

# Nine Short Essays and *Native Psychoanalysis*—a *Non-Elliptical Technique*: Necessary Background Information Basic to Native Psychoanalysis

Richard Lawrence Norman

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Contact:

Rich Norman PO Box 387 O'Brien, Oregon 97534 USA

[editor@thejournalofunconsciouspsychology.com](mailto:editor@thejournalofunconsciouspsychology.com)

1. Background information: How to read Freud, and what this archive is good for. p.2
2. Why the Freudian "viewpoint"? p. 4
3. The Engine of Creation: SSRI withdrawal and emergent unconscious content—Necessity U. p. 7
4. The General Relation Between Unconscious Ideation and Conscious Symptomatology. p. 16
5. Objectivity and efficacy: The issue of truth in therapeutic practice and metapsychological theory—  
From unconscious fantasy to constructions. Pt. 1. p. 21
6. Objectivity and efficacy: The issue of truth in therapeutic practice and metapsychological theory—  
From unconscious fantasy to constructions. Pt. 2. p. 24
7. The factor of resistance: from poison to cure—reverse engineering SSRI withdrawal pathology and  
the repressive etiological transformations of the neuro-psychoses. Part 1. p. 27
8. The factor of resistance: from poison to cure—reverse engineering SSRI withdrawal pathology and  
the repressive etiological transformations of the neuro-psychoses. Part 2. p. 29
9. The factor of resistance: from poison to cure—reverse engineering SSRI withdrawal pathology and  
the repressive etiological transformations of the neuro-psychoses. Part 3. p. 33
10. **Native Psychoanalysis — a non-elliptical technique** p. 35

Background information: How to read Freud, and what this archive is good for.

To understand this site you MUST understand all of this background information. This information is presented in an unusual fashion, and will emphasize that which is functionally necessary, and often omitted. I have learned much of this psychology and psychoanalytic theory through direct observation, and only late, discovered the Freud. I had learned much of Freud, but had not read him myself. This is supreme error. If you are serious about this, you must read all of the Freud, in the original, in order... period. If you do you will discover the following:

The experience was astounding—the myriad of superb and superior textbooks explaining the ideas and concepts which are Freud's idea: *Psychoanalysis*, were wrong. I could not believe it! Each and every one was a lie, and quite useless for this lie, in particular: a lie of omission. You could not use this information. It had been sanitized. This archive will be different, but also, exactly the same. The fine books written by the best scholars which condensed the Freudian theory all left out the most essential parts, the parts which are utterly necessary for the theory to work, and it is these ideas which I will articulate without reserve or apology. These ideas are now discarded, and no longer believed. They are however, exactly correct, as I will demonstrate. The method I will use to disclose the background Freudian theory, may seem haphazard, but it is not. It is traditional to detail the information from a chronological standpoint, outlining Freud's progressing thoughts and models. I have a more direct and functional approach in mind. I need to create in my reader the capacity for self-psychoanalysis, and this is a task best accomplished from the other perspective, to see and feel, to understand by example the real mechanics of the situation as a complete picture of mental organization, a rapid learning process which does not rest until the idea is all too clear. Plain meaning is the result for one who is willing to demonstrate, rather than articulate.

It is essential to SHOW the ideas in action. And so, I will give examples before terms are defined, and the reader will be the better for it, as the term will then mean something other than a dry concept once explained. This is how I learned this information, and as a result, I learned it very quickly and more thoroughly than any university could have informed me. I was ill, and needed the information. I saw it working, and so, learned it rapidly. This is how I will show you. For this reason, this archive will be just as much a lie as the sanitized versions of Freud which are out there, even if more useful. This is incomplete—structured for utility, and *not thorough in its chronology*. Read the original! It is not difficult, and no other text is needed to understand the twenty-three volumes, which read easily. Use no other text, no "*Freud for Morons*" is needed...you are not a moron, and Freud writes well. Remember: to read out of order is defense... never do it.

Of course, these last two "commandments" are far from realistic, and few of you will shy away from secondary source material and fewer still will purchase the twenty-three volumes of Freud plus the index, and read them in order, so, I will suggest: Do not begin with *The Interpretation of Dreams*. This book is downright amazing, but "spun out" in its style of composition. The amount of information one must hold in mind over such a length is difficult, and chapter seven alone, although sheer genius, requires many readings to comprehend. Please consider beginning with *The Three Essays on Sexuality* (Freud, 1905). If the version listed in the references is too much money, you can probably find an older translation for pennies under the title, *Three Contributions to the Theory of Sex*, D105, Dutton paperback. This is a brief, inexpensive and serious book which will introduce you to the business end of developmental Freudian theory. Much need be said about symbolism, symptoms and dreams, but the course will be easier to tread if the more abstract information is gathered in the proper time.

Reference:

Freud, S. (1901 - 1905). *The standard edition of the complete psychological works of Sigmund Freud volume seven: A case of hysteria, Three essays on sexuality and other works.*  
London: Hogarth Press.

Why the Freudian "viewpoint"?

The best way to illustrate the answer to the question, "Why the Freudian viewpoint?" is with a parable (Norman, 2009). Although this was written with philosophers in mind, the discipline of psychology, complete with its modern pluralistic politically correct inhabitants is an even better fit. So enjoy this pointed story, for every parable which is not a confusion, is but a story with a point:

### **The Puerile Fish**

There is a forbidding place where some philosophers go, both the brave and the fearful may travel here, to the Lake of Knowledge. The lake is large, and the shore rocky and flat with nothing for miles, but rocks and books. A group of young philosophers went to the lake, to see if they could find inspiration, truth, or knowledge. Who knows what else might live under some old rock or book, perhaps a beautiful lizard would help them. When they arrived it was a terrible surprise. The journey was far too long, the terrain unforgiving and they were worn ragged and half sick when the lake appeared, so large and flat with a chill wind, a frozen curse of a wind which cut them to pieces, as it made the lake's surface shimmer. They held each other closely and gathered their strength, to approach the water and look. Soon they had all decided the same thing. This is where the action had to be, so they shielded and warmed themselves with pages torn from the many books, each leaf on the next to form a blanket now wrapped tightly around to block the wind. Some pages held down with stones and some leaved into the next, they huddled together, each under their blanket, and warmed themselves, safe under the pages. They warmed each other in conversation. "I have found a truth about the universe, and another about myself and knit them together. I like the re-spiritualization of God into self, and believe the Buddha nature most beautiful, must be true!" The rest agree, "Yes, you are most surely correct, and no one is more beautiful than you now. Surely you are adorned with a quilt of the most profound and beautiful truth!" He continued, "I also enjoy the certainty of rationalism, and have knitted these two together to form a warm and fine truth," and all agreed this was a handsome union of these two ideas, which was most warm and satisfying indeed! Each day they became warmer and enjoyed their reflection on the waters of the lake, and their quilts grew. Often they remarked about how beautiful their reflection became when they could steal it from the wind, as it rippled the water. When all was still and quiet, the vision they beheld was clear, and they were sure they had seen what they came for, the truth, and they would curse the wind for stealing it back. This bleak landscape offered them much, but lacked one thing. There was no food, and all were getting weak.

As their hunger grew, one among them began to find the smell of himself and his unwashed compatriots more than he could bear. He became so nauseous, he walked out into the wind alone, and found a place for himself a few hundred yards down the shore from his fellow philosophers. He was disgusted, and took one of his stones, wrapped a page from a book around it, and threw it into his reflection on the water. It sank right through the image, and he knew it was a reflection and not the truth. Then another unexpected thing greeted his eye from the depths of the lake. He saw a fish. Old and ugly, covered in warts and sores, its pan eyes looked up at him with a familiar glaze, as if the fish had also been dazzled, its gaze also fixed upon the reflection of light off the surface of the water. When he saw its familiar eyes he was horrified and blushed, but he soon regained himself and looked closely. The fish spun around after one of its own droppings and gobbled it up, then another and a pause. It looked at him as surprised to see him, as he was it! Its mouth opened, a bubble came out and floated up to the surface. He put his head down and listened as it popped. He heard the fish speak out of this putrid bubble, a voice could be heard! "I'm right." He couldn't believe this impossible talking fish had said what it did, so he squinted and looked, then more bubbles and the words, "I'm right. Always. I'm

always right." He could stand it no longer, his hunger was too great, and even if this fish was able to talk, so old and putrid with sores and filthy breath, he could not resist, and his arm shot into the cold water, his hand closed around the fish and he pulled it out from the water and swallowed it whole before he could think. He saw its hideous body and strange familiar eyes and ate it anyway much to his initial disgust, and he almost vomited it up, but his hunger would not be refused and he swallowed hard and the deed was done. Now he felt better, stronger, and his blood began to run again with food in his belly. His fellow philosophers had seen the entire affair and moved somewhat farther up the shore. Clearly he was a dangerous man.

The next day a sun beam fell through the lazy net of clouds and reached the lake. A rare mist formed, and out of this strange vapor stepped the God of the Lake of Knowledge, the Knowledge God. Gaunt, tall, tight-lipped and pale, he looked unwell and slowly moved toward the large gathering of philosophers. His reputation preceded him. It was said he spoke little, and asked only questions since he seeks knowledge, and a question mark is a hook for thoughts. As he approached the group, his sickly appearance was underscored by a churning sloshing grumble from his entrails. "Are you OK?" asked one of the weak, hungry philosophers, to which he responded, "I am hungry." All were amazed to hear something other than a question cross his lips, and so a palpable relief came over the crowd when he asked one of them, "What is your philosophy?" "I have adopted a phenomenology like Husserl's, and a spirituality of the universe and self which permeates the world as Dharma. I have made a beautiful quilt and all agree it is true. I am happy to be able to answer all of your questions. I am a complete philosopher indeed." All the others agreed she was and managed a collective weak anemic smile, safe in each other's arms. Another stepped forward and the god asked him, "What is your philosophy?" "I have found four pleasing truths which keep the wind away, and answer every question." Before he could read the Knowledge God the first few pages of his philosophical blanket, the nauseous rumbling of the god's stomach interrupted the discourse, and he shuffled quickly away, sick from their odor. He soon found the lone philosopher, who sat rosy cheeked and well beside the cold water. The Knowledge God asked his question and you could see his pallor improve to hear the answer, his godly shoulders rose and relaxed and he smiled. When the Knowledge God asked the lone philosopher, "What is your philosophy?" the reply was short and direct. He answered tersely, "I eat fish!"

So, dear reader, I do hope the meaning is clear: the Freudian "viewpoint" has not been chosen as a function of whether that "perspective" is appealing, or chosen as a function of if it may or may not engender the approval of others, or even if it fits in with one's own aesthetic sense of "taste" and propriety, oh no! It is *Necessity* which has demanded this "choice" of "viewpoint." The reason I am hedging, and using quotation marks around the words "viewpoint" or "perspective" are a clue as to my meaning as well—The Freudian "viewpoint" is not a subjective viewpoint, it is not a choice. (Who would *choose* such a thing?) It is: *an is!* There is no choice or subjective decision in such matters, one simply looks and sees (Norman, 2009; 2010; 2011; 2011a). If the "view" one "chooses" is incorrect, the illness remains. Period. If one constructs or finds, *and then accepts* the pathogenic memory/ideation which is affecting behavior into consciousness, and the specific ideation is rightly gathered and spelled out, the symptoms vanish, and in the case of a retrieved memory, they vanish—*instantly!* No drugs are needed. Even the most severe neurosis can be positively influenced. As only the exact right answer will work, the Freudian "viewpoint" is not a viewpoint at all, but an actual truth, an instrumentally valid, derivable scientific fact—truth. I ask your indulgence, as these statements will soon be justified and demonstrated. I am aware that saying such things in this day and age is... improbable, but I am an unlikely sort of man. I do not coddle my audience in order to retain them. I believe these things for good reason. I arrive at these bold and arrogant statements by way of very particular and certain methods, methods which are *only now available*, that validate by direct

observation, much of Freudian meta-psychology. Only this works. This is not a choice, not an aesthetic decision, but a necessary reflection of our mental construction, most right and unpleasant. We have this "viewpoint" because it is objectively valid. It works, again and again. If you are really ill, the pretty picture is not enough. Either truth...or drugs. That is our choice—and no other. (Please read the short essays "The Engine of Creation" and then, "The General Relation Between Unconscious Ideation and Conscious Symptomatology" to find this *new substantiating factor* spelled out).

One does not get to choose the details of one's existing mental construction and illness. It is best to look plainly, and become well quickly. "*Truth is oft insult to beauty.*" In the plainest language: When the time came to cure myself of a lifelong and severe obsessional neurosis, all manner of pretty guesswork at the hidden contents which were creating the illness were of no use. Only the one actual truth, a specific and detailed truth most ugly and right, only this one thing was curative. Our subjective problems, have specific and objective solutions. This journal is written with an eye to finding these elusive and ugly truths quickly, and so, ending the problem, and beginning anew. The same energies which power a neurotic symptom power our thought processes and definitions of all reality! Let us look plainly and redistribute those energies to beautiful result. What is an unconscious burden and a sickness today, may become the heights of intellectual achievement and pleasure tomorrow! Eat the fish! This is the promise which awaits the broadest soul, the soul which can look easily upon itself...to look, to know, and not to judge. Such is our hope. Psychoanalysis unearths the hidden elements which cause sickness, and disbands its form, so as to use those once hidden energies in healthy ways. These things *are*, so we look, and may become again.

#### References:

Norman, R. (2009). *This new day—Self creation: The wisdom of an idiot*. O'Brien, OR.: Standing Dead Publications.

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The Engine of Creation: SSRI withdrawal and emergent unconscious content—Necessity U.

Although the end of the journey finds a happy result, the road over which I found Psychoanalysis was a rocky one. This is the speediest road, if the more dangerous route. It reverses the usual order of events, which leave the student of psychology at a serious disadvantage. My university was the "University of Necessity," or "Necessity U" as I call it. It does not admit knowledge by matter of "degree," one either passes, that is, lives, or one fails. I have passed, and learned most quickly. Perhaps you can travel this road with fewer bruises for my efforts?

In the usual situation, the student learns by understanding a large complex compound conceptual construction, e.g., "In many instances of manic depressive illness, an unconscious structure is observed which indicates an ambivalent parental object relation expressed via regression to the oral-sadistic-cannibalistic level of pre-genital organization." The hapless student holds these many ideas in his mind, and these dry concepts, which are so free from any real emotional impression, are then understood through the creaking apparatus of our logical facility. After years of study and clinical observation, and decades of thought and inference observing and inferring the hidden operations of the mind, he understands. This approach goes from logic to understanding.

The reverse approach is taken by the military in basic training. One teaches best to demonstrate—to show. One speaks little of leverage, the concept so difficult to understand, one knocks the cadette soundly on their rear by using their body as a lever. The lesson is learned quickly. This approach goes from emotion and identification to understanding.

Before I continue the example, I will inform the reader as to the relationship between SSRI drugs, a new and efficacious addition to the medical pharmacological arsenal, and repression. Please remember the Freudian axiom that symptom formation is a product of the return of the repressed (Freud, 1896, p.170). SSRI drugs reinforce repression, and quell mental illness (Norman, 2009; 2010; 2011; 2011a). Once withdrawn or once tolerance develops, the effect is reversed, and unconscious content is released into consciousness free from the distortions and transformations which maintain amnesia and some function of repressive isolation even in delusion (Freud, 1911, pp. 1-82; 1924, p. 151), which in SSRI withdrawal from high doses over long periods, is soundly defeated. Once I had withdrawn from as much as 120 mg per day of Prozac taken for 15 years, the lid was removed from my unconscious, and all sorts of symptoms resulted. The sort of illness one expresses and its attendant symptoms are in large part a function of repressive dynamism, or, lack thereof (Freud, 1915 pp. 181-185; Norman, 2011; 2011a). As repressive function varied, the illness changed, providing a multitude of experience with various illnesses, each different illness emerging in turn to attempt to reinstate or reenforce repression, which was so very diminished due to SSRI withdrawal. Our symptoms are a measure of defense, and each in turn attempts to maintain the failing repressive system in SSRI withdrawal, but, to no avail.

Now we may continue with the example: Our graduate student has the unenviable task of understanding the meaning of this idea which is accessible to him only after years of inference and study: "In many instances of manic depressive illness, an unconscious structure is observed which indicates an ambivalent parental object relation expressed via regression to the oral-sadistic-cannibalistic level of pre-genital organization." I have learned the idea in a different fashion, as a cadette learns, from direct observation:

I have had a fine piece of writing criticized in a foolish way by an old friend. As I walk, a piece of

uncensored unconscious content tears into my mind's eye: I see his face and hear the words of criticism... and I am as a spring, my body is but a tube with a head and a mouth, now hurdling through the air, my jaws wide and snapping with furious hatred, snapping open and closed—I tear the flesh from his face, ripping off chunks of flesh: spitting them out onto the ground, swallowing and spitting, jaws opening and snapping closed hundreds of times each few seconds, ripping the flesh away in chunks, spitting it out into the dirt and swallowing. That night I read this concept in an old book: "In many instances of manic depressive illness, an unconscious structure is observed which indicates an ambivalent parental object relation expressed via regression to the oral-sadistic-cannibalistic level of pre-genital organization." I understood it instantly, with no need for explanation, whatsoever.

Here is my first lesson from Necessity U. Excerpt from: *This New Day—Self-Creation: The Wisdom of an Idiot* (Norman, 2009):

### **The engine of creation**

Most people complain they feel sad. The self-creationist writes or rants, cries and then feels better by lunch. Instead of withholding, develop the habit of releasing. Pain writes, sadness sings and despair dances till it can try again. All things move ceaselessly in the creative mind. There is no empty resting when one feels freely. Self-creation transforms our eternal unrest from a misery into an engine, the turning of which fills our emptiness as it brings us to a higher possibility. When you hear your sadness do not be content in your gloom, answer it. All pain is a question to which creation is an answer.

So what pain is it which drives man to create? What is this engine of restlessness which we might harness? Where is the question kept? Where does this pain dwell, and how might we find it? You may boldly and foolishly insist, "Show me this engine of creation so I might most directly know it myself." I have had the lid removed from the engine and watched its ceaseless turning but as you will see that is to dare madness, and is ill-advised.

Freud called it the unconscious; the Greeks and the Romans knew it as the underworld. Where do we place those truths which are too painful, too ugly, those which must remain hidden as the dead? Where are the fantasies we think, but can not bear to know we think? Where are the thoughts we can not escape, and can not hear? All that which you are but can not know, can not own, resides there. It is ego's tool, keeping the air free of what is unhealthy for ego to breathe. Unless ego needs to be sexual and embrace the sexual role, sexuality can be a disturbing intrusion into daily life. To serve the smooth functioning of personality great forces are repressed and held in the engine out of view. The great bulk of the undeniable, continuous, super-sexual tide which lies at the base of man, his greatest fuel, his supreme energy which is used and sublimated or consumes him in fire, serves man or spoils him, becomes beauty or obsessive lust, is hidden here unless ego summons it. The unconscious is ego's servant and will contain even this amount of energy unless ego summons it as an asset and not a disturbance. If we could not repress the great bulk of our primal sexuality, so it is but a dull roar in the teenager's ear he would be wholly possessed by it, his attention unavailable to develop the higher social functions. If unable to submerge much of our sexuality we would never develop the mental and social skills which along with biology, make us attractive sexual partners, good risks, winners in society who



are chosen to reproduce. All of us that would make chaos for the ego is buried here. The murderer in the civilized man and the lust of the chaste reside here. All of self which the ego calls sickness, perversity, violence, sadism and hatred are tenants of this jail. The constant contractions of wishes never known and hurts too deep to know reside here. It houses the ego's undoing, and the ego proclaims it: "Sickness!" The horror in man parades grotesque and unrepentant, a raging triumphant prisoner whose voice is your own. It is a cauldron of steaming ceaseless dissatisfaction in eternal lament. All that can not be solved or expressed contorts and grimaces, and its motion is a turbulence, a wind which brings the divine as its putrid breath fills our sails. Might we take its sultry festering and spin slender glistening threads of gold to cast aloft, toward the sun, as spiders of the earth and air, as spinners of tender golden sails may we ascend in these hot winds and be energized from this turbulence? What of hope and creation lies in a curse like this engine? I shall tell you of it here and then discuss its operation as the source of the creative instinct, the "engine of creation."

After a fifteen year stint on as much as half again over the "maximum" 80 mg. dose of Prozac I was ready to quit and did. I can assure you consciousness is entirely dependent on a delicate specific balance in the physical world. If I hit you with an iron bar you will pass out since the balance is disturbed. Drugs make this principle evident as we put a pill in our body and get results in our mind. My mind suffered the lack of a chemical 5-HT from Prozac withdrawal. {Footnote: 5-HT is short for 5-Hydroxytryptamine or serotonin. Rather than delve into the specifics of the pharmacology involved with the re-uptake of serotonin in the brain, etc. I refer you to the latest Goodman and Gilman's *Pharmacological Basis of Therapeutics* for a full discussion of how SSRI drugs effect the brain.} After a manageable one hundred day latency period, a critical level was reached and everything changed. The change was first manifested in a hyper-immaturity. Tantrums abounded. I eventually had the lid entirely removed from my unconscious and watched in relentless horror as the subterranean dynamism of my mind emerged. All that is irresolvable and unresolved tormented and afflicted me at all hours. Like living in a Bosch painting I myself had painted, the grotesque super-sexualized, hyper-violent world of Oedipal agony and torment I beheld was ceaseless and wholly putrid. An Oedipal horror is any truth which to gaze upon it knowing you have authored it yourself, would then make you want to tear out your own eyes. Primal ugliness that drives the hand and heart of man in both abomination and sublimation, were mine to observe for three endless months until my body righted itself. {Footnote: Although able to function again after three months, the process of rebalancing brain-chemistry is excruciatingly slow and still ongoing.}

My mind rewarded these three months by the "great sulfur lake" as I call it, with the refreshment of both my pain and insight. A flower is a beautiful thing but every gardener knows the most healthy and spectacular example has its roots in a pile of shit. Having seen the engine of creation my eyes were cleansed from my weeping. The tears of a writhing nausea have afforded me a new day.

To know the fetid horror which drives man, Beauty, Truth and Pain are again my companions, sitting around a fire in my mind eating sardines together. It is warm to have them back, but to know them is to know their breath stinks.

After taking a drug for fifteen years to avoid collapse under the weight of my ever increasing pain and ugly resentment, and then to eventually be swallowed by that ugliness and unheard pain, I suggest a better course. Best to hear your pain and acknowledge your resentment before it reaches such crushing hideous proportions. You are your pain. You are your resentment. They are parts of you. To hear them and know yourself may at first appear prohibitively painful and inconvenient, but the eventual whole scale collapse you avoid will be your own. This course is prudent and best. Rather than keep on marching it may be better to stop and listen. We might both renew creativity and avoid collapse. So I believe I have realized the moral to my ordeal by the great sulfur lake: be relentless in pursuit of your ugliness, and you will find that beauty is the sure result. Better this agony of your own design, than to wait and have your ugliness relentlessly perusing you.

It is too late for me. I cry out in the perverse hubris of self-grandiose humiliation, "I know everything!" Everything I should not! I have bitten the apple, and it has bitten back. I can not forget and I will not forget, so you see my boast is also my curse. I have seen the engine and I remember. The pride of a madman who refuses both madness and forgetting. I know everything! Every thought that no one should have thought, but I alone had conjured, revealed the wish still uglier which conceived it. I could ask this wish, "Why?" Do you know what is seductive, attractive and healing in your nightmares; why you wish to dream them? To have seen the engine, the sulfur lake and its hideous monsters each with my head atop its neck, and to have refused to forget, was my infinite moment of self-knowing. Orpheus looks back and **remembers, to claim his prize**, not to lose it. {Footnote: A synopsis of the Greek myth of Orpheus: Orpheus, a musician, used his musical talent to charm Hades, the god of the underworld, so as to allow his dead wife to return with him if he did not look back at her as they journeyed back to earth. He yielded to temptation and looked and she was lost to him forever.}

I plainly know each fetid desire and the need which called it forth, all that I have cast and those secrets better kept dark now beckon me, dare me to rediscover them, invite me to look again. I can no longer hide. I know all that which I rightly refused to see. I have seen and it is too late. I am doomed to know why I rage, love, chafe, react and feel as I do. I know everything! I am the physician who correctly diagnoses his sick condition and have gained insight, but I am not yet well. I am only honest. I know myself through many ordeals, all remembered by my stubborn unblinking nature and now honesty is not a choice for me. I am no longer a symbol to be unwound, I have become a smell with which I am most familiar. I know too much. Here I have become perversely proud so I unmask myself before you and say, the price of an honest, complete and unsparing knowledge of self is that it never relents. It never turns off and can make a hell of our lies both great and small. Improvement through creation is my salvation and with each wisdom and work I can not help but love my honesty more. She is after all my bride. My ego protests this sentiment and exclaims, "She is painfully ugly, and only an idiot would marry her!" Perhaps he is right.

This is no LSD trip, no afternoon or evening of self sport, alluring and light with promise of a glimpse which bends the eye up and over the wall to cheat the maze, where a hint of danger and

darkness adds spice to sport as we chance a peak under truth's skirt. Instead here Truth has stripped and I have been laid bare before her ceaseless gaze. There is nothing alluring about the engine of creation. Super-sexualized, violent, infantile, grotesque, unrelenting and hideous are the monsters of our hurt, desire, failure, lust, rejection, impotence, rage, unmet need and frustration; so disturbing that they have been banished beyond our sight to reside forever unseen here in the engine. Everything there is there because it offends the light of day. Once the plain brown wrapper has been removed, one sees the forces which shape, direct and energize us, which remain necessarily hidden. Daddy keeps the drawer with the dirty magazines closed *because* this is the pornography of the mind.

Do not be misled by appearances. I say Oedipal horror and invoke the two traditional violations we find in the myth of Oedipus Rex: the accidental bedding of the unidentified mother and another unintentionally revealed wish in the accidental killing of the unidentified father. If his mother or father's identity were known to Oedipus he would surely not have bed or killed the respective parent. We can forgive him in this even if he can not forgive himself. This story and these crimes against nature are now an old familiar tale which has lost its sting. It has the feeling of the everyday about it, as if history has worn it out. My hidden truths are unworn by time and appear as they should, as true visceral horrors of the utmost repellent force. How could it be otherwise as they are by definition what is most unbearable for me, which is why they reside hidden here? These are living truths, not a dusty remnant, like this Oedipus whose accidents are a soothing tonic, a weak tepid tea which calms the nerves due to its lack of effect. Only you can imagine what is more terrible still! Think of it. What do you see? What? Tell me. I can not tell and will never know... In this I tease you playfully. You have been tricked! I made sure that I have shown too little of my own monster, and in your imagining on this Rorschach blot you can be sure it was you who was the painter, the author of the meaning. Perhaps here before you is a photograph, a projection however indistinct and ugly, a shrouded hint of your own live monster; your Oedipal horror.

This stark parade of ugliness was a great teacher, but not the only one. Each day in our dreams and undirected uncensored fantasies we have a window where we may see the unconscious, the engine revealed as it works. Look here to solve the riddle. Our imagery conceals a wish. Why do we fantasize the fantasies we do? Why do we dream these dreams? Why do we need these thoughts? What do they provide? How do they serve us? Answer these questions and understand yourself, your riddle. What wound begs for this fever, this pornography so it might rest? The answer is you.

I make this strange but true statement because the unconscious contains these repressed energizers which are the unheard pipers of the invisible song to which we all dance. To see them and know their tune is to know why you feel compelled to be what you are. This all sounds well and good so you might still insist that you want to see for yourself. There is nothing wrong with the occasional peek under truth's skirt. She doesn't seem to mind and it is we who often blush to know her. But be warned: do not follow me and poison yourself to pursue her.\* She is merciless and has no pity in her eyes for a fool. Once she has raped you sanity may become unbearable, and madness a relief. Do not go here! Ask why as I have asked, but ask your dreams, fantasies and curious choices, do not seek the engine

directly. As I stared at the workings, the putrid, lurid, violent, unending convulsions of unresolved want, hurt and need, I began to find myself enormously taxed, overwhelmed by the effort to remain detached: to remain sane. I felt an ever-increasing gravity, an irresistible and profound magnetism exerted its force to pull me into the sights and struggles before me. The effort to remain detached was omnipresent. Month after month the engine wore into me with no peaceful moment granted, no breath spared its siren song, its call to madness. I was compelled not only to watch but to become the madness. The more tightly I held on the more exhausted I became, and the more sweet, hopeful and seductive the invitation to release. Surrender called out to me with loving tenderness, inviting me to let go, to forgo my grip on suffering, to be free from trying, free; a leaf in hell's storm. So I say to you most sincerely, *do not go here, where sanity becomes unbearable and madness a relief.*

I will admit one thing I have bought through knowing the engine and owning my humiliation. The engine may not stop turning but in seeing the filthy hand on the crank I now have a choice. I have earned a spoonful of dignity in that I may now choose to resist it, as well as use its turning. When I found and knew the creatures inhabiting the lake, I saw my reasons. Why I am drawn to honesty, why I am angry and react to what I do. *Why I am* is in great part a reflection of those monsters and their unending convulsions. I am their opposite and reflect them in mirror negative, or perhaps we embrace and I become them. Now that I know them I can choose to define myself as I wish, and may at last be without relation to them and choose another course. Now that I am no longer within the engine and subject to its gravity can I understand myself well enough to use my irresolvable nature, my eternal restlessness without surrendering to it, and create the higher from the lower? Can I know myself and then create something new, more than just self-understanding--true self-creation? To let the dirty hand turn the engine to further this aim is my highest ambition. This is the dignity, hope and conceit permitted the idiot with courage enough to know himself and remember.

The unconscious, this hidden engine of creation, is a storehouse for those parts of self which are too disturbing and disruptive to be with us in our daily lives. Creatures of the ego's discord, these parts of self have been splintered off and banished to the unconscious. They are repressed so they don't disrupt our daily personality with their presence. These parts of self are so toxic to the ego that they are submerged here, in this underworld, as if they did not exist, as if they were dead.

Their mere presence is enough to bring the ego to its knees, so we who are in the light need this illusion of unknowing: the self we can not see. This act of self-preservation has left us a mystery, an imbalance. It is in the withholding, the hiding of self that the imbalance is created which drives creativity, drives the engine. We seek to know the unknowable, to reclaim ourselves and in this urge to know ourselves again, we seek what is hidden, what is forbidden: completion and wholeness. Imbalance seeks equilibrium. Imbalances in pressure drive many engines. Pressures are released and energy is harvested as equilibrium is restored. This is the underlying principle behind the engine in your car and likewise this engine, the engine of creation, will always seek equilibrium as well; to know what is hidden, to release what is trapped, reclaim its energy and complete ourselves. This is the motion which drives the engine of creation.

Let us seek a shadow, a spark, an outline and capture a slice compelled, infused with a pinprick of knowing. May we create and gaze upon what was lost and welcome it back into ourselves again. This is as it should be. In seeing the engine directly I have exceeded these bounds. There is little wonder I, a musician, began this book after having seen it. I was overladen with new energy and had a thousand gifts dripping from my tongue, a thousand new understandings of every strange wholeness. How could I resist now so whole, too whole, bruised by every truth piled too high, too fast. This copious overflowing of the creative comes at a cost to self and ego. These things are hidden for a reason, and I see why it may be an insult to know. To see yourself and the world stripped naked of mystery may be an insult to the viewer. Am I still a philosopher if I say, "Enough!" or even, "Too much!"? But it is too late now. I am worn and bruised, and will say that in the case of this engine I have reservations about the truth, about wanting it, all of it. Am I still a philosopher if I say, "It is a personal violence, an assault to know oneself too deeply, too suddenly"?

The creative urge is born in our incompleteness. Psychologically it has become necessary to remove part of self from view and in this act of survival we are made separate from, and ignorant of, part of self which we will always seek to know, to rediscover, reinvent or reinterpret, and with which we will always long to reunite. The creative urge is the expression of this longing in the act of creation, its works and sacrifice. As one creates he becomes further energized as he discovers himself, and then full with life and longing, he seeks to fill his cup again. He is refreshed and revitalized to know himself in his creativity, which finds its engine in his necessarily incomplete nature.

Creativity is the province of this unconscious engine which holds what we seek away from our eyes. We who create wish to express self and make it visible, and however incomplete or transfigured the outcome, we seek to unearth the engine, express and see what is submerged and become whole. In this fragmented illusory reflection we see evidence of the hidden self, and so we know more. We can not bear to look upon the engine directly but it offers us these chipped uneven shards of iridescent opal and we might glance upon ourselves in the hidden places through our works and creation. We can not only bear to see them, but might marvel to know them, every wonderful thing bathed in filth and light. We create and know a little more... yes we can bear that, a hope we may seek to nurture and love. We stare at the diamond face of our creation knowing it is a splinter of our other face, a face buried deep within the engine we may hope never to clearly see.

I have seen the creatures which inhabit my engine and will reveal none of their particulars to you! It is bad enough that I should know me. In seeing, remembering then understanding all of it, I have noticed the engine remains wholly unaffected by my insights. It is entirely uncalmed. My creativity and knowledge grew as never before, but not even a single monster blinked. To see my feelings is not to solve them, so my task will always be woefully incomplete. Such is the nature of the irresolvable. At this I chuckle, uncomfortable and nervous to know that whatever of my hidden self I reclaim, I will be forever incomplete. There will always be more to know. I catch myself holding too tightly to my truth, and find that I must remember to exhale. I relax and for a moment I believe it, and am glad that the

mystery will never be solved since then it will remain compelling, and I will always be full in creation, the engine forever turning.

Before I close this section, an important note on myth and model:

Let us stop and be sure we do not confuse truth for poetry, or myth and model for reality. In talking about the underworld, the engine, the unconscious or any other mythical unreal place or thing, I have undoubtedly led some of you short of the real truth--the fact. Let us consider that since these places and things do not actually exist, they are but a mythology, a model, a way to explain how these events and particulars feel to experience and how they interrelate which is useful in mythology and model. We can hold memory and feeling away from consciousness, we can repress, and this separation of self from self is the real kernel in the models and myths under discussion here. A model is a story, a myth which is useful because its parts work. It shows us their relationships, and gives us a working handle on our experience and how to understand it. Even if it is not a precise representative truth, a good model is both a useful instruction manual and accessible describer of experience, which however abstract in the story it tells, is useful because it has the fundamental relationships right. Let us not mistake perception for reality. When the mind's ability to repress is removed we feel as if we are in a different place, an underworld of strange ugly torment, and a myth is created. As I believe Freud would agree since he never achieved a satisfactory neural mapping of personality, a model like his is useful because it speaks of our experiences and how to understand them, not as a physical road map to a place or a thing: a box marked "unconscious," an "underworld," or an "engine." Much of what lies at the bottom of these ideas is not a place or a thing, but our ability to separate ourselves from ourselves; the mind's ability to repress. It is here that the imbalance begins which will always seek its own undoing, to reclaim what must be hidden, achieve equilibrium and complete the puzzle. It is in our need to repress that the creative mystery and its "engine" are born.

{\*Footnote: Do not mistake this for a repudiation of the appropriate, top quality medical care I sought and was grateful to receive. I do not know what breakdown these potent pharmacological agents prevented and what that collapse may have wrought, and for that I am grateful. However, a point of diminishing returns is reached and these tools have limits and consequences. In the end pharmacology proves a poor replacement for good thinking.}

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## The General Relation Between Unconscious Ideation and Conscious Symptomatology

To begin to understand the picture of how something which is "unconscious," that is, hidden from view and unavailable to detect, can be an active contributor to neurosis, that is, create a visible symptom of illness, we must understand a bit about unconscious processes and content. I will provide a great deal more detail on this topic later, and will for now, sketch out only the most basic picture, and provide an example of a highly transparent self-analysis which demonstrates the proposition. The single reason I include any information on this site is because it is effective. I have probably used it on myself and it has worked if you see it here, or, I have deduced a principle from many many examples, and have inferred a new approach based on direct observation. I detest guesswork. The plethora of theories in use today make for a monstrous confusion, a politically correct nonplus ultra, a confusion as Frankenstein's Bride, an arm from one theory and a foot from another (Tuckett, 2011). The healthy student has not seen, and believes them all, and then none, then, both at once. To see the resultant theoretical mess: Ah! This hodgepodge theory—She is ugly and cripple for her unsure steps, a confused worker with two left feet! A strange thing most clumsy, mottled and unsure, she stumbles on shaky legs, and will never be able to dance.

The truth is a simplicity by comparison. Today, psychoanalysts, in the main, do not believe the basic Freudian theory—why would they? It is so unpleasant. From the start, only one thing was needful—let us forget this ugly thing! Unfortunately, for all good taste, the original ideas are, in the main, exactly true. The denial of these things, even if deeply misguided, is in a sense right, and utterly predictable. The unconscious serves, among other purposes, a defensive function. Everything we must not see about ourselves, is "housed" there. Of course I do not mean that literally, as the unconscious is a concept, and not an isomorphism, although its neural correlates can be demonstrated, as intrasystemic patterns of dynamic neural activity spanning particular anatomical systemic substructures (Norman, 2013). This defensive purpose of the unconscious makes the denial of these principles intelligible to us, if not palatable. These ideas are the exact ones which every resistance is mustered against in healthy personality! No wonder all seek to deny exactly THESE facts! So, let us look and not blink!

First, even if in the briefest and most incomplete form, one must grasp the idea of the transference. (This topic will be explored in depth and detail from a multitude of angles throughout the "pages" of this journal, even if now we must be content with this scant description). The role of the transference in psychoanalysis as a therapeutic system is covered later, so for now, I will be referring to the way the transference affects experience outside of therapy proper, or, what I term: Native Transference. (As we define all our world and experiences via transference from past mnemonic and emotive unconscious content, Native Transference may or may not be pathological, although I generally use the term to refer to a pathological transference). Our unconscious ideations, the ideas and memories we are not aware of, have great power and affective energy at their disposal. They do not obey logical rules, but instead follow the rules of the unconscious.

The primary process and other descriptive rules of unconscious operation, which are associative and non-linear are: "The cathectic intensities [in the *Ucs.*] are much more mobile. By the process of *displacement* one idea may surrender to another its whole quota of cathexis; by the process of *condensation* it may appropriate the whole cathexis of several other ideas. I have proposed to regard these two processes as distinguishing marks of the so-called *primary psychical process*." . . . "exemption from mutual contradiction, primary process (mobility of cathexes), timelessness, and replacement of external by psychical reality" (Freud, 1915e, p. 186-187).



To follow the thread of the transference: The transference uses the temporally undiminished energy and associative powers of the unconscious to develop enough energy, which in psychoanalysis is called cathexis, so as to affect conscious processes. We define all of our conscious perceptions via affective assignment (Norman, 2013) mediated via limbic (emotional) sources. These limbic sources influence reality testing, and help to categorize our experiences and expectations as they differ from actual outcomes in reality (Stickgold, 2001, p. 1056). Our past experiences and their emotional associations provide the mnemonic sources for current experiential definition: E.g., one person may love his pet mouse, another may find it disgusting. The mouse is the same, a neutral perceptual substrate, the affective definition assigned to it from past experience is in variance. We are not currently aware of the many many past thoughts, feelings and experiences which are associatively connected and summed to define reality, which is therefore, defined via transference from *unconscious sources*. The effect of the transference as it functions pathologically, is like a magnet below a table, which turns a magnet on the table's surface. In this analogy, the magnet on the tabletop which we can see, represents consciousness. It seems to spin of its own accord as if by magic! But we know this is not so. It is the unseen magnet, the *unconscious, yet active*, affective ideational representation in our analogy, which is responsible for the mysterious activity we observe (Freud, 1912, p. 261). This is a rough approximation of the transference in symptom creation. The Freudian axiom states: *The neuroses are, so to say, the negative of perversions* (Freud, 1905, p.165). Look plainly at the meaning: The neurotic keeps his desires, many of which are split off pieces of his sexuality not yet bound together as one unity, unconscious, and is not aware of them. A split off piece of sexuality, a developmental piece which has not become part of our unity, and has become the sexual aim in itself, is called a "perversion" (Freud, 1910, p. 45). The neurotic has hidden in his unconscious, the active conscious fantasies associated with those society calls "perverts" (Freud, 1905). Or in the clearest terms: A perversion is the "active unconscious positive," the active causal energetic element in the unconscious responsible for neurotic symptoms.

This unpleasant and entirely true idea has quite predictably, been worn away, and it seems as if unconscious fantasy, these pathogenic replacement gratifications as they are called, *are but an abstract concept*, although be it a useful one (Talvitie & Ihanus, 2005). Unconscious fantasy can, however, be directly demonstrated (Norman, 2011; 2011a; 2013), and, this is the avenue through which we may cure neurosis. The symptoms are powered by unconscious perverse, or otherwise painful elements. One uncovers the repressed idea or memory, and the painful debilitating symptoms of long or short standing—vanish instantly. Truth is not a matter of good taste. The road to more fundamental change, is two-fold, in part a repetition of many such removals of repressions, and also, a targeted assault on the nexus of the problem. A surface outline of this idea will be found in the five Prometheus articles.

I will pause at this juncture to answer what the more skeptical and astute reader may well be thinking: "You say that unconscious ideation which affects the transference can be demonstrated. This seems impossible, and, contradicts the valuable work of many better educated men who have come before you, such as the esteemed doctors Talvitie & Ihanus, whose work you discard at a glance. What is the new proof which has you so sure that these ideas, which are so elusive, can at last be made into sure facts." Indeed, such a question is the right one, and we read in Talvitie & Ihanus (2005) ". . . nobody has ever seen an unconscious idea, and no research tool reveals unconscious fantasies . . . In the present context, it is also important to note that it is not thought that implicit representations can be made explicit—the unconscious cannot be made conscious. . . Although the repressed cannot be made conscious, we can acquire knowledge about the functioning of different kinds of neural systems of the brain—just as we can acquire knowledge about the functioning of our heart."

It is my distinct pleasure to be in a position to right these misconceptions with facts that are only now available to observe. Repressed unconscious contents *can* be directly accessed and observed, including the active replacement gratification fantasies which comprise the pathogenic aspect of unconscious

fantasy. Today, a new class of drugs is available which alters the balance of the repressive system: SSRI drugs. I will go into great detail in future articles about the precise relationship between SSRI drugs, their effects upon repression in treatment and withdrawal, the transformations of the pathology which result from long-term use after withdrawal, and an unexpected advantage gained...but for now will simply state: repression is 5-HT (5-Hydroxytryptamine) dependent. [I will refer you to the latest edition of Goodman and Gilman's *The Pharmacological Basis of Therapeutics* for a complete description of the neurochemistry involved in the effects of SSRI therapy.]

This means, that repression itself is defeated in withdrawal from high doses of SSRI drugs after long-term use. Both aspects of repression are circumvented, both compromise formation symbolism and amnesia, and so, with mental defense in complete collapse, unconscious content in its most harmful and undistorted form is directly vented into consciousness without mediation. This new state of affairs takes the lid off of unconscious processes and content, and in the resultant neurosis/psychosis, reveals a distinctly Freudian picture and dynamic. Please read *The Engine of Creation* article for a "snapshot" of the experience written soon afterward. (At the time I only had a cursory knowledge of Freudian theory, and have since come to a complete understanding of the reactive Oedipal elements—see *Who Fired Prometheus Pt. 4* for one aspect). It is this experience which led to the idea of "non-contradictory analysis," and in turn, I have reverse engineered the lack of resistance/repression to gain direct access to unconscious content, find the method of Native Psychoanalysis (Norman, 2011; 2011a), and theorize a quantitative method of unconscious typological identification and general diagnosis: *The Quantitative Unconscious* (Norman, 2013). So to answer the last objection: The research tool to quantitatively assess these unconscious processes and content is also at hand.

I will soon outline a new concept "the open emotional posture," used in the following example, and detail a non-elliptical method of unconscious access, but for now please read this example of a typical obsessive symptom and its disbandment via Native Psychoanalysis, and observe the role of the transference, and, the attachment points where the symptom finds means of exchanging its energetic expression. In every case, a neurotic symptom is powered by the unconscious ideation as it attempts to return to consciousness and is met by resistance. The symptom is a compromise between a partial expression of the repressed energies, and a hiding, a distorting of the energetic unconscious wish which remains hidden, remains repressed. A similarity of some sort must offer itself up, an attachment point, for the unconscious wish to find symbolic expression, and thereby transfer its energies. As one makes the real unconscious ideation in its original form conscious, the neurotic symptom is defeated. Please note also, the highly characteristic obsessive displacement of affect from the hidden unconscious source, onto a trivial piece of experience. From my *The Tangible Self*:

[Square brackets indicate modifications to the original text. The word decathect is used in a way separate from its usual meaning, which is to remove an object cathexis, i.e., "I no longer love her." Here, I mean the term decathect to mean: release a portion of energy, in this case, to power a symptom.]

Much of mental health is an unfamiliar habit. My neurosis had taught me a lifelong habit, the male habit, the habit of always withholding one's feelings. What is of the body, becomes symbol for the mind. It is automatic, habitual for me to revert to the ingrained behavior and try to repress my thoughts, but now it never works, and symptoms result. Likewise, I am always "falling apart and coming together" as the result of new failed repressions—reclaiming further repressed material. In each case once the symptom is solved the result is the same: more energy—more libido. It seems health is just a more honest regrouping of what was already present. The subject of the reintegration of ego-contrary repressed libidinal components into the ego will be discussed later.

The symptom: I am expecting a book back from the printer and am struck by a sense of moral shame and dread. I have been trying not to notice it but it is clear now. I saw one of the terms I had used in a novel way in a preexisting text, and it was a term which was already part of the standing vernacular of psychology, and indeed, it was used in the way I had intended. I often find things I have discovered in the vacuum of my ignorance are although newly discovered, long ago noted in an old text of which I am unaware, so this is a small familiar example of a discouraging and also heartening event common in my psychological researches. It's nice I got it right, but it's a shame my original idea is already known! I became neurotic over the trivial episode, and an instance of Native Transference ensued. I kept vacillating between two lines of thought. I remembered coming up with the idea before reading the text, I was walking, all good ideas come only to the active body, and then I thought of it. I remember thinking of it and laughing because my friend Laurie would surely like it, she is a bright one, and a fine judge of intellect. Laughter! An innocent moment of happiness, this creative moment! That was the one train of thought which was expressed in my thoughts as, "An innocent moment of happiness." The other contrary current went: "I must have already read the text somewhere before, the coincidence is too striking, you are a thief! A plagiarist!" I will add here that I regard plagiarism and theft as two of the supreme expressions of man's worst nature—"the bad" personified. Now I observe the fact that the term was rightly used and part of the common psychological vernacular, not subject to any restrictions of usage, but common, used the same way hundreds of times in other texts as I now knew with certainty. I had used it properly and there was no conflict. The logic was of no use. The obsession continued. The signature of overreaction, vacillation and clinging to a non-rational logic—these are the key signs of Native Transference in this sort of obsession. As we will see the form of the moral debate itself holds the key to what is in the unconscious. Back and forth, doing and undoing, I am good it was a moment of innocent happiness— I am lying I am bad, a plagiarist and a thief. Back and forth, over and over, imagining the moment of innocent creative discovery, then the punitive reproach, I am innocent in happiness, I am a thief and a plagiarist, I am innocent, I am bad. Over and over, back and forth as is the form of obsessive moral debate—over and over, back and forth. Hmmm...wonder what we'll find?

So I finally realize that I have forgotten my habit! I have returned to my habitual emotionally repressed posture which no longer works! That is why I am symptomatic. I sit on the porch swing in my yard and resume the Open Emotional Posture. I can feel the connection, a small sensation is available, a mental sensation of a sexual feeling as the debate goes through its cycle. Soon the real infantile component which has been symbolized and partially decaethed in the symptom becomes available. Once the debate, the obsession clears out, repression fails. The obsession was there to institute repression of and partly decaethed this memory: I am suddenly being touched. An actual sensation of contact more intense and sensitive than any current experience, an old experience from when the body was still very sensitive, my arms are at my sides but the hand on my genitals is my own! I feel the actual tactile stimulation of a masturbation, which once interrupted and discouraged by my nurse (this is inferred from an associated screen memory) was put under repression—the actual physical stimulation was banished under repression and now emerges just as it was experienced—entirely undiminished, preserved in every way. Here we have the true heart at the kernel of the myths of the incubus and succubus: repressed sexual experiences returning to consciousness, undoubtedly both shamed masturbations and molestations from childhood are the small true kernel in these myths. The spiritual explanation jumps to mind! How could it be? I am being touched—by invisible hands! So the structure of the moral character of the debate is really a transference, a displacement of an infantile equivalent. The form of obsessive moral debate, back and forth, is the form of masturbation, it is from this that it gets its symbolic attachment to the symptom. The two moral currents, each produce in their conscious occurrence, a part of the masturbatory process. Here the repressed experience becomes symbolized by the expression of the guilt which suppresses it. [footnote: Here libido defeats repression by making the

agency of repression itself, the guilty anxiety itself, symbol and expresser of the repressed libidinal constituent.] Like a dream where the form of the dream is itself the symbol, however many valid current triggering and associative causes are determined in an obsessive symptom, there is likely to be an infantile masturbatory experience [or some unconscious affective equivalent of a typically perverse, (sometimes traumatic), ego-dystonic or painful character] at work as the main hidden energizer of the symptom and the major energetic contributor to the transference which creates it.

When the repressed memory was recovered the usual result of first, shock, then amazement and laughter coincide with the disappearance of the symptom. Each time a memory like this is recovered, the libidinal energy causes an almost manic escalation in mood and the mind begins to spin as if energized by a huge influx of current. Thought, is libidinally powered. Once a repressed libidinal component is brought to consciousness in conjunction with proper Non-contradictory Analysis [a method to remove the tension between wish and act], the entire experience of perception, thought and reality, the visual, intellectual, emotional and aesthetic alike, all respond as if the essence of youth and joyous restless happiness has fallen into the present, as if a bucket of youth had been poured over one's head. It's utterly splendid! Know it! The road to beauty is available to those willing to look upon the ugly places! What remains ugly, once we can look?

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Objectivity and efficacy: The issue of truth in therapeutic practice and metapsychological theory—  
From unconscious fantasy to constructions. Pt. 1.

I will make the lesson I have learned so many times regarding unconscious content clear from the start, and state in the most condensed and precise form:

Accuracy = Efficacy.

This most unpopular view has served me well in ridding myself, and some few others, of all sorts of symptoms—eliminating entire pathogenic structures so as to reclaim their energies. In those cases where a true overcoming of the illness is a valid prospect, the absence of strict adherence to this proposition: Accuracy = Efficacy, yields the certain elongation and failure of the therapeutic process. Briefly put: it is tempting to believe that the murk and resistance we MUST rightly pierce, obscures not "a truth," so unattractive and hideous, but, "a maybe," a shifting pile of sand, an ineffable substrate, or, unnamable dread (Brown, 2011, p. 73, 134). These are wishes, wishes not to see this thing we must see. In every case without exception, unconscious content is invariably specific. To deduce the wrong unconscious aspect, is to fail to gain a single step forward. The result is always the same: failure to eliminate the problem for good. It will return, perhaps transformed, and torture you yet again. No exceptions: unconscious content is always specific. (The reader should please note the previous reference I will use many times to Dr. Brown's fine work, with which I agree and disagree, but always with the greatest respect... his is a fine book!)

Today, the subjective viewpoint has been used to weaken, obscure, and by death of a thousand cuts, make Freudian theory ineffective. This is exactly as one would expect, as the very precepts and design of this theory move directly against the construction of personality in terms of its defenses. The result of the subjective pluralism characteristic of today's psychoanalysis is that the theory is not used properly (Tuckett, 2011). Indeed, the basic fundamental ideas of psychoanalysis have been purposively misunderstood to accommodate these confusions. In one example of the new psychoanalytic subjective "viewpoint" (Collins, 2011), printed in the top psychoanalytic journal, *The International Journal of Psychoanalysis*, we see severe and obvious theoretical distortions. In substitution for the difficult task of unearthing the biographical facts, we find the idea that we need not bother to be objectively correct! It also appears as if *the patient* (not in self-analysis) can accomplish the task of discovering what *the therapist* must deduce and present, such as a construction involving fetish and the phallic mother. (If this were so, the therapist would not be needed). To conclude, as doctor Collins does, that we are conducting an "authentic" piece of analysis to get it wrong, to lie to ourselves and others, as James Frey did with his disgraceful self-representation in *A Million Little Pieces*, to believe this fake has value, and even more so, that this approach will cure...this is error (Collins, 2011). Whatever the patient's relationship to the therapeutic situation and the countertransference, if the construction is in any way erroneous, it will fail. It is not a composite creation, it is a deductive near certainty, or a farce. To lie, is not as valuable as to get it right...period. *Truth is*. E.g., if you are suffering conversion hysteria such as that illustrated in Norman (2011a/2013; 2011) [see *Native Psychoanalysis: A Non-Elliptical Technique*, below, p. 35, and Norman, (2011)] and you guess the construction wrongly, you will suffer. Please see example number three in *The Tangible Self* (Norman, 2011). Every guess of whatever sort will fail, unless it is precisely accurate. If the correct construction is obtained, the deduction is validated in seconds or minutes, and the symptoms ease as quickly as that, sometimes taking longer to disappear completely, sometimes not! Later, memory retrieval may recover the actual memory, and in those cases, the construction will be validated to a tee. Truth = Relief. (Information will be provided later to allow the sure and reliable deductive

separation of fantasy from actual recovered memory). In short: when treating a neurotic or psychotic symptom, the correct answer is the only one which has any validity or efficacy. Accuracy = Efficacy. If you deviate from this point in any way, the patient will remain sick, and in this case: that patient is you! Simply reverse each main point relating to constructions in Collins (2011), and you will be sure to succeed. To be fair, Dr. Collins is most insightful and correct in every aspect of the analysis, except, the role of truth in autobiography and construction. Or in the words of Freud (1937) referring to the goal of a rightly founded construction: "What we are in search of is a picture of the patient's forgotten years that shall be alike trustworthy and in all essential respects complete" (Freud, 1937, p. 258).

Due to the reduction in repression which causes the artificial psychosis/neurosis from SSRI withdrawal, a permanent change in the function of the repressive system results, and, the condition of substantially reduced repression will become in some degree, permanent. I.e., a condition which presented as OCD will now, after SSRI withdrawal from extended treatment, even years later, show permanent change (repressive damage) and demonstrate a large admixture of overtly hysterical symptoms, to present predominantly as an hysteria. This is not entirely without advantage, as the symptoms, although perhaps quite prolific, can be easily understood, hysteria being more transparent than OCD. Likewise, the repressive damage leaves the entire system at a low enough level of function that it can be observed in operation, as the pathogenic unconscious elements which cause the conscious end of the transference are in part, available to direct observation. This is no small thing for us psychologists, for now, we can end the debate throughout the psychological community, so eloquently put by doctors Talvitie and Ihanus (2005).

As the symptom presents, each part of its presentation should be carefully noted. Nothing is from general systemic states of chaos or nonspecific imbalance, but instead, each piece of the strange seemingly inexplicable symptomatology will be revealed to be quite purposeful. Pieces of the unconscious fantasy or memory, will show through in an undistorted form, and when the memory is retrieved, or the fantasy made conscious later, it will conform to the symptomatic presentation precisely, and show some unusual characteristics which are quite consistent as well. The fantasy or memory, will often be temporally asynchronous compared to its original form (if it is a memory), and instead, will demonstrate an adjustment, often a slowing, so as to exactly coincide with the symptom. Please reread the example in: *The General Relation Between Unconscious Ideation and Conscious Symptomatology*. The memory was slowed to exactly reflect the shifting symptomatic presentation, just as a magnet under a table would turn at the exact speed of a magnet on top of a table. One can observe, as a matter of symptomatic examination correlated with directly observed unconscious content, to find a sure deduction: unconscious content, both memory and fantasy, is indeed, an active unconscious positive, working actively from the unconscious, replaying over and over, to cause many neurotic/psychotic symptoms. Unconscious fantasy is demonstrable, and not a mere conceptual nicety. One may simply watch it work, and end the useless debate. Certain symptoms of a deeply personal character have demonstrated the notion countless times, pieces of actual unconscious memory erupting through in synchronous observable accompaniment to the active symptoms, and in my *The Tangible Self*, you can read of a thought experiment which I have carried out many thousands of times, which allows the piercing of the repressive veil in mid-symptom via the OEP, so as to observe the state of unconscious activity, which will be more often than not, caught mid-stream, observed part-way in, as a deeply familiar piece of pathogenic fantasy is being represented. The deduction is plain enough: The fantasy was already running, and by doing so, causing the symptom. After a few thousand examples directly observed, even this skeptical author is sure: unconscious fantasy, memory and ideation, is active in the unconscious as a source of transference, moving at a tempo adjusted to form-fit the symptom, as the unconscious element asserts its pathogenic influence from unconscious sources. Indeed: *The neurosis is the negative of the perversion.*

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Objectivity and efficacy: The issue of truth in therapeutic practice and metapsychological theory—  
From unconscious fantasy to constructions. Pt. 2.

Constructions are some of the most interesting and all but magical aspects of Freudian theory (Freud, 1937, pp. 257-269). Once you have done it a few times, recovering a memory and eradicating a severe symptom will seem ordinary. (The alteration of the basic construction of personality to remove an illness at a foundational level is discussed later). It is clear to remove a symptom in this way, exactly what is going on as the transference structure is defeated. One can watch as the effect takes place, and it is a certain fact we observe as the symptoms vanish along with our knowledge of being separate from the memory (Norman, 2011; 2011a/2013). The art of drawing correct constructions by way of proper deduction and inference is even more fascinating, because we can accomplish the same curative effect, without any direct examination of the precise content we deduce. In accomplishing this bit of alchemy, we can be quite certain that we are indeed practicing science, as instrumental efficacy is assured (Boyd in Hempel (Ed.), 1983, p. 84). Only the exact correct deduction will work, and if the deduced unconscious aspect is precisely obtained by way of construction, the symptoms vanish! The construction must be accepted for the result to come to the fore, and in self-psychoanalysis, there are two possible cases. 1. The subject may be non-symptomatic, and the construction is then as in a typical psychoanalytic situation, often accepted, and therefore effective, only long after it is deduced. 2. The other situation is the reverse. The subject is symptomatic and quite desperate. In this case, the symptom itself is of great aid in arousing belief in the logical necessity of the construction, which is sometimes easy to see, but impossible to believe, as all resistance is set against it. In this instance the relief is almost as rapid as if the memory were recovered. The process must be approached ever so slowly, as the ego must be acclimated to the unpleasant truth which in its painful aspect is a source of great resistance (Norman, 2011, pp. 52-64). (I will provide specific examples of all these ideas in a later paper, titled: From symptom to construction: the derivation of unconscious nosogenesis). Often enough, one can recover the memory later, and check one's accuracy as to the construction which was curative, and in each case, it will be a precise fit. Accuracy = Efficacy.

So the main idea in creating an effective construction is one of logical deduction in light of knowledge of the Freudian theory and the life of the subject, with which you will be familiar, as this is a self-analysis. Please remember that a fantasy will often present with every bit as much force and compulsive belief in its reality as a real memory. This is because the fantasy or screen memory is indeed symbolic of a real thought, wish or event, the affect of which has been displaced (Freud, 1894, pp. 52-58; 1900; 1918, p. 33; Norman, 2011; 2011a/2013). The way one may distinguish between a fantasy and a real ideation is as follows: Fantasy presents as a plastic reactive event, an event which alters itself in many cases, so as to dynamically fit the changing mental picture. I.e., If the ego rejects a piece of the ideation it will be reformed, or if the ego accepts, the ideation is sometimes strengthened. A screen memory, which is a fantasy or memory representative of another event or events, which although unreal in itself, may contain much reality condensed into it, and therefore be quite useful and revealing to analyze—usually *does not present* from the first person perspective. A real memory will be more vivid in most cases, and will invariably present from the first person, and, offer no reactive dynamic responsive flexibility—only a distinct first person impression. The two are impossible to confuse, although the presentation of both are subjectively experienced as real (Norman, 2011). [Note: A rare screen memory which may fit these criteria, even if a first person presentation lacking in reactive quality, will not have sufficient energy to account for the symptom, and in this insufficiency, will reveal its purpose as a less dissonant surrogate for the real ideation which will possess the energy needed to account for the symptom. This is rare, and the distinctions outlined above usually hold true.]



Once you have reached the limit of your reasoning and resistance, the ancillary technique involving linguistic and symptomatic determination below, will help you to find the rest of the picture, and allow you to use the language involved in symptomatic expression to deduce the remaining content in its likely order of symptomatic affective importance.

Collect language from all periods of life, each time there was an outbreak of severe proportion, energetic symptoms of every different sort. The language should be of two types: language that comes from the symptom itself, outbursts, hysterical, eruptive or obsessive phrases associated with an event or symptom and other actual specific manifestations of language which proceed directly from the symptom itself. The other source is a description of the feeling of the symptom.

The subject must: Describe the feeling state, be as exact as possible. Describe the physical state. Sometimes the form of the symptom, its look and physical presentation is the language, the language of the body. Be sure to describe the physical sensations of experiencing the symptom if there are any. Now collect all the years of language and distill it into the examples which are the most highly charged, the most severe examples from each period. It may be that certain commonalities in language allow you to group multiple symptoms under the same language. Give this precedence as well. Now we have many years covered in a few very highly energized examples. These are examples of Native Transference with strong upward drive and close association to the repressed.

As the repetition compulsion is highly active in these samples, we can begin. Here is a theoretical model of the process: As you work the language through and attempt to remove the distortions with likely substitutions, omissions, puns, etc., and interpret other common means of concealment you will find trends, all of which may be valid, but one of which is more valuable. The language will yield levels of meaning where some interpretation of the likely unconscious content will hold good for all or nearly all of it. This is a primary determinant. A primary determinant is a fundamental shaper of personality—a huge factor which influences everything. Its energies are so potent that in the process of overdetermination/condensation it leaves its signature on almost all manifestations of illness. It powers all symptoms in one capacity or another.

I will make this distillation of the idea of valid unconscious inference and primary determinance:

"The interpretation that fits the most language is the most accurate."

As you shuffle each case there will be an ugly pun or a single substitution or a symbol, perhaps hidden in the form of presentation or meaning so that one interpretation will fit all the language: That interpretation carries a high degree of probable accuracy. Use typical psychoanalytical thinking—substitutions, puns and elliptical additions along unconscious lines. Other additional trends in pun and interpretation will fit well for some points but not many. These are secondary determinants. These good fits for part of the language are contributors to those symptoms to which they donate their share of pathogenic cathexis. Although important for some aspects of personality and symptom formation, they are of less or no importance for others, and so, are less energetic contributors to the overall illness. Lastly, you will observe symptoms which fit some of the language well, but, these symptoms and the language also bear the mark and exhibit the characteristic shape of the primary (or a secondary) determinant. These are tertiary determinants. So use the language and locate the primary determinants. Let those be the basis for the first construction. These are the surest to be right, the most accurate predictors of unconscious content are the primary representations in the language. After going after those, additional less primary elements may be interpreted and constructed as the interrelationships become clear, and the suppositions as to what is concealed therefore more certain.

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The factor of resistance: from poison to cure—reverse engineering SSRI withdrawal pathology and the repressive etiological transformations of the neuro-psychoses. Part 1.

It is often, and in many ways rightly, assumed that the case with the least resistance to cure, teaches us the least (Freud, 1918, p. 190). I propose the reverse: That the case with the least resistance to the uncovering of unconscious content, teaches us the most in its potential application as a guide in our quest to produce the same result, and uncover unconscious content in a more typical case, where resistance is intact. In order to accomplish this end, one must "reverse engineer" the neurosis/psychosis in question, and attempt to create exercises which will allow the subject, in a similar *and more limited fashion*, to clear away a *window of lowered resistance*, and having mimicked the disorder with lowered resistance in this one place, to reap the therapeutic, and also, the creative benefits of increased access and proximity to unconscious content.

In his 1915 paper on repression Freud wrote that, "*the essence of repression lies simply in turning something away, and keeping it at a distance, from the conscious*" [his italics] (Freud, 1915, p. 147).

I will here propose the notion, which is no random idea, but a sure and tested certainty observed countless times: Repression is 5-HT dependent (Norman, 2009; 2010; 2011; 2011a). This simple phrase has many specific and detailed implications of therapeutic and pathological import—some positive, some negative, and others of an utterly unexpected and helpful quality. In my long tract of SSRI therapy for obsessional neurosis, a treatment carried out with all the best and highest indications of clinical expertise and understanding, this efficacious treatment controlled the severe SYMPTOMS of the disorder with an appropriate dose of up to 120 mg. per day of Prozac (Fluoxetine). As all treatments with drugs do, the treatment had limitations and worked in specific ways. The disorder itself is not treated by the therapy. One is told a silly half-truth one wishes to believe: "Your condition is a chemical imbalance! This drug will correct the imbalance." Although the neurotic surely displays a neural electro-chemical imbalance of some sort, it is only the rare case which sees this physiological reason as any sort of *cause*, instead, the reader must understand the following: The brain is a *causally bi-directional* electro-chemical system, so, our thoughts are created within a physiological substrate—the nervous system, and in turn, we can see that our thoughts are but patterns of dynamic electro-chemistry, and the electro-chemistry of the nervous system is in turn, nothing but our thoughts. Therefore our thoughts can affect the electro-chemical configuration of processes which is the physiology of the brain, and vice versa. You see, the distinction between our body and mind is a false one, and, in fact, both are but representations of a unity, of the same exact thing! The division is one caused by the logical processes which dissect—not of reality, which is a unity.

So here, in SSRI therapy for obsessional neurosis, we affect the bi-directionally causal mental system by way of increasing 5-HT in the synaptic gap via inhibition of the re-uptake of the chemical, thereby increasing its levels in the neuronal system. Here we use chemistry to affect an "imbalance" which is nothing but the neurological representation of a lifetime's worth of incorrect and inappropriate thinking, resulting in symptoms, all caused by a particular series of faults in the basic initial assembly of the mental architecture. The obsessive has hyper-energetic unconscious content which his hyper-developed repressive system, running at, I will guess, some "200 percent" of normal, can not contain. The increase in 5-HT *even further* strengthens his repressive system, allowing the ever-increasing unconscious pathogenic energy to be contained by bolstering and reenforcing his overburdened repressive facility. The basic condition, the cause, is intact, and its ever-increasing effects must be contained with constant dosage adjustments as tolerance and life-events which further exacerbate the situation will surely demand.

Please remember, the mental system is bi-directional in its causality. This means we can often change a "chemical imbalance" with different thinking...the idea being a hollow trivial one, as the two ideas, thought and mental neuro-chemical dynamism are identical. This is not to be mistaken for the mistaken belief that drugs do not affect and permanently change the capacities of the mental system, for once again, the relation is causally bi-directional. Now we can begin to see our way into the problem. If the underlying mental construction which forms aberrant personality is left intact, it will always assert itself from under whatever chemical patch is laid upon the untreated wound. If the "chemical imbalance" is to be cured, its pathological effects and strain *cured*, rather than contained, the neuro-chemistry must be affected by way of addressing the cause: the malformed mental processes created in the formation and construction of personality. In brief: Only a psychoanalysis will do.

In the next part of this series, I will detail the precise way in which the reduction in repression from SSRI withdrawal transforms the illness, from one of an obsessive character, to one of an hysterical character, and then, determine the role of these symptomatic transformations, which surprisingly, include representatives not only of the transference neuroses, but the narcissistic neuroses too. I will make the purpose of these transformations clear within the context of mental defense, and then, outline the reverse engineering of the condition, so as to bring the reader close to a true understanding of the notion of Native Psychoanalysis.

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## The factor of resistance: from poison to cure—reverse engineering SSRI withdrawal pathology and the repressive etiological transformations of the neuro-psychoses. Part 2.

The entire of mental illness, the neuroses and the psychoses, have much in common. One who looks at the various conditions with a psychoanalytic eye, sees a purposeful structure to the various states of "imbalance," which one and all, demonstrate a sort of *non-linear cognition*, a cognitive structure most elliptical and associative, serving through various symptomatic means, a single purpose: defense. The symptoms of delusion in the psychotic, as well as the rituals of the obsessive and the absences and innervations of the hysteric and all the rest, are but different approaches to the same function (Freud, 1894; 1896, pp. 174-175; 1905; 1911, pp.1-82; 1915, pp. 181-185; Norman 2011; 2011a). Within the deep repressions of the obsessive is a shadow of hysteria, and indeed, it is by grabbing onto a piece of hysteria that the analysis can best begin, e.g., the subject may present as an obsessive, but a piece of bodily innervation, perhaps a hysterically affected organ such as the bowel may offer itself, as the best analytical target, the most direct inroad to cure (Freud, 1918, pp. 264-265). The various neuroses and psychoses are in many ways so very similar, even as their symptomatic expressions may differ. In many cases, the factor which separates these distinct and various clinical presentations of illness, is a single one: Repression. As heightened repression is the hallmark of obsessional neurosis, in SSRI withdrawal from the high doses used to treat this illness, we may observe the various transformations which characterize the defensive structures and strategies endemic to each sort of disorder, spanning the breadth of the transference neuroses, and also, including some representatives from the narcissistic neuroses and others.

The transference neuroses are: Anxiety Hysteria (phobia), Conversion Hysteria (hysteria proper), and, Obsessional Neurosis (OCD). The transference neuroses are so named because they exhibit the sort of transference which makes them amenable to psychoanalytic treatment, a treatment which functions by exchanging the original neurosis of the patient for a substitute version called "the transference neurosis." This second version created within the confines of psychoanalytic treatment is useful because it is subject to interpretation and modification so as to divulge the road to cure (Freud, 1912, p. 111). This will be detailed in the paper which follows this series. These seemingly disparate manifestations of illnesses, so very divergent in their symptomatic presentations and often in their etiological development, are in fact, closely related, and one can be converted into another by altering the single repressive factor which separates them. It is very likely, in my opinion, that the "choice of neurosis," as it is known, has much to do with how environmental and other factors affect the outcome of the repressive facility in its development and relation to the overall architecture of defense in any one person.

As SSRI withdrawal commenced in earnest, a condition which was delayed for some 100 days or so because of the self-tapering properties of Fluoxetine, which is so very slowly metabolized by the body, repression began to fail, resulting in the episode previously outlined in the *Engine of Creation* section of this discourse. In this, we see the emergence of a most unusual and distinctive sort of new artificially induced hysterical psychosis. The hallucinatory representation of undistorted unconscious *reactive* content (see Prometheus essays, #4 in particular), a massive libidinal influx of dread quantitative proportion, all fixated in regressive anal-sadistic fantasy, was the ultimate example of the return of the repressed causing symptomatology of the worst sort. The psychotic portion of the withdrawal was over within a three to six month span, and now, the situation was permanently altered: repressive function was permanently reduced. My entire personality and symptomatic presentation had changed. The mechanisms upon which my obsessive manifest illness were dependent, no longer functioned, and now, I presented as an hysteric: A completely different personality. Once repression

was defeated, and the unconscious became manifest in consciousness, a different approach was required to reinstate defense, one which was not in need of a developed repressive facility. The hyper-energetic unconscious contents had to be repressed, and in order to accomplish this, the illness adjusted itself to suit my decreased level of repressive functioning.

Whereas before, I had been a performer, one able to deal with enormous pressures and accomplish any task "under the gun," an ability which is entirely repression dependent, now, I manifested a clearly hysterical personality: All new "dangerous" tasks were the cause of unbearable and crippling anxiety, tasks which were upon analysis, discovered to be symbolic of sexual elements that were previously deeply repressed and hidden, each symbol now avoided, triggering anxiety in a condition known as "anxiety hysteria," or *phobia*, and, even more striking, was the development of conversion hysteria: a bizarre condition where repression is maintained by "bodily innervation," the misdirecting of a symbolic representation endowed with two opposite, or "counter-valent" as I call them, wishes, which are each from a separate psychological agency (see Prometheus essay # 2), to a location in the body. Imaging studies have revealed a tantalizing glimpse of this process (Feinstein, 2011), a psychoanalytic/neurological interpretation of which will be offered later. In my case, this was manifested as excruciating back pain which would reduce me to inactivity. As repression was so drastically reduced, the illness was converted from one of an obsessive character, which is highly repression dependent, to one of hysteria, which uses low levels of repression to maintain the unconscious aspect of the ideation, and provide necessary defense which is now drastically curtailed. In hysteria, be it anxiety hysteria or conversion hysteria, the use of repression, of the punitive, is minimized compared to obsessional neurosis, as the symptom is maintained as a function of the *tension between* the punitive repressive wish stemming from the super-ego (our conscience), and an opposite wish from the id, an unconscious wish (Freud, 1915, pp. 181-185). Sexuality, the bisexual current, is also distributed in bi-directional opposition in the case of hysteria so as to produce the same effect (Freud, 1905; 1908). In this way only half of the energetic symptomatic burden is allotted to the reduced facility of repression, and the wishes can be kept unconscious at half of the repressive expenditure.

Please note that for this reason, hysteria is a scientifically valid medical term, each sort having as a common underlying causal mechanism the tension between two opposite wishes, therefore, enabling instrumentally demonstrable curative symbolic interpretation, and, in the future, quantitative experimentation to uncover the intrasystemic neural signature of these specific psychological processes (Norman, 2013).

Here it should be noted that although a clear distinction is made in psychology between the narcissistic neuroses and the transference neuroses, and, each case is predetermined, predisposed, to one illness or mixture of illnesses or another, that once defense and repression are circumvented via the artificial means of SSRI withdrawal, no such distinction is evidenced, and the clear relationships between the purpose of the various constellations of symptoms becomes clear. Once the unconscious ideation was revealed or nearly revealed in an analysis, the symptoms would shift, sometimes to a transference neurosis, sometimes to a narcissistic one, like paranoia, or another, such as symptomatic clusters associated with manic illness, etc. In each case, through different means, the purpose of the various clusters of symptoms, each associated with a different illness, was the same: to maintain repression and defend personality, ego, from the harmful repressed material. Once the symptoms were analyzed and the structure of the illness collapsed, another, of whatever variety, would quickly take its place. Later, I will detail a model which will allow paranoia to be analyzed as one of the transference neuroses. Although difficult and intractable, it has much in common with obsession, and can be defeated via Native Psychoanalysis. Also, it should be noted, that the standard Freudian analysis of this disorder is

*in the main correct*, but not entirely. Some *few cases* have virtually no homosexual contributing energetic factor, and in many cases a determinant from the heterosexual current is easily discerned, and can be demonstrated in these particular cases, to be the *primary* contributing energetic factor. The usual outcome finds a place for *both currents* in a complex and shifting interplay, although the primary pathogenic element is, in the main, as the original theory states. This new model which takes into account both sexual currents is to be written into this journal in a few month's time. The information is now available in my *The Tangible Self*.

So the point is within reach with one more bit of information. The thread has been drawn between the neuroses in their common purpose as a protective measure administered to maintain a repression or series of repressions (Freud, 1915, pp. 181-185). This same mechanism has also been demonstrated theoretically to apply to the psychoses (Freud, 1911, pp. 1-82). So there should be a demonstrable connection available between the psychoses and the neuroses allowing us to see them as closely akin, and, indeed there is. As an obsessive my unconscious ideas were deeply hidden and repressed. I observed these ideas directly in hysterical psychosis and its attendant state of hallucination. Then, the entire of my personality changed. This is evidenced in the way associative chains reminiscent of those used by Jung are altered in relation to their demonstrable proximity to unconscious content and the complexes. As an obsessive, such a chain of ideas was not very revealing, repression was working in great strength, and the ideas I would generate were most typical: Strong associations, like up and down, yes and no, were predominant. However, as unconscious content comes closer and closer to the surface and consciousness, its influence is more strongly felt, and the chains of spontaneous association change. Now the chains of association I generated showed gross malformation and evidence of Janet's "abaissement," which is a product of the presence of the "feeling toned" (ambivalent) complexes exerting their affective sway from the unconscious (Jung, 1972). Jung rightly noted how the associative chains of schizophrenics and those of hysterics were *nearly* identical (some differences in timing may exist). In such a case, one needed ask a particular question to determine which of the two distinct illness the associative chain belonged to: Does the patient have a consistent personality and ego presentation or not? A yes indicates hysteria, a no, schizophrenia. In the absence of a clinical examination, only this answer can allow a sure judgment as to the illness which created the distorted chain of associations, so deeply influenced by the lack of repression. (It is for this reason that I propose that SSRI withdrawal *may* encourage the emergence of schizophrenia in those predisposed, see "The Pharmacology of Murder").

So we can see a clear and graded relation is available connecting the different illnesses together as differing not in purpose, for all are manifestations of a defensive struggle, but in form alone. SSRI withdrawal has demonstrated the interchangeability of the multitude of mental illnesses, each acting in a different way to accomplish much the same ends. The neuroses and psychoses of every differing sort are encouraged to emerge in turn to accomplish the reinstatement of repression at whatever cost. In conclusion we may draw an inference from this vantage point and remark: If the various mental illness are so closely related, the neuroses and psychoses of every sort so deeply akin, we should be able to treat the multiplicity of disorders in much the same way, and pierce the repressions which safeguard the illness, whatever its type, with a single tool which might then, be well aimed. Indeed, it is exactly this which I propose to do, as in the next section of this series I reverse-engineer the psychosis/neurosis which has lowered resistance and repression to the point where every illness was encouraged to emerge and aid in reparation of the repressive deficit. If an illness can, through wholesale destruction circumvent repression to pathological result, and the *controlled* circumvention of repression, is how we aim to cure illness, then, we should be able to reverse-engineer the illness and clear a small window of lowered resistance away in the repressive structure of personality, and achieve our desired result.

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The factor of resistance: from poison to cure—reverse engineering SSRI withdrawal pathology and the repressive etiological transformations of the neuro-psychoses. Part 3.

We are now nearly in a position to articulate the method of Native Psychoanalysis in its most basic form. As usual, I will proceed by way of example first, providing analysis and detailed definition of terms afterward, so as to make the meaning clear and allow the work of learning to be accomplished most quickly. To see is easy, then, to understand, becomes natural. Complexity is the manifestation of poor method.

However, several ideas are needed, even if spelled out in the simplest and briefest form, if we are to make sense of the information I am about to present. These ideas, which although clearly demonstrable and obvious to see, *are unpleasant*, and so, in the usual way are no longer believed. However, they *must* be directly understood. An epigram:

Consensus delineates the limits of Knowledge, and demarcates a boundary, past which truth is excluded. This is our hypocrisy: our "good taste."

The facts:

Predisposition to neurosis. This notion is right in every way, and, can be seen sitting in front of your nose, although, it is not believed. (This obstinance is a theme you will notice with psychoanalysis, a science borne upon working against the resistances which hold personality together). Each neurotic, even if his symptoms come upon him only late in life, has a predisposition to neurosis. This can be thought of as a fault, such as those under the earth's crust, which contribute to seismic instability, or better still, as an analogy with a gem, a diamond let's say, which although clear to look at has a crack, a fault which determines where it will break if you drop it. As we grow up, many exhibit an infantile neurosis of some sort which is overcome, or, have successfully contained some contributing factor to the same. By this I mean, that as we develop, we go through developmental phases where each step along the way, is characterized by a specific erogenous zone, a zone which acts as a genital (Freud, 1905, pp. 125-243; 1912, pp. 229-238; 1938 [1940], pp. 152-156). First the oral, then the anal, then the phallic, allowing for the factor of much residual and simultaneous expression...then after latency, *in the best case*, all are united together under the auspices of healthy unified genital sexuality. More will be discussed of these issues later, but for now, think of the idea of a perversion as I have already defined it: A developmental piece of our sexuality, which has become split off, not part of the unity of personality, so as to become an end in itself. When a stage of development is *lingered too long at*, the sexuality becomes fixated there, fixed at this stage. Often, these impressions are repressed, and an unconscious fixation is formed. These fixations are each in their type associated with different neurotic illnesses. OCD for instance, is associated with highly energetic fixated sadistic and/or masochistic unconscious content—specifically: *fixated at the anal-sadistic phase of pre-genital development*. Unconscious content always is specific. This fault, this fixation, will determine in each case where the personality will crack, and exactly how one will respond to the pressures of life, one with an illness of one sort, one with another, and a third with no illness. These unpleasant fixations, this admission of perverse sadistic ideation and masochistic ideation and its relation to the illness, these unpleasant and demonstrable ideas are why the notion has been discarded. We can see it clearly in evidence in the following paper, *Native Psychoanalysis—a non-elliptical technique*.

So, if the reader has been diligent and thorough, and has put in the effort so as to read and comprehend all the preceding essays each in turn, the following example of a true Native Psychoanalysis will be easily accessible to you. Please remember the notions, as we have advanced them, of: fixation, the

transference, predisposition to neurosis, the role of opposing wishes in hysterical symptomatology, repression, the pre-genital stages of development and unconscious perversion, as well as, memory and fantasy as they relate to the formation of neurotic symptoms. In the following paper, *Native Psychoanalysis—a non-elliptical technique*, you will see the entire picture in action, and can watch, as these ideas are made manifest, and, the transference structure is altered by way of Native Psychoanalysis to curative effect.

This method has been assembled as a function of a reverse engineering of the psychosis, whereby, the notion of the Open Emotional Posture (OEP), the key tool other than free association used to conduct our analysis, and *increase creative potential* has been derived. Two key components thusly derived are: 1. The Open Emotional Posture, and, 2. Non-Contradictory Analysis. The second will be discussed later. The first is explained in the following paper, and is actually a re-creation of the illness on a small and controlled scale—a reverse-engineering of the psychosis. As the psychosis would have me look upon painful unconscious content no matter if I chose to or not, the *feeling* of this process of observation has been distilled into the heart of this method. The subject can use the OEP so as to open a window of lowered resistance, and use this limited clearing away of our repressive safeguard, to access hidden unconscious content in consciousness, and alter the transference structure, ending the symptoms.

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*Native Psychoanalysis — A Non-Elliptical Technique*

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Rich Norman PO Box 387 O'Brien, Oregon 97534 USA

[rich@richnorman.com](mailto:rich@richnorman.com)

**An important preliminary note to the reader:**

Written soon after the experiences and insights referred to, this paper does not use the typical citation forms, or contain the density of citations one expects from academic writing. This is because I had understood these things as a matter of direct observation, and largely, not acquired the information from reading. Although I could retroactively fill in many citations, and add much clumsy scholarly apparatus, the citations referring to the displacement of affect from unconscious sources in obsessive symptomatology alone filling several lines, I have not. Look through the previous essays, or contact me for this information. The paper is more useful as written. It is easier to read and understand, and, the insights were gained exactly as represented...some from reading, some from experience. The actual technique, *Native Psychoanalysis*, is, of course, entirely new.

**Native Psychoanalysis — a non-elliptical technique**

**Abstract:** *The purpose of this paper is to offer a highly condensed yet clear view of a new psychoanalytical technique called Native Psychoanalysis, which fits in as an adjunct to traditional psychoanalysis, and in some cases, may offer an alternative approach whereby a less circuitous route to unconscious content may be accessed. First, highly cathected symptomatic examples of Native Transference are identified and language assigned or derived from the symptom, then the resistances, amnesias and repressions shielding them are pierced by way of "The Open Emotional Posture," an "emotional posture" which accesses unconscious content by its painful signature.*

This article is intended as an open letter to the active psychoanalytic community to introduce a new psychoanalytical technique which has proven itself highly efficacious in uncovering the repressions responsible for neurotic symptomatology in general, and neurotic predisposition at the most fundamental level. It is my hope that by offering this highly condensed snapshot of the method, which I call Native Psychoanalysis, that others will be encouraged to attempt this approach to equally positive results, thereby beginning the process of establishing an empirical database in support of these ideas, which in my personal observations, have served to so greatly expedite the process of analysis.

What is psychoanalysis? The question is unambiguously answered in Freud's (1914, p. 16) "On the history of the psychoanalytic movement" where he states, "...the theory of psychoanalysis is an attempt to account for two striking and unexpected facts of observation which emerge whenever an attempt is made to trace the symptoms of a neurotic back to their sources in his past life: the facts of transference and resistance. Any line of investigation which recognizes these two facts and takes them as the starting point of its work has a right to call itself psychoanalysis..."

### ***Native Psychoanalysis***

The idea of Native Psychoanalysis can be best understood through its relation to the familiar process of psychoanalysis. My discovery of the method of Native Psychoanalysis was entirely necessary and intuitive, but its modus operandi acknowledges unconscious processes and dynamics, and so might most precisely be explained with the familiar terms ascribed to psychoanalysis, which rightly describe the true state of affairs in the divided mind of man. In psychoanalysis there are several basic avenues of therapeutic entry into the unconscious of the patient. Dream interpretation, the study of the patient's unconscious defenses which dam the pathways of reminiscence and offer other obstacles, free association, and along with dream interpretation the most mysterious tool: "the transference," which as the analysis gains steam finds its ultimate expression in "the transference neurosis." The transference neurosis is an artificial substitute neurosis particular to the psychoanalytic process. This artificial illness develops as the patient transfers the various sum total of his complexes in an act of overdetermined displacement onto the person of the therapist and the analytic situation. All of the patient's complexes are transferred onto the person of the therapist thusly, those of both positive and negative character, and the therapy can proceed with analyzing the resistances and complexes once they have been transferred in this way. {see Appendix #1} However useful this is, it is a manifestation of the aggregate of the patient's complexes, and is a resistance by way of the repetition compulsion. The idea is that as the patient bumps into associations which close in on the tender spots in his hidden complex, he stops remembering and reminiscing as he should, and adds to the transference, until the transference becomes an example of the repetition compulsion. All instincts are regressive and want only to repeat. {see Appendix #2} The situation in the development of the transference neurosis is: First the patient remembers, then he repeats. {see Appendix #3} The end stage in the transference as it presents in the transference neurosis is an example of the repetition compulsion (as is much of neurosis in general). These examples of the repetition compulsion are defended with the utmost tenacity by the patient, who often loses respect for the rules of psychoanalytic therapy in defending them with all his might. This artificial illness which is created in therapy, the transference neurosis, has many parallel examples which occur in daily life, native examples of transference which are brought about independent of any psychoanalytical therapeutic situation.

Much of neurosis is a symbolic transference of unconscious complexes onto the world. These examples of "Native Transference" can be easily recognized, and each can be traced back to a complex, and in many cases a formative infantile impression or experience which has been repressed and harkens only to return to consciousness, and so cathects our perception of the world as to create a transference and release part of its energy, even if only in symbol, so as to appease its need to release its energies, and the ego's need to keep the ego dystonic wish or event repressed. These examples of Native

Transference are compromise formations along these lines, as are many neurotic symptoms compromises between the release of repressed libidinal energy, and the ego's need to conceal the source impression (which along with other more superficial determinants) power and define the symptom. Because of the very specific structure of these examples of Native Transference, there is an equally specific emotional character to them which can be easily recognized. As they are super-energized examples of the repetition compulsion, they bear its distinctive symptomatic signature of overreaction. An obsessive symptom appears as an overreaction to the trivial topic to which it has symbolically attached itself, but a displacement from the real mental object or idea which *is* of this heightened level of importance to the person effected, is responsible for the "overreaction." So Native Transference can be recognized by its appearance as an overreaction, but in reality it is not. The mechanism is a displacement of affect from the real hidden internal excitation onto the symbolic object or triviality which is then invested with the affect appropriate to the hidden source—overreaction and obstinate adherence to a position which is inappropriate in strength and proportion, along with an obsessive persistence of the overreaction. In short: the extreme inappropriate presentation of affect and its obsessive insistence. These are the hallmarks of Native Transference. There are two basic (but far from exhaustive) presentations of Native Transference: Tantrum and Insecurity.

In his book *This New Day* Norman says over and over, "Move toward your pain." (Norman, 2009) That goes double here. I have learned to recognize the feeling of the tantrum, the squalling, obstinate, over-excited pushing against the symbol as I defend myself, this has a sound and a feeling. The rise of blood in the face and the set of the jaw, the need to defend a trivial point well past its value, and then persist...that is the feeling. Reason holds no sway, the repetition compulsion is an insistence, a necessity, a must, it never ducks and often defends to within an inch of good taste and then goes further. The other type of common presentation is as a niggling insecurity that seeks reassurance beyond all reason, going on and on, insatiable and ever so insecure. If you pay attention you can feel the pushing, or the empty ache and fear which will not be filled, pressing, so angry and sure, so insecure, furious and red faced, or just interminably insecure and squirming, on and on, worrying and perhaps vacillating endlessly between two mental positions, back and forth, over and over. It is a compulsion to make too much of something, a hurt feeling, an insecurity, or a self-righteous bluster that keeps going at all costs. The energy from the repressed which is being transferred onto the present situation gives it its signature, so much too much affect and importance for the actual issue which has fallen under a hyperenergized transference from a submerged complex or memory. Native Transference, whatever its character, always displays disproportional affect.

Before I surrender an example of how to use the technique, another concept is needed. It is a vital and strange idea which is meant to make real the notion of "moving toward your pain." First off, that sounds like a terrible idea, doesn't it? Why should you want to move toward your pain? What am I, a masochist? No! I am a psychological reverse engineer!

Free association accesses unconscious material through a circuitous route of links which might be described as elliptical—the long way around. Also, there is no small measure of interpretation needed for the results to be used, that is to say, the practitioner must be very honest and not refuse any painful subject that comes to mind, then make sense of what he finds. This state of free association involves removal of censorship from the train of thought, but the maintaining of attention which is directed at observing the thought processes. The act of attention itself, although lessened by removing attention directed at the censorship of topics, still impedes the flow of ideas as thoughts are observed, attention blocks that which it gathers, like an object in the unconscious stream which interrupts its flow. Half of attention, half of the object has been removed, the censorship of thoughts is gone, but half still remains to observe. {see Appendix #4}

The purpose of the repressed unconscious is found in the mediation of mental suffering. The

repressed unconscious contains nothing but drives which cause the ego pain as they are paired with moral repudiation, painful wishes, painful events, unbearable sights and unthinkably disturbing thoughts. It has many vital energies, but all are bound into painful intolerable sights and ideas. It houses much libido which is painfully dissonant, aggressive urges which are morally untenable and shameful, and other memories and thoughts, all too horrible to know for the ego. With only one exception, one minuscule thought, the entire sum of unconscious non-preconscious content, but repressed content proper as I have observed, is but variations on one theme—mental suffering for the ego. Only dissonance. The energies there are the stuff divinity is made of, but all, and I mean all of it, is bound in forms of sheer agony for the ego. Nothing but pain.

Don't worry though, that is just a perception of the fearful ego, and all those thoughts can't hurt, once they are conscious, each is like a twenty dollar bill which yields its energies to fuel our ascension, but the relationship as it stands now between the ego and the unconscious, one of pain and repression is in fact, our ticket in, our compass to a new habit which will permit us a less circuitous route to unconscious repressed impressions from childhood. When the painful contradictory repressed infantile component is retrieved and made conscious, the symptoms disappear instantly! The need for a comprehensive analysis of the upper layers of personality and an understanding of how the infantile retrieved material fits together with it is no less vital now, perhaps even more so, as memories are retrieved more often than constructions are used, and so, can shock the ego with their sudden emergence. This is no substitute for the hard work of a comprehensive analysis, but a supplement to its expeditious conclusion.

The idea I use in substitution for free association, and it may be used in conjunction with it as well, is a path of direct unconscious access which finds the hidden by the painful signature which is meant to insure its secrecy. It is the painful quality of the memories and thoughts which will allow us to track them down. This state of mind which I now call the "Open Emotional Posture" or previously the "creative emotional posture," has several various beneficial aspects. Firstly in the case of Native Psychoanalysis, it clears away the amnesias which shield unconscious memories and fantasies. Secondly, in less severe cases, it can in and of itself stem neurosis by reinstating libidinal flow from unconscious repressed sources. Thirdly, it accesses unconscious energies and so, greatly enhances creative potential. I personally maintain it at all times to the best of my ability, and in so much as I am successful, I have found a narrow path to defeat neurotic symptoms even before the infantile component has been recovered. The Open Emotional Posture can access undifferentiated libidinal energy from a fixation, even before the fixation has been overcome. Although it is not a substitute for the removal of a fixation (it is far less stable), it can actually provide usable libido from an unconscious fixation or perversion while the neurosis is still intact. In this way feeling, libido, can be derived directly from the id to be used for any healthy purpose. {see Appendix #5} As almost all neurosis in some part creates its ill-effects by keeping part of libido under repression, the idea should be universally helpful in treating neurosis. Again, I have used the posture countless times in my own case and can only hope that you will take the time to try it yourself and see if it has the potential I believe it possesses as a psychological tool. The Open Emotional Posture has proven itself to be a Swiss army knife of sorts, a tool with many uses which has been reverse engineered from the worst of my experiences.

### ***The Open Emotional Posture***

Pain is what we repress. Libidinal cathexes which are dissonant to the ego, painful events and memories, painful reactions real or imagined, unacceptable thoughts of all and any variety, our aggressive urges and all the rest. We have developed a reflex. A fine and right minded but flawed reflex to avoid unpleasant things and internal perceptions. Later in development the reality principle takes its place and even painful things, if real, must be attended their due. It occurred to me as I was writing that

in a way, the Open Emotional Posture makes a meditation of the reality principle in order to locate a painful stimulus: the unconscious. Since the unconscious exists to alleviate mental suffering it stands to reason that we can access its contents by pursuing the same. Pursuing is the wrong word, "being open to" serves the idea better, for like a Chinese finger puzzle where the harder one tries to escape the more difficult it becomes, to pursue them, all hidden things flee to be chased, and must be ensnared after the fact, if at all. This is one way that free association differs from the Open Emotional Posture. Attention is entirely withdrawn after finding the way. We do not pursue, we do not look. Although a painful internal stimulus is used to discover the feeling of being open to the unconscious rather than repressing it, the stimulus is allowed to dissipate its energies and the feeling of being open to it is kept. That feeling does require attention be spent so as to record it. Remember the feeling of being open to the painful memory, the memory is of no matter, the emotional posture, the feeling of being open, of allowing it through into your mind without impediment, without resistance, is the key. Feel it and remain that way. That is the Open Emotional Posture. Creativity is fostered, the "active unconscious" {see Appendix A}, has its entire perceptual and emotional effect diminished to heighten experience and free libido, undifferentiated for sublimation into thought, or simply to grace the world with the sexual sublimation of beauty, undifferentiated libido comes directly into the sphere of the ego. However this is also a tool to trace repressed memories, even infantile ones which remain buried. This function of the Open Emotional Posture is proportionally aided by the heightened severity and libidinal cathexis of the repressed symptom creator. The Open Emotional Posture is the philosophy of "moving toward your pain" made specific as psychology.

Allow me to all too briefly take you through the idea with some colored affect as you might use to communicate a *new emotional state* to a patient. We find a painful memory, one which is near to repression, a sad memory, not an angry or hurtful response or reaction, but a sad memory which wants to run away. Then we open the mind to it, let it through without any resistance, invite it in by not resisting, be open—do not seek. Let it fill your eyes with tears and smell the scent of salt and sorrow. Remain open to the pain and let it fill you. Now that you have opened yourself to your pain in this one place, let it flow freely through you until it is spent and then...**remain open, in exactly this emotional posture.** That is it. Remember it and practice it. An increase in creative ability, mental acumen and aesthetic pleasure as experience and thought are sexualized and powered by undifferentiated libidinal energy is the result. A neurotic antidote. If used during active symptom formation with the method of Native Psychoanalysis described below, the earliest memories powering the symptomatic phenomenon which are its transferred infantile predispositional component can be directly made conscious and the symptom eradicated on the spot. That is my experience and the best possible outcome on a declining continuum of usefulness, but hopeful nonetheless. This technique is not unlike unconscious fishing where a piece of language or an idea serves as the worm. It is vital to remember that once the Open Emotional Posture is achieved, no attention is offered in the mind to find any subject, for that will act like an obsession and block the process. "Invite but do not suggest," or, "Look and you will not find."

### ***The Method of Native Psychoanalysis***

While all serious neurotic manifestations are the result of multiple determinants which coalesce to form the end result of neurosis, there are primary determinants which are of the greatest importance, and leave their stamp on all, or almost all symptomatic presentations of the disease. This example of the application of the technique of Native Psychoanalysis is also a case of obsessive nosogenesis in the sense of having as its result, the bringing to consciousness of the primary determinant toward the predisposition to neurosis, which once revealed to consciousness, coincided with the disappearance of the current symptom, and a permanent fundamental change in the obsessive and compulsive character of personality. There are many, but this is the single most fundamental, influential and energetic component, the first signature at the heart of the fixation. The fixation proper will be examined later

and its multi-reinforcing developmental constituents discussed at that time, along with other issues. This example will serve as a model for the full technique.

A preliminary note on distinguishing fantasy from reality in memory retrieval: I am stunned to read that there is often confusion in this regard. My case is the reverse. There is no confusion at all. The two present differently. I will simply state that real memories are experienced in the first person. If you are looking on at the scene from the third person, as an outside observer who sees yourself, this is a screen memory, likely a useful analyzable condensation of many events or symbolic equivalent of one or many repressed events (more distortion = more repression). Fantasy presents as a plastic, idealized creation, one often looks on and the scene changes so as to invite you to look further. Actual memories and events are experienced in the first person. They are exactly as they were at the moment they were formed (or more correctly, the moment they were repressed). I have read many differing views on whether impulses or memories decay in the unconscious. In regard to those memories I have recovered: There is no debate. They do not. Period. Visual memories may or may not be paired with audio memories which may or may not be paired with tactile memories. Yes, tactile memories. This is disconcerting and quite horrifying until you have experienced it a few times. Here is the real source of many legends—the incubus and succubus for example. As the repressed returns, invisible hands are felt to touch exactly as the sensation presented when it was repressed. In the instance under present discussion, the earliest visual impressions, in one case also paired with audio impressions, were preserved and presented in the mind's eye with near hallucinatory clarity. One guesses at fantasy, as is its aim, one is shocked by the sudden reality of a first person memory. The two are in no way similar and can not be confused.

Lastly, before presenting the case I must discuss the most universally applicable aspect of the approach: Language. We use the language presented in the symptom to trace it backward in the life history of the subject, until the earliest formative repressed memory which is responsible for powering and giving form to the now blossoming symptom is recovered. The language is key. {see Appendix #6} Language is a conscious nodal point onto which conscious and unconscious determinants all attach en masse, and so the symptoms will present language as they are described, or better still, of their own accord, that is to say language from within the symptom, not just a description of it which comes to mind, this is the key which guides the process backward: The Language. The language is the compass needle backward and downward, the language is the plumb-bob we follow down to it.

Here is the rule I have found regarding the relationship of the language to the unconscious source material, and it is to be found in the presentation of the language, the more "hysterical," the better. Here, and only when specified, I mean the colloquial definition of the word hysterical, hysterical as in eruptive and dramatically overcharged with affect—an eruption of language, uncensored and spontaneous, hysterical over-amplified and entirely unthinking eruptive language is best. Although not necessary, this is the ideal condition. Such utterances proceed all but directly from the repressed, from the unconscious id. {see Appendix #7} This case is of this model. More obsessive and muted presentations which are not as "hysterical" (again used colloquially), will demonstrate a mutation in the language as one follows the path backward, but a kernel of meaning from the repressed, concealed in pun or veiled by association will inevitably be available—it has to be, or the symptom could not vent the repressed cathexis, a consistent core meaning which refers to the repressed is always maintained throughout the linguistic transformations.

**Native Psychoanalysis of an obsessive/hysterical symptom presentation and subsequent cure by way of revealing the primary determinant in obsessive nosogenesis:**

After fifteen years on as much as 120 mg of an SSRI (fluoxetine) per day for the treatment of OCD, I discontinued the drug. In the briefest possible terms: Following a 100 day latency period, repression was largely defeated. The resultant return of the repressed engaged the process of symptom formation



and began to reveal the underlying psychological structures buried within the obsessional neurosis.

The "shadow of hysteria" which is at the core of obsessive illness has indeed been revealed in my case. Certain I believe, more hazardous, and without question, more noisy aspects of symptom formation never before displayed in the long history of obsessive manifestations had become prevalent after the withdrawal from SSRI's. Some of these more hysterical manifestations include anxiety of a debilitating "accelerating" sort, accompanied by severe pains in my back. In obsession the risk of suicide is low. It hurts terribly, but like a car chained to a pole, one goes on and on, revving against the resistance slowly straining and burning out little by little. The presentation after withdrawal is different. It is analogous to a car with the accelerator floored, left out of gear—revving out of control ready to explode. Accelerating anxiety. Different and more dangerous, undoubtedly a higher suicide risk. I am justified in using the traditional medical term hysteria for the severe psychogenic back pains (conversion hysteria) which had become prevalent in symptom presentation, along with the accelerating anxiety (spillover of an incomplete hysterical conversion innervation into anxiety hysteria, as well as anxiety hysteria demonstrated in some instances of accelerating anxiety acting as a phobic inhibition to certain ordinary life behaviors). These were new manifestations of an hysterical character, manifestations of neurosis never observed before SSRI withdrawal.

Perfection in musical expression, performance and composition had over the course of many decades become my entire existence, all the rest of my life having been sacrificed to serve those ends. So what is it that makes one an obsessive, a type of obsessive—a perfectionist who achieves the goal, one of the highest standards who builds the cross, gets on it and nails himself in place...perfectly? I have found the answer. I had succumb to the enormous creative tide now available to me from exposure to unconscious material and written a book, a novel entitled *Ever Deeper Never Better*. This is both a happy and an unhappy fact. I now have the unenviable task of presenting the work, or some description thereof, to hundreds and hundreds of disinterested literary agents. My wife is kind enough to help. She is not an obsessive, and by my standards at the time, she thinks little of making an innocent mistake, and so, is somewhat haphazard about checking an email query to one of the 500 agents on the list, all of whom are sure never to even read my precious submission. Blair, my wife, mistakenly only sends part of the sample off to one of the hundreds of literary agents. I am watching and notice her mistake. Something in me snaps, boils to see it. I go into an uncontrollable frenzy of reproach. Here we see the signature of Native Transference clearly: overreaction. Although there are hundreds and hundreds of literary agents, I react as if it were a life and death matter. A sample of my thoughts: My back begins to hurt as the desperation and panic, the gravity of the error sinks in! I can not stop my fury at having been shamed! The overreaction is out of all proportion and is unstoppable in its compulsive, constant, insistent drilling—something must be done! That night I sleep little. The obsession is absolute. My back! The shame! How could she! If it were me, I would be engaged in weeks of endless self-reproach for such an error! But she sleeps! This goes on for a few days.

Here I found an intuitive idea: what I now call Native Psychoanalysis. I knew I had to find out what was so very wrong with me, and could sense how to find it. I had already found relief in the Open Emotional Posture and used this skill to try to find the cause. I went looking for the earliest time in my life when I had displayed that symptom. I used the Open Emotional Posture and language to do it. This is the first and the most primary of the numerous memories I have now recovered.

Language: As I am pressed to the ground in a squatting position from the back pain, I cry out, "It's like pieces of obsidian, hard and black, like chips of sharp pressed shit poking out of my back!" I see in my mind the pattern of the imaginary eruptive protrusions projecting from my upper back.

Language: At the peak of my rage and reproach I shout over and over, "No filthy mistakes! No more filthy mistakes! Don't you know there are penalties for that?" When I say those words, "No more filthy mistakes!" I was pressing and raging with such energy that the words all but lit up. They summed the

entire feeling and were the key. I went looking for the first time I could remember acting like this, the first time I remembered feeling this way. My back was killing me and I needed relief. I was all too happy to look at my pain. To move toward it, that is the key. I couldn't find it. Nothing. I looked for the next one back, instead of looking to childhood, I opened my mind to my pain using the Open Emotional Posture after thinking of the language, "No more filthy mistakes." I let the words disappear as I opened the mind with the Open Emotional Posture and there it was! I was practicing drums and missed a note and exploded with the words. I remembered the whole affair. Again I cast the net and let the words come into my mind then fade and I thought of my last breakdown and how it had destroyed my *Time Travel and other illusions* cd and the feeling was exactly the same: Shame! Next I tried again and went many years back to thoughts of some painful events which were long ago well forgotten but now jumped into my mind. The filthy mistake was letting myself be used, of being stupid when I was younger and the mistakes and the shame that cost. The feeling was identical. Here I wanted to stop, as if that were the end of it, the earliest impression but that was resistance! It had to be! I still hurt and was still obsessed. So back again I cast the loop, used the language and let it fade as I opened the mind to my pain and now, I am close! My age is eight or seven and my friend Reggie is playing my drum practice pad and looking at the music on the stand. He is not doing it properly! "Reggie! You idiot! Stop that! No filthy mistakes!— Idiot!" Wow! That was a real memory! I was a mean little kid! But I still hurt. So back again, I bait the hook with the language, let it fade as I open my mind with the Open Emotional Posture and invite what may, and now it is I who am masochist before my will, a severe will cutting into me as always, cruel beyond measure. I am six or seven, and this scene has many replays, oh so many versions! I am practicing and can not get the notes right. "Idiot! Aaaaa! No filthy mistakes! No errors!" I am livid and shaking with frustration and mom says, "You don't have to do this if you don't want. It's okay." "No! I will get it right!" There are many of these, mostly I am alone, or fail to recognize anything beyond the sphere of my attention, but the feeling and the language are all but identical. But I am still sick, the imaginary black chips poking through the skin of my back—so I have not found it. Again, I remember the words, the fish hook, the language, "No more filthy mistakes," and then let it fade and open my mind. Now a scene of such clarity, so old and yet so pristine and crisp in its visual presentation fills my mind. I am in the tile bathroom. My nurse, a dear blessed woman who has stood so well and been proven so caring throughout so many retrieved memories, is there. I am sitting. She is holding my soiled underwear open before me, holding it open so I may see the marks I have left. Two vertical stripes, one broad one narrow, are clear to observe. She speaks, "Honey, no more of this. No more filthy mistakes." Her tone is serene. I am flabbergasted! My back is better! Suddenly the idea is so repellent I am getting worse! Then I remember that I am not this small child, I am a forty-six year old man, no longer a child! Now the symptoms are gone! I do not care about the trivial error my wife has made! My back is fine! I am well! Soon, we will see why.

But first—two days later I am thinking of the revelation, of retrieving the memory and I then open the mind. I have baited the hook to think of the memory and let it fade to open the mind and another scene, clear and bright comes into my mind's eye, it is significantly earlier and has no audio component. I am again in the same bathroom and again I see soiled underwear for me to inspect. This is much earlier and the pants are so small! The pattern in them is clear to see, a series of horizontal dashes in two vertical columns—the same pattern as the chips pressing through my back, the "chips of sharp pressed shit" that were poking through my back in the hysterical innervation! I knew at once that I was looking at my signature instance, my primary impression of guilty shame! There it was! And I also knew I had already successfully completed toilet training before the second much later event. I had regressed back to this behavior. In examining the rest of the fixation we can understand the significance of this more clearly. It should be noted that the thought of being separate from the repressed memory is vital to achieve positive results. The two thoughts, the memory and the idea of being separate from it must both remain conscious, and be kept conscious at all times. (The memory will try to escape and go back

under repression.)

After discovering the source memory I knew I had found a primary component which shaped all aspects of my personality. I lost the compulsive insistent quality to begin self-reproaches and obsess. When I was almost killed due to an error felling a tree, instead of the lifelong response I would have expected for such a mistake, a week of uninterrupted self-reproach, I laughed—I am still alive! I hardly cared that I had missed the cut (but don't worry, I do now endeavor not to fell trees if distracted). The result is clear: personality was fundamentally altered!

Another clue to the primacy of this formative impression is to be found in the unstoppable presence of puns—jokes—puns and double entendres abounded without relent for about ten hours. Everything I said reflected the realization, and the freed energy from repression found every joy in overcoming what was left of my resistance with jokes! "I sure got to the bottom of that!" "No shit, that's it!" and oh so many more terrible puns and jokes which came of their own accord and revealed themselves only after being spoken. Laughter! Terrible puns for hours, none of which were intentional. This infantile memory left its mark on everything! Pun intended. Now we will have to pause and learn a bit about the fixation itself to understand the significance of the language, the obsession and the symbols.

### ***The Fixation***

When we are small we can not control our worlds. Even as adults the proposition is dubious. As children our bodies are our only sure province of control, and so, as events move in indifference to our needs, we control what we can. This may be akin to looking in the wrong room for a lost object because the light is better, but as children, it's all we've got. As a fixation like this one develops, what is a physical manifestation, a physical response where a period of development has been reverted to, or stayed too long at, there are two possible outcomes, or an admixture of those two. Either the actual physical infantile event is overcome and then symbolized in relation to outside events in the world, or the worse outcome, it is never overcome and remains unabated. There can also of course be a successful repression, but that outcome is not our concern here.

So some time after toilet training was successfully completed, my father disappeared. My parents were divorced and my mother had gotten my father's word he would not trouble us. It would be a confusing influence to have him around. My mother is the type who makes unsettling unpleasant things disappear. Although there was no prohibition on the topic per se, it was never discussed unless I brought it up. His pictures were gone. I have no photo of the man to this day. When I inquired as to why he was gone, where he was, etc., the reply was as follows: "We got a divorce. He was a kind man but he was weak. He was not ambitious. He did not have any drive." Next came the addition of my stepfather. He was a kind, then savage and cruel tempered man, an unpredictable man who struck out from internal conflict, leaving one unaware of the reason, only sure you were to blame. My real father left no trace but a hacksaw. Soon after he left I became attached to it. I looked at it often. I did what was available to me as a child—I controlled my body. I stopped defecating. I would release nothing. Nothing more would escape. I stopped eating anything except certain foods I picked. Again, control and power demonstrated with the body. I ate only one type of sugared cereal and peanut butter and jelly sandwiches prepared a certain way. I refused all else. My mom believed the soiled underwear was the result of loose bowels, a dirty problem. For the next few years, the misdiagnoses of the withholding of feces for the absence of control and loose bowels led to constant administering of the wrong medications, Kaopectate and Paregoric, which helped me withhold feces and reinforced the fixation. Now I rarely soiled the pants even to withhold. I defecated but few times each month and with the aid of the medications I could withhold enormous pressures and volumes within myself. This reversion to the anal sadistic period of development had certain fantasies associated with it, fantasies of control for a child who had none. These fantasies are how I answered those feelings of powerlessness. I have recovered the fantasies that I estimate in at least three years and probably more of constant

reinforcement achieved a state of sheer violence and focused attention so as to become the model for “introversion hallucination” itself. {see Appendix #8}

A certain reasoning created a death grip of intensity to the masturbatory withholding of feces, in this severe regression to the anal sadistic period of pre-genital organization. The fixation was centered all but entirely around the sadistic component. Here was the train of thought which was another collateral reinforcing stream, of which there were many, "I have made mistakes (soiling of underwear). My father made a mistake (weakness of ambition and character). The result of his terrible mistake was to disappear—Death! He is not discussed and his image is gone. She says divorce but what is the difference? He is gone. The penalty for mistakes is death. Look at my father!" The language from the original symptom about there being "penalties" for mistakes becomes clear! The original language: "No filthy mistakes! No more filthy mistakes! Don't you know there are penalties for that?" The child knows nothing of such adult subtleties and false nuance, like distinctions between divorce and death—the child knows only the true effect—the truth to him! The penalty for mistakes is death! (It should be noted that death is a very familiar idea to any young child brought up with television as I was. How many images of death are seen each day! This is not a value judgment as death is part of human life, only an observation about its familiarity to the young.)

So you can see my previous statement that the displacement in obsessive symptom formation conceals the fact that the affect is not an overreaction when the real object to which it refers, the real situation behind the transference is discovered, is true! My wife's error was trivial but the reaction was appropriate, appropriate to the unconscious penalty for "mistakes"—Death! Now the reason for my endless rehearsal time, my obsessive practice sessions which yielded error-free performances were not just practice—the practice was a protective ritual—prevention and protection against shame, soil and death! Pollution as error, perfection as safety. It is interesting to note several fantasies which have always accompanied my drum practice and sometimes in daily living (applied to others) which bring the above mentioned determinant into focus. While practicing I always have pictured myself with a “cclamp” like device attached to my head with a gun barrel on one end. Here castration and death which are near equals to the ego conspire! The notion is clear enough. If I make an error, I am to be shot. The symbol means: Mistake = death = castration. Now it is clear why I am always the last to lose focus of attention in any discussion, or in earlier days, why I was always the last one standing in any drinking or drug contest, the last one still focused and thinking, always concentrating no matter what, now it is becoming clear, now it is coming into obsessive focus!

I will make a general inductive assertion from my own case: Severe neurotic introversion and its symptoms carry in some substantial part the bodily signature of the initial predispositional fixation in their presentation. I have proposed that hypothesis from the following observation. When the process of introversion hallucination takes place, the aforementioned regression can be observed. As the ego is drawn in to the theatre of the mind's eye to participate in the fantasies, I noticed after learning to detect the process, that my hands would always raise up toward my head, and the fingers assume a bizarre splayed configuration, or a few other less noteworthy but strange and consistent poses. It seemed as if the raising of the hands and one of these few and particular positions or motions with the fingers was an irresistible part of the hallucinatory process. It can be accomplished without allowing the hands into their position, but the behavior is all but irresistible. I also recognize this behavior in the many schizophrenics who roam our city streets. These bodily postures mean something. {see Appendix #9}

As I recalled the countless memories of the active fixation in its formative years, I understood. The body held this position from the waist up during the holding of feces. The anal masturbation, the holding of feces, was always accompanied by these same bodily postures, the hands by the head, fingers balled or splayed, sometimes the fingers moving, the hands as if holding a camera before the face or positioned to the side of the head. The accompanying crossed legs and all the anal sensations of

the lower body during these early prototypes of the fixation are missing. Only the hands are the same. The original memories reveal exactly what you would expect: super-potent introversion hallucination where the entire body shudders constantly in rage and hate. The scenes are sadism. Some early mild prototypes from kindergarten and first grade were aimed at Mark C., a boy who enjoyed hurting my arm on the jungle gym. The fantasies were of breaking his arm back at the elbow on the jungle gym, and went from there. As my stepfather added his tantrums of impotent rage to my psyche, a sense of deep insecurity about how events could spin out of control and I could be blamed was answered with the same tonic—more hate. I never possessed any optimism or spiritual buoyancy—I always possessed will...will for ten. The hyper-punitive conscience was soon to follow to repress the hate and sadism. Such powerful energies! So ill and conflicted to bury them! Once repressed the road to obsessional neurosis is wide open, the predisposition clearly defined. The ambivalence toward parental objects also extends to a point of particular origin. The reversal of positive for sadistic cathexes is first found in these years, and in this regression to the anal sadistic set the stage for obsessive illness. All of these particular points of fixation were found using the above mentioned method, and do be sure, if the case is severe, a confluence of trends is sure to be at work. Our illnesses are overdetermined, if unanimous in cooperation and the creation of conflict.

It should be noted at this point that a cruel but wise doctor whose hurtful remarks still hang in my ear some forty years later, identified and ended the behavior for good by prescribing mineral oil in quantity, thereby putting a stop to the holding of feces which had been going on for several years. The "cure" was effective and no trace of this behavior remained from that time forward, either in the form of absolution rituals or any other remnant, that is to say, I am never constipated, etc. This "cure" was far from addressing the psychological causes and was no real success, as other somatic manifestations soon took the place of the original behavior, such as persistent vomiting and severe allergic response. These symptoms were either ignored or misunderstood to no good end.

So now we have enough under our belt to understand a fair piece of it—where the fixation found its strength and depth of predispositional influence, what the significance of the language was, and how there are many simultaneous determinants to encourage the result. The method of Native Psychoanalysis does not assemble the puzzle, the need for that is undiminished or even increased as the potentially disturbing material retrieved must be understood, to be of benefit.

### ***Phylogenetic and further symptom analysis:***

Please recall the description of the initial hysterical symptom: "As I am ***pressed to the ground in a squatting position*** from the back pain, I cry out, "It's like pieces of obsidian, hard and black, like chips of sharp pressed shit poking out of my back!"

Although demonstrable, and from an earlier formative period in human history, the phylogenetic component is not a necessary part of the cure. Symptoms can be relieved and their energies reclaimed to healthy result without this information, which likewise, has no effect on symptom formation once known. Chronologically primary in human development, the phylogenetic component is active as the contributor of the primary point of tension in the symptom, in that the trend which opposes it in conjunction creates the symptom proper.

Phylogenetic analysis: As the back pain which so often had become part of my post SSRI withdrawal symptomatology became more and more intense, I would be forced to stop whatever activity I was doing, slow my walking and stoop in pain until eventually forced into a squatting position. This has many counterparts, there are many such examples of this frequent occurrence. This squat which the pain forced me into, is undoubtedly the position of defecation from earlier times, the answer to the fixation, the phylogenetic command to release, to defecate. The fixation says, "Hold the bowels at all costs," the phylogenetic resource forces me into the defecation position as if to say, "Stop whatever you

are doing and defecate." That is the phylogenetic command. I was forced to obey the command by way of the symptom. The neurosis and the phylogenetic are in tension.

There were many instances of this symptom, this back pain with this signature and generally, psychoanalytically, the same is now used in allegory and analogy, now thoughts are withheld instead of feces and to that end the ego invokes the primary anxiety of the first impressions of guilty shame, the first manifestations of this tension. The guilty shame and anxiety is used to keep the returning thoughts unconscious. This is all in response to the lack of normal repression from SSRI withdrawal—repression is supplemented and replaced by symptoms.

Note how the same two conflicting impulses present in the phylogenetic analysis (the wish to defecate and the punitive fixated wish to withhold) can both be observed simultaneously in the hysterical innervation itself, and how this fits the classical psychoanalytical interpretation of just such an hysterical innervation which is typical of conversion hysteria. The wishful impulse to defecate is clearly evidenced in the soiled underwear, which has now also become the symbol of the opposite punitive impulse par excellence: the primary symbolic representative of guilty shame. The symptom is thusly a tension supported at both ends, and so, relies only half as much on repression (the punitive) and is therefore presupposed from an economic perspective, as the repressive facility has been so drastically curtailed due to SSRI withdrawal.

So let us take stock of what we have learned so far in respect to the method of Native Psychoanalysis. First, the strong upward drive of the repressed is a decisive factor, the strength of symptom presentation is our guarantee of that. Once we have learned to recognize instances of Native Transference, we "red flag" the repetition compulsion, we assign it language either by description, or better yet, by looking within the symptom itself for striking examples of eruptive language. Then we use the language as a hook for our fishing expedition into the unconscious, but a special method is used to bait this hook. We imagine, we think of the language (or perhaps a key feeling) *then dispense with attention altogether* and open the mind using the Open Emotional Posture, where through opening ourselves to an elusive past painful experience we have learned the feeling, recorded in our mind the emotional posture, of becoming unresisting and open to, and remaining open to our pain. The repressed unconscious houses almost nothing but pain, so being open to an elusive past painful perception is being open and unresisting to the repressed. We remember and learn to repeat this emotional posture, noticing that once the painful emotion has bled out, the emotional posture is maintained. Now we use this skill to bait our hook, release the language and open the mind. The better one becomes at this the less the need to clear away each representation of the symptom as one travels backward and downward to the source impression, but the surest way is to follow the stair-steps backward. Each instance must be fully remembered in turn, each part freed from partial amnesias. Then move to the next. The symptoms will disappear as the earliest memory which is from the fixation's formative period proper, is reintegrated into consciousness. The idea of being separate from the recovered memory is necessary as a simultaneous additional conscious thought if positive rather than profoundly negative results are to be obtained. Once the infantile libidinal component has been revealed, although it has been heavily defended, it will hold little threat for the ego, and yields its wondrous energies which power thought, beauty, pleasure and happiness alike that are then absorbed into the ego which is thusly fortified, and need no longer renounce this fuel and banish it under repression.

I hope this condensed rudimentary version of the technique is sufficient to allow anyone who wishes to, to utilize these ideas in practice, or arouse sufficient curiosity to seek further more detailed information about the procedure, which I would be happy to provide.

## Appendix

Appendix A: As the general facility of repression is decreased in SSRI withdrawal, or by using the Open Emotional Posture, one becomes aware of a general function of repression which is active in muting all experience in real time. This continuous active reduction of the intensity of experience, this active property of the repressive unconscious is also reduced, so as to increase the intensity of experience, as repression in general is reduced. Here is how Norman put the idea in his book *The Tangible Self*: I will call this attribute "The Active Unconscious"—an attribute of the unconscious, of repression, whereby the intensity of life experience is increased and all things then felt with greater intensity as repression is decreased. This is a defensive aspect of the unconscious repressive ability to mute experience *as we experience it* so we perceive only the tip of the iceberg, a protective real-time defensive dulling—a repressing of the intensity of experience and our reactions to it, as an unconscious feature apart from the unconscious being a simple passive storehouse of repressed memories and feelings, but also a real-time filtering and limiting of the intensity of experience which is not passive but an *active* real-time facility: "*The Active Unconscious*." (Norman, 2011, p. 178-179).

Appendix #1: "These incidents all converge towards a situation in which eventually all the conflicts must be fought out on the field of transference." (Freud, 1912, p. 111).

Appendix #2: "...all organic instincts are conservative, historically acquired, and are directed towards regression, towards reinstatement of something earlier..." (Freud, 1920, p. 159).

Appendix#3: "He is obliged rather to repeat as a current experience what is repressed, instead of, as the physician would prefer to see him do, recollecting it as a fragment of the past." (ibid., p. 149).

Appendix #4: "We must aim at bringing about two changes in him: an increase in the attention he pays to his own psychological perceptions and the elimination of the criticism by which he normally sifts the thoughts that occur to him." (Freud, 1900, p. 133).

Appendix #5: Below is the Freud passage which best captures the idea. I saw that no thoughts come through, only the libidinal component ripe for any use. I believe that the idea used to institute repression, the anxiety coming from guilty thought, is not the same as the repressed, the feeling. I came upon this passage from "The ego and the id" which substantiates this explanation of how the Open Emotional Posture gets healthy undifferentiated libido from a fixated source. "...with Ucs ideas connecting links must be forged before they can be brought into the Cs, with feelings, which are themselves transmitted directly, there is no necessity for this..." (Freud, 1923, p. 214).

Appendix #6: These ideas from *The Interpretation of Dreams* give some theoretical support to the idea. "...the Pcs. system needed to have qualities of its own which could attract consciousness; and it seems highly probable that it obtained them by linking the preconscious processes with the mnemonic system of linguistic symbols, a system which was not without quality. By means of the qualities of that system, consciousness, which had hitherto been a sense organ of perceptions alone, also became a sense organ for a portion of our thought processes." (Freud, 1900, p. 613). And this: "Words, since they are the nodal points of numerous ideas, may be regarded as predestined to ambiguity; and the neuroses

(e.g. in framing obsessions and phobias), no less than dreams, make unashamed use of the advantages thus offered by words for purposes of condensation and disguise." (ibid., p. 376).

Appendix #7: I have found eruptive language to be a reliable example of the unconscious breaking directly through to consciousness. Here Freud notes this breaking through with reference to obsessional neurosis: "...in obsessional neurosis the unconscious mental processes occasionally break through into consciousness in their pure undistorted form, that such incursions may take place at every possible stage of the unconscious process of thought, and that at the moment of the incursion the obsessional ideas can, for the most part, be recognized as formations of very long standing." (Freud, 1909, p. 228).

Appendix #8: Introversion hallucination. This hallucination which is not an external hallucination as such, but the flowing backward of the ego into the world of fantasy in the mind's eye, this world of the id, the wishes once symbolized, **or not**, and so charged with enormous primal energy calls out to introvert the ego, to engage the ego within the world in the mind's eye as if it were real. This is the current to introversion found in SSRI withdrawal, an hallucination that is a super-energized dream, a hyper-energetic replacement gratification very close to or directly representing the id, into which the ego enters as if it were real. In the case of severe SSRI withdrawal, this is the primary danger: an introverted hallucinatory state leading to the psychotic **identification** with sadism, masochism or other unconscious material which threatens to swallow the ego.

Appendix #9: I would expect each individual case of the initial formative infantile fixation will express itself differently to some degree, but in every case, the general character of the body postures will be discernible, as the exact particulars of that individual's fixation assert themselves in introversion. Here the infantile fixation responsible for neurotic predisposition becomes directly evident via the repetition compulsion.

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