5-HT and repression: The key Indoleamine—the unconscious gateway: of civilization, creativity and hell

The information below is important because it makes sense of the neuropharmacology and neurochemistry relating to our very most basic affective regulatory mechanism: repression. Indeed, it is this, which makes clear the apparent "mystery" behind the rash of unexplained violence and suicide, the shootings and mass killings which have beset our age. Please examine the short essay available on this site "*The Pharmacology of Murder: SSRI Drugs, Hysterical Psychosis, 5-HT and Repression"* for more information about this troubling connection. Enjoy this short excerpt from the *Re-Polarization Theory* paper, and feel free to contact me for more information.

Today, we are in a unique position. For the first time in pharmacological history we have achieved a level of specificity which has hitherto been inaccessible, and many hands are to be shaken and bows taken. SSRI drugs have specifically targeted the re-uptake of a single neurotransmitter, 5-HT, and made a new level of neuro-chemical specificity, and individual targeted therapeutic activity available to millions. So, let us assess this new discovery, which I can attest by my personal experience, is most efficacious. As a sufferer of debilitating OCD for many years, you can rest assured in the knowledge that these drugs do work, and are effective in preventing of the symptoms of OCD. Those who claim that these potent drugs are ineffective, and have no use or benefit, *are lying to you*. The drugs work…period. A skilled clinician, should you be lucky enough to find one, can prescribe them in the correct dosages to control your symptoms. Those will be high doses. Now that that is settled, you should also know another fact: Those studies [examine who funds studies] and sources, which claim these drugs are easily withdrawn, and the resultant symptoms are fairly short lived, most definitely and assuredly, *are lying to you*. Please know the fact: SSRI drugs administered in the proper high doses for disorders such as OCD over long periods, cause permanent damage to the repressive system—

Repression is 5-HT dependent (Norman, 2009, 2010, 2011).

That dry statement, "Repression is 5-HT dependent," has consequences and specific implications, some unexpected, which have changed, in ways both positive and otherwise, the entire landscape of psychology. Now, old and vital questions have been answered, and the question of the existence of unconscious fantasy (Talvitie & Ihanus, 2005) and its influence on behavior and the transference have finally been lain to rest (Norman, 2011, 2013 nine/non-elliptical). We will soon examine some of the unexpected fruits of this new pharmacology and look plainly at what were once, the forbidden unconscious contents of our human hell, from whence both creativity and madness spring, and devise a method to pierce the unconscious veil. But first, I will begin with a

general assessment of the specific ontological manifestations and neuroscientific mechanisms involved.

The various transformations of illness which parallel the reduction in repressive functioning as SSRI withdrawal occurs, are necessary symptomatic products of the return of repressed material to consciousness (Freud, 1896, p.170 [first usage of the phrase]), and demonstrate the common defensive and purposive mechanisms of neurotic and psychotic illness (Freud, 1896; Norman, 2010, 2011, 2013 nine/non-elliptical). This surprising result is surprising, not because it supports the Freudian idea of all such illness being manifestations of defense rather than random imbalance, but, because the usual barriers which favor one illness over another, the "predispositional" factor itself, seems to have been cast aside (Norman, 2013 nine/non-elliptical). This is easily accounted for if we remember that this is an artificial neurosis/psychosis, not a typical one, and hence, must be assessed on its own footing. The mechanism by which it and its transformations are created, is clear: a relative reduction in 5-HT in the synaptic cleft due to the resumption of normal 5-HT re-uptake, and a resultant wholescale reduction in repressive function. With repressive function permanently impaired, what were predispositional influences favoring illnesses which are dependent upon high levels of repressive functioning such as OCD, are now exposed in their internal construction, repression peeled back, and the core of hysterical illness laid bare. The resultant hallucinatory hysterical psychosis, demonstrates little symbolic distortion of its reactive components, which may be assessed quite directly.

This psychosis, which can be reverse engineered to allow us access to undistorted unconscious content in normal cases, has specific concurrent manifestations regarding perception. Repression and the unconscious have subsumed under their functioning, not only a temporally "passive" role (retroactively defining reality) *in relation to the level of perceived input* of externally derived experience, functioning not only in the familiar role as a receptacle for containment, affective dampening, dynamic removal and allocation to experience of *preexisting* internal (interoceptive) unconscious stimuli such as unconscious fantasies, thoughts or memories via transference, but also an active one as well. This active real-time repressive function whereby all of perceptual experience has its energetic incoming presentation reduced, *actively repressed* in large measure into the unconscious *as it happens*, I have called: The Active Unconscious (Norman, 2010). Although the concept was conceived before I read the Freud, this is a more functionally connected and useful extension of Freud's stimulus barrier (Freud, 1920, p. 27). This reduction in the ability to partly repress the full force of *external* experience (exteroceptive increase), which runs in close tandem with the concurrent loss of ability to repress the influence of our *internal* perceptions stemming from the unconscious (interoceptive increase), form the full measure of repression proper, and are inexorably joined, rising and falling together in their level of functioning in direct and dependent relation to the increase or decrease in systemic levels of 5-HT.

There is ample neuroscientific evidence to support and explain this mechanism, by virtue of which I myself have been transformed from an extrovert who wanted only more and more intense stimulus, performing before larger and larger crowds, into an introvert, a man who is overwhelmed by natural beauty, weeps openly and often, and feels a sunbeam on his flesh with the same shuddering amazement I used to gain only by way of the most extreme and daring behavior. It is as if the very most basic and fundamental of psychical relations has been altered, and not in any subtle way! The idea, that SSRI drugs are specific in their action, is both laughable, and utterly mistaken. These drugs target one of the most evolutionarily ancient systems in the brain, as is evidenced by the central location of the serotonin producing nuclei, which dispense 5-HT to no less than 15 receptor types (Panksepp, 1998, p.111). The list of behavioral functions which *do not* involve brain serotonin is quite short, and can be represented by a single digit: Zero. Yes, 5-HT is so basic, its functions so diverse, we can say: 5-HT is involved…*in everything* (Panksepp, 1998, p. 103). The psychical effects of serotonin depletion and supplementation are no mystery, and neither are its general systemic effects:

Jaak Panksepp, founder of the burgeoning discipline known as Affective Neuroscience, has made one of the most profound, direct and reliable contributions to our knowledge of human and animal neural affective dynamics, from both evolutionary and biological perspectives. This careful and detailed researcher, has by way of experiment and observation come to certain conclusions about the role of brain serotonin in brain processes and behavior.

Firstly we read in Panksepp (1998) [citation form altered], "There are good reasons to believe that this system mediates a relatively homogeneous central state function. All motivated and active emotional behaviors including feeding, drinking , sex, aggression, play and practically every other activity (except sleep), appears to be reduced as serotonergic activity increases (Coccaro & Murphy, 1990; Jacobs & Gelperin, 1981) (Panksepp, 1998, p. 111)." The fact that 5-HT has *some* receptors which increase anxiety, is in my view, not at all inconsistent with the role of 5-HT mediating repression, as anxiety, is in many cases the causal instrument by which repression is instated (Freud, 1926; Brenner in Rickman, 1957; Norman, 2010, 2011). We read a general description of the effects of brain serotonin on mental stimulation of both interoceptive and exteroceptive origin, which makes some good sense of the relation between 5-HT and repressive function both "passive" and "active" as previously described. Description from a diagram of 5-HT pathways (Panksepp, 1998): "Serotonin. Function: reduces impact of incoming information and cross talk between sensory channels (p. 107)." As to the resultant behavioral modifications when brain 5-HT is reduced, (which closely parallel those of REM deprivation): ". . . such animals are behaviorally *disinhibited:* they are more active, more aggressive, hypersexual, and generally exhibit more

motivational/emotional energy. . . In short, they appear to be manic. (p. 141)." And lastly, we read:

> "In general, it seems that one higher cerebral function of brain serotonin is to sustain stability in perceptual and higher cognitive channels. When this constraint is loosened by a global reduction of 5-HT activity, the probability of information from one channel crossing into another channel is increased. Thus a mild reduction in brain serotonin activity may be an important ingredient for the generation of new insights and ideas in the brain, while the sustained reduction of serotonin might lead to chaotic feelings and perceptions, contributing to feelings of discoherence and mania.
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> In sum, perhaps it is this loosening of sensory-perceptual barriers between different brain systems that characterizes dreams, hallucinations and the florid phases of schizophrenia, as well as normal creativity. . . it is worth noting that just as low brain serotonin characterizes the dream state, it also promotes heightened emotionality, both positive and negative. It is a neurochemical state that leads to impulsive behavior in humans (Halperin et al., 1994; Linnoila, et al., 1983; Roy et al., 1988), even ones as extreme as suicide (Asberg, et al., 1976; Brown et al., 1982; Coccaro, 1989). Probably the most striking and replicable neurochemical finding in the whole psychiatric literature is that individuals who have killed themselves typically have abnormally low brain serotonin activity." [Panksepp, 1998, p. 142]

I hope the exact and full implications of this statement are becoming more clear: "Repression is 5-HT dependent." In less technical language you can imagine brain 5-HT, its particular manifestations and effects to be better summed in this less precise but more descriptive phrase: 5-HT is the lid on hell. So now that modern pharmacology has removed the blinders, and allowed us direct access into the forbidden ugliness which is within all mankind, this hidden fuel of his ascension and decline, for all of sublimation and depravity are found within this secret—*let us look.* We will see the main of Freudian theory, this hideous and unflattering picture of inner reality… is essentially correct. However, the situation does not unfold quite as the effects do with animals, and indeed, an SSRI withdrawal subject would wish for a blessed mania to quell their pain, for unlike animals, we have super-ego, and super-ego is masochistic, as a punitive garrison set up within personality (Freud, 1930, pp. 123-124; Norman, 2013 Prometheus). When we add a punitive super-ego wish to an id wish with reduced repression we have the exact description of the dynamic which creates hysteria proper (Freud, 1915, pp. 180-185). I hope it is now becoming clear to the reader, why, SSRI withdrawal encourages *hysterical hallucinatory psychosis.* The next paper in this series will spell out the exact method for transforming SSRI withdrawal, and the permanent repressive damage it entails, into a blessing which yields an endless supply of energy and directs this uninhibited storehouse of discharge toward higher purposes, and the supreme happiness of a libidinally cathected

experiential sublimation of astounding beauty. The happy result in the severe SSRI withdrawal case, is a steady state mania with continuous sublimation functioning as a substitute symptom to utilize the continuous state of uninhibited mental discharge brought about by long-term damage to unconscious functioning. That result is, however, a long way off from the initial unhealthy construction of modern personality, which is created via a very particular state of topographical imbalance. The way toward a personality structured around the paradigm of sublimation by integration, must first, proceed by way of removing repressions, and those, are often held in place by ego activity carried out at the behest of super-ego (Freud, 1926, p. 91, 117-118). I will strongly encourage the reader to read the Prometheus paper (Norman, 2013 Prometheus) available at *The Journal of Unconscious Psychology* web archive for more depth regarding the development and implications of the masochistic super-ego, and, the nine essays and Native Psychoanalysis paper (Norman, 2011; 2013 nine/non-elliptical), for the description of the SSRI withdrawal experience written soon after the fact, under the title of: The Engine of Creation.

So what contents lie in the unconscious of a modern man? How were they formed? How do these tensions contribute to the mental dynamic, and, what structures encourage the result? Is there a way to pierce the unconscious barrier which does not involve madness? Read on, as we lift the lid on hell, and discover the reason, we are down there, and…the way out.

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