older brother, or a bully at school, he will always be obedient to that male and look up to him. He also takes the position of a beta wolf in the male pack ranking. He is subordinate and compliant, a follower and conformist. If the territorial conflict involves abuse, for example an abusive father, he will be submissive to his abuser. For this well-known phenomenon, GNM offers an understanding from the perspective of biological conflicts rather than from a solely psychological point of view. However, this submissive behavior only develops as a result of territorial conflicts! With a self-devaluation conflict, a male would hate his abuser all his life. Traditional psychology is unable to explain this apparent discrepancy.

Like her male counterpart, a woman becomes submissive towards an alpha male or alpha female when she is active with a female conflict that involves the temporal lobes. If a young girl suffers, for example, a scare-fright or territorial fear conflict triggered by a strict mother, she will always be obedient to her mother who has control over her. Unless she resolves the conflict, she will fixate on her mother throughout her life. She has little interest in men; often such a woman is lesbian. With a sexual conflict involving a male (sexual abuse by her father or another male family member), the girl or female adult is subservient to her abuser. In psychology, it has been known that father-bonded women often suffered sexual abuse or incest.

NOTE: Men or women who fixate on their mothers are more likely to suffer a mother-related conflict.

HOMOSEXUALITY

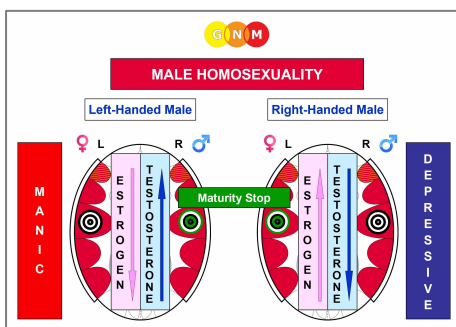
Many different theories have been put forth regarding the origins of homosexuality. The current debate is whether or not homosexuality is a result of environmental or biological factors, or simply a choice and way of life. Social psychologists argue that an individual's upbringing and the role of parental and family dynamics are at the root of a person's sexual orientation. Other theories propose homosexuality is caused by a subconscious hatred of women. Biologists claim that maternal hormones have an effect on a male's sexual orientation already in utero. It has been suggested that if the prenatal hormonal environment of the womb does not provide the fetus with certain levels of testosterone, the brain may not "masculinize" completely. Some say that homosexuality is an "error or freak of nature" (David M. Halperin). Geneticists link sexual orientation with certain DNA markers. Epigenetic theories believe, as usual, that an alteration in gene expressions plays a role in the development of homosexuality. In 2016, Ray Blanchard, professor of psychiatry at the University of Toronto, conjectured the "fraternal birth order effect" theory, proposing that the more older brothers a man has, the more likely he is to be gay (*PNAS*, December 19, 2017). This hypothesis does, however, not explain why there are firstborn sons that are homosexual or why women are gay.

Until 1973, the *American Psychiatric Association* classified homosexuality as a "mental disorder"!

The fact that homosexuality exists across cultures and even throughout the animal kingdom strongly suggests that other factors are at play. With GNM we have for the first time a science that explains homosexuality from the perspective of biological conflicts, taking into account the role of the brain that controls human behavior, including sexual behavior. Dr. Hamer: "In Nature, everything has its sense and purpose, including homosexuality."

Male homosexuality is brought on by a male territorial conflict, particularly when the conflict occurred at an early age. A territorial loss conflict, for example, could have been experienced through the loss of a parent (divorce, death), including the emotional loss of a parent because of arguments or abuse. Studies have shown that, compared to heterosexual men, as a child homosexual men experienced higher levels of distress in relation to being separated from a parental figure (*Scientific American*, April 25, 2017). A territorial loss conflict might have already happened in utero. A fetus can also suffer the conflict with or on behalf of the mother.

With a maturity stop, specifically, when the second conflict occurs before puberty, a male never develops a sexual attraction to females. Most male adolescents go through a homoerotic period where they explore their sexuality. Homosexual men never pass that phase. The maturity stop also reveals why gay men usually **look boyish**, even when they get older. The promiscuous gay man is in a Casanova Constellation.

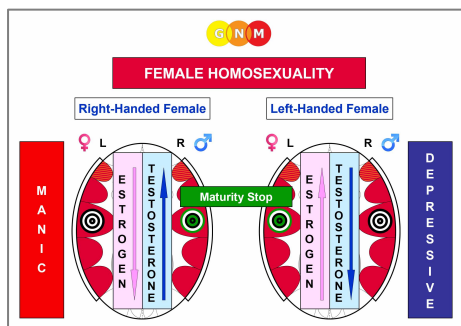


If the male is **right-handed**, the territorial conflict impacts in the right temporal lobe; if he is **left-handed**, in the left temporal lobe.

The second conflict, causing the maturity stop, registers in the opposite brain hemisphere.

There are two types of male homosexuals: the homosexual who is soft, effeminate in his appearance and behavior and more or less depressed (quiet, relaxed) and the homosexual who is masculine-looking, manly in his demeanor, and manic (energetic, active). He is the one that plays the male role in the relationship. With a dominance of the first conflict, the right-handed male is the feminine type and the left-handed male the masculine type. If the second conflict is prominent, it is the other way around.

Female homosexuality is brought on by a female conflict such as a sexual conflict (any distress related to sexuality) coupled with a maturity stop.



If the female is **right-handed**, the first conflict impacts in the left temporal lobe; if she is **left-handed**, in the right temporal lobe.

The second conflict, causing the maturity stop, registers in the opposite brain hemisphere.

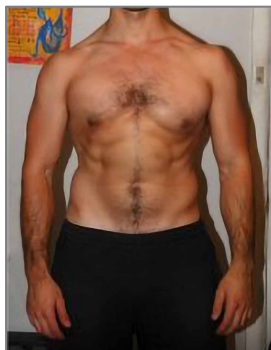
There are two types of female homosexuals: the lesbian who appears and acts masculine and is more or less manic (energetic) and the feminine lesbian who tends to be depressed (relaxed). She plays the female role in the relationship. With a dominance of the first conflict, the right-handed female is the masculine type and the left-handed female the feminine type. If the second conflict is prominent, it is the other way around.

NOTE: According to Dr. Hamer's research, in the majority of cases male and female homosexuals are in a Postmortal Constellation (see also [Casanova Constellation](#) and [Nympho Constellation](#)).

Bisexuality, a sexual attraction to both men and women, is an indication that the related conflicts have been temporarily resolved.

MALE AND FEMALE PHYSIQUE

Dr. Hamer made the astounding observation that unresolved conflicts that occurred in early life also shape a person's bodily structure.



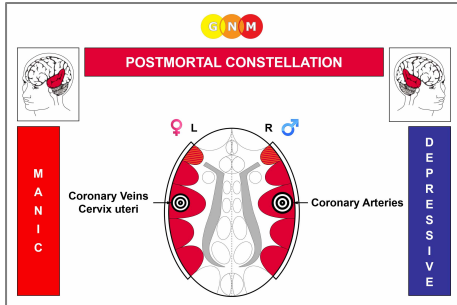
A **right-handed male** who experienced a territorial conflict (territorial fear conflict, territorial loss conflict, territorial anger conflict, territorial marking conflict) before the age of six develops due to his elevated estrogen status sloping shoulders and broad hips like a woman (see [conflict-related hormonal imbalance](#)). When a **left-handed man** has sloping shoulders and broad hips, this reveals that he became constellated before the age of six and that he has a maturity stop.



A **right-handed female** who suffered a female conflict (scare-fright conflict, sexual conflict, identity conflict, or marking conflict) before the age of six develops due to her elevated testosterone status broad shoulders, a wide back, and small hips like a man (see [conflict-related hormonal imbalance](#)). When a **left-handed woman** has broad shoulders and small hips, this indicates that she became constellated before the age of six and that she has a maturity stop.

POSTMORTAL CONSTELLATION

Biological conflicts: territorial loss conflict and sexual conflict



Brain and Organ Level: The corresponding brain relays are the control centers of the cervix/coronary veins (left temporal lobe) and coronary arteries (right temporal lobe), located opposite each other in the cerebral cortex.

Once the second conflict occurs, the person is in constellation and manic-depressive (compare with primary mania and primary depression). Whether the manic or depressed mood is dominant is determined by which of the two conflicts is stronger. The constellation can be permanent or recurring due to tracks or conflict relapses.

CONFLICT SEQUENCE

Gender, Laterality, Hormone Status

First Conflict

Second Conflict

Right-handed male (NHS)
 Left-handed male (NHS)
 Right-handed male (LTS)
 Left-handed male (LTS)

Territorial loss conflict
 Territorial loss conflict
 Sexual conflict
 Sexual conflict

Sexual conflict
 Territorial loss conflict*
 Territorial loss conflict
 Sexual conflict*

Right-handed female (NHS)
 Left-handed female (NHS)
 Right-handed female (LES)
 Left-handed female (LES)

Sexual conflict
 Sexual conflict
 Territorial loss conflict
 Territorial loss conflict

Territorial loss conflict
 Sexual conflict*
 Sexual conflict
 Territorial loss conflict*

NHS = Normal hormone status

LTS = Low testosterone status

LES = Low estrogen status

***With left-handers the conflict is transferred to the other brain hemisphere**

The Postmortal Constellation manifests itself as **compulsive thinking about death**. People in this constellation are preoccupied with thoughts about what will happen after they die; hence, the term “postmortal”. They engage in images around their funeral, who will attend, what will be said, who will read the eulogy, what will happen to their belongings, or how their family and friends will mourn their death (“I rehearsed my own funeral over and over, adding careful details each time”). The **purpose of the constellation** is to allow the individual to retreat into the “realm of death” until life provides better circumstances. Coming out of the constellation is like a rebirth.

Example of a recurring Postmortal Constellation: A 46 year-old right-handed male suffered a territorial loss conflict through the unexpected death of his mother, resulting in a depression (primary depression). Whenever he is conflict-active with a sexual conflict (his second conflict), he becomes immediately manic-depressive. Since the loss of his mother outweighs his sexual conflicts, he is predominantly depressed. During periods when he is in constellation, he continuously ruminates about his death. With a primary depression, that is, when he is out of constellation, he doesn’t have these compulsive thoughts.

The constellation could also present as idiosyncrasies such as an obsession with obituaries, an excessive attraction to graves and cemeteries (“When her kids are at school she goes to local cemeteries, taking hundreds of pictures of gravestones”), or an exaggerated fascination with funerals (“Our son loves funerals. He’s really fascinated by the entire affair of death and burial; it’s an obsession”). In extreme cases, a person develops a funeral addiction with a compulsion to attend as many funerals as possible (“What set me off was my father’s death in 1983. The first thing I do every morning is to turn on the radio to find out if anyone has died. If I don’t hear it on the radio, I call the hospitals and the local funeral home”). In others, the constellation might kindle the desire to work in a hospice and care for the dying or to become a grief counselor.



Queen Victoria, who ruled England from 1837 to 1901, was obsessed with death after her beloved husband Prince Albert died unexpectedly at the young age of 42. Over the next 40 years, the queen performed lengthy rituals of mourning. Each morning, servants had to set out Albert’s clothes, bring hot water for his shaving cup, and change his bed linens.

Queen Victoria was right-handed (note that in [this picture](#) she holds her dog on her left, mother/child side). Hence, she experienced her husband’s death as a territorial loss conflict, which put her into a Postmortal Constellation (see [conflict sequence](#)).



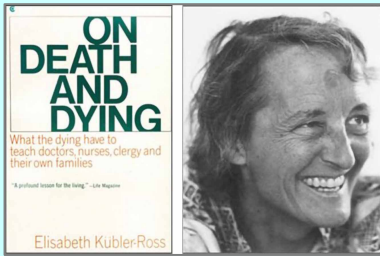
Patrick V. Ebenhöf (Germany), a follower of the **Goth culture**, has been sleeping in a casket for over ten years. The Goth lifestyle certainly attracts folks that are in a Postmortal Constellation.

[Watch the video](#) (in German)

See [transcript](#) of the English translation at the end of this chapter

A **moderate Postmortal Constellation** creates a **strong intellectual, artistic, or spiritual interest in death**. Due to the constellation, the person is irresistibly drawn to read literature or watch documentaries about death and the afterlife. During the period of a Postmortal Constellation, a writer is compelled to write fictional work about death, a composer to compose a requiem or songs about death, a painter to paint images of and around death. A researcher might become passionately committed to the study of death and dying. With a continuing constellation such a passion lasts over a lifetime.

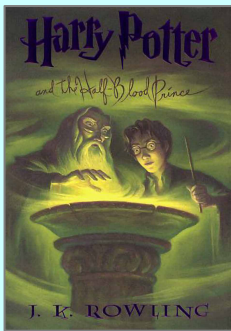
Elisabeth Kübler-Ross (1926-2004)



“Elisabeth Kübler-Ross is one of the most influential contributors to all of humanity ... Her unwavering determination and passion have had a significant impact on how society as a whole thinks about death and the dying” (*How One Woman Shattered Paradigms of Gender, Dying and Grieving*, October 28, 2016).

Kübler-Ross suffered under a strict father, who opposed her wish to be a doctor and demanded she become a secretary in his business. She defied her father’s plans and, at the age of 16, left home. Was this the territorial loss conflict (her second conflict – see conflict sequence) that established the Postmortal Constellation?

According to an article in the NYT, “in the 1970’s, she became embroiled in a scandal after it was discovered that a psychic at her California retreat center was having sex with bereaved widows who thought they were embracing their departed husbands in the dark” (*New York Times*, December 26, 2004). This sex scandal might have reinforced a sexual conflict (her first conflict), she must have experienced already at a younger age. Elisabeth Kübler-Ross was right-handed. Note her male facial features.



J.K. Rowling, writer of the *Harry Potter* fantasy novels admits: “My books are largely about death.” She attributes her obsession with death to the trauma of losing her mother who died at the age of 45. “Barely a day goes by when I do not think of her” (*The Telegraph*, January 10, 2006).

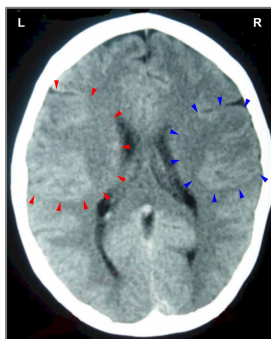


The American movie *Harold and Maude* tells the story of Harold, a young man, who is obsessed with death. His hobby is to attend the funeral of strangers. At one such occasion, he meets Maude, a 79 year-old eccentric, who shares Harold’s “mania” ... A true constellation adventure!

An **intense Postmortal Constellation** causes **compulsive thoughts about committing suicide** (in GNM, we therefore call this constellation also the **Suicide Constellation**). The suicidal thoughts circle continuously around where, when, and how to take one's life. The envisioned suicide is, typically, a "gentle death" such as taking an overdose of sleeping pills, poisoning, inhaling toxic gases, or drowning (compare suicidal ideation with an Aggressive Constellation or with a Flying Constellation). The suicide notes are extensive and dramatic in style and content. Here we also find the "heroic death", where the person is convinced that his death serves the greater good, as well as the "martyr death", where the suicide stages his own death with the intention to go down in history. Combined with a Megalomania Constellation, the suicide is driven by gaining sympathy and admiration for sacrificing his life.

As long as the depressed mood is accentuated, the person only contemplates or talks about committing suicide. The suicidal act is, however, carried out when the mania-related conflict is suddenly reactivated through setting on a conflict track (a certain situation, a certain subject, the encounter with a certain person) or through a conflict relapse. This shift can happen in a split second.

NOTE: Suicidal thoughts, suicide attempts, and suicides only occur in a manic-depressive state, never with a primary depression or primary mania. The pursuit of suicide is motivated by feeling instinctively that left without a territory and without a sexual mate one's existence is, strictly biologically speaking, "superfluous".



This brain scan of a right-handed male shows a "Suicide Constellation" ([view the GNM diagram](#)) involving the brain relays of the coronary arteries (right temporal lobe) and coronary veins (left temporal lobe). The large size of the Hamer Focus in the left temporal lobe reveals that he experienced the sexual conflict (see [conflict sequence](#)) as more intense.

It has been clinically observed that people who suffer from depression usually commit suicide at a time when they come out of the depression ("Suicidal urges are particularly high after a depressed patient first enters therapy. It is particularly tragic, when a patient has gone through therapy and the depression substantially lifted, that they then kill themselves", *Understanding Thoughts of Suicide*, January 10, 2022). This also explains why **antidepressants increase the risk of suicide**.



"The FDA requires 'black box warnings' on all SSRIs stating explicitly that they double the suicide rates from two per 1,000 to four per 1,000 in children and adolescents" (*Big Pharma, Antidepressants and Suicide*, June 10, 2018).

Antidepressants known as SSRI (selective serotonin reuptake inhibitors) raise the levels of serotonin in the brain by stopping the absorption through the brain's various receptors (see [chemical imbalance theory](#)).

If someone is suicidal before starting to take an antidepressant, the drug lifts the depression and enhances the manic mood. Hence, the medication does not create the suicidal thoughts but rather facilitates putting the suicidal plan into action (see also [antidepressants and violent behaviors](#)). Dr. Hamer: "The symptoms cannot be cured by chemicals but only through considering the conflicts."

The GNM approach is to

- **keep the client in the depressed mood** by focusing on the depression-related conflict **in order to prevent suicide**
- **develop strategies to avoid mania-related tracks** associated with the sexual conflict or territorial loss conflict (see [conflict sequence](#))
- **downgrade the depression-related conflict and NOT resolve it** because of the involvement of the heart relay. If an intense territorial loss conflict or sexual conflict were to be resolved, the person would suffer a heart attack during the Epileptoid Crisis (see [organ level](#)). Downgrading the conflicts reduces the intensity of the conflicts and the suicidal thoughts stop. Hence, the objective of the GNM approach is to turn an intense constellation into a moderate constellation with which a person can live comfortably.

English Translation of YouTube video “Patrick Vladimir Ebenhöh – Der Sarg-Schläfer”

Patrick Vladimir Ebenhöh rises from his usual sleeping bag. He belongs to a so-called Goth culture, people who are interested in the more morbid aspects of life. But the really special one is the 1.95 meters tall man who sleeps at night only in original coffins.

“I’ve already been sleeping in coffins for several years and I cannot imagine sleeping in a regular bed. To lie in a coffin always gives me a great feeling of security – it is very comfortable and I have no problems at all with my back because the coffin is well padded.”

Patrick’s unusual story began in 2005. He passed a carpenter’s workshop and saw a coffin in the shop window. “It had six fittings and had three handles on each side. It also had some carvings on the cover. It was love at first sight, I would say. Something just clicked and I was smitten.”

Patrick, then still a student, saved his money for months on end, took on a vacation job and finally purchased his first coffin with those savings, to the tune of 1200 Euros. In the meantime, he has added eleven additional coffins that he stored in a warehouse that he converted into a sort of crypt and he often sleeps there. The coffins are adequately ventilated, even with the lid closed.

(Pointing to a coffin, Patrick says ...) “This is my favorite coffin. It is the most comfortable one, with 2,20 meters in length, custom-made. Funeral homes sometimes have to order special longer coffins for unusually tall people. In fact, I am one of these taller persons and in this coffin, I can really stretch out and when I wake up in there I feel practically as if resurrected.”

Patrick buys his coffins at a local mortician. His most important criteria are: natural wood, a high lid and its equipment should be comfortable – nice and soft.

At least once a year, Patrick procures for himself a new coffin costing around 900 Euros but, as a VIP customer, he gets a decent discount of course because, after all, he is the firm’s only repeat customer.

(The funeral director says ...) “He comes in regularly, looks around, and always finds something to his taste and then he walks out with it.”

(Patrick says ...) “I really like this place. My heart sings when I see all these coffins lined up, and one is more beautiful than the next.”

For Patrick it is completely normal to sleep in a coffin, so much so that he has no reservations whatsoever. However, recently there have been complications. Patrick had the idea to simply sleep outside for once. So, he transported his coffin to the nearest parking lot and spent the night there until he was awakened to a surprise. (Patrick relates ...) “When I woke up, I heard two voices and I thought to myself that I probably needed to do something. When I opened the lid, I saw two police constables who were somewhat startled. One of them asked me whether I was OK and we soon clarified the situation.”

Patrick got a verbal admonition and had to promise that he would never again sleep in public places. That’s understandable because most people are afraid of the appearance and the unusual hobby of this 26 year-old.

One of his few friends is Dino and he knows from experience that with Patrick you get noticed everywhere. (He says ...) “One day, when we were drinking coffee together and some older people passed by and they made some remarks, wondering what this is all about, because they don’t know any of this.”

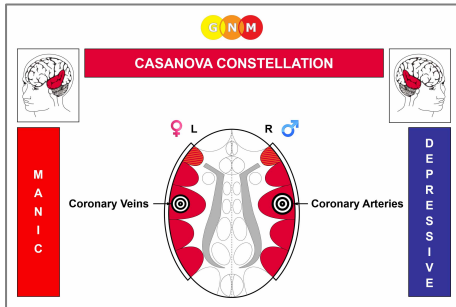
Patrick is an employee of a large firm and works on the production line. As compensation, he often visits a cemetery. (Patrick says ...) “Because my everyday life is pretty stressful, it is in the graveyard where I can actually relax in peace.”

11:30 pm – and it is time for Patrick Ebenhöh to go to bed. This man, with one of the most unusual passions in all of Germany, closes the lid and sleeps where most people don’t ever want to go – in his coffin.

CASANOVA CONSTELLATION

Biological conflicts: territorial loss conflict and **sexual conflict**, experienced by a male. In this case, the territorial loss conflict has also a sexual aspect, for example, the loss of a (potential) sexual mate.

NOTE: A man in a Casanova Constellation is at the same time in a Postmortal Constellation.



Brain and Organ Level: The corresponding brain relays are the control centers of the coronary veins (left temporal lobe) and coronary arteries (right temporal lobe), located opposite each other in the cerebral cortex.

Once the second conflict occurs, the male is in constellation and manic-depressive (compare with primary mania and primary depression). Whether the manic or depressed mood is dominant is determined by which of the two conflicts is stronger. The constellation can be permanent or recurring due to tracks or conflict relapses.

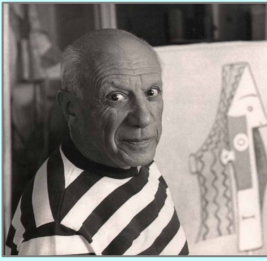
CONFLICT SEQUENCE

Gender, Laterality, Hormone Status	First Conflict	Second Conflict
Right-handed male (NHS)	Territorial loss conflict	Sexual conflict
Left-handed male (NHS)	Territorial loss conflict	Territorial loss conflict*
Right-handed male (LTS)	Sexual conflict	Territorial loss conflict
Left-handed male (LTS)	Sexual conflict	Sexual conflict*

NHS = Normal hormone status LTS = Low testosterone status

***With left-handers the conflict is transferred to the other brain hemisphere**

The Casanova Constellation presents as a **compulsion to conquer women**. The extent of the compulsion is proportional to the intensity of the conflicts. The **biological purpose of the constellation** is to force a man who has lost a sexual mate or has been sexually rejected to chase women in order to secure procreation (compare with Nympho Constellation related to females). The Casanova Constellation creates, therefore, the **womanizer**, the **promiscuous man**, and the **sex maniac**.



The Spanish painter **Pablo Picasso** (1881-1973) is said to have had an insatiable urge to seduce women. Many of his most iconic works feature his wives and mistresses. The artist's sexual appetite was irrepressible. Over the course of his life, he had two wives, six mistresses, and dozens, if not hundreds of lovers, many of whom served as the inspiration for the artist's exceptionally prolific body of work.

According to his biography, he began visiting brothels with his father already at the young age of 13. Hence, his Casanova Constellation must have been established earlier than that. Picasso was right-handed (note that in [this picture](#), he holds his dog on his left, mother/child side).



Was Picasso's pioneering painting style, which became known as *Cubism*, inspired by a maturity stop? (take a close look at Picasso's facial features in the picture above)

A Casanova's fixation with sex shows in the way he approaches a woman, the way he looks at her, touches her, or talks to her. Typically, his conversations have overt sexual implications. Together with a Megalomania Constellation, particularly with a "mating megalomania", he tends to boast about his sexual activities. Here we find the sexual show-off. Alcohol could be a track that triggers a lecherous behavior.

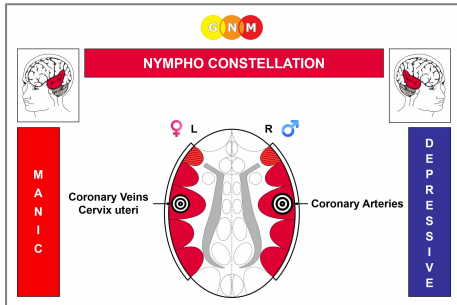
The manic Casanova (male type) has a pronounced sexual desire since his testosterone level is considerably higher than normal. Hence, he comes on to women very strong, while the depressed Casanova (female type) tries to conquer a woman in a more shy or passive way. His intentions, however, are just the same. A Casanova, whether manic or depressed, is predominantly interested in a sexual relationship and, thus, not capable of developing a deep emotional bond with a woman. In fact, a Casanova feels more comfortable, more himself, in the company of men. With a maturity stop, let's say, if he is at the emotional age of a 15 year-old, he is not ready to commit to a steady relationship, let alone to a marriage (if he does, he is usually notoriously unfaithful). Typically, his mother remains the number one woman in his life.

The manic Casanova is outgoing and fun-loving, happy and cheerful. At social gatherings, he is the joker (the "clown") who entertains the party with his pronounced sense of humor. Yet, since he is also in a Postmortal Constellation, a strong constellation puts the manic Casanova at risk of committing suicide.

With an **intense Casanova Constellation**, a man's hypersexuality and obsession with sex can cause an **addiction to pornography, obsessive sexual fantasies, or compulsive sexual behaviors** such as compulsive masturbation, exhibitionism, voyeurism, cybersex, and other excessive sexual pursuits. The manic episodes are usually followed by a depression. A strong constellation also creates the **sexual stalker**. Sadistic and masochistic sexual tendencies develop with a concurrent Aggressive Constellation.

NYMPHO CONSTELLATION

Biological conflicts: sexual conflict and **territorial loss conflict**, experienced by a female. In this case, the territorial loss conflict has also a sexual aspect, for example, the loss of a (potential) sexual mate or the (emotional) loss of a male due to sexual abuse. **NOTE:** A woman in a Nympho Constellation is at the same time in a Postmortal Constellation.



Brain and Organ Level: The corresponding brain relays are the control centers of the cervix/coronary veins (left temporal lobe) and coronary arteries (right temporal lobe), located opposite each other in the cerebral cortex.

Once the second conflict occurs, the female is in constellation and manic-depressive (compare with primary mania and primary depression). Whether the manic or depressed mood is dominant is determined by which of the two conflicts is stronger. The constellation can be permanent or recurring due to tracks or conflict relapses.

CONFLICT SEQUENCE

Gender, Laterality, Hormone Status	First Conflict	Second Conflict
Right-handed female (NHS)	Sexual conflict	Territorial loss conflict
Left-handed female (NHS)	Sexual conflict	Sexual conflict*
Right-handed female (LES)	Territorial loss conflict	Sexual conflict
Left-handed female (LES)	Territorial loss conflict	Territorial loss conflict*

NHS = Normal hormone status LES = Low estrogen status

***With left-handers the conflict is transferred to the other brain hemisphere**

The Nympho Constellation manifests itself as a **compulsion to seduce men**. The **biological purpose of the constellation** is to force a woman who has lost a sexual mate or has been sexually rejected to pursue men in order to secure procreation (compare with Casanova Constellation related to males). “Nymphos” and “Casanovas” therefore magnetically attract each other.

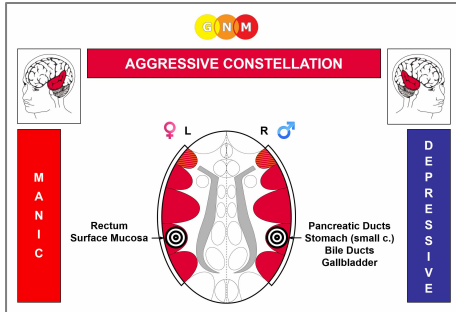
A woman with a Nympho Constellation has a compulsive need for male attention. She comes across as sexy (sexy outfit, sexy walk) and acts flirtatiously. Depending on the intensity of the constellation, her behavior ranges from explicit advances to more refined ways of seducing a man. While the manic Nympho (male type) makes herself actively available to men, the depressed Nympho (female type) tries to tempt a man in a more subtle manner. Taking into account the hormone status, the nympho-depressive has a stronger sex drive since her estrogen level is considerably higher. However, both women are hypersexual and tend to be promiscuous. With a maturity stop, a Nympho is compelled to arouse and ignite a man but she only wants to cuddle or, put another way, she wants to be desired but doesn't want to have sex. If a woman in a Nympho Constellation is unable to attract a mate, the Postmortal Constellation becomes dominant. Now she is preoccupied with thoughts about death rather than sex.

Like with a Casanova Constellation, a **strong constellation** can lead to excessive sexual behaviors such as **obsessive sexual fantasies**, an **addiction to pornography**, **compulsive masturbation**, and an **uncontrollable sexual desire**. Sexual conflicts experienced in childhood or adolescence (sexual abuse, exposure to sexual content, early sexualization) can set the stage for a hypersexual behavior in adulthood.

In the 1800s, the medical treatments for overly sexual women included removal of the clitoris, leeching of the vagina, and cold baths. In today's psychiatry, hypersexuality is considered a symptom in connection with "bipolar disorders". In 2010, it was proposed to be included in the DSM-5. Women who don't desire sex are also at risk of receiving a psychiatric diagnosis. The DSM-5 describes "female sexual arousal disorder" and "inhibited female orgasm" as diagnoses for sexually unresponsive women.

AGGRESSIVE CONSTELLATION

Biological conflicts: territorial anger conflict and identity conflict



Brain and Organ Level: The corresponding brain relays are the control centers of the rectum surface mucosa (left temporal lobe) and the stomach/pancreatic ducts/bile ducts lining (right temporal lobe), located opposite each other in the cerebral cortex.

Once the second conflict occurs, the person is in constellation and manic-depressive (compare with primary mania and primary depression). Whether the manic or depressed mood is dominant is determined by which of the two conflicts is stronger. The constellation can be permanent or recurring due to tracks or conflict relapses.

CONFLICT SEQUENCE

Gender, Laterality, Hormone Status

First Conflict

Second Conflict

Right-handed male (NHS)
Left-handed male (NHS)
Right-handed male (LTS)
Left-handed male (LTS)

Territorial anger conflict
Territorial anger conflict
Identity conflict
Identity conflict

Identity conflict
Territorial anger conflict*
Territorial anger conflict
Identity conflict*

Right-handed female (NHS)
Left-handed female (NHS)
Right-handed female (LES)
Left-handed female (LES)

Identity conflict
Identity conflict
Territorial anger conflict
Territorial anger conflict

Territorial anger conflict
Identity conflict*
Identity conflict
Territorial anger conflict*

NHS = Normal hormone status

LTS = Low testosterone status

LES = Low estrogen status

***With left-handers the conflict is transferred to the other brain hemisphere**

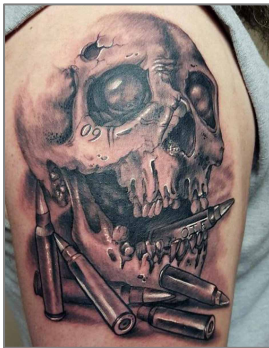
The Aggressive Constellation manifests itself as **compulsive aggressive behavior**.

The **manic-aggressive** is always in a confrontational and polemic mood with an irresistible urge to argue. Sudden aggressive outbursts, verbal eruptions (yelling, using an insulting language), or fits of anger and rage are usually triggered through setting on a conflict track. The encounter with a track (a particular person, situation, subject) is like pushing a button and, without warning, the person snaps, loses control, lashes out, and becomes destructive or violent. What is the **purpose of this behavior**? For a human (or animal) that is driven into a dead-end situation from where there is no way out, the aggressive act is the last resort of defense. It is the last chance to defend one's territory and to secure one's place.

The manic-aggressive is, therefore, able to develop extraordinary **strength and toughness**, both physically and mentally. Thus, the Aggressive Constellation also creates the rebel, the subversive, the revolutionary, and the activist who fights for his ideas to the very end (in this context, Dr. Hamer referred to the Aggressive Constellation as the "Hero Constellation"). People in this constellation excel through their resoluteness, strong willpower, and boldness.

The Aggressive Constellation has a significant influence on a person's **interests**. Here we find, for example, the manic lawyer who turns his compulsion to argue into a professional career. People in this constellation often show a passion for combat sport or fighting sports such as boxing, wrestling, karate, or Mixed Martial Arts. They gravitate towards loud and heavy music (hardcore, punk, metal) with aggressive sounds and angry texts that match their emotions (in comparison, a person in a Postmortal Constellation is rather drawn to melancholic music).

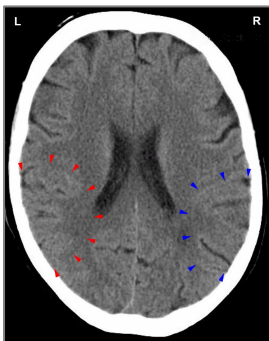
Engaging in **reckless behavior** (reckless driving, speeding) and seeking out risky situations also reveals an Aggressive Constellation. The consumption of alcohol amplifies the manic state!



Body piercing and **tattoos**, once associated with convicts and biker gangs, have become commonplace in today's society. Interestingly, a [study](#) conducted in 2015 by Viren Swami, Professor of Psychology at Anglia Ruskin University (UK), found that people with tattoos have significantly higher levels of verbal aggression and anger compared with people without tattoos. In all fairness, the study stresses that the content of a tattoo is more descriptive of an individual's character than wearing a tattoo or not.

When **children** are verbally or physically aggressive, when they are disruptive, disobedient, resentful, act out in class, bully other children, or throw a tantrum, the aggressive behavior is nowadays considered a symptom of "Attention Deficit Hyperactivity Disorder" (see [ADHD](#) related to a [\(Post\)Sensory Cortex Constellation](#)) or "Oppositional Defiant Disorder". With GNM we learn to understand that their aggressive conduct is the result of territorial anger conflicts (anger at home, anger at school) and identity conflicts (not knowing where to belong), which is the typical conflict combination of children in today's society (children of divorced parents, of single mothers, of "[patchwork families](#)"). The **GNM approach** focuses, therefore, on addressing the circumstances of the related conflicts rather than on administering drugs such as Ritalin. The best way for parents to prevent or stop the aggressive behavior is to give their children a secure and stable home so that they "know where they belong". Disciplining a child only reinforces the constellation.

An Aggressive Constellation, whether in children or grown-ups, could also express itself as **passive-aggressive behavior** displayed, for example, as offensive "silent treatment", deliberate procrastination, a planned failure to accomplish requested tasks, or as backhanded compliments. Passive aggressive people tend to be sarcastic and scornful. Their style of communication has a vicious edge, their hostile attitude and insulting remarks are intended to hurt the other person. With a maturity stop, the adult acts child-like (pouts, behaves defiantly) with an unwillingness to resolve any dispute.

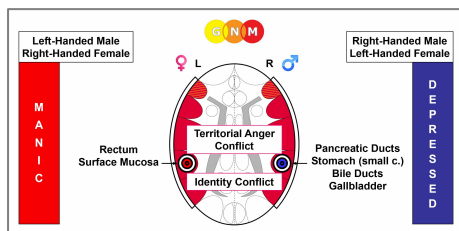


This brain CT shows an Aggressive Constellation ([view the GNM diagram](#)).

The sizes of the Hamer Foci reveal the magnitude of the conflicts and, thus, the extent of the aggressive behavior.

An Aggressive Constellation is the underlying cause of **domestic violence**. The aggressive act is typically provoked by a track that was established when the territorial anger conflict or identity conflict first occurred. The same conflicts lie at the root of violent outbreaks in psychiatric institutions or penitentiaries.

Aggression and Substance Abuse: Because of the changed brain vibration under the influence of alcohol, an intoxicated person acts already constellated with only one conflict that corresponds to the temporal lobes. Depending on the exact conflict, the individual becomes lecherous (Casanova Constellation), libidinous (Nympho Constellation), talks excessively (Mytho Constellation), withdraws socially (Autistic Constellation), or, with an Aggressive Constellation, becomes belligerent.



Taking into account the principle of gender, laterality, and hormone status, in an intoxicated state, right-handers and left-handers show different moods and behaviors. While a **right-handed male** and **left-handed female** become with a territorial anger conflict or identity conflict depressed and sink into self-pity, the **left-handed male** and **right-handed female** become instead manic and hot-tempered. The same holds true when a drunk sets on a conflict track. Hence, the left-handed man is more likely to become violent than the right-handed man. If an Aggressive Constellation has already been established, both right-handers and left-handers (males and females) have the tendency to be verbally and/or physically aggressive, when the mania-related conflict is emphasized or reactivated.

NOTE: A territorial anger conflict that corresponds to the right temporal lobe affects on the organ level the bile ducts of the liver. Constant conflict relapses lead eventually to the development of liver cirrhosis. The claim that liver cirrhosis is caused by excessive alcohol consumption is a wrong conclusion. However, territorial anger conflicts and drinking often go together.

Whereas the manic-aggressive directs the aggression against others, the **depressed-aggressive** directs the aggression towards himself. Here we find, for example, the constellated **hypochondriac** with an obsessive need to suffer from an (imaginary) illness as well as the **masochist** who gets pleasure from physical pain. His counterpart is the manic **sadist**, who is driven to inflicting pain on others. Sexual sado-masochism is, in GNM terms, an Aggressive Constellation paired with a Casanova Constellation or Nympho Constellation.

Among today's children and adolescents, **self-injury** is increasing in an alarmingly fast rate. Self-mutilation involves behaviors such as **cutting** oneself with scissors, razors, or knives, burning or branding one's skin with hot objects, obsessive **skin picking** (dermatillomania) to the point of bleeding, compulsive **hair-pulling** (trichillomania), or head-banging – linked to anger at home, anger at school (territorial anger conflict) and “not knowing where to belong” or “not fitting in” (identity conflict).

With a concurrent Postmortal Constellation (Suicide Constellation) the depressed-aggressive develops **suicidal thoughts**. Due to the Aggressive Constellation, the suicidal fantasies are violent and graphic; they might include images of being cruelly murdered. The suicidal act, prompted by a shift into a manic state, is therefore also performed in a brutal manner such as killing oneself with a fire gun, setting oneself on fire (self-immolation), or self-stabbing (compare with non-violent suicide related to a Postmortal Constellation). The suicide is usually motivated by the intention to hurt the one (partner, parent) who is associated with the territorial anger or identity conflict.

Vincent van Gogh (1853-1890)



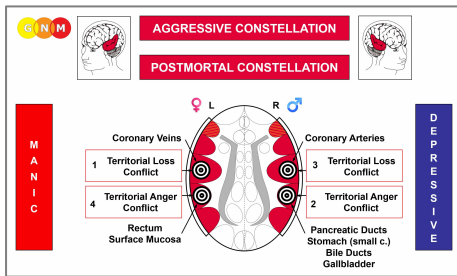
“In 1888, Vincent van Gogh left Paris to live in the south of France, in the small country town of Arles. He was terribly lonely in Arles and rarely spoke to anyone. He begged his friend, fellow artist Paul Gauguin, to come and stay with him, in the hopes that the two of them could start an artist colony and focus on painting. Gauguin’s visit was delayed by illness and van Gogh’s letters show how heartbroken he was by this news.

But when Gauguin did finally arrive, things didn’t go well. They argued frequently [territorial anger conflict]. Gauguin’s paintings were selling well in Paris and this most certainly would have made van Gogh incredibly jealous [identity conflict]. Gauguin was a bit arrogant and didn’t treat van Gogh as his equal, putting even more stress on their relationship.

Things got worse for the pair in December 1888. According to Gauguin, on recounting the incident many years later, the two artists had argued and Gauguin was walking it off outside, getting some fresh air. It was then that van Gogh rushed at him with a razor. That same day, on December 23, van Gogh severed his left ear, possibly using the same razor he’d used to attack Gauguin. He wrapped the cloth around his head to ease the bleeding. He passed out from blood loss, was picked up by police and taken to the hospital.

Van Gogh did eventually take his life: He went out to a wheat field in Auvers-sur-Oise, likely one he had spent hours while painting, put a pistol to his chest and pulled the trigger. He managed to crawl back to his tiny attic home. His death took two agonizing days. He would finally die on July 29, 1890, at the age of 37” (*Vincent van Gogh, Mental Illness and His Ear*, March 3, 2016).

Case Study “Suicidal Thoughts and Aggravated Assaults”: The case concerns Juergen B., a 34 year-old, left-handed male from Germany. In August 1977, Juergen, then 14, went with other children on a holiday trip to Italy. His father was very ill at the time and asked his son to stay with him. When Juergen returned home, his mother was dressed in black. She told him that his father had passed away while he was gone.



At this moment, he suffered a territorial loss conflict (impact in the left temporal lobe in the coronary veins relay, because he is left-handed). To make matters worse, his relatives blamed him that if he had not left, his father would not have died. This triggered a territorial anger conflict (impact in the stomach relay in the right temporal lobe). Juergen was aware that his mother had already a relationship with another man and thought that she might have “helped” her husband to die in order to get rid of him. The fight with his mother escalated to the point that she threw him out of the house and put him in a boarding school. This triggered another territorial loss conflict (right temporal lobe) and territorial anger conflict (left temporal lobe). Now he was instantaneously in a Postmortal Constellation and Aggressive Constellation and manic-depressive, plus, he had a maturity stop. He was predominantly manic since the loss of his father and the feelings of guilt were dominant. Juergen confirmed: “From that time on I was violent.” Each time he had an argument with his mother, he would beat up anyone who stood in his way. When he was depressed, he had thoughts of suicide.

In 1995, after several prison sentences, Juergen met a woman, fell in love, got married, and had a child. Because of his maturity stop (he remained emotionally at the age of 14), she was the “boss” in their relationship. By finding a new home and a wife who loved him, he resolved the territorial conflicts related to his mother, was out of both constellations and therefore no longer violent or suicidal. In 1996, he had a heart attack episode, which he survived due to the previous constellation (see [organ level](#)). Source: Ryke Geerd Hamer, *Vermächtnis einer Neuen Medizin*, Vol. 2, p. 378 (regretfully, the brain scans of this case are not included in the publication).

The Aggressive Constellation explains **spontaneous crimes** such as murder. With acute conflict activity, the manic-aggressive is a walking time bomb ready to kill. The trigger for executing the violent act is, typically, set off by setting on a mania-related track such as a recurring argument or through the encounter with a person or people associated with the conflict. If someone is going through a depression (primary depression) due to a territorial anger or identity conflict and suffers all of a sudden a strong DHS that activates an Aggressive Constellation (see [conflict sequence](#)), a good-tempered individual can turn violent from one moment to the next and run amok. Family tragedies such as killing a parent, one’s spouse and children, or murder out of jealousy as well as school shootings are the tragic outcomes.



“Long before he killed 32 people in the worst mass shooting in U.S. history, Seung-Hui Cho was bullied by fellow high school students who mocked his shyness and the strange way he talked, former classmates said” (*NBC*, April 19, 2007).

From the GNM perspective, **murder-suicide** is caused by an acute manic-depressive state, involving next to the Aggressive Constellation a Postmortal Constellation – a fatal combination of territorial loss conflicts, sexual conflicts, territorial anger conflicts, and identity conflicts.

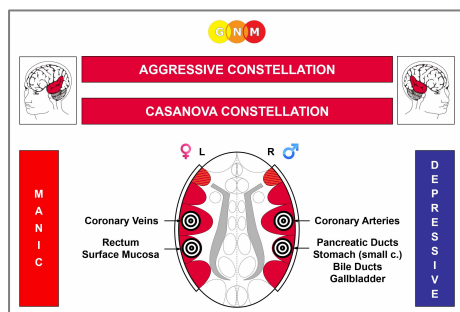


Antidepressants can prompt an instant shift into a manic mood, resulting in violent behaviors, including murder (see also [antidepressants and suicide](#)).

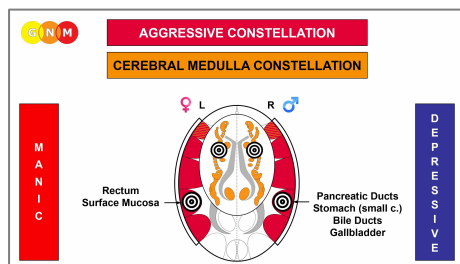
“Despite 27 international drug regulatory warnings on psychiatric drugs citing effects of mania, hostility, violence and even homicidal ideation, and dozens of high-profile shootings/killings tied to psychiatric drug use, there has yet to be a federal investigation on the link between psychiatric drugs and acts of senseless violence” (“[Psychiatric Drugs & Violence](#)”, *CCHRINT*).

[This list](#) includes cases of mass shooting of individuals documented to have been under the influence of psychiatric drugs.

Aggressive Constellation combined with other constellations

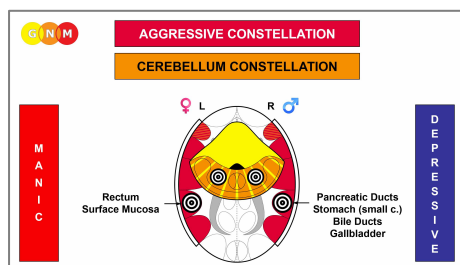


The **sexual offender** and **rapist** is in an Aggressive Constellation and in a Casanova Constellation.



An Aggressive Constellation and a Megalomania Constellation produce the **murderer who wields power over his victim**. The sadistic criminal has, similar to an addiction, the need to torture his victim. The obsessive compulsion is caused by the constellation.

Brutal dictators and merciless warmongers are in these constellations.

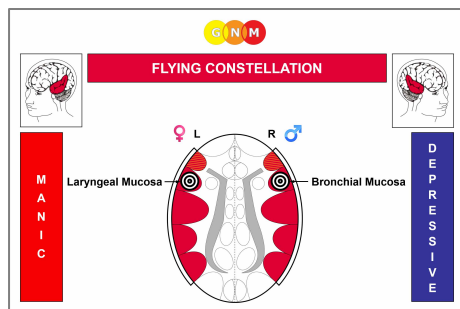


The **remorseless murderer** who is incapable of feelings of guilt is, at the same time, in a Cerebellum Constellation.

With GNM we have for the first time the research that reveals the biological makeup of a criminal offender. We learn to understand from the perspective of biological conflicts why a person is capable of committing a brutal assault such as homicide. The Aggressive Constellation explains why children who experienced violence at home (territorial anger conflicts and identity conflicts) become violent themselves when they grow up. It has nothing to do with genetic factors, as suggested. If the underlying conflicts are not addressed, the person will be drawn to commit the same crime again after the release from prison or when on parole. What is in criminology called a “chronic criminal offense” is, in GNM terms, a chronically recurring Aggressive Constellation reactivated through tracks or conflict relapses. Thus, Dr. Hamer’s discoveries offer also an entirely new approach for the therapeutic work with inmates!

FLYING CONSTELLATION

Biological conflicts: territorial fear conflict and scare-fright conflict



Brain and Organ Level: The corresponding brain relays are the control centers of the laryngeal mucosa (left temporal lobe) and the bronchial mucosa (right temporal lobe), located opposite each other in the cerebral cortex. **NOTE:** The laryngeal muscles and bronchial muscles are related to the Laryngeal Asthma Constellation and Bronchial Asthma Constellation respectively. In this case, the constellation generates physical rather than mental symptoms (see also [Stuttering Constellation](#)).

Once the second conflict occurs, the person is in constellation and manic-depressive (compare with primary mania and primary depression). Whether the manic or depressed mood is dominant is determined by which of the two conflicts is stronger. The constellation can be permanent or recurring due to tracks or conflict relapses.

CONFLICT SEQUENCE

Gender, Laterality, Hormone Status

First Conflict

Second Conflict

Right-handed male (NHS)
Left-handed male (NHS)
Right-handed male (LTS)
Left-handed male (LTS)

Territorial fear conflict
Territorial fear conflict
Scare-fright conflict
Scare-fright conflict

Scare-fright conflict
Territorial fear conflict*
Territorial fear conflict
Scare-fright conflict*

Right-handed female (NHS)
Left-handed female (NHS)
Right-handed female (LES)
Left-handed female (LES)

Scare-fright conflict
Scare-fright conflict
Territorial fear conflict
Territorial fear conflict

Territorial fear conflict
Scare-fright conflict*
Scare-fright conflict
Territorial fear conflict*

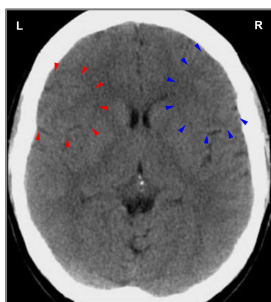
NHS = Normal hormone status

LTS = Low testosterone status

LES = Low estrogen status

***With left-handers the conflict is transferred to the other brain hemisphere**

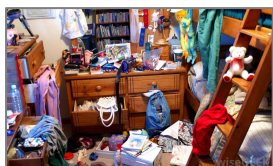
The Flying Constellation manifests itself as an **escape from reality**. The **purpose of the constellation** is to allow the individual to “rise above the conflicts” in order to handle the underlying fears. Someone who has to endure enormous frights and terror (abuse, torture, war) would not be able to survive without that constellation.



This brain scan of a right-handed female shows a Flying Constellation ([view the GNM diagram](#)) with the impact of the related conflicts in the control centers of the laryngeal mucosa (left temporal lobe) and bronchial mucosa (right temporal lobe).

Dr. Hamer: "Each flyer flies differently."

People in a Flying Constellation are of a dreamy nature. They are the classic procrastinators that start projects and never finish them. They do everything last minute, postpone tasks and appointments, miss deadlines, are disorganized, and chronically late. Flyers are easily distracted. They have difficulties living in the present moment. They also tend to be in denial, including failures and defeats. Typically, they avoid dealing with uncomfortable life circumstances. Instead of addressing problems they escape into oblivion. Not fully aligned with the physical reality, they come across as space cadets that are out of touch with reality. Often, they choose professions or hobbies that have to do with flying (airplane or helicopter piloting, para-gliding, hang-gliding, skydiving, parachuting) and are drawn to high terrains (extreme mountain climbing). With a maturity stop, a passion for model planes or kites is carried into adulthood.



"Flyers" are chronically **messy and untidy** (compare with Autistic Constellation). Most of the time, they are not even aware of the mess. In fact, the constellation prevents them from putting plans of cleaning up into practice. If the mess is getting out of hand, this is commonly referred to as the "**messie syndrome**" (compare with hoarding with a Kidney Tubules Constellation). **NOTE:** Self-neglect and living in filth and squalor is related to a depressive state (primary depression or manic-depression). The depressive is unable to care for himself and his surrounding ("Diogenes syndrome").

Contrary to someone in a Kidney Collecting Tubules Constellation who has a persistent need to stay close to home, "flyers" are compulsive travelers and explorers (Dr. Hamer called the Flying Constellation also the "Explorer Constellation"). They have a fascination with cosmology, astronomy, space travel, UFOs, and extraterrestrial life. Together with a Mytho Constellation, a writer might be inclined to produce works of science fiction, or an outer-space epic such as *Star Wars*. Fantasy worlds such as The Land of Oz (L. Frank Baum), Alice's Wonderland (Lewis Carroll), Gulliver's World (Jonathan Swift), or Middle-Earth (J.R.R. Tolkien) emerged from these constellations.

A Flying Constellation might be noticeable in **dreams**. Typical for the manic phase are dreams of lifting up and flying through the air. A sensation of floating upwards is also felt when the eyes are closed while awake. Conversely, dreams of falling occur during periods of depression. In this case, there is a sensation of falling or floating downwards when the eyes are closed. Episodes of **sleepwalking** are caused by conflict relapses that are triggered during sleep or by scary nightmares that put the sleeper temporarily into constellation.

What is known as "**pavor nocturnus**" (**night terror, sleep terror**) is an acute Epileptoid Crisis involving a scare-fright conflict or territorial fear conflict of a Flying Constellation. The symptoms (feelings of dread, sweating, rapid breathing, fast heart rate) are similar to a panic attack (see [Frontal Constellation](#)). During the nocturnal bout, the person bolts upright, gasps, and screams. Night terrors often occur in children but also happen in adults, for example, among those suffering from post-traumatic stress disorder (see [Manic-Depressive, Psychotic Attacks](#)). Depending on the intensity of the conflict, the episodes happen in intervals of days or weeks but also over consecutive nights or multiple times in one night. Typically, the individual is confused, disoriented, unresponsive, and unable to recognize others (bed partner, children their parents), which points to a concurring Brainstem Constellation, including a KCT Constellation.

The Flying Constellation is also the launch point for **astral travel** and **out-of-body experiences (OBE)**. People who had an OBE report that they first had the experience of separating from the body during a “scary” event such as physical abuse, an accident, or a serious medical condition, for instance, a heart attack. Frequently, OBEs and near-death experiences (NDE) go together (“I had a near-death experience at the age of 18. My ex-boyfriend ambushed me and knocked me down with an iron bar. Suddenly, I felt very warm and I saw myself lying on the ground ... then I was back in my body and noticed that I was streaming with blood”, translated from www.steff.international/Nahtod/nte.htm). Attempts to self-initiate an OBE are most likely only successful when the constellation is reactivated through a track. The scare-track might have been established during the first (“terrifying”) OBE incident. Experts in out-of-body experiences such as Paul Elder or William Buhlman, who undertook extensive OBE training at The [Monroe Institute](#), are most certainly “flyers”, in GNM terms.



Paul Elder, author of *Eyes of an Angel* (2005), had his first out-of-body experience when he suffered, at the age of 41, a heart attack. “The floating was kind of scary!”.

Watch Paul Elder’s talk in [this video](#) (The Afterlife and New Explorations of Consciousness)

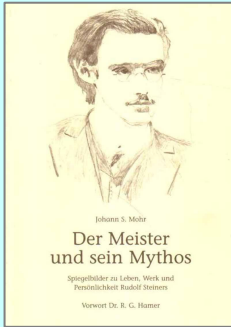
People in a Flying Constellation are drawn to the **supernatural** and the **paranormal**. The constellation enables a person to tune into dimensions beyond the physical plane, connect with loved ones who had passed over, or communicate with elementals, fairies, angels, and spirits. Dr. Hamer’s findings offer an entirely new understanding of the source of ESP abilities such as precognition or clairvoyance. Discoverers, inventors, or artists who report having perceived “inspirations out of nowhere” are blessed with this constellation (see also [Hearing Constellation](#)). The Flying Constellation allows reaching deep meditative states. Hallucinogenic drugs, techniques that alter the state of consciousness as well as hypnosis, including self-hypnosis, work best in this constellation.



Emanuel Swedenborg (1688-1772) was a Swedish inventor, scientist, and philosopher. He wrote scientific works in almost every scientific subject, including mathematics, geometry, physics, chemistry, metallurgy, cosmology, astronomy, anatomy, physiology, and zoology.

On a very particular day, namely on April 7, 1744, at the age of 54, Swedenborg experienced a spiritual awakening. “From that day forth, I gave up the study of worldly sciences and I labored in spiritual things. The Lord opened my eyes, so in the middle of the day, I could see the other world and in a state of perfect wakefulness conversed with angels and spirits.” For the remainder of his life, Swedenborg spent much of his writing time documenting his spiritual experiences and relating what he had seen and heard in the spiritual world.

Watch the documentary *Splendors of the Spirit: Swedenborg’s Quest for Insight* in [this video](#)



In *Der Meister und sein Mythos* [The master and his myth], Johann S. Mohr portrays the life of **Rudolf Steiner** (1861-1925) from the perspective of GNM. **Rudolf Steiner** is known as the founder of anthroposophy, “a path of knowledge aiming to guide the spiritual element in the human being to the spiritual in the universe” (Steiner). In his brilliant biography, published in 2007, Mohr reveals the constellations and conflicts in Steiner’s life that gave him access to the spirit world, enabled him to enormous productivity (Autistic Constellation), and provided him with the manic energy to write twenty books, four dramas, a few thousand pages of articles, richly annotated editions, explicitly of Goethe’s scientific writings, and to give over 6000 lectures (see [Mytho Constellation](#)).

A strong Flying Constellation can generate complex **visual hallucinations** (compare with auditory hallucinations and olfactory hallucinations), including religious visions caused, for instance, by frightening punishments for “sinful deeds” or by threats of ending up in hell. Together with a Megalomania Constellation, this might create messianic delusions or delusions of being an important religious figure. Here we find the self-proclaimed prophet and founders of religious cults.

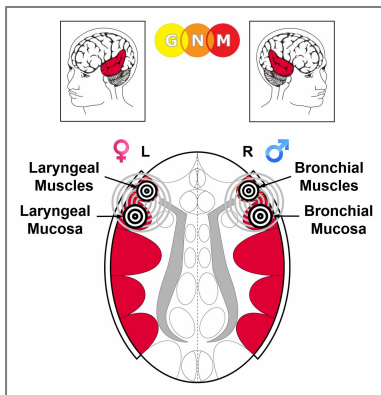


Joseph Smith (1805-1844), the founder of Mormonism and the Latter-day Saints movement, was subjected to severe corporal punishments by his father (Source: Jon Krakauer, *Under the Banner of Heaven*, 2003). This could certainly have caused scare-fright conflicts, territorial fear conflicts, and self-devaluation conflicts, putting him into a Flying Constellation and Megalomania Constellation.

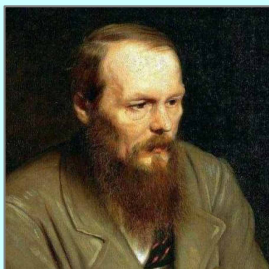
According to Smith, he experienced a series of visions, including one in which an angel directed him to a buried book of golden plates. In 1830, Smith published what he said was an English translation of these plates, the Book of Mormon.

“She now receives love, attention, and invisible presents from a hallucinatory gentleman who visits faithfully each evening”
(Oliver Sacks, *Hallucinations*)

In his book *Hallucinations* (2012), the late neurologist Oliver Sacks presents cases of “**ecstatic seizures**” that prompt visual hallucinations, dreamlike fantasies, altered states of consciousness, out-of-body experiences, or euphoric religious feelings. Interestingly, in neurological research, this type of “seizures” is referred to as “temporal lobe epilepsies”! In the context of GNM, an “ecstatic seizure” occurs during the **Epileptoid Crisis** of a Flying Constellation ([view the GNM diagram](#)).



If the related conflicts (scare-fright conflict and territorial fear conflict) also involve the laryngeal or bronchial muscles relay in the motor cortex, this can trigger simultaneously a generalized epileptic seizure, or grand mal.



According to his own account, the Russian novelist **Fyodor Dostoevsky** (1821-1881) experienced his first epileptic seizure one Easter night during the time of his banishment in Siberia. His seizures were accompanied by a mystical feeling of bliss, “The air was filled with a big noise and I tried to move. I felt the heaven was going down upon the earth and it had engulfed me. I have really touched God” (Colin Grant, *A Smell of Burning: The Story of Epilepsy*, 2016).

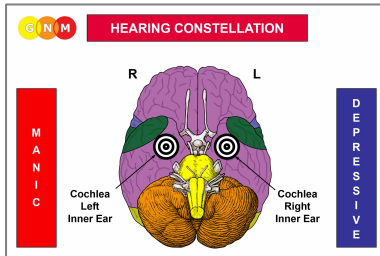
On November 16, 1849, a Russian court had sentenced Dostoevsky, along with others, to death for his allegedly antigovernment activities linked to a radical intellectual group that advocated for social reforms and the abolition of Russian serfdom. On December 22, he was led before the firing squad but received a last-minute reprieve. Instead of his execution, Dostoevsky had to serve four years of exile and hard labor at a prison camp in Siberia. It was then that he had his first “ecstatic seizure” (caused by scare-fright and territorial fear conflicts and conflicts of “feeling stuck”).

A Flying Constellation could also result in the feeling of being an outside observer of one’s body (similar to an OBE) or of being alienated from one’s surrounding (like living in a dream or in a movie). The outside world might be perceived as visually distorted (objects appear smaller or larger than they actually are). In psychiatry, this is termed “**depersonalization/derealization disorder**”. Here we also find **kinetic hallucinations**, or **motor hallucinations**, a sensation that the body or part of it is moving. The extent of the altered self-awareness and twist of reality is determined by the degree of conflict-activity. Recurring episodes point to tracks or conflict relapses.

With a concurrent Postmortal Constellation (Suicidal Constellation), the severely depressed “flyer” develops **suicidal thoughts**. The suicidal act is triggered by a sudden shift into a manic state that occurs through setting on a conflict track or because of a conflict relapse. The typical way of taking one’s life is by jumping from high places (off a cliff, off a mountain, off a bridge, out the window) or hanging (compare suicide with a Postmortal Constellation or Aggressive Constellation). In GNM, we are able to conclude from the specific suicidal thoughts the conflicts that caused the constellations. **NOTE:** Even without suicidal tendencies, a person in a Flying Constellation has a strong urge to jump when standing at a bridge railing or at a mountain ledge; it is an impulse that is difficult to control.

HEARING CONSTELLATION

Biological conflicts: two (territorial) hearing conflicts (“I don’t want to hear this!”). **NOTE:** The vestibular organ of the inner ear is linked to a falling conflict. If the conflicts involve both ears this causes a Vertigo Constellation, resulting in an unsteady gait due to the “double vertigo”.



Brain and Organ Level: The corresponding brain relays are the control centers of the cochlea of the right and left inner ear, located opposite each other in the post-sensory cortex. A person’s biological handedness and whether the conflicts are mother/child or partner-related determine on which side of the cerebral cortex the conflicts register.

NOTE: The hearing relays are situated right below the control centers of the cervix/coronary veins and coronary arteries (see CT scan below), which are assigned to a sexual conflict or territorial loss conflict. Hence, the hearing conflicts can also have a **territorial or sexual aspect** (the voice of a “predator” or rival in the territory, the voice of a sexual abuser, hearing that one’s sexual mate was unfaithful). In this case, the principle of gender, laterality, and hormone status has to be applied.

The constellation is established, the moment the second hearing conflict impacts in the opposite brain hemisphere. When both hearing conflicts have a territorial/sexual aspect, the person is manic-depressive (compare with primary mania and primary depression). This is not the case when the conflicts are mother/child and partner-related. The constellation can be permanent or recurring due to tracks or conflict relapses.

CONFLICT SEQUENCE

Gender, Laterality, Hormone Status	First Conflict	Second Conflict
Right-handed male (NHS)	Territorial hearing conflict	Sexual hearing conflict
Left-handed male (NHS)	Territorial hearing conflict	Territorial hearing conflict*
Right-handed male (LTS)	Sexual hearing conflict	Territorial hearing conflict
Left-handed male (LTS)	Sexual hearing conflict	Sexual hearing conflict*
Right-handed female (NHS)	Sexual hearing conflict	Territorial hearing conflict
Left-handed female (NHS)	Sexual hearing conflict	Sexual hearing conflict*
Right-handed female (LES)	Territorial hearing conflict	Sexual hearing conflict
Left-handed female (LES)	Territorial hearing conflict	Territorial hearing conflict*

NHS = Normal hormone status LTS = Low testosterone status LES = Low estrogen status

***With left-handers the conflict is transferred to the other brain hemisphere**

Hearing conflicts that are triggered by sounds or noises present as tinnitus during the **conflict-active phase**. The sounds that are heard (clicking, buzzing, ringing, and the like) are frequencies of the sound associated with the conflict. If, however, one of the two conflicts, or both, involves the voice(s) of person(s), this causes **hearing voices**, or **auditory hallucinations** (compare with visual hallucinations and olfactory hallucinations). From the GNM perspective, hearing voices is essentially a “voice tinnitus”, where a person hears voices instead of sounds. Like with a sound tinnitus, the **purpose of hearing the voices** is to be a warning (“Last time you heard this voice, you were in danger!”).

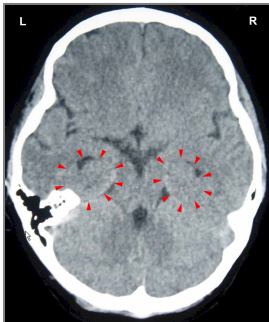


Down Syndrome: Dr. Hamer made the ground-breaking discovery that Down Syndrome is not, as assumed, caused by a trisomy 21 (a third chromosome attached to the 21st gene pair) but by biological conflicts experienced by the fetus, precisely, by a **double hearing conflict** (hearing constellation) **that occurred within the first three months of pregnancy** (see GNM Article “Understanding Genetic Diseases” and how a four-year-old child overcame the condition through the application of German New Medicine).

Surveys have shown that 3 to 5 percent of the general population experience brief and occasional voices. Most voice hearers cope well with their voices. Nevertheless, in psychiatry, hearing voices is regarded as a symptom of schizophrenia (“paranoid schizophrenia”). The standard treatment is to suppress the voices through antipsychotic medication, often with debilitating side effects.

The Hearing Voices Network (HVN), founded in 1987 in the Netherlands by the Dutch psychiatrist Marius Romme, is an organization that rejects the established notion that hearing voices is a symptom of mental illness. Positioned outside of the official mental health world, the HVN is of the opinion that hearing voices is a common “human variation” rather than a psychopathological phenomenon. According to Marius Romme, the real problem is not the voices themselves but the relationship the person has with the voices. In his view, the voices are a reflection of the thoughts and emotions of the voice hearer (“when the voice makes you aggressive, the voice expresses your aggression; the aggression you can’t express”). The HVN treatment method is to engage with the voices, to listen and to respond to them, and to change the relationship to the voices in order to be better able to cope with them. This is certainly a welcome alternative to the dominant psychiatric protocol. However, this practice only calms the voices. In the end, their presence remains.

Dr. Hamer’s research demonstrates that hearing voices originates from two hearing conflicts that correspond to the two hearing relays in the cerebral cortex.



This brain CT shows the two brain relays (control centers of the right and left inner ear) from where the voice hearing is controlled ([view the GNM diagram](#)). The sharp borders of the Hamer Foci indicate conflict activity.

[In this lecture](#), Professor Romme asserts that the verbal interaction between the voices and the voice hearer shows as “activity in the speech center” (28:16). The speech center, or Broca’s area ([view the GNM diagram](#)), controls the ability to speak and to pronounce words, which is why it is embedded in the laryngeal muscles relay. The claim that the speech center is activated by the talking of inner voices is, therefore, highly doubtful.

The voices are either those that were heard at the moment of the DHS or they mimic the sound and language of the original voices. Depending on the exact conflict experience, the voices are critical, offensive, or hostile. With severe hearing conflicts (highly upsetting news, verbal insults, accusations, threats) the voices can become overwhelming. Potentially, the distress of hearing the voices triggers new hearing conflicts (“I don’t want to hear this!”) leading to a chronic condition.

The **GNM approach** is to establish when the second hearing conflict occurred, since this was the time when the voices were first heard. This could have happened at any age (theories suggesting that hearing voices is caused by prenatal trauma are purely hypothetical, because in the event that the fetus suffers hearing conflicts in utero, the voices would already be heard in early infancy). Paying attention to the language, diction, and what the voices are saying reveals the underlying conflict, including whom the voices represent (“They say very nasty things about me – abusive, sexual, violent things, which echo what I heard when I was little”). Observing when the voices appear points to possible conflict tracks. The objective is to identify and resolve the hearing conflict(s) because only then will the voice hearing stop.

NOTE: Since there are no vital organs involved (see [organ level](#)), aiming for a conflict resolution bears no risks.

Those who hear voices of the dead are at the same time in a Flying Constellation. The related territorial fear conflicts and scare-fright conflicts are often triggered by the unexpected loss of the loved one. When the bereaved is ready to move on, the voices are usually no longer heard. The combination of a Flying Constellation and a Hearing Constellation is ideal for the practice of mediumship, for channeling the spirits of the deceased.

Many voice hearers are inspired by their voices. Famous people, including Socrates, Joan of Arc, Teresa of Avila, Carl Jung, Gandhi, Rudolf Steiner, and Robert Schumann reported having heard voices that acted as their inspiration. The voices came either from those who have already passed on or from supernatural sources (angels, spirit guides). People that suffer abuse or torture often hear voices during the ordeal. In psychiatry, the telepathic voices are usually regarded as “psychotic” and considered a fabrication rather than a meaningful communication.



Joan of Arc (1412-1431), the mystic visionary who led the French to victory at Orleans, began to experience visions (see [Flying Constellation](#)) and voices at the age of thirteen (“I was thirteen when I had a voice from God ... it was mid-day, in the summer, in my father’s garden ... When I heard it for the third time, I recognized that it was the Voice of an Angel ... it told me it was necessary for me to come into France ... It said to me: ‘Go, raise the siege which is being made before the City of Orleans. Go!’” – Source: *Joan of Arc Quotes*, www.en.wikiquote.org/wiki/Joan_of_Arc).

In *Hallucinations* (2012), neurologist Oliver Sacks suggests that Joan of Arc may have had “temporal lobe epilepsy with ecstatic auras” (see [“ecstatic seizures”](#)) and wonders: “Is this because there is something special – a pre-existing disposition to religion or metaphysical belief – in these particular people? Or is it because the seizure stimulates particular parts of the brain that serve to mediate religious feelings?” Dr. Hamer identified those areas in the brain that activate religious or mystical visions already in the early 1990s!

Picture: Eugene Thirion (1876) – *Jeanne d’Arc receives messages from Archangel Michael*

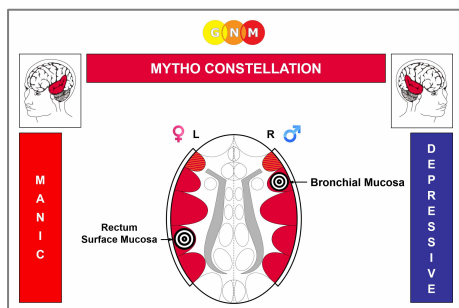


In 1854, the German composer **Robert Schumann** (1810-1856) started to hear voices while he was editing his complete works. Besides hearing a single note (tinnitus), he heard voices and angelic music. He purportedly heard the voices of either Schubert or Mendelssohn who dictated a “spirit theme” to him from the other side. In the days leading up to his second suicide attempt (he jumped into the Rhine River from a bridge – see [Flying Constellation](#)), Schumann wrote five variations on this theme, today known as the *Geistervariationen* (Ghost Variations).

However, when the door to other dimensions is open, this might attract hostile entities with harmful intentions (suggested reading: Wilson Van Dusen, [The Presence of Spirits In Madness](#)). With so called “command hallucinations”, the unsettling voices demand specific, potentially dangerous behaviors that could be detrimental to oneself and/or others. With a concurrent Aggressive Constellation, the person is more compelled to obey the malevolent dictates. Threats voiced for non-compliance to their commands can lead to persecution conflicts resulting in paranoia (see [Paranoia Constellation](#)).

MYTHO CONSTELLATION

Biological conflicts: territorial fear conflict, identity conflict, territorial anger conflict, scare-fright conflict, depending on gender, laterality, and hormone status.



Brain and Organ Level: The corresponding brain relays are the control centers of the rectum surface mucosa (left temporal lobe) and the bronchial mucosa (right temporal lobe), located diagonally opposite each other in the cerebral cortex.

Once the second conflict occurs, the person is in constellation and manic-depressive (compare with primary mania and primary depression). Whether the manic or depressed mood is dominant is determined by which of the two conflicts is stronger. The constellation can be permanent or recurring due to tracks or conflict relapses.

CONFLICT SEQUENCE

Gender, Laterality, Hormone Status	First Conflict	Second Conflict
Right-handed male (NHS)	Territorial fear conflict	Identity conflict
Left-handed male (NHS)	Territorial anger conflict	Territorial fear conflict*
Right-handed male (LTS)	Identity conflict	Territorial fear conflict
Left-handed male (LTS)	Scare-fright Conflict	Identity conflict*
Right-handed female (NHS)	Identity conflict	Territorial fear conflict
Left-handed female (NHS)	Scare-fright Conflict	Identity conflict*
Right-handed female (LES)	Territorial fear conflict	Identity conflict
Left-handed female (LES)	Territorial anger conflict	Territorial fear conflict*

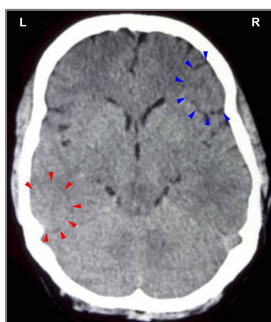
NHS = Normal hormone status

LTS = Low testosterone status

LES = Low estrogen status

***With left-handers the conflict is transferred to the other brain hemisphere**

The Mytho Constellation presents as **compulsive talking**. People in this constellation have a persistent urge to talk. They carry on endless monologues and are hard to interrupt. They speak rapidly and loudly, particularly when the mania-related conflict is pronounced or when they set on a track provoked, for instance, by a certain subject associated with one of the two conflicts (or both). From a biological point of view, the excessive talking serves the **purpose** to talk the opponent down.



This brain scan of a left-handed female illustrates a Mytho Constellation ([view the GNM diagram](#)) with the impact of the corresponding conflicts in the control center of the rectum surface mucosa (left temporal lobe) and the bronchial mucosa (right temporal lobe). The scare-fright conflict, related to the bronchial mucosa, shows as partly resolved.

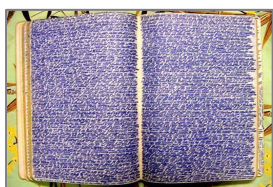
In psychiatry, a rapid and pressured speech is termed **logorrhea**. It is assumed that this behavior is controlled from the Broca's area, or speech center, embedded in the **laryngeal muscles relay** on the left side of the cerebral cortex. Dr. Hamer's brain scan studies show, however, that the uncontrollable talkativeness originates in a schizophrenic constellation that involves the control center of the bronchial mucosa (rather than the larynx relay) located on the right cortical hemisphere. Furthermore, the Broca's area controls the ability to speak and to pronounce words (see **stuttering**) and not the speed or flow of talking. **NOTE:** When the excessive talking is accompanied by motor hyperactivity, this indicates an additional Motor Cortex Constellation caused by "feeling stuck".

The "talkaholic" doesn't necessarily need an audience. Hence, the constellation might manifest itself as **self-talk** or mumbling monotonously to oneself. With a strong constellation, the self-talk is limited to the repetition of particular words or phrases, including loud bursts of swear words with a concurrent Aggressive Constellation. Endless inner monologues are characteristic for the depressed mood or when the depression-related conflict is reactivated through setting on a track. The encounter with a conflict track triggers an instant outpour of internal speeches directed toward the person(s) associated with the territorial anger conflict or identity conflict. The mytho-depressive is also inclined to express his thoughts and sorrows in long, excessive diary entries rather than out loud.

Mythomaniacs are **overflowing with ideas**, especially in the areas of their interest, whether it is a trade, a business, a research project, or a work of art. They are able to improvise with ease about any subject. Just as "appetite comes with eating", for mythomaniacs the ideas come with talking. Here we find the raconteur, the master of inventing imaginative stories, the prolific writer who publishes one book after the other, often within the same genre (horror stories, vampire stories, detective novels, science fiction), the articulate public speaker (moderator, scholar, politician, preacher), and those folks who are always ready to deliver a punch line (comedians, entertainers). When a mythomaniac tells a story, he talks not only to others, he also entertains himself! Elaborate "letters to the editor" or endlessly long emails are also typical for this constellation. Generally, the preferred subjects of a mythomaniac point to the original conflict (territorial fear conflict, scare-fright conflict, identity conflict, territorial anger conflict). Pushing that button opens a verbal floodgate.

Professor offers new Views of the Muse

Harvard Medical School neurology instructor Alice Flaherty found that "if the temporal lobe activity holds sway, an aspiring scribe may turn out 600 logorrheic pages. If the temporal lobes are restrained by frontal lobe changes, the result might be pinched and timid." This is in line with what Dr. Hamer has already discovered in the early 1990s. Except, based on GNM, a writer's block is not related to changes in the frontal lobe, as suggested, but rather occurs when the mania-related conflict on the left cortical hemisphere is temporarily resolved (with hemorrhoids during the healing phase). Setting purposely on the manic track will break the writer's block and reactivate the creativity. Source: *The Harvard Gazette*, January 29, 2004



What is known as **hypergraphia** is a compulsion displayed by extensively detailed writing. The individual expression of hypergraphia is determined by the degree of the related conflicts and their exact content. With a highly intense constellation, a person might continuously repeat one and the same word.

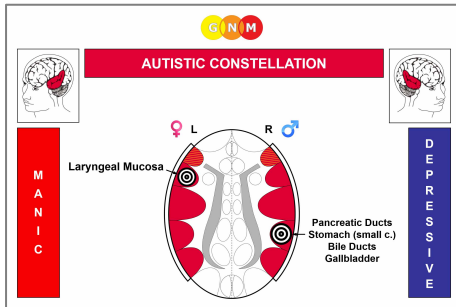


Lewis Carroll (1832-1898), the author of children books, including *Alice in Wonderland* (note his maturity stop!) is said to have had hypergraphia. In his lifetime, he wrote over 98,000 letters varying in format. Some were written backward or in **rebus** (using pictures to represent a word or phrases).

A person in a Mytho Constellation has a tendency towards **verbal exaggeration** or even lying. A strong constellation creates the **compulsive or pathological liar**. With a concurrent Megalomania Constellation, the lies are designed to gain admiration or earn pity from others. With an Aggressive Constellation (see **additional conflicts**) the lies have a malicious intent. Someone in an Aggressive-Mytho Constellation might be driven to produce elaborate, offensive internet postings or hate posts on social media. Bloggers, gossip journalists, or character assassins that get pleasure out of harming people through defamation and slander are in these constellations.

AUTISTIC CONSTELLATION

Biological conflicts: territorial anger conflict, scare-fright conflict, territorial fear conflict, identity conflict, depending on gender, laterality, and hormone status.



Brain and Organ Level: The corresponding brain relays are the control centers of the laryngeal mucosa (left temporal lobe) and the stomach/pancreatic ducts/bile ducts lining (right temporal lobe), located diagonally opposite each other in the cerebral cortex.

Once the second conflict occurs, the person is in constellation and manic-depressive (compare with primary mania and primary depression). Whether the manic or depressed mood is dominant is determined by which of the two conflicts is stronger. The constellation can be permanent or recurring due to tracks or conflict relapses.

CONFLICT SEQUENCE

Gender, Laterality, Hormone Status	First Conflict	Second Conflict
Right-handed male (NHS)	Territorial anger conflict	Scare-fright conflict
Left-handed male (NHS)	Territorial fear conflict	Territorial anger conflict*
Right-handed male (LTS)	Scare-fright conflict	Territorial anger conflict
Left-handed male (LTS)	Identity conflict	Scare-fright conflict*
Right-handed female (NHS)	Scare-fright conflict	Territorial anger conflict
Left-handed female (NHS)	Identity conflict	Scare-fright conflict*
Right-handed female (LES)	Territorial anger conflict	Scare-fright conflict
Left-handed female (LES)	Territorial fear conflict	Territorial anger conflict*

NHS = Normal hormone status

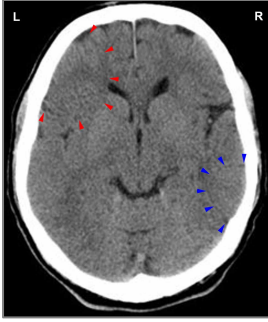
LTS = Low testosterone status

LES = Low estrogen status

***With left-handers the conflict is transferred to the other brain hemisphere**

Since the late 1990s, **infant autism** has been linked to the MMR (measles-mumps-rubella) vaccine that contains, like all vaccines, neurotoxins (aluminum, formaldehyde) that could cause serious neurological damage, including cognitive and intellectual deficits. Conventional medicine denies any connection with the vaccine and adamantly maintains the view that autism is attributed to genetic factors, even though there is no evidence for this claim (“While no one gene has been identified as causing autism, researchers are searching for irregular segments of a genetic code that children with autism may have inherited”, *Autism Society of America*).

Whether autistic symptoms such as social anxiety, social withdrawal, a resistance to physical contact, or certain compulsive behaviors are caused by neurotoxins or an Autistic Constellation can be easily determined through a brain scan.



This brain CT of a right-handed female shows an Autistic Constellation ([view the GNM diagram](#)). Note that the Hamer Focus in the left temporal lobe reaches over both larynx relays ([view the GNM diagram](#)). This reveals that the scare-fright conflict was experienced as more intense than the territorial anger conflict, linked to the stomach/pancreatic ducts/bile ducts relay in the right temporal lobe.

Embedded in the control center of the laryngeal muscles is the [Broca's area](#) that controls language and speech. If the Broca's area is also affected, the autistic person develops in addition to the autistic behavior speech impairments such as vocal tics.

In conventional medicine, disabilities in children and adults, whether cognitive or intellectual, are thought to be either genetic or caused by a lack of oxygen during gestation. Dr. Hamer's research demonstrates that the mental limitations are the result of biological conflicts that occurred **in utero** (see Down Syndrome), at birth, or in the first years of an infant's life. According to Dr. Hamer, the mental retardation seen in people with autism is in the majority of cases not, as assumed, caused by a deprivation of oxygen (birth asphyxia) but by a severe Autistic Constellation brought on during a **difficult delivery**. The early maturity stop explains the developmental delay of autistic children as well as their immature behavior (crying or outbursts in overwhelming and frustrating situations). Newborns and infants suffer scare-fright conflicts and territorial anger conflicts also during distressing **vaccination procedures**. Together with the harmful effects of neurotoxins, this can lead to devastating results.



A [research study](#) conducted in Denmark in 2015 found that boys that had been circumcised have a 46% increased risk of developing autism (Source: *International Business Times*, January 20, 2015).

The stress and extreme pain of circumcision could certainly create an Autistic Constellation.

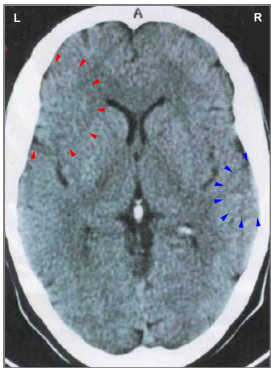
What psychiatry calls **Autism Spectrum Disorder** is, in GNM terms, a combination of constellations linked to several biological conflicts. This is why not every person with autism or **Asperger's syndrome** (considered a mild form of autism) presents the same symptoms. When an autistic child displays a disruptive and aggressive behavior (throwing a tantrum, head banging, hair pulling, self-biting), this indicates a concurrent Aggressive Constellation (territorial anger and identity conflicts). Motor tics such as rocking and other repetitive body movements point to a Motor Cortex Constellation and conflicts of "feeling stuck". Motor conflicts could already happen during the birth process, when the baby feels stuck in the birth canal. In the **practical application of GNM**, each "behavioral symptom" has to be looked at independently in order to understand its origin.

The Autistic Constellation manifests itself as a **compulsion to withdraw**. The **purpose of the social withdrawal** is to allow the individual to better cope with the conflicts. The stronger the constellation, the smaller becomes the world and the space in which the autistic person feels safe. **Mutism**, an unwillingness to speak, is the ultimate refusal of the autistic to communicate with others. Children with so called "selective mutism" are able to converse normally, for example with family members, but refuse to speak at school or with strangers.

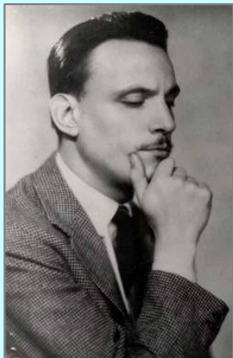
People with a **moderate Autistic Constellation** crave time alone. They enjoy their own company and solitary activities in peace and quiet. They are, therefore, oversensitive to noise. The slightest sound such as the ticking of a clock or buzzing of a fly irritates and distracts them (compare with hyperacusis). They certainly don't feel comfortable in crowds (compare with a fear of crowds, or agoraphobia, related to a Kidney Collecting Tubules Constellation). All the more they cherish the companionship of like-minded friends. Once they have someone with whom they can share their thoughts and ideas, they become very talkative, particularly when they are manic. However, when the depressed mood is dominant, they avoid social contacts altogether. Setting on a conflict track prompts an instant withdrawal into seclusion. During depressive periods, the person tends to ruminate obsessively over things and might sit for hours without moving or talking. Dr. Hamer termed this mental state "**autistic stupor**" (compare with catatonic stupor with a Brainstem Constellation). Usually, the tormenting thoughts circle persistently around the incidence that reactivated, for example, a territorial anger conflict.

The Autistic Constellation generates a **need for routine and sameness**. Autistics require consistency in their environment and in their daily routine. This also pertains to activities outside of their home (routes they walk, places they go to, restaurants they visit, foods they eat). Structure and predictability are vital for an autistic person to "survive". Hence, a change in routine can be greatly upsetting. With a strong constellation, a person might develop **compulsive ritualistic behaviors** such as locking the front door a special number of times or ordering and arranging items in a certain way or until it feels "just right" ("She had a serene sense of calmness, when things 'feel right' – when a pen on her desk was at a precise angle to her mouse pad"). This "just right" element could extend to the execution of tics, for example, tapping objects in a particular way or according to special numbers (compare with motor tics with a Motor Cortex Constellation).

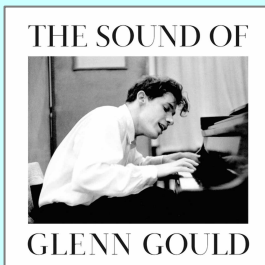
The need for consistency goes along with a **compulsive perfectionism**. Autistic people are meticulous and overly thorough. They pay attention to the tiniest details and mull over problems until they are solved. They make high demands not only on themselves but also on others (their children, their employees, their students) and are overly critical when their standards are not met. They also have a tendency to argue. Unlike the fights of the manic-aggressive, the disputes are motivated by setting wrongs right through using reason, evidence, and logic. The argument is about the issue, not about them. Autistics are extremely orderly, to a point of being pedantic (compare with Flying Constellation). Clothes and shoes have to be neatly lined up in the closet, pictures on the wall must be perfectly level, the workplace is always clean and organized; some develop quite distinctive organization methods. People in an Autistic Constellation are driven to get things done right away. They are compulsive planners and get troubled when their plans unexpectedly change. They also tend to be over-punctual (compare with chronically late "flyers"). On the whole, they are highly ambitious and have highly-focused interests, whether it is an art, a certain area of knowledge, or a sport. The pursuit of their interest is fundamental to their well-being and happiness. Due to the surge of energy, the manic-autistic can generate immense creativity, mental activity, endurance, and perseverance (workaholics are usually in an Autistic Constellation). It is the need for solitude, the exactness and thoroughness, the persistent dwelling on solving difficult tasks (the "creative worrying"), and the dedication and passion for the subject that allows a person in this constellation to reach perfection and to achieve accomplishments that would not have been possible otherwise. This explains why many great artists, writers, discoverers, and researchers suffer(ed) from manic depression, often throughout their whole lives.



A brain CT, here presenting an Autistic Constellation ([view the GNM diagram](#)), shows not only the course of a Biological Special Program on the organ level. It also reveals a person's mental state, psychological makeup, and character traits. The sizes of the Hamer Foci indicate the magnitude of the conflicts, which, in turn, determines, in this case, the extent of the autistic demeanor.



Arturo Benedetti Michelangeli (1920-1995) has been regarded as one of the most commanding piano virtuosos of the 20th century. He was known for his note-perfect and “manic” performances. Because of his obsessive perfectionism, his repertoire was strikingly small. He would practice musical pieces for years before performing them in front of an audience. “He played with as close to 100 percent efficiency as any pianist who ever lived; every motion was carefully thought out and pared down to the minimum that would produce a maximal result” (*Baltimore Sun*, June 13, 1995). Michelangeli was a deeply private man who lived in complete seclusion. He maintained only the most necessary contacts with the public.



The Canadian virtuoso pianist **Glenn Gould** (1932-1982) was also known for his eccentricity. He wore winter clothing, including gloves ([see picture](#)), all year around. He didn't like to shake hands and was socially reclusive. During manic states, he used to go running through the Toronto Zoo singing to all animals. He would go without sleep for days and then again, he had very dark, depressive episodes. Fran's Restaurant, a 24-hour diner a block away from his apartment, was his regular hang out. According to a CBC radio interview (July 15, 1958), Gould would go to Fran's sometime between two and three in the morning, sit in the same booth, and order the same meal of scrambled eggs.



Spanish world-class tennis player **Rafael Nadal** displays rituals that “help him focus on his play”. His chair has to be aligned with the court. He eats his energy gel always the same way: Rip off top, fold side over, move gel up with four gentle squeezes. He has two water bottles (one cold, one warm). He sips the water always in the same order. He places the water bottles in the same exact positions (“I put the two bottles down at my feet, in front of my chair to my left, one neatly behind the other, diagonally aimed at the court. Some call it superstition, but it’s not. If it were superstition, why would I keep doing the same thing over and over whether I win or lose? It’s a way of placing myself in a match, ordering my surroundings to match the order I seek in my head” – Source: [Essentially Sports](#)).

Watch Nadal’s tennis rituals in [this video](#). Note, when he crosses the line: “always right foot first”. This is one of his rituals.

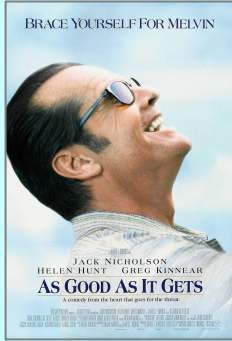
Nadal is clearly biologically left-handed ([see picture](#) showing him clapping). He knocks the clay off his shoes, starting with the left shoe (03:19) and he plays also with his left hand (“There is an urban myth that it was his uncle Toni who forced him to play left-handed, but in fact it was Nadal himself who decided to make the switch”, *The Telegraph*, June 27, 2015). He was only able to do that because of a strong left hand. Ambidextrous people are generally biologically left-handed.



Temple Grandin is a high-functioning autistic, who made a distinguished career as an animal scientist. She shares her distinctive interest and enlightening insights into the behavior and emotions of animals in her publication *Animals in Translation* (2005).



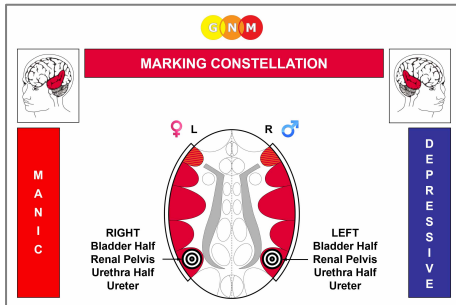
The autistic behavior is brilliantly performed by Dustin Hoffman in the movie ***Rain Man***. Raymond, the main character, is autistic. The film actually shows the dramatic event that marks the beginning of Raymond’s condition. It is a terrible accident (“scare-fright conflict”) that happened when he was an infant and left alone in the bathtub ...



In the movie ***As Good As It Gets*** Melvin, played by Jack Nicholson, performs repetitive rituals such as locking his front door and opening the light switch multiple times before leaving his apartment. He is uncomfortable when others are touching him. The eating utensils have to be orderly placed on the dinner table. He has a hard time handling any changes in his routine. Hence, when Carol, the waitress who usually serves him in the restaurant, is one day not on duty, he is unable to eat breakfast. He is also troubled by the thoughts of germs and infections (see [Paranoia Constellation](#)).

MARKING CONSTELLATION

Biological conflicts: two (territorial) marking conflicts. The conflict sequence is determined by gender, laterality, and hormone status.

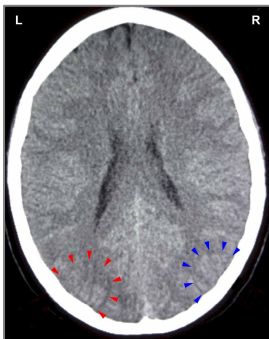


Brain and Organ Level: The corresponding brain relays are the control centers of the right ureter, right renal pelvis, right half of the bladder and urethra (left temporal lobe) and the left ureter, left renal pelvis, left half of the bladder and urethra (right temporal lobe), located opposite each other in the cerebral cortex.

Once the second conflict occurs, the person is in constellation and manic-depressive (compare with primary mania and primary depression). Whether the manic or depressed mood is dominant is determined by which of the two conflicts is stronger. The constellation can be permanent or recurring due to tracks or conflict relapses.

The Marking Constellation presents as **compulsive urination**. Only small amounts of urine though are produced. The **purpose** of the constant urge to urinate is to secure one's "territory". With an intense constellation, a person might pass urine every 20-30 minutes.

Frequent urination, for example shortly before an exam or before going on a trip, is a natural stress reaction, because part of the fight-or-flight response is to eliminate waste as quickly as possible. If general stress can be excluded, a Marking Constellation has to be taken into consideration, particularly when the condition lasts over a certain period of time ("The problem started when I was about 11. I would pee up to 18 times a day and still felt like I had to pee").

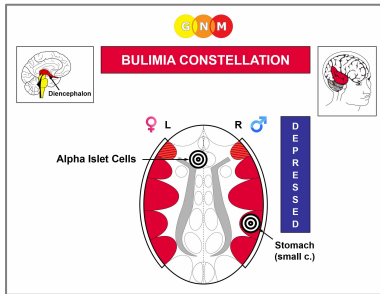


This brain scan of a left-handed male shows a Marking Constellation ([view the GNM diagram](#)) with the Hamer Foci in the control centers of the bladder/urethra/ureter/renal pelvis (right and left temporal lobes) caused by two territorial marking conflicts.

Compulsive urimators are usually in a manic state. The reason why upon examination urologists are unable to attribute any organic causes is that the frequent urge to urinate occurs in the **conflict-active phase**, where there are no symptoms.

BULIMIA CONSTELLATION

Biological conflicts: fear-disgust conflict, territorial anger conflict, resistance conflict, identity conflict, depending on gender, laterality, and hormone status.



Brain and Organ Level: The corresponding brain relays are the control centers of the alpha islet cells of the pancreas (left **diencephalon**) and the stomach (right temporal lobe). **NOTE:** When the territorial anger conflict or identity conflict affects the bile ducts or pancreatic ducts that share the control center with the stomach (small curvature), the person is not in a Bulimia Constellation.

The constellation is established, the moment the second conflict registers in the opposite brain hemisphere. The constellation can be permanent or recurring due to tracks or conflict relapses. **NOTE:** A Bulimia Constellation does not cause a manic-depression or a maturity stop. A manic depression only develops when both conflicts involve the temporal lobes.

CONFLICT SEQUENCE

Gender, Laterality, Hormone Status	First Conflict	Second Conflict
Right-handed male (NHS)	Territorial anger conflict	Fear-disgust conflict
Left-handed male (NHS)	Resistance conflict	Territorial anger conflict*
Right-handed male (LTS)	Fear-disgust conflict	Territorial anger conflict
Left-handed male (LTS)	Identity conflict	Fear-disgust conflict*
Right-handed female (NHS)	Fear-disgust conflict	Territorial anger conflict
Left-handed female (NHS)	Identity conflict	Fear-disgust conflict*
Right-handed female (LES)	Territorial anger conflict	Fear-disgust conflict
Left-handed female (LES)	Resistance conflict	Territorial anger conflict*

NHS = Normal hormone status

LTS = Low testosterone status

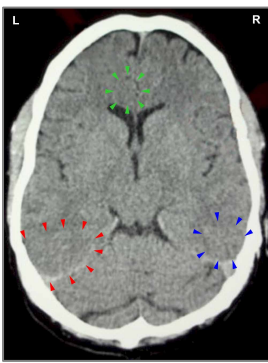
LES = Low estrogen status

***With left-handers the conflict is transferred to the other brain hemisphere**

Bulimia (*bulimia nervosa*) presents as **compulsive eating binges followed by compulsive purging**. The out-of-control eating (bingeing) is activated from the control center of the alpha islet cells (during conflict activity, the blood sugar drops resulting in hypoglycemia and a craving for food to counterbalance the low glucose level). The urge to vomit (purging) is triggered from the stomach relay (compare with anorexia where vomiting is not compulsive but deliberate to prevent gaining weight). Weight gain is not necessarily the concern of a bulimic. Contrary to anorexics, bulimics can be of normal weight or even overweight, particularly when the conflict related to the alpha islet cells (fear-disgust conflict or resistance conflict) is stronger. In this case, the frenzied consumption of large amounts of food is dominant. If, however, the stomach-related conflict (territorial anger conflict or identity conflict) is accentuated, the compulsive purging takes over – together with a depressed mood (see [primary depression](#)). When both conflicts are equally strong, the bulimic is caught in a binge-and-purge cycle. The extent of the compulsions is proportional to the intensity of the conflicts.

NOTE: A **manic behavior** indicates an additional conflict involving the left temporal lobe, for example, a territorial fear conflict or scare-fright conflict causing an Autistic Constellation (a compulsion to withdraw) or a second territorial anger conflict or identity conflict resulting in an Aggressive Constellation. Now, the bulimic is manic-depressive (see [additional conflicts](#)). A maturity stop reveals that the conflicts occurred before the age of 23.

Bulimia is strikingly common among women. Girls as young as five and women in their sixties have been diagnosed with bulimia. However, the condition usually emerges during the teenage years. The types of conflicts linked to the Bulimia Constellation offers an explanation why this is the case. A fear-disgust conflict often occurs in association with a distressing sexual experience (sexual abuse, sexual molestation, forced oral sex, exposure to pornography, “disgusting” first time sex, “dirty” sex). A territorial anger conflict typically happens because of anger in the parental home (arguing parents, arguments with a family member) or anger at school (bullying, being badly treated by a teacher). An identity conflict could be brought on by the loss of a parent (emotional neglect, divorce, death) or the loss of a close friend. Losing one’s first love can also prompt an identity conflict of “not knowing where to belong”. In teenage boys, the conflict might be triggered by the distress over one’s sexual identity and “not fitting in”.



This brain CT belongs to a left-handed, 24 year-old female with recurring bulimia. When the brain scan was taken, the identity conflict (right temporal lobe – blue arrows) shows as resolved (uneven edges of the Hamer Focus). Hence, she had no vomiting compulsion at that time. The identity conflict (her first conflict – see conflict sequence) is related to the distress of her father leaving the family when she was 11 years old.

From the sharp borders of the Hamer Focus in the alpha islet cells relay (left diencephalon – green arrows) can be concluded that the fear-disgust conflict is still active, causing a craving for food due to the low blood sugar level (hypoglycemia) and, consequently, weight gain. The fear-disgust conflict (her second conflict) happened at the age of 14 when she was sexually abused by her new stepfather. The brain scan reveals that she carries this conflict into adulthood.

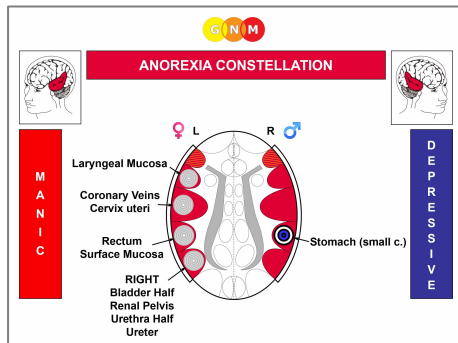
Note that she is also active with an identity conflict related to the rectum relay (left temporal lobe – red arrows), indicating that she is in addition to a [Bulimia Constellation](#) in an Aggressive Constellation (her second identity conflict was caused by the unexpected breakup with her boyfriend when she was 18). Hence, relapses of her first identity conflict (the “father track”) reactivate the Bulimia Constellation and binge-purge compulsions as well as the compulsion to cut herself. Since she is, at this point, manic-depressive with an accentuation of the depressed mood, she has suicidal thoughts during that period.

The **GNM approach** is to confirm at what age the second conflict occurred (see [conflict sequence](#)) since this was the time when the Bulimia Constellation was established. The overall objective is to resolve that conflict and to develop strategies how to avoid conflict tracks. Once the person is out of constellation, the compulsions stop. In the above case, the resolution of the first identity conflict would cancel both constellations at the same time. **CAUTION:** Bulimia can cause serious health problems and requires, therefore, medical attention. If an intense conflict related to the alpha islet cells is resolved, it is important to be prepared for an acute drop of glucose (hypoglycemic shock) that occurs during the [Epileptoid Crisis](#).

Conventional therapeutic concepts, including general stress reduction, psychotherapeutic modalities such as [cognitive-behavioral therapy](#), [family/systemic therapy](#), [systemic family constellations](#), or changing the attitudes toward food and weight (developing a meal plan, integrating a healthy diet) might offer a brief relief. Usually, the “success” is short-lived, since the underlying biological conflict(s) have never been addressed.

ANOREXIA CONSTELLATION

Biological conflicts: territorial anger conflict or identity conflict and any conflict that corresponds to the left temporal lobe (scare-fright conflict, sexual conflict, a second identity conflict, or a marking conflict). The conflict sequence is determined by gender, laterality, and hormone status.



Brain and Organ Level: The corresponding brain relays are the control centers of the small curvature of the stomach (right temporal lobe) and the laryngeal mucosa, cervix/coronary veins, rectum, or bladder (left temporal lobe).

Once the second conflict occurs, the person is in constellation and manic-depressive (compare with primary mania and primary depression). Whether the manic or depressed mood is dominant is determined by which of the two conflicts is stronger. The constellation can be permanent or recurring due to tracks or conflict relapses.

Anorexia (*anorexia nervosa*) presents as **compulsive fasting** and a refusal to eat. Anorexics might weigh themselves several times a day. The fear of gaining weight is the main conflict track. A prolonged Anorexia Constellation causes extreme weight loss and can, therefore, be life-threatening.

NOTE: The territorial anger conflict or identity conflict (“not fitting in”) always involves **distress concerning one’s weight**, for example, upsetting or derogatory weight-related comments, being teased by male family members or schoolmates about one’s figure, being shamed as overweight, feeling inadequate vis-à-vis someone perceived as slimmer and, therefore, more attractive (a female friend, older sister, schoolmate, a model, a movie star).

According to the results of a report published in September 2013 in the American Academy of Pediatrics journal *Pediatrics*, “significant numbers of teenagers affected by anorexia actually begin to participate in disordered eating patterns while heavy enough to qualify for a diagnosis of obesity” (“Many Teens Develop First Signs of Anorexia While Obese”, *Elements Behavioral Health*, October 9, 2013).

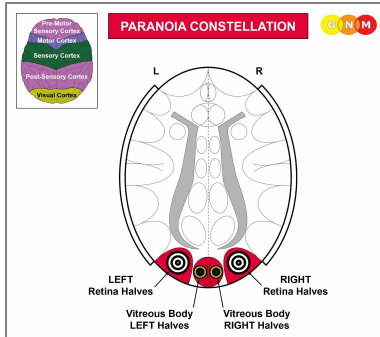
Like with bulimia, the onset of anorexia occurs most commonly in young women in their teenage years. Young girls and adolescents are particularly susceptible to suffer conflicts associated with their weight because at this age they are more vulnerable concerning their looks. However, girls as young as 8 years have also become anorexic as well as women in their sixties. Boys and adult males have anorexia too.

Mental manifestation:

- With a concurrent scare-fright conflict ([laryngeal mucosa relay](#)), the anorexic is in an Autistic Constellation with a compulsion to withdraw and an obsessive-compulsive perfectionism, particularly, concerning one's weight and diet (the goal of thinness can never be met). According to clinical psychologist [Lauren Muhlheim, Psy.D.](#), "Perfectionism and eating disorders seem to be correlated, but the causality is not clear – we don't know if one leads to the other or which comes first." Dr. Hamer's findings offer an explanation why and under what psychological circumstances anorexia and compulsive perfectionism develop together.
- When the [rectum relay](#) registers a DHS (a second territorial anger or identity conflict), the anorexic is in an Aggressive Constellation (see [aggressive behavior](#) and [compulsive self-harm](#)).
- With an additional Flying Constellation (scare-fright conflict and territorial fear conflict) the anorexic has a distorted body image. The delusion of being fat is the psychosis of the anorexic.
- With a sexual conflict, cerebrally linked to the [cervix relay](#) from where ovulation is controlled, the anorexic female stops menstruating. However, the termination of the menstrual cycle can also occur because of the low weight (estrogen production is dependent on body fat).
- When the alpha islet cells are also affected (fear-disgust conflict or resistance conflict), the anorexic is, at the same time, bulimic. Forced vomiting, the use of laxatives or diet pills, or excessive exercises are means to prevent weight gain (compare with "pure" bulimics that can have normal body weight). Often, anorexics consider being fat as "disgusting", which could keep a fear-disgust conflict active. Most bulimics have never been anorexic, but anorexics are often bulimic.
- The majority of anorexics have a maturity stop since the conflicts usually occur during adolescence.

PARANOIA CONSTELLATION

Biological conflicts: a fear that cannot be shaken off and a fear of a “predator”



Brain and Organ Level: The conflicts correspond to the retina and the vitreous body that are controlled from the visual cortex. The visual cortex is located at the back of the head; hence, the relation to “persecution conflicts”.

The left half of the retina and the left half of the vitreous body of both eyes are controlled from the **left side of the visual cortex**. The right half of the retina and the right half of the vitreous body of both eyes are controlled from the **right side of the visual cortex**.

NOTE: A person’s biological handedness and whether the conflicts are mother/child or partner-related determine on which brain hemisphere the conflicts register. Since there is no cross-over correlation from the brain to the organ, the principle of laterality is reversed.

The constellation is established, the moment the second conflict registers in the opposite brain hemisphere. The conflicts could also occur simultaneously. The constellation can be permanent or recurring due to tracks or conflict relapses.

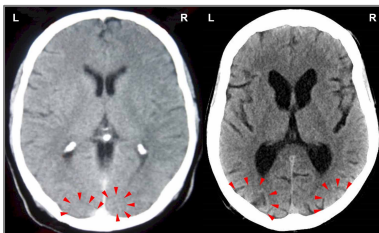
The Visual Cortex Constellation presents as **paranoia**. The **purpose of the paranoid thoughts or behaviors** is to be hyper-vigilant in order to be prepared for a conflict of the same kind. The extent of the paranoia is proportional to the intensity of the conflicts.

“There’s always an element of truth hidden somewhere in a paranoid plot”

Roberta Payne, *Speaking to My Madness: How I Searched for Myself in Schizophrenia*, 2013

Depending on the original conflict situation, a person in this constellation might develop a persistent suspiciousness that others have hostile motives towards one, that the partner is cheating, that a family member is after one’s money, of getting ripped off, and the like. So-called **persecutory delusions** (“they are out to get me”, “they are after me”) develop when the “fears of predators” (government authorities, tax inspectors, bailiffs, the police) are very strong. In psychiatry, the “delusions” are diagnosed as “paranoid schizophrenia”.

Compulsive paranoid behaviors include repeated checking whether the door is securely locked or the electrical appliances are switched off, compulsive checking of wallets and purses, excessive checking for mistakes when writing a cheque, filling out a form, or for spelling errors as well as obsessive cleaning or compulsive hand washing due to a preoccupation with germs, dirt, or sweat (sweat could be a track for compulsive showering or excessive laundry washing).

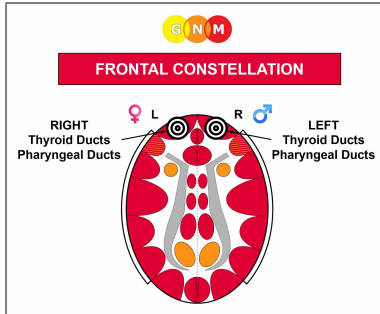


The left brain scan shows a Paranoia Constellation ([view the GNM diagram](#)) involving the control centers of the vitreous body of both eyes. The corresponding biological conflicts are “fears of a predator”.

The brain scan on the right shows a Paranoia Constellation involving both retina relays. The corresponding biological conflicts are fears that cannot be shaken off.

FRONTAL CONSTELLATION

Biological conflicts: frontal-fear conflict and powerless conflict



Brain and Organ Level: The corresponding brain relays are the control centers of the right thyroid ducts/pharyngeal ducts and left thyroid ducts/pharyngeal ducts, located at the front of the pre-motor sensory cortex (part of the cerebral cortex). The pharyngeal ducts and thyroid ducts share the same brain relays.

The constellation is established, the moment the second conflict registers in the opposite brain hemisphere. The constellation can be permanent or recurring due to tracks or conflict relapses. **NOTE:** A Frontal Constellation does not cause a manic-depression or a maturity stop. A manic-depression only develops when both conflicts involve the temporal lobes.

CONFLICT SEQUENCE

Gender, Laterality, Hormone Status	First Conflict	Second Conflict
Right-handed male (NHS)	Frontal-fear conflict	Powerless conflict
Left-handed male (NHS)	Frontal-fear conflict	Frontal-fear conflict*
Right-handed male (LTS)	Powerless conflict	Frontal-fear conflict
Left-handed male (LTS)	Powerless conflict	Powerless conflict*
Right-handed female (NHS)	Powerless conflict	Frontal-fear conflict
Left-handed female (NHS)	Powerless conflict	Powerless conflict*
Right-handed female (LES)	Frontal-fear conflict	Powerless conflict
Left-handed female (LES)	Frontal-fear conflict	Frontal-fear conflict*

NHS = Normal hormone status

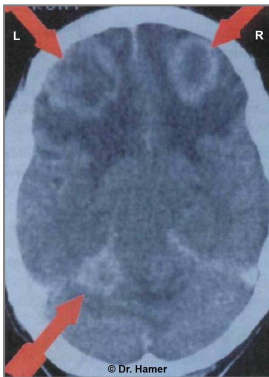
LTS = Low testosterone status

LES = Low estrogen status

***With left-handers the conflict is transferred to the other brain hemisphere**

The Frontal Constellation presents as an **obsessive fear of what is ahead** (not to be confused with a general feeling of uneasiness or apprehension concerning future events or circumstances). An intense constellation can cause an **acute state of anxiety**. The **purpose of the hyper-anxiety** is to be on guard when one is con-fronted with a situation that was previously perceived as threatening or dangerous. Here we also find acute exam anxiety and acute stage fright.

NOTE: It has been suggested that **anxiety attacks and panic attacks** are linked to activities in the left **amygdala**, an area in the brain that plays an important role in processing fear. According to Dr. Hamer, an anxiety attack is triggered by a *strong* conflict relapse of *any* conflict, causing typical conflict-active (sympathicotonic) stress symptoms such as sweating, a fast heart rate, rapid breathing, elevated blood pressure, nausea, and trembling. The conflict track is like an “allergy” that prompts the anxiety attack. Tingling sensations, chest pain, or stomach pain point to corresponding biological conflict(s). With a panic attack the symptoms are more severe. When conflict relapses or conflict tracks reactivate a constellation, the anxiety attacks or panic attacks show also the constellation-related mental symptoms, for instance, feeling claustrophobic with a Motor Cortex Constellation, agoraphobic with a Kidney Collecting Tubules Constellation, or detached from one’s surroundings with a Flying Constellation. With a strong Frontal Constellation or Fronto-Occipital Constellation, the anxiety attacks or panic attacks could be acute, particularly during the **Epileptoid Crisis** (see **psychotic attacks**).



This brain CT illustrates a Frontal Constellation ([view the GNM diagram](#)) that has already been resolved. The gliarings in the corresponding brain relays (showing as white) indicate the beginning of the **healing phase**. **NOTE:** Neuroglia starts restoring the brain relay from the periphery. In conventional medicine, the glia buildup is wrongly assumed to be a “brain tumor”.

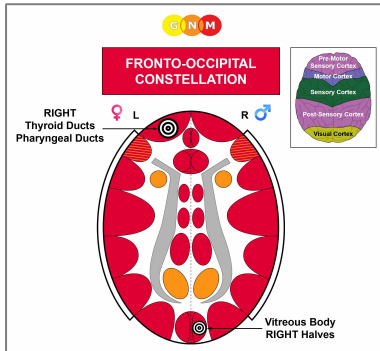
The brain scan belongs to a businessman who was exceedingly concerned about the financial survival of his company. He (a right-hander) had recurring fears of bankruptcy (frontal-fear conflict) and worries that he would have to lay off his employees (powerless conflict). When he was in constellation (conflict-active with both conflicts), he was in a state of acute anxiety. Both conflicts were resolved after he had taken action to get the overdue payments from the customers that haven’t paid their bills.

The left lower arrow points to a glia buildup in the **colon relay in the brainstem**. This reveals that he was also in the healing phase of an indigestible morsel conflict, which he associated with the distress he felt when clients didn’t make their payments. The brain CT confirms the correlation between the three conflicts.

FRONTO-OCCIPITAL CONSTELLATION

The Fronto-Occipital Constellation involves the frontal lobe and the occipital lobe (visual cortex).

Biological conflicts: frontal-fear conflict, powerless conflict, a fear that cannot be shaken off, a fear of a “predator”.



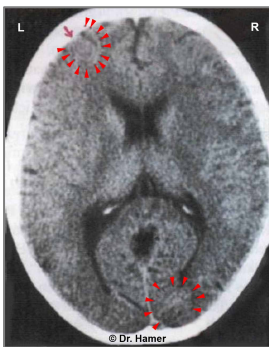
Brain and Organ Level: The corresponding brain relays are the control centers of the thyroid ducts, pharyngeal ducts, retina, and vitreous body, located diagonally opposite each other in the pre-motor sensory cortex and visual cortex.

The diagram shows a constellation involving the brain relays of the right thyroid ducts/pharyngeal ducts (left pre-motor sensory cortex) and of the right vitreous body for the right halves of both eyes (right visual cortex).

NOTE: A person’s gender, laterality, and hormone status determine whether the frontal-fear conflict or powerless conflict impacts in the right or left frontal lobe. The biological handedness and whether the conflict is mother/child or partner-related determine on which side of the visual cortex the “persecution conflict” registers (concerning the retina and vitreous body, the principle of laterality is reversed).

The constellation is established, once the second conflict occurs. **NOTE:** A Fronto-Occipital Constellation does not cause a manic depression or a maturity stop. A manic depression only develops when both conflicts involve the temporal lobes.

The Fronto-Occipital Constellation manifests itself as a **state of acute panic** because the person feels trapped between dangers coming from the front as well as from behind. The panic is particularly strong during the Epileptoid Crisis (see [psychotic attacks](#)). Recurring panic attacks are brought on by conflict relapses or conflict tracks (a certain subject, person, location, sound, odor) that were stored in the subconscious when the conflicts first occurred.



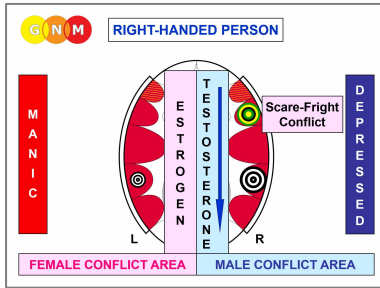
This brain scan shows a Fronto-Occipital Constellation. The constellation was caused by the shock of a cancer diagnosis and the announcement that immediate surgery is required. The brain edema in the vitreous body relay (showing dark) indicates that at the time when the CT was taken, the “fear of the predator” (of the surgeon) was already resolved (“We managed to calm the patient. For a short period of time, she had poor eyesight. Meanwhile everything is back to normal”).

Source: Ryke Geerd Hamer, *Vermächtnis einer Neuen Medizin*, Vol. 2, p. 257

ADDITIONAL CORTICAL CONFLICTS

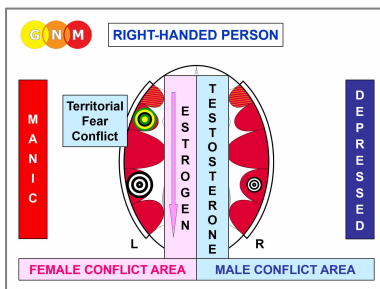
When a **Temporal Lobes Constellation** (Postmortal Constellation, Casanova Constellation, Nympho Constellation, Aggressive Constellation, Flying Constellation, Mytho Constellation, Autistic Constellation, Marking Constellation) has already been established, further conflicts, including conflicts related to the pre-motor sensory cortex (thyroid ducts and pharyngeal ducts relays) and glucose center, follow the Scale Rule. **Whether additional conflicts register on the right or left brain hemisphere is determined by a person's biological handedness and which one of the two conflicts is stronger at the time when the new conflicts occur.**

TEMPORAL LOBES – Right-Handers



When a right-handed person (male or female) is in constellation, for example in an Aggressive Constellation, and the **depression-related conflict** (right temporal lobe) **is accentuated**, the **third conflict** registers also in the **right cortical hemisphere**. As a result, the **depressive mood deepens**. The same principle applies to further conflicts.

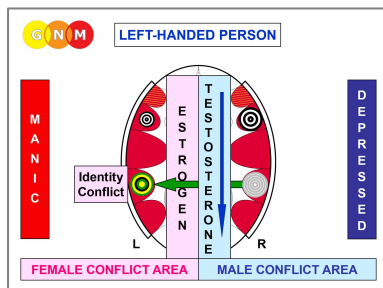
Taking into account the hormone status (lower than normal testosterone level) at the time when the new conflict occurred, the third conflict is experienced in a female fashion. A scare-fright conflict, for instance, creates in addition to the Aggressive Constellation a Mytho Constellation.



When a right-hander (male or female) is in an Aggressive Constellation and the **mania-related conflict** (left temporal lobe) **is accentuated**, the **third conflict** goes also to the **left cortical hemisphere**. As a result, the **manic mood increases**. The same principle applies to further conflicts.

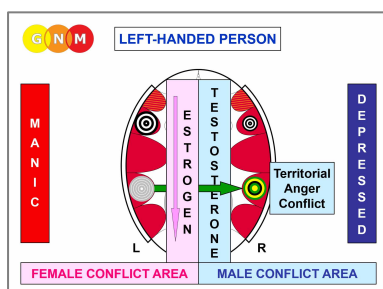
Taking into account the hormone status (lower than normal estrogen level) at the time when the new conflict occurred, the third conflict is experienced in a male fashion. A territorial fear conflict, for instance, adds to the Aggressive Constellation an Autistic Constellation.

TEMPORAL LOBES – Left-Handers



When a left-hander (male or female) is in constellation, for example in a Flying Constellation, and the **depression-related conflict** (right temporal lobe) is **stronger**, the **third conflict** goes to the **left temporal lobe** because the conflict is transferred to the opposite brain hemisphere. As a result, the **depression decreases and the manic mood is enhanced**. The same principle applies to further conflicts.

Taking into account the hormone status (lower than normal testosterone level) at the time when the new conflict occurred, the third conflict is experienced in a female fashion. An identity conflict, for instance, creates in addition to the Flying Constellation a Mytho Constellation.

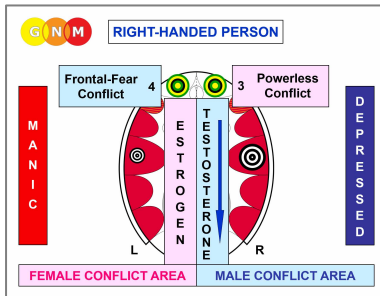


When a left-hander (male or female) is in a Flying Constellation and the **mania-related conflict** (left temporal lobe) is **stronger**, the **third conflict** goes to the **right temporal lobe** because the conflict is transferred to the opposite brain hemisphere. As a result, the **person is less manic and rather depressed**. The same principle applies to further conflicts.

Taking into account the hormone status (lower than normal estrogen level) at the time when the new conflict occurred, the third conflict is experienced in a male fashion. A territorial anger conflict, for instance, adds to the Flying Constellation an Autistic Constellation.

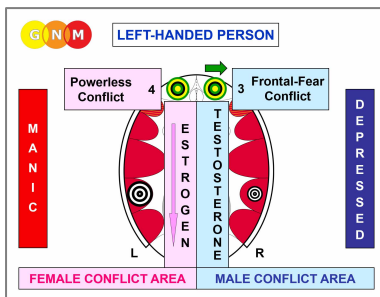
Further conflicts corresponding to the temporal lobes increase or decrease a current manic or depressed mood.

PRE-MOTOR SENSORY CORTEX (Thyroid Ducts/Pharyngeal Ducts Relays)



When a **right-handed person** (male or female) is in a Temporal Lobes Constellation, for example in a Postmortal Constellation, and the **depression-related conflict** (right temporal lobe) **is accentuated**, the **third conflict** impacts in the **right thyroid ducts/pharyngeal ducts relay**.

Taking into account the hormone status (lower than normal testosterone level) at the time when the new conflict occurred, the third conflict is experienced in a female fashion, namely as a powerless conflict. If he/she suffers on top a frontal-fear conflict (fourth conflict) during a manic period, this creates in addition to the Postmortal Constellation a Frontal Constellation.

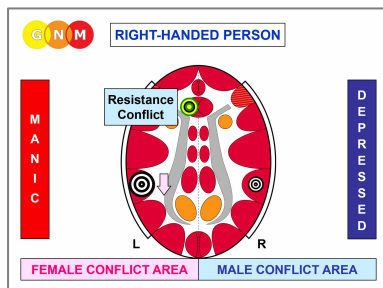


When a **left-handed person** (male or female) is, for example, in an Aggressive Constellation and the **mania-related conflict** (right temporal lobe) **is stronger**, the **third conflict** impacts in the **right thyroid ducts/pharyngeal ducts relay** because the conflict is transferred to the opposite brain hemisphere.

Taking into account the hormone status (lower than normal estrogen level) at the time when the new conflict occurred, the third conflict is experienced as a male frontal-fear conflict. If he/she suffers on top a female powerless conflict (fourth conflict) during a depressed mood, this creates in addition to the Aggressive Constellation a Frontal Constellation.

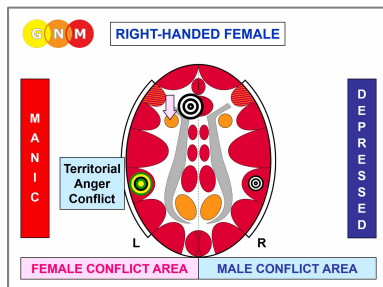
Further conflicts corresponding to the frontal lobe do not change a current manic or depressed mood.

GLUCOSE CENTER

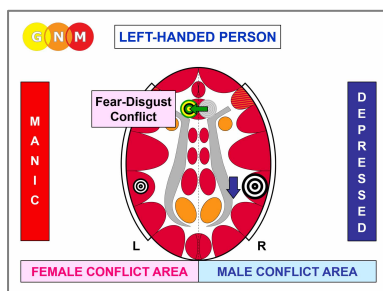


When a **right-handed person** (male or female) is in a Temporal Lobes Constellation, for instance in an Aggressive Constellation, and the **mania-related conflict** (left temporal lobe) is **accentuated**, the **third conflict** impacts in the **left diencephalon**.

Taking into account the hormone status (lower than normal estrogen level) at the time when the new conflict occurred, the third conflict is experienced in a male fashion. A resistance conflict creates in addition to the Aggressive Constellation a Bulimia Constellation; mood-wise the person is manic (see [primary mania](#)).



Variation: When a right-handed female is in a Bulimia Constellation and the fear-disgust conflict (left **diencephalon**) is stronger, the third conflict impacts in the left cortical hemisphere. Taking into account the hormone status (lower than normal estrogen level) at the time when the new conflict occurred, the third conflict is experienced in a male fashion. With a territorial anger conflict, she is now also in an Aggressive Constellation.



When a **left-handed person** (male or female) is in an Aggressive Constellation and the **depression-related conflict** (right temporal lobe) is **accentuated**, the **third conflict** impacts in the **left diencephalon** because the conflict is transferred to the opposite brain hemisphere.

Taking into account the hormone status (lower than normal testosterone level) at the time when the new conflict occurred, the third conflict is experienced in a female fashion. A fear-disgust conflict adds to the Aggressive Constellation a Bulimia Constellation; mood-wise the person is depressed (see [primary depression](#)).

Further conflicts corresponding to the glucose center do not change a current manic or depressed mood.

Source: www.learninggnm.com