

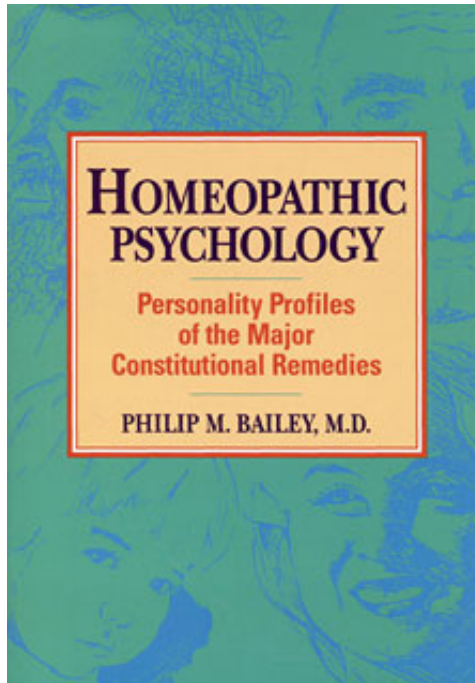
Philip M. Bailey

Homeopathic Psychology

Leseprobe

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Alumina

Keynote: Mental instability

Alumina is not a common constitutional type. It is one of that group of remedies that the homeopath thinks of when he has a patient who is mentally unstable, with a tendency towards hysteria. Such patients often have a history of unstable childhood circumstances, including a family history of mental illness and alcoholism, a reflection of the syphilitic miasm in the family. The few Alumina cases I have seen have all been women.

Mental Deterioration

The first Impression that the Alumina patient often gives is usually one of confusion. She complains of being unable to think straight, and she confirms this by hesitating as she speaks, and by struggling to find the right words (Kent: 'Inability to follow a train of thought', 'makes mistakes in writing and speaking'). One Alumina patient told me that her brain would 'scramble' all the time, making clear thinking impossible. She had to constantly make lists in order to remind herself what she was supposed to be doing, because her mind would often go blank, leaving her disorientated when she 'switched back on'. (It may help to imagine the Alumina brain like a faulty Computer, which frequently shuts down momentarily, and when it Starts up again the programme is lost and has to be searched for. This Computer is also prone to scrambling, a fault which results in information being mixed up and appearing randomly on the screen as nonsense.)

In many cases Alumina's mental confusion is present from childhood. The Alumina child has difficulty learning, especially with regard to speech and writing, and Alumina patients will say that others have said that as a child they seemed vague and dreamy. This apparent dreaminess is really just confusion.

It becomes more obvious when the Alumina individual leaves home and tries to cope as an adult in the world. She then begins to feel overwhelmed, and incapable of making decisions and looking after herself. This generates anxiety, which reduces her self-confidence, making her thinking even less clear.

One of the characteristic results of Alumina's confusion is indecision (Kent: 'Irresolution'). Most Alumina patients complain of this, and for many it is a major problem. One patient, a young woman in her twenties who came to see me for treatment of anxiety and confusion, said that she would lie awake for hours at night trying to decide between two courses of action, terrified that she might make the wrong decision. The decisions before her

at such times were not necessarily crucial ones. Often they were small matters in which either of the possible choices were appropriate, such as what to cook for dinner the next day. After a dose of Alumina 10M she was visibly more 'together', and she smiled gratefully as she reported that she no longer lay awake at night agonising over petty decisions.

The fear of making the wrong decision is a natural consequence of the confusion which Alumina experiences. It is really a fear that if she cannot think straight, her external life will collapse into chaos, a not unreasonable concern. Very often Alumina will rely heavily upon a parent or a partner to make decisions for her, and she will be aware that this is unhealthy, but she cannot help herself.

Loss of Self

Another highly characteristic feature of Alumina's mental instability is a sense of unreality. This may be described in various ways. Some patients say, "It's like I'm not here." By this they do not mean that their mind has gone blank, but rather that their sense of self has gone. It is a state that is hard to imagine, in which the perception of the outside world continues, without a sense of the person herself. Others say, "It is as though it is not me but another person watching these things." Hahnemann in his *Chronic Diseases* uses the same description; 'When he says anything he feels as if another person has said it'. This is a state in which the mind is detached and witnessing events (including the subjects own thoughts and actions) from a distance. One patient of mine who subsequently responded well to the remedy said, "It's like I'm looking at the world from behind a glass case." (After taking the remedy this Sensation gradually disappeared.) Naturally, this feeling of detachment can be very disturbing, confirming to the Alumina individual that there is something seriously wrong with her mind.

Alumina may sometimes be confused with Medorrhinum, and even Cannabis Indica, since both of these types experience a sense of unreality or duality. Medorrhinum often reports episodes of feeling 'spaced out' or far away from the world, but these are transient compared to the constant loss of ego of Alumina. I have never heard a Medorrhinum person say that they felt that they did not exist, or that someone else seemed to speak when they spoke. It seems that these two states are superficially similar, but really very different. Medorrhinum's detachment is similar to the detachment which anyone who practises a lot of meditation may experience, where the self is experienced as silent and expanded, and separate from the thinking mind. In contrast, Alumina experiences a complete loss of the sense of self, which is entirely pathological. (Other features of the mentals will usually be sufficiently distinct for the careful homeopath to distinguish between Alumina, Medorrhinum and Cannabis Indica.)

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Some Alumina people describe a milder form of identity confusion. When asked about their personality in the interview, they say "I haven't got one", and they are not joking. When asked what they mean, they say that they have no sense of a personality, since all they do is try to make sense of their confusion, and cope with their anxiety.

One Alumina patient, an extremely thin, nervous woman who was having relationship problems, was quite analytical about this. She said that she had no personality because she had no role models as a child, since her father was seldom at home and her mother was aloof. Whilst the latter conditions will not help to give a child a sense of identity, they will not produce such a profound lack of sense of self in other constitutional types as that seen in Alumina.

Depression and Self-Destructive Impulses

The confusion and lack of identity may bring to mind another remedy - Phosphoric Acid. Unlike the latter, however, Alumina is prone to powerful emotions, particularly despair, anger and anxiety. The mood often alternates between despair and a relatively contented state, changing several times within a day (Kent: 'Mood changeable'). During depressive moods Alumina will feel hopeless, and will often contemplate suicide. There may be a great deal of weeping, or the patient may not weep at all, but simply withdraws into silence like Natrum and Aurum. One Alumina patient would burst into floods of tears as soon as she sat down in the Consulting room (Kent: 'Weeping, involuntary), and cried throughout the consultation, until, having tried Sepia with only slight effect, I gave her Alumina 10M, after which she did not cry at all during the consultation, and said that her moods had become a lot more stable.

Alumina is predominantly a female remedy, and there is often a marked increase in moodiness before the menses. Both despair and aggression may increase at this time, along with the fear that the patient will hurt herself. Alumina has a very characteristic Impulse to kill herself when she sees a knife or other sharp object. One patient was constantly resisting the Impulse to kill herself with a razor (Kent: 'Seeing blood or a knife, she has horrid thoughts of killing herself, though she abhors the idea'). As Kent suggests, Alumina is prone to these impulses even when she is not feeling depressed.

The same moods that possess the Alumina patient premenstrually may endure longer in the form of post-natal depression. At this time the Impulse to kill the child may be more prominent than the suicidal tendency, and this may produce both horror and profound feelings of guilt in the poor Alumina mother.

Alumina is not listed in Kent's repertory for either desire or aversion to Company, and I have not found either to be consistent. Some Alumina pa-

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tients want Company when depressed, whilst others avoid it. One depressed Alumina woman reported a strong feeling of self-loathing, and a feeling that she didn't want to see or talk to anyone, which lifted after taking the remedy.

Violence

Alumina should come to mind whenever the homeopath comes across a case which combines mental confusion with violent thoughts and impulses. Alumina feels violent at times towards herself, and at other times towards those around her. She may be subject to sudden bouts of rage, although often she will not take out her rage on others, but rather slams doors and smashes things, or curses out loud. Alumina is usually a quiet, gentle person who hates her violent side (Kent: 'Quiet disposition'). Very often the homeopath must gain her confidence before she will admit to feeling violent impulses. She will often complain of anger, but will not reveal the murderous impulses to which she is prone until specifically asked. (The same can be said for the sexual and violent impulses of Hyoscyamus and Platina.) Once she realises that the homeopath will not be shocked by such things, she will usually be relieved to be able to talk about her strange impulses. One Alumina patient said that she felt when angry as if she had poison coming out of her. Another felt at times that she could kill, and imagined chopping off the head of her child or husband. These violent thoughts of Alumina nearly always involve cutting, be they suicidal or homicidal. The patient is usually sensitive, and has enough self-control to resist her impulses, but they cause her a great deal of distress, and there is presumably the potential for the violent impulses to be acted upon.

Alumina can easily be confused with Sepia, who is also prone to violent thoughts towards loved ones, particularly premenstrually, and may feel that her mind is falling apart. However, the mental and emotional pathology of Alumina is more serious than that seen in Sepia. Sepia is seldom on the verge of insanity, is not nearly so prone to suicidal impulses, and does not have a fixation upon cutting and stabbing. Neither does Sepia experience the unreality that Alumina does. Furthermore, the pre-morbid personality of Sepia is generally far more integrated and healthy than that of Alumina.

Anxiety

Given the mental and emotional instability of Alumina, it is not surprising that Alumina individuals are prone to anxiety problems. Alumina is an extremely anxious type, prone to panic attacks and phobias. There is usually a fear of insanity, and related to this is a fear of succumbing to the suicidal or homicidal impulses. Almost any other fear may develop. Commonly there is a fear of meeting people, especially groups of people, a fear that is seen

Alumina

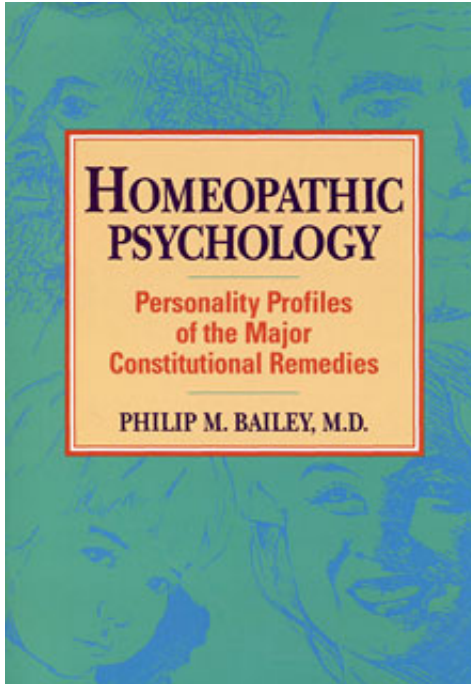
in most individuals prone to severe anxiety. Alumina's fear often leads to insomnia. She will lie awake at night obsessively worrying about how she will cope with the next day, or with some anticipated ordeal in the near future. Given Alumina's scattered mental processes, even little tasks like writing a thank you note can generate anxiety, and Alumina can be thrown into a panic by any change in her surroundings or her daily routine. She is unlikely to risk venturing forth on holiday for example, unless she has a strong and reliable partner, and even then holidays are likely to be too stressful for her to cope with.

One of my Alumina patients had a tremendous fear of failure, and on account of this she became a perfectionist, and would seldom attempt anything beyond her essential daily tasks.

Like other types who are prone to mental disintegration, (Argentum, Mercurius, Nitricum, Phosphoric Acid), Alumina tends to become hurried when she is anxious (Kent: Tropensity to hurry'). This is usually an aimless hurry in which very little is achieved, since the mind is so scattered. The more she hurries, the less she is able to cope, and so a vicious circle sets in. It may culminate in admission to a psychiatric ward with a 'nervous breakdown'. Alumina's hurriedness is often accompanied by a feeling of wanting to get away, to escape, although the patient has no idea where she wants to go to.

Physical Appearance

I have seen only a few Alumina patients, hence comments on their physical appearance are only tentative. Most were very thin, with bony facial features, and wrinkled brows. The hair was sometimes light and sometimes dark, and was nearly always very long. (The appearance was thus often reminiscent of Sepia, further increasing the possibility of confusion between these two types. Unlike Sepia, however, the skin is usually pale.)



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