George Vithoulkas

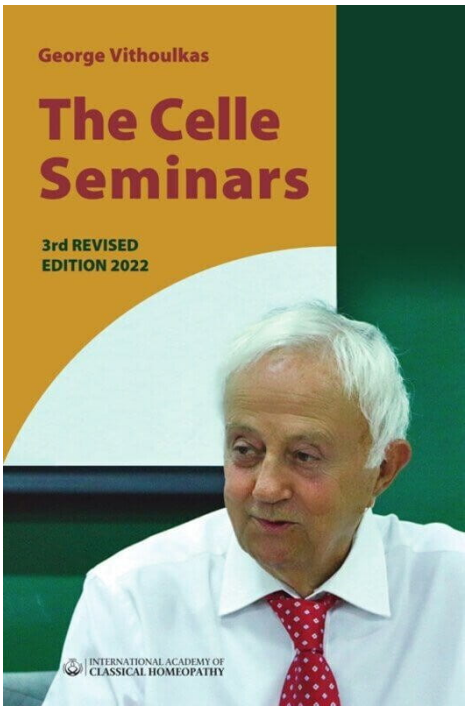
The Celle Seminars

Sample text

The Celle Seminars

from George Vithoulkas

editor: Int. Academy of Classical Homeopathy



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INTRODUCTION

I don't like speeches, so I will try and be very brief. I would like to thank Dr. Tiedemann *as* well as all the people, especially Mr. Lindemann, who worked on organizing this conference. In addition, I would like to thank them for giving me the opportunity to come and teach in the land of Hahnemann. It is very moving and important for me to have come back at this time of my evolution because I feel I have the best to give right now.

I have tried to be very faithful to the founder of homeopathy, Hahnemann. In this seminar I will try to give you insight into my method of finding a remedy, in short, my general thought process when confronted with a case. I will also try to give you information on small remedies, which, up until now. I have not spoken about in the course of my teaching.

First, I would like to tell you about what I'm currently doing. As most of you know, I am on the Greek island of Alonissos, more or less in isolation, while I write a materia medica. So far I have written the final version of about thirty remedies. I intend to write a complete materia medica, although it may take five years to finish the entire project. I plan to structure the materia medica in such a way that it will be particularly useful for students. There will be a section in this materia medica that will give all the essential features of a remedy. This part will only be for studying purposes, and therefore this section should be especially easy to read. Furthermore, I plan to give the peculiarities of the symptomatology of each remedy within a particular organ system. Because of this mammoth undertaking, I will be unable to give seminars in the near future. The only invitations I will be able to accept in the years to come are those from the Lower Saxony Academy of Homeopathy here in Celle, West Germany. I feel this is an important

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decision because it will allow me more time to work on the theoretical part of the materia medica. I also hope that these sources will be more contemporary and accessible for the user.

The Expert System, which as most of you know I designed in cooperation with Namur University in Belgium, is also a part of this planned learning system. I am quite happy to see from the results that I have received with the computer so far that, in most cases, the computer prescribed the remedy that I would have chosen had I done the repertorization myself. However, I want to emphasize that the Expert System should only be used as a tool; it is not intended to provide you with blind answers. The computer should only serve to assist in repertorization. The question often arises as to the function of repertorization. If you give the computer information, it will suggest remedies, which you will then have to form a judgement on. Do these suggestions tally with the remedies you have been considering? Often the computer will suggest remedies which you have never heard of before, and then you will have to go and study these remedies. This is exactly the goal in using the Expert System: it should spark your interaction with technology while serving as a study tool. You will be able to ask the computer for information on an unfamiliar remedy, and it will provide you with information that you can tally against the information given by your patient.

Another project I would like to mention is a school for homeopathy, a regular school for homeopathy, which we are in the stages of planning. I have been in contact with various universities, and I hope that one of them will decide to assign a chair of homeopathy because this would lend significant creditability to the field. As you know, the seminars only run for a short period of time and then you are on your own again. There is no way to distinguish between those who have actually studied a lot and those who have not studied at all. More precisely, the problem is that up until now there has been no basis by which the difference between students' level of knowledge could be assessed. At present, almost anyone can call himself a homeopath. I think this is unfair. I think that those who study and apply themselves should be given credit. There should be some standard by which we can categorize these people as those with a knowledge of homeopathy.

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Therefore, it is very important to have established, recognized schools that will give credit or a diploma to people who have studied properly. I believe with the information provided by my writing and teaching, along with the Expert System, the materia medica, and proper teacher preparation, we will be able to establish a real school of homeopathy. This should be an institution, or university, which would start in one country and could later be franchised, or duplicated, in other countries. Such a plan would help facilitate a unified method of teaching homeopathy. I hope that more countries in Europe will institute homeopathic hospital facilities. There is a hospital under construction at this moment - I don't know the exact location, somewhere in Germany, near Bonn - which is going to have a department for homeopathy. I think this is a very good sign. I hope that this hospital will not end up like the London Homeopathic Hospital where primarily allopathic treatments are prescribed. We can prevent this from happening only if we have good teachers who can stand the stress of a difficult case, because this is precisely when judgement is passed on our abilities. For example, you are called to treat someone who is extremely ill; this is your moment of truth. It is a matter of how much confidence you will need to be able to handle this case. In order to have confidence, you must also have knowledge. There is no substitute for knowledge. I was very mad when I first began treating patients and could show successful results, because people would say, «Oh, you have intuition!» How is this intuition? I have been studying day and night constantly for many years and they called this intuition? Why study at all? I could just as easily say, «I think you are *Phosphorus.* Take *Phosphorus* and God bless you.» In 1965, I was treating Krishnamurti in Gstaad, Switzerland. There I met a lady, his hostess. As soon as she saw me, she said, «Oh, you have intuition!» I replied, «How do you know that?» She said, «I can see it.» I said, «No, I do not have intuition, I have studied very hard for what I know.»

When Krishnamurti was very ill with pneumonia - he was gasping and wheezing - I could not find the proper remedy. «What's happening? He's going to die,» said his hostess. I said, «Yes, I think he is going to die.» Where was my intuition? Why didn't I have intuition then? She asked me to call a doctor from

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Geneva. I told Krishnamurti, «Sir, I don't know the remedy.» He was not able to breathe, he had a high fever and, to top it off, he was seventy-three-years old at the time. I thought, as everybody thought, he would die. I said, «We'll call somebody, some doctor from Geneva.» «Is he going to help you to find the remedy?» asked Krishnamurti. «An allopathic doctor from Geneva will not help me find the remedy, but will give you antibiotics,» I replied. But Krishnamurti said, «No, no, you try, you continue." All the people in his court stopped saying that George had intuition. You don't have to have intuition in such a situation, you have to have knowledge. So, I went back believing, most probably in my subconscious, that he was going die. I dreamt one night that he had died. He'd fallen off the sofa and was dead, and I was responsible. I ran and picked him up, put him back on the sofa and I said, «Sir, I am here.» I was trying to resurrect him by talking to him, but he was dead. Out of agony, I woke up at 5:00 in the morning. I was in a chalet in Gstaad. I woke up drenched in sweat thinking that Krishnamurti had most probably died. **That** was intuition. Anyhow, I got my books again and started repertorization of all the symptoms. I wrote down everything in my notes, and I studied the case again. And as I did that proper repertorization - I'd given the most sophisticated remedies so far, nothing was working - suddenly it dawned on me, and I said, «0h my God, this is *Phosphorus\»* And then I could not wait. I usually made my visit at 8:00 a.m., but at 7:45 a.m. I was already there to see if he was still alive. Krishnamurti was very weak, but nevertheless still alive. «How are you, sir?» I asked him, and he replied with horrible groans and wheezes. I asked him to open his mouth, and then I inserted a high potency of *Phosphorus,* 1M. Afterwards I left, and then returned in the evening at around 5:00 p.m., my regular evening visiting time. On this second visit I saw him coming from the bathroom - he'd gotten up - as I was entering the room. «Sir, what did you give me?» he asked looking at me. «It doesn't matter, it's called *Phosphorus,*^ I told him. He replied, «I feel so much better.» In that short space of time, between that morning and 5:00 in the evening, *Phosphorus* had brought down his fever and made him feel well again. He was even able to get up, although he was still totally exhausted and really no more than a corpse.

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Now **that** is the time of truth. Had I said, «God, please give me intuition!», he would have died. You have to have knowledge, know what to do at the given moment, because if you don't have this kind of knowledge, you can forget everything else. Your intuition will only be good when someone says, for example, «You see, I'm crazy,» or in discussing philosophical issues. But when you are faced with the possibility of death, you cannot waste time relying on your intuition. You must be able to rely on your knowledge alone.

I'm not going to tell you that I know everything because nobody does. We **all** make mistakes. All I am trying to say is that homeopathy is a science and it requires a lot of studying and a lot of application. You cannot just sit back when things get difficult and say, «I can't learn this. I need intuition.» I've seen this happen. The Expert System will be especially helpful in handling these types of cases when you cannot go any further using the knowledge at your disposal, andlor there is no one with more expertise to whom you can turn. In these critical moments you can feed the computer information, which it then evaluates before offering you suggestions.

The experiences of a homeopath are so many that you can talk about them for years, especially once they are over. And of course, we always talk about our successes. But the failures, well, you tend to try and forget the failures. We have to do this because homeopathy is still a difficult, upcoming science, and if we did not concentrate on our positive experiences, we'd go into *Aurum* states. Do you know about *Aurum* states? These are depressions, very deep depressions. For example, you may become especially depressed when dealing with children because they cannot supply you with a lot of information. It is often the case that mothers and fathers do not know what is going on; they do not look after their children well. Take, for example, the child who is having an asthmatic attack, he wheezes and is unable to breath. What can you do? Well, you know that you can give Cortisone; so, you say to yourself, «Well alright, I'll give him Cortisone now.» This is an easy solution, but afterwards you go into an *Aurum* state - you give the child Cortisone, but the next impact you get yourself. We all know that. Or let's say that you are called on a Sunday, as I once was, to treat a child who is thoroughly unable to breath. This

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particular situation was so critical that I said many prayers on the way to his house. The child was blue when I got there. Now, let's suppose that you had already given him a remedy, but the remedy did not work. You'd have to find the correct remedy immediately, and it may have to be the correct remedy to as many as ten different symptoms. This was an example of an *Ipecacuanha* case, so *Ipecacuanha* did the trick. You have all probably had experiences of this kind.

I would like to tell you now what I expect from you during the seminar. While I am handling the cases I expect that you will also be studying alongside. I will expect you to be familiar with selecting and evaluating symptoms. You should know what is a symptom and what is not a symptom. You have your repertories and I expect you to use them. When I come in to do the analysis, I'll expect you to have already analyzed the case and be ready to give me your suggestions. I will analyze the case only after you have given me your suggestions. Do not expect me to do everything. You will also have to work. And please do not be afraid to give your suggestions. I'm not here to judge you. I'm here only to exchange knowledge with you and to determine, more or less, the level you are at. That's why it is important that I know just how extensive your understanding of homeopathy really is.

I would also like to set straight from the very beginning that I do not claim to be a master. What I say is not the gospel. You not only have the right to judge what I say, but you also have the right to seek the advice of other teachers with experience, teachers in a position to provide you with new information. It is up to you to integrate this information into your extant knowledge of homeopathy. I am sometimes accused of being a fanatic. How am I a fanatic? I want to share my experiences with you, and when I do it is in my own particular way. My manner is a constituent of what I am. First of all, I am a Greek, a Mediterranean, so therefore I'm going to speak in a particular fashion. Secondly, I am someone who loves homeopathy very much, therefore I speak with a lot of enthusiasm. Thirdly, I am somebody who does not consider himself to be anybody special at all. All these elements will leave you with an impression of what I am like, but they do not justify calling me a fanatic. I am always open to any logical possibilities that

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will produce results.

Let me ask you some questions. Someone comes into your consultation room and greets you by saying, «Hello doctor,» in a lifeless way. From this very moment on you begin to collect symptoms. This must be a remedy without very much life force because the person does not have much energy. But what else can this mean? Well, it can also mean that his ability to communicate with others is cramped or withheld, for whatever reason. For example, maybe the person is too sensitive, or he has said to himself that it is not good to communicate with others because it can lead to getting hurt. Perhaps he is simply not interested in communication. Whatever the reason, you must analyze **everything** you see in your patient. What remedies come to mind here? Can you suggest certain remedies?

(A.I): *Calcarea carbonica.*

(G.V.): *Calcarea carbonica?* Well, that is not one of the first remedies that I would think of. Now take a moment to think this over. We have said that this person does not like to communicate; if you want information on an appropriate remedy, where would you look in the repertory? The problem is, if I do not use the exact expression found in the repertory, I will not find an answer. I will hit, so to speak, a dead end. Therefore, you must learn to think very quickly and transpose what you hear into the language of the repertory. This is the only way to use the information we have.

(A.2): *Company*.

(G.V.): *Company*, very good. What is there in *company* that can provide you with further information? Perhaps aversion. There is still one stronger point: someone who really does not like to communicate likes to be alone. Where can you find information on this in the repertory? How about *better when alone?* Open your repertories and look up *better when alone.* Not only do they not like to communicate, but they are also *better when they are alone.* What do we find there? Which remedies? There is one very prominent remedy which is *Sepia.* This is the remedy I expect to hear from you. Do you know how *Sepia* feels? I will describe it: Usually, when we have a state in which *Sepia feels better when alone,* we have a *Sepia* who is basically exhausted - she is very tired and has no life energy. It is very interesting to see what happens when you provoke *Sepia* - make

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her react - in this state: if you make her do something to exert herself, she becomes irritable. Do you see how defense mechanisms are at work here? *Sepia* has no energy, and so she says to herself, «I can't deal!» If you force her to deal, then she will exhibit irritability. Still, this does not explain what is going on inside her. Why exactly is she exhausted? There may be many different reasons. For example, perhaps she has liver trouble, or her stomach is upset. These reasons alone cannot explain the entire situation because they themselves are not the real, underlying causes. The patient is exhausted because she is *Sepia* and not because she has a stomach problem. Many other remedies are accompanied by severe stomach pains and still display a lot of energy. *Argentum nitricum,* for example, is always very vital despite pain. *Sulphur* can also show a lot of energy, especially if you stimulate her mentally. But if you try to rouse her, *Sepia* will become irritable inside. This is a defensive mechanism which prevents *Sepia* from exerting herself. Inside, *Sepia* is exhausted and indifferent because there are no internal emotions. Why is she better when alone} In order to communicate you reed emotions, but in *Sepia* these emotions are not produced. Furthermore, you need positive emotions for communication because negative emotions obstruct rather than encourage communication. However, *Sepia* is not capable of positive emotions. When *Sepia* is with someone and she notices a lack of interest being shown in her direction, her desire for communication begins to diminish until eventually there is no communication at all. A feeling of being held down sets in, and then *Sepia* feels forced to make an effort. All this is stored up inside *Sepia* and is very painful. Finally, *Sepia* may say to herself, «To hell with everybody! I'll go and lie on my bed with a book, and be by myself!» That is how she comes to the point where she says, «It's better to be alone.» The symptom starts with a lack of communication, which is typically *Sepia*. But *Sepia* isn't always uncommunicative. It may also be the case, in the first stages of *Sepia* pathology, that *Sepia* is a very excitable and sensitive person. Little girls, especially Sepia girls, flush, blush and dance; they are lively and display very strong emotions. Despite all of this outgoingness, one can see that these children are too sensitive. If they are subjected to stress, they may no longer show emotions, but instead may

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appear frozen. It's similar to the case of someone who has a sensitive stomach: you shout at him and he experiences pain. Which remedies suggest these symptoms?

(A. 3): *Staphisagria.*

(G.V.): No, not *Staphisagria.*

(A.4): *Nux vomica, Kali carbonicum.*

(G.V.): Yes, you're right, *Nux vomica* as well as *Kali carbonicum.* But wait a moment. There are remedies that always show a repercussion in the stomach.

(A.5): *Natrum carbonicum.*

(G.V.): Very good, *Natrum carbonicum.* You see the person takes everything to the stomach. The stomach is so upset that even the stomach lining, the mucous membrane of the stomach, is affected. This is the case with *Nux vomica.* And what other remedy?

(A.6): *Antimonium.*

(G.V.): *Antimonium crudum,* yes. *Kali carbonicum* will also have repercussions in his stomach and will be rather nervous. *Kali carbonicum* may have cramps in the solar plexus. Pain will only be felt in the area of the stomach, not in the stomach itself. Usually the solar plexus takes the impact.

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CASE 4: NEURODERMATITIS / NEUROTIC FEAR / ALOPECIA

INTERVIEW

(Therapist): The patient came to me in May, 1982, because of headaches. His headaches were particularly bad between 1972 and 1974. He also had very bad neurodermatitis. Later on I found out that his main problem was a fear neurosis; he was neurotic and anxious. He's experienced dizziness, as though he were numb in the head. In 1980, he failed his university examination. In 1982, he was unable to pass his first exam as a physical therapist. His eczema was very bad and itched. It had been getting progressively worse for the last five years, especially in the elbows, the neck, and the face. His hair was also falling out. The patient received Sulphur *200 as a first prescription and it worked quite beautifully. The whole person changed after* Sulphur. *Despite his initial reactions of sneezing and increased hair loss, he said a new life was beginning for him. He felt mentally clearer and his skin improved. He passed his examination after he changed universities. In August, 1982, he phoned me to say that the skin on his legs had became worse, and that he was often unable to sleep until five or six o'clock in the morning. I gave him a higher potency of* Sulphur - Sulphur *1M - which was perhaps my first mistake. On September 11, he reported having more frequent headaches, being worse from draft, but that his skin had improved and he now slept four hours before waking up. On September 16, he reported further improvements and that he slept well. In mid-October, 1982, he told me his exams had gone well, his skin and hair were better, and that be slept well. But he said that after a long sleep he was worse mentally. He felt best after a five-hour sleep. He no longer liked chocolate, and he also preferred less sour fruit. He worked very*

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hard; I think he did too much. During November, his whole state worsened: he became idle and lazy, slept a lot, and almost always felt sleepy. His appetite decreased and he began to like milk. On November 20, 1982,1 gave him yet a higher potency of Sulphur - Sulphur *XM. There was no improvement with this increased potency. His skin got bad, he was not able to get to sleep at night, and his head was bad. The patient has not improved at all since then. In April, 1983, he received* Natrum muriaticum *200. No improvement. In mid-June, 1983, he took Nux vomica D12. Later he received a high potency* o/Tuberculinum *because there was some tuberculosis in his mother's health history. After* Tuberculinum *his whole state became worse. He told me that ever since then he's been troubled, that «there is a chaos inside of me.» Starting on the first of August, 1983, he took* Sulphur *LM 6 for a short while, with no improvement. After five days, the patient started with* Arsenicum *album LM 6 because of terrible itchiness and restlessness. At the end of August, he received LM 12, and at the end of December, 1983, LM 18. During this time, there seemed to be a small improvement, but not a deep change, in his state of health. For this reason, I gave him a high potency of* Arsenicum *album XM in the middle of 1984, but there was no real improvement. So, we started at the end of October, 1984, with* Calcarea *LM 1; and then later in January, 1985, we gave him* Calcarea *LM 3 because the first potency showed an improvement in his skin condition, particularly in regard to the itching, which was now bearable. Still, the patient was not generally better. On April 1, 1985, he took Bach flowers as well as* Lycopodium *200. He later reported a little improvement, but he was not sure if this was due to the Bach flowers or* Lycopodium. *It was always difficult to assess just how much the patient had improved because he always wanted to appear perfectly well. That has been my impression. On April 19, 1985, we started with* Phosphorus *LM 6 and there was a short improvement. He later received* Natrum muriaticum *LM 3. In August, 1985, he said that after consuming milk his skin became worse, although he now has a craving for milk. He was restless, impatient, irritable, and touchy, not only in terms of his skin but in general. At that time, he started treatment with a spiritual healer; then his headaches got worse. We tried* Arsenicum *album LM 6; it made bis sinusitis*

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worse and he also bad a terrible headache with this remedy. His complaints were relieved somewhat with Bryonia 200, but towards the end of December, 1985, there was the terrible sighing all the time. He experienced some relief after a high potency of Sulphur, *but he was unable to sleep during the night and he developed warts on his scrotum.*
In mid-1986, he received Argentum nitricum *200 because he had developed vicelike headaches. He was psychiatrically diagnosed as a neurotic psychopath. He received* Ignatia *200, and then he attended a clinic for hypnosis for at least six months. While in the clinic he experienced a trauma and was given* Arnica *200. Later on, while under hypnosis, he said, «ln my head there is a terrible chaos. The itching is unbearable, but I now have a better understanding of my parents. I understand that they always demanded the best of me, and made me ambitious. I also understand that I became jealous after the birth of my sister.» This was in 1961. Because of his terrible skin, he received another dose of* Sulphur, *which relieved him somewhat. After he returned from the hypnosis clinic in the middle of 1987, he received a dose of Baryta carbonica XM. At the end of September, 1987, he received* Carcinosinum *XM. In December, 1987, he received a dose of* Syphilinum *XM. I thought* Syphilinum *would really help him because his sleeplessness was quite typical for* Syphilinum. *-he would stay awake all night long. He was only able to get some rest around six or seven in the morning, and then he would rest for about four or five hours. But it was a kind of haziness and restlessness rather than a deep sleep, so that when he woke up, he did not feel rested. However,* Syphilinum *did nothing. After four months, he received a dose of* Phosphoricum acidum *because of the terrible weakness which now dominated him completely. As far as this patient was concerned, I could not see a light at the end of the tunnel, and so I asked a colleague to take over the case. He recommended* Helleborus *because of the symptoms and the patient's mental state. The patient was given* Helleborus *XM in May, 1988, and later, in August, 1988, XM and 50M, but without result.*

In September, 1988, he was given a dose of Staphisagria. *Because this remedy also failed to bring about any positive results, and because the patient was now desperate, he went to another homeopath. In November, 1988, he was given a dose of*

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Selenium *XM. I understand that there was some improvement with this remedy because a change in his sleep rhythm was seen: he no longer stayed up all night, and he was more restful around or after midnight. But the patient did not really admit that this change might be seen as an improvement. He received a second dose of* Selenium - *this time 50M - on December 6, 1988. In January of this year, 1989, there was a change made in remedies. I don't really know why, but he was given* Alumina *200, with no effect; and on February 24, he was given a dose of* Medorrhinum *1M. His skin condition is not bad at present, as shown in the fact that he has only had to use a light ointment over the last few years, but he says the itching is unbearable. The patient seems to me to be a perfectionist, sometimes pedantic, very minute and long-winded, and detailed in every respect. He cannot give in to anyone or admit to being wrong. He wants to be perfect and thinks that he can be, but there is something, a blockage, which holds him back. He is afraid that others will laugh at him. He is very sensitive, and particularly during his youth he was often humiliated. He told me that if he gets excited, he gets diarrhea. He has dry skin. He cannot wear wool or tolerate water, and he's especially worse in water because then his skin itches. As a child he could not stand cold and he felt worse when cold; in fact, he developed an allergy because of coldness. His skin is better in the sun, but his head is worse from heat. A hot room makes him uncomfortable. He is a warm person. He is worse by the sea, better from fresh air. He lies mostly on his back, sometimes on his left side. He cannot wear tight things around his neck. He says that he feels better when alone but that sometimes he desires company. His desires are mostly for sweet things (3x);* butter *(2x);* cold milk *(2x);* pickles *(2x); along with* ice cream, spicy food *and* sourapples. *He has an aversion to fat and sometimes also to salt and slimy things. He is thirsty for cold drinks. He's also worked out some things about his youth; if you are interested, he can tell you about them himself.*

(G.V.): As the report was being read I saw that you had some objections concerning some of your symptoms. I would like to know what your objections are and where you disagree with what you heard, (M.P.): The Bach flowers were a misunderstanding, and my

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skin is not affected by milk.
(G.V.): Are these your only objections? Do you agree with everything else that was read? It appeared to me that there were certain points which you seemed to find inaccurate. (M.P.): I cannot remember all the points that were read. I've undergone a very long list of treatments, so I can't recall the specifics of each one. Essentially I agree, never mind the details. (G. V.): What do you consider to be the most disturbing symptoms at the moment?
(M.P.): I have no energy, that's the main point, and drawing headaches. I'm unable to sleep at all at night, and I'm not too attractive right now.
(G.V.): You can't sleep at all at night? How is your insomnia now?
(M..P.): I might get to sleep as late as eight o'clock in the morning. Once I've fallen asleep I may sleep through until five o'clock in the afternoon; then it takes several hours before I'm fully awake again.
(G.V,): So, what you're saying is that, because you are unable to sleep at night, you sleep during the day instead, is that the situation? Now that this has become a pattern, it's no surprise that you can't get to sleep until the early morning, considering that you first wake up in the evening. How did this come about? Can you give me an idea of what was going on before this pattern was established? For example, did you go to bed and find that you could not close your eyes, or did your mind race, or were you just wide awake without any particular thoughts at all?
(M.P.): This pattern began after Carcinosinum. *I used to be able to sleep until noon and then get up, but after* Carcinosinum *I slept until five or six in the afternoon. I couldn't get to sleep earlier because I was restless and there was a hammering, beating in my chest. (G.V.): Where these palpitations?*
(M.P.): No, not really palpitations, more sort of a pressing or tearing sensation.
(G.V.): In your chest? Were blood tests performed, especially values for your liver? (Therapist): No.
(G.V.): I don't understand the diagram you've given me here. What is this supposed to show?

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(Therapist): It shows that there were some incidences of cancer on the mother's side, and that his grandfather had tuberculosis. (G.V.): What are you doing now? Do you have a profession? What are you working as?
(Therapist): He was a student, but he could not continue with his studies. (G.V.): Why?
(M.P.): It wasn't just that I thought *I couldn't get through my studies,* /knew *that I couldn't. I just managed to pass my examination - I just squeezed through - but after that I knew I could not go any further. I started dealing with subjects that I thought would be more relevant, of greater interest to me, and in this way I did some self-teaching. I followed up all those things that I knew or thought would be useful, and they turned out to be useful. But I know that I cannot cope with my studies further, and that what I've learned myself is not sufficient for me to be able to pass my upcoming exams. (G.V.): What things did you do that were useful? (M.P.): For example, I dealt with the subject of computer linguistics. I understood the advantages and the tremendous potential of the principles; I also understand their potential applications, but I would not have been able to put a coherent case forward in an examination for those applications. (Therapist): He also developed computers programs. He told me that he has a special stereo system that enables him to listen to his favorite music in the best possible quality. (G.V.): Do you like music very much? (M.P.): I love music, but now my headaches are so bad that I simply can't stand listening to music.*
(G.V.): Are you musically inclined? Do you play an instrument? (M.P.): I think I'm a little bit musically inclined. I studied music for a few years, but maybe I didn't start with the right instrument. For me, music is something emotional, it flows. I know that with music one can feel better over a period of time. (G.V.): How do you know this? Has music helped you personally to feel better?
(M.P.): It doesn't necessarily make me better or more capable of accomplishing things. Music just gives me a feeling of happiness. (G.V.): But you feel better with music, happier? (M.P.): Yes.

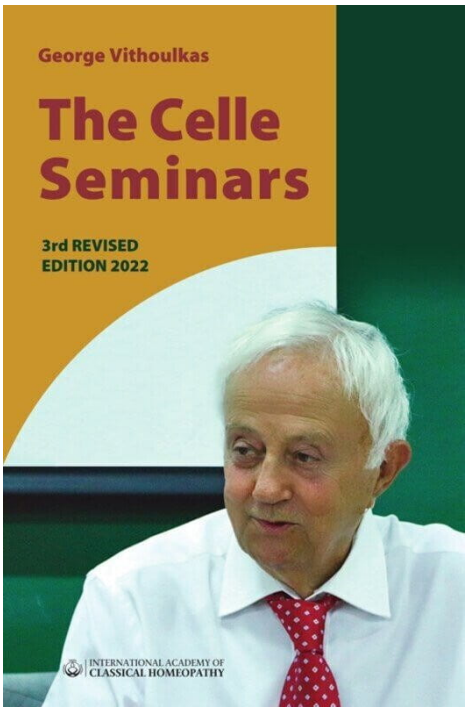
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