

The Biodecoding® Institute
www.biodecoding.com



Behavioral Disorders

Imbalances Emotional

ONLINE TRAINING
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Teacher

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Welcome

Dear Biodecoding® friends,

First, thank you for your interest in our seminars and trainings. These experiences are truly inner adventures and it's our commitment to offer you the best framework to fully experience them. And it's with great pleasure that we offer you this handout on "Behavioral Disorders and Emotional Imbalances".

You will find all the main points of the course which will help you move forward on your evolutionary journey. Don't hesitate to contact us for any questions or complementary information. Our dedicated team is always available to assist you.

I'm looking forward to seeing you soon.

Christian Flèche,
Creator of Biodecoding®

About Biodecoding®

Biodecoding® is a complementary approach to other professional practices in the field of health, education, human relationships and dynamics, etc. The objective of Biodecoding® is to guide the person in finding the meaning and the cause of her symptom through listening to her emotional and physical sensations.

Gleaning wisdom from different approaches-- from Marc Fréchet and Milton Erickson's work to some elements borrowed from Dr. Hamer -- Christian Flèche developed a particular way of listening to the symptom: a biological, cyclical and transgenerational listening.

In collaboration with Philippe Lévy, he also originated new therapeutic protocols making Biodecoding® not just a unique method of emotional diagnosis but a new dynamic and efficient therapy.

For more than 26 years, Christian Flèche has been involved in developing the teaching and research around the biological decoding of diseases



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GENERAL EXPLANATION

TRIPOLARITY

The body, brain and psyche are the 3 interconnected levels in which consciousness and illness manifest. In behavioral disorders, the patient expresses his conflicts at the psychic level.

3 WAYS TO EXPERIENCE A CONFLICT

1. **Incarnated**, in the body, in biology. Can produce physical symptoms
2. **Dissociated** from my body/biology. Can generate cerebral pathologies
3. **Disincarnated** - completely dissociated from my body. This can generate psychic conflicts with behavioral or psychiatric disorders.

MENTAL DISEASES

In behavioral disorders there's an association of the 2 levels : cerebral and psychic. People with psychiatric diseases don't have physical diseases because they are not in their body. **Psychiatry** classifies mental diseases in 2 categories : **psychoses** and **neuroses**

Psychosis

Psychosis is a mental state characterized by a loss of contact with reality leading to an incapacity to perform every day actions. Communication is shut down and neuroleptic are prescribed.

Neurosis

Neurosis is a mental state in which there is no loss of contact with reality and communication is maintained. However, there are distortions at the level of perception and/or of thoughts and/or emotions.

The neurotic person is accessible with psychotherapy.

Mental diseases are behavioral, cognitive and/or emotional disorders in which symptoms are pronounced and intense.

DR HAMER'S DISCOVERY

Dr Hamer discovered that when a person has 2 conflicts that she is unable to resolve, biology produces a new strategy of adaptation : it produces a new feeling completely distinct from the feeling produced by the original conflicts.

Like in physical diseases, behavioral disorders fulfill a positive purpose. There is a need for adaptation to lesser suffering. When this adaptation is of short duration, there is problem. But when its duration is too long, then a new feeling emerges.

Essentially, psychic diseases allow the person to adapt to a precise moment in time.

But reality changes at every moment. So the sole issue is that, as in any disease, the person is no longer adapted to the present reality.

Onset of behavioral disorders

A behavioral disorder appears at the time of a **second bio-shock**. Onset occurs in the following scenarios.

1. **In a bio-shock affecting both the right and left brain hemispheres**, producing two instances of sympathicotonia
2. **A bio-shock on the right or left hemisphere + an epi-crisis on the opposite hemisphere**
3. **Two epi-crisis, double producing sympathicotonia**
In the 2nd and 3rd cases, a time distortion occurs.
4. **When drugs are consumed.** Under the influence of drugs, the state of consciousness is altered. When a person has an active conflict before and after the consumption of a drug, delusion of grandeur, of persecution, or other varieties can occur.
Toxic substance + conflicts = perturbation (e.g. deviation of the system)
5. **Brain trauma + sympathicotonia.** A brain injury on one side of the brain and an active conflict on the other side of the brain.

EXAMPLES

Depression: I step aside and wait for the external world to change, to transform. I have no power on the external world therefore I wait for things to change. I'm passive.

Autism : There is anger and panic I was not able to express and I can't find a solution for it. Therefore I shut down so that nothing can enter me or get out of me.
The expression of autism has nothing to do with the two initial conflicts: panic and anger.

There are as many behavioral issues as there are a myriad of combinations of different conflicts.
Psychosis involves at least 3 conflicts.

Double conflict

In behavioral disorders there are at least 2 conflicts: one on the right brain and the other one on the left brain.

A specific combination of several conflicts produces a specific behavioral disorder.

We can have several conflicts on the right brain and several conflicts on the left brain.

Hormonal stalemate

The hormonal stalemate occurs when the patient is stuck between 2 hemispheres.

In other words, it means that the person cannot use either of the two brains.

She is in a submissive state and withdrawn from everything that is going on around her.

LIST OF BEHAVIORAL DISORDERS

1st stage: brainstem constellations

- Consternation
- Spatial disorientation
- Temporal disorientation

2nd stage: cerebellum constellations

- Emotional void
- Exhibitionism

3rd stage: cerebral medulla constellations

- Megalomania
- Emotional hypersensitivity
- Hyper seduction
- Hyper aesthetic enhancement
- Ghost perception
- Scattered - Going in all directions

4th stage: cerebral cortex constellations

- Autism
- Passing out (loss of consciousness)
- Aggressiveness, borderline personality disorder
- Hallucinations
- Bipolar disorder
- Depression
- Paranoïa
- Mythomania
- Phobias
- Obsessive Compulsive Disorder (OCD)
- Catatonia
- Eating disorders: anorexia & bulimia
- Addictions : alcohol, smoking...
- Panic attacks
- Memory loss: amnesia
- Feeling badly judged
- Sleep disorders

1st STAGE – BRAIN STEM CONSTELLATIONS

- At least 2 brain foci on the brain stem.
- With one active conflict on the right side and one active conflict on the left side

Consternation

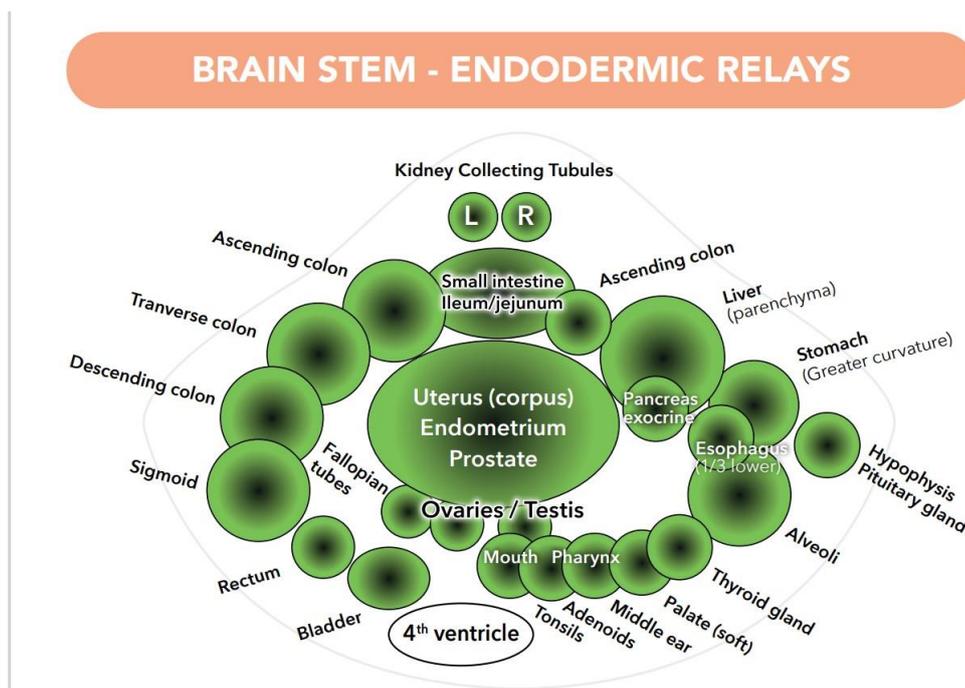
The patient looks stupefied/stunned with very limited intellectual capacities.

Spatial disorientation

The person is disoriented. One of the two conflicts is a conflict on the kidney collecting tubules. The second conflict can also be on the kidney collecting tubules or any other conflict on the opposite side.

Temporal disorientation

The person is disoriented in relation to time.
One of the two conflicts is on the thyroid gland.
The second conflict is on the opposite side of the brainstem.



2ND STAGE – CEREBELLUM CONSTELLATIONS

One focus in each hemisphere

Emotional void

The person does not feel any emotion, it's an emotional death.

She experiences significant emotional issues without affecting the logical thought process.

Possible temporary disorder during an emotional transition.

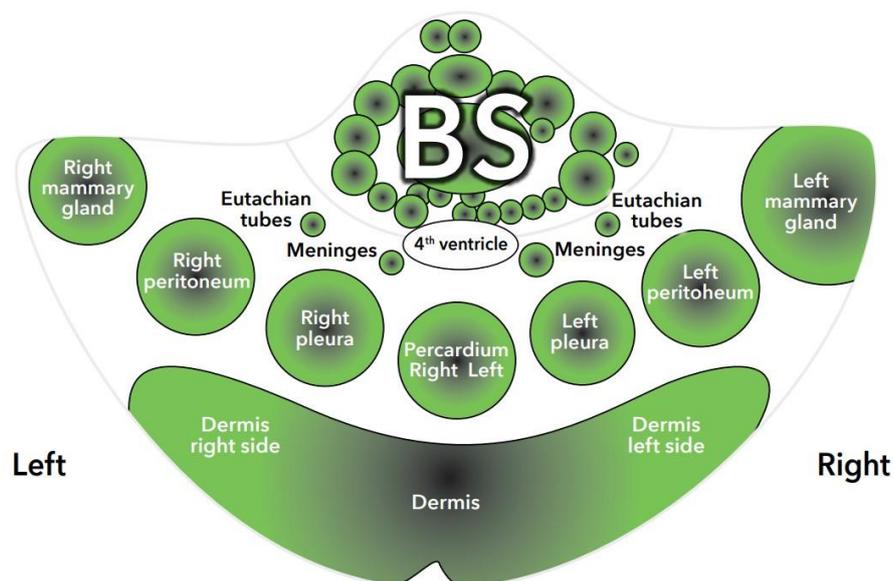
- "I feel empty, I don't feel anything".
- Unresponsive, acting without emotion, without zest for life.
- Feeling of not existing.
- "Nothing matters to me, I don't care"
- Generalized cold sensation.

Exhibitionism

2 attack conflicts, one of them being a sexual attack or sexual stain.

Symptom: The person takes his/her clothes off and shows his/her sexual parts.

CEREBELLUM MAP - OLD MESODERM



3rd STAGE – CEREBRAL MEDULLA CONSTELLATIONS

One active conflict on the right side and one active conflict on the left side of the cerebral medulla. Double self-devaluation.

Biology seeks a way out of self-devaluation to never get back into contact with that feeling. The behavioral disorder called megalomania allows the person to avoid this double self-devaluation.

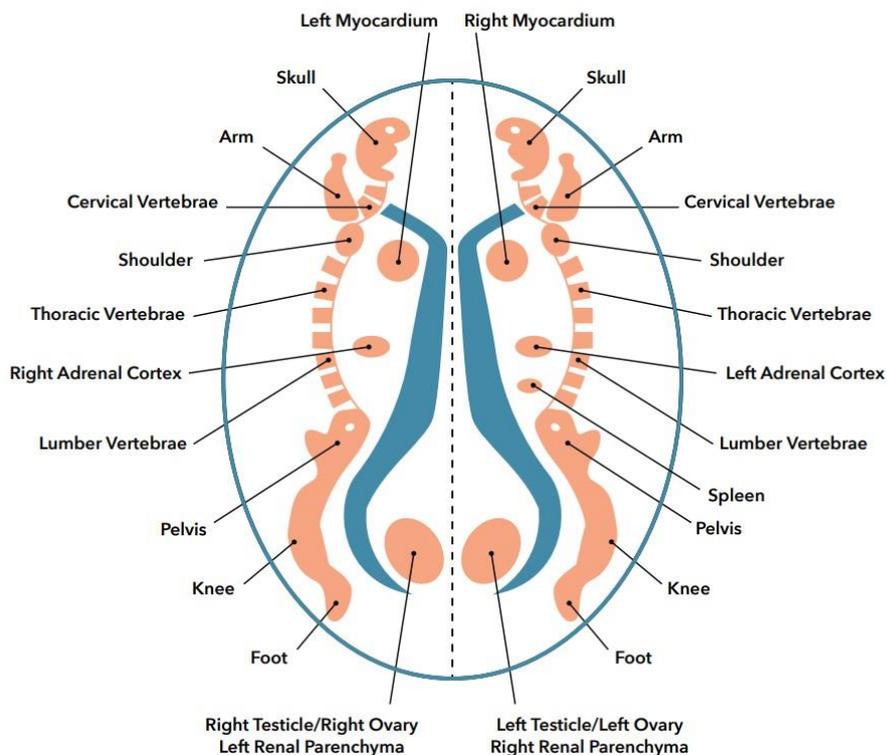
Megalomania

Biology seeks to get out of a state of self-devaluation and to avoid being in contact with it again. The solution is megalomania, a behavioral disorder which allows escape from this double self-devaluation.

It corresponds to an active focus on the connective tissues.

One active self-devaluation conflict on the right hemisphere and one active self-devaluation conflict on the left hemisphere.

Map of the cerebral medulla



Hyper aesthetic enhancement

Two self-devaluation conflicts on the fatty tissue.
The person feels like she is really more beautiful than other people.

Ghost perception

2 conflicts on the immune system.
The person sees or senses the presence of spirits and ghosts.

Scattered, going in all directions

Emotional hypersensitivity

The two foci on the gonads (glandular tissue) of the 3rd stage are active.
The person feels emotions in an intense manner.
There is a self-devaluation conflict related to seduction.
The person needs to please and/or seduce.

4th STAGE – CEREBRAL CORTEX CONSTELLATIONS

This stage is more oriented toward social life and the organization of the relationships.

The objective is to harmonize the society.

Some conflicts will allow balancing the society.

The cerebral cortex organizes everything related to social relationships. That's why most of the behavioral disorders originate from the 4th stage.

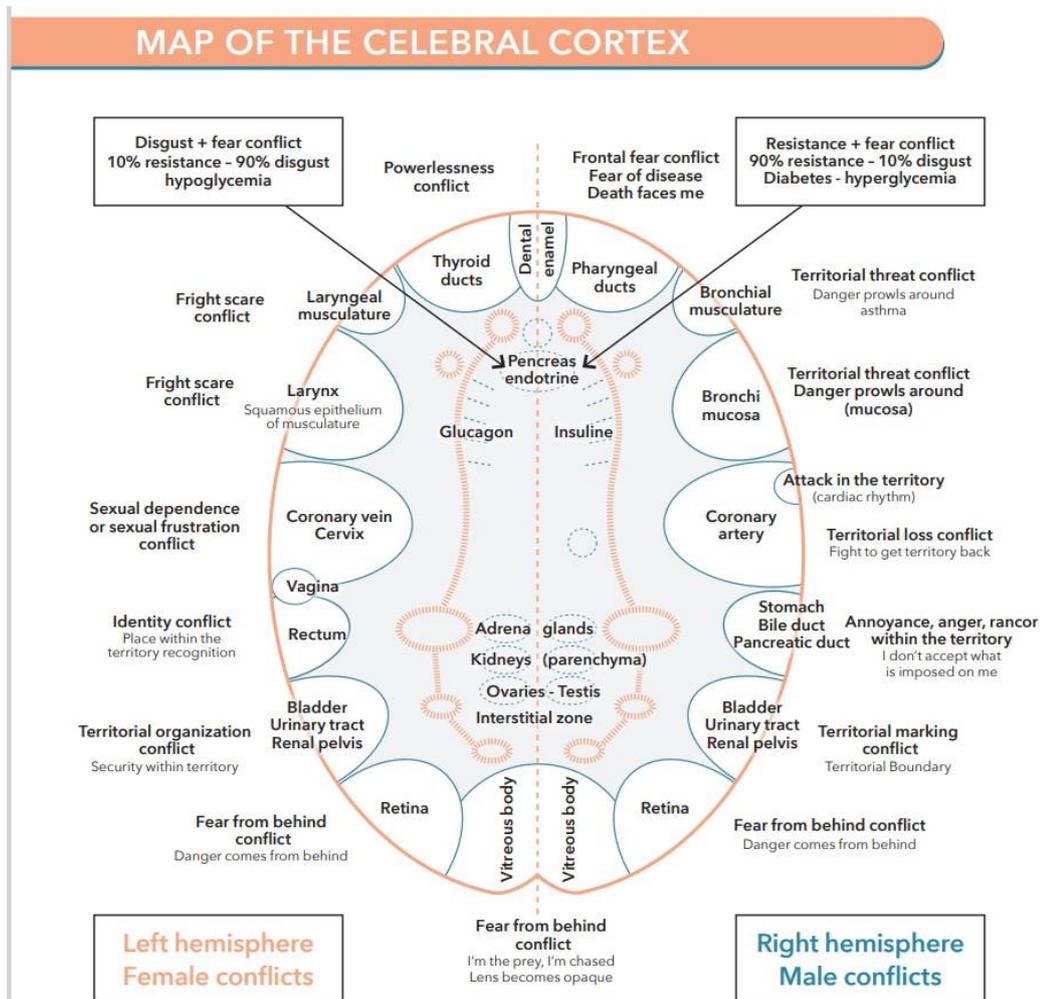
LATERALITY

Left-handedness

The brain foci/organs are the same but the feelings shift sides. (Explained in Level 1 Certification Training)

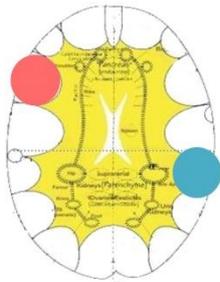
Left-handed women: less estrogen than right-handed women

Left-handed men: Less testosterone than right-handed men.



SOME PSYCHOPATHOLOGICAL DISORDERS

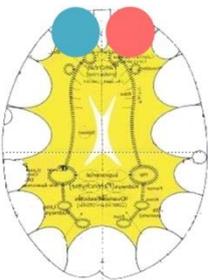
AUTISM



Larynx + bile ducts

Psychiatric illness where the person locks herself in an inner world. It is characterized by an alteration of social interaction, verbal and non-verbal communication which leads to a repetitive and restrictive behavior.

PASSING OUT

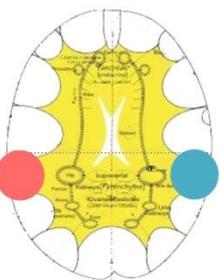


Pharyngeal lymph nodes + thyroid ducts

DOUBLE FRONTAL CONFLICT

Two frontal fear conflicts. That's what prevents a person from moving forward, going further.

AGRESSIVENESS – BORDERLINE PERSONALITY DISORDER

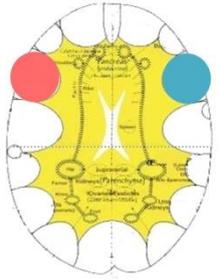


Rectum + stomach, bile ducts.

Aggressive and impulsive behavior. The person is unable to manage her emotions and can be prone to violence.

Consequence : chaotic interpersonal relationships

FLYING CONSTELLATION



Bronchi + Larynx

The patient seems to fly in another world where everything is fine. They are flying people. The person is **“spaced out”, not grounded, more or less detached from reality**. Dreamer by nature, flying, float through life, They tend to start projects but never finish them, “don’t worry, be happy” people, They suffered from 2 important fears.

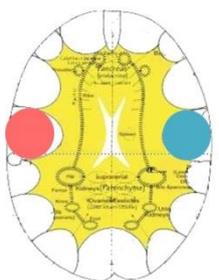
DEPRESSION

Territorial conflict + hormonal stalemate

The territorial conflict can be on mucosa of the bladder, endothelium of the coronary arteries, small curvature of the stomach, mucosa of the bronchi.

When in hormonal stalemate: The person is submissive and passive. S/he waits for things to change outside. S/he feels neither feminine nor masculine. S/he is stuck between the 2 hemispheres.

BIPOLAR DISEASE AND POSTMORTEM CONSTELLATION



Coronary veins + coronary arteries

▪ BIPOLAR

It’s a psychic state that swings from manic activity to depression.

The person no longer feels loved, she feels the lack of love, and on top of that she is about to lose her territory. If there is no territory where s/he can live, eat, then it’s better to die.

▪ POSTMORTEM CONSTELLATION

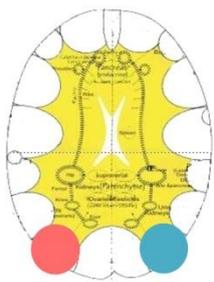
In this state, the person is dealing with the same conflicts: coronary veins and arteries which, when both are impacted creates a new feeling. The person will develop a high degree of interest in death, life after death, etc.

For these people, there is nothing on earth that seems to matter anymore. No love, no territory. If I die, I will go to this new territory, God's kingdom, where there is a lot of love.

▪ SUICIDE

Conflicts in both hemispheres. When the conflictual load becomes suddenly more important on the left side, then the left hemisphere shuts down. From there the person shifts to the right hemisphere and she attempts to commit suicide.

PARANOIA



Right retina + left retina

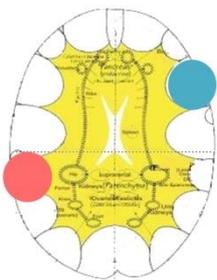
Condition where the patient is in delusion of persecution.

Two dangers coming from behind.

The person feels persecuted and stays on the watch.

The solution to this delusion is to imagine that danger comes from everywhere at once. This way the person is always ready in case the problem appears.

MYTHOMANIA



Bronchi + Rectum

Territorial threat – identity

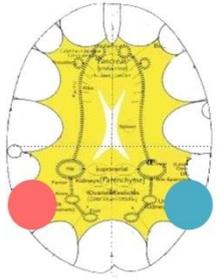
The person doesn't feel recognized in her identity and at the same time suffers from a threat in her territory.

The solution is: "I pretend to be another person, a different person.

It gives me the sensation of existing. I feel safe because the real me is no longer attacked since I'm a character that I invented.

So, on one hand I have the illusion of existing while on the other hand, the person that I really am is no longer in danger."

PHOBIA – OCD (Obsessive Compulsive Disorder)



Right bladder + Left bladder

Someone infringes on my territory and I can no longer organize it as I want.

Solution: I become obsessed. I want to control everything.

OCD behaviors can be very different from one person to another.

The symptoms provide some clues about the active conflicts.

EXAMPLE



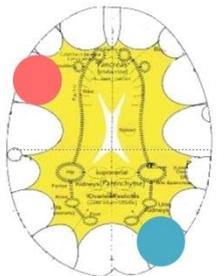
If I need to clean the house a lot, I'm connected to liquids
=> kidneys.

Or it can be a filth conflict which affects the colon and
leads me to want cleanliness.

The patient can't stop repeating the same act.

The most frequent case is when the person washes her
hands constantly to eliminate the filth.

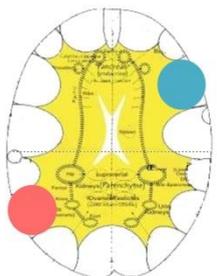
CATATONIA



FRONTAL-OCCIPITAL CONSTELLATION

Retina + Pharyngeal lymph nodes/thyroid ducts

A frontal fear in the anterior lobe and a focus in the posterior lobe of
fear from behind. The person finds herself caught between two dangers
and can neither move forward or backward. She is in a state of
immobility called catatonia in which she can remain for days.



EATING DISORDERS

There are several foci involved in this constellation

- **Anorexia** => stomach + glucagon
Anorexia originally means “Lack of appetite”. The person has no interest in food and refuses to eat. It goes beyond simply dieting to lose weight. The anorexic person may eat a little and will regurgitate as soon as possible (stomach relay).
- **Bulimia** => liver of 1st stage + glucagon
Compulsive eating. The person experiences an irresistible urge to eat even though she not hungry. She may not care what type of food she eats. She is able to eat whatever is there without taking the time to cook or prepare it. Usually this type of person has a sweet tooth (Food rich in sugars and carbohydrates)

PANICK ATTACK

Two conflicts of fear of separation with someone we protect.
This impacts the brain focus of the milk ducts.

MEMORY ISSUE - AMNESIA

Two or more conflicts of separation which leads the person to not remember.
No future.

FEELING JUDGED CONSTANTLY

Right Thalamus + Left thalamus

- Right Thalamus: to feel judged by others
- Left thalamus: to judge oneself badly

It's the only brain focus that can trigger behavioral disorders but no physical disorders.
In both cases, the person loses her self-confidence.

SLEEP DISORDER

Several fear conflicts

- **Insomnia:** To stay awake to be able to avoid the danger one fears.
- **Hypersomnia:** one seeks more sleep because if one stays awake, one is aware of the trauma.
- **Boredom – adrenals**

PERSONALITY TRAITS

Our different character traits of our personality resemble to a lesser degree mental disorder. But because they are not intense and allow the person to function normally in society, those personality traits do not qualify as mental disorder.

Autistic personality

The person withdraws, is in her own world. Introvert.

Schizoid personality

This person is detached from social relationships and has little emotional expression.

Schizoid personality

This person distorts the perception and the understanding of things.
This has repercussions on their relationships and behaviors.

Avoidant personality

This person avoids all social relationships.
She is hypersensitive to others' judgement.

Paranoid personality

This person is wary of everything and interprets things as being against her.

Borderline personality

Aggressiveness.

This person has stronger aggressive impulses.
Experiences volatile and unstable relationships.

Narcissistic personality

This person behaves as someone who feels superior, greater. S/he is self-centered and self-oriented.

Dependent personality

This person needs to be taken care of by others.
She is needy and therefore always sticks to others.

Histrionic personality

This person constantly needs to attract the attention of others.

Obsessive compulsive personality

This person is constantly preoccupied by perfection, cleanliness, and needs everything to be correct.

DISCLAIMER

Biodecoding® is not meant to diagnose or prescribe medical treatments. Only licensed physicians and psychiatrists can take care of such cases.

It is important to discern which patients are out of range of our therapeutic guidance:
Psychoses can't be addressed with Biodecoding®.
These disorders need a pluri-disciplinary team in a psychiatric service.

Neuroses: a mental state where there is a disconnection with reality, but communication is maintained.

There is distortion of perception and thought.
The neurotic person can be addressed with psychotherapy.