

DGB Quantum Neo-Psychoanalysis: Early Breuer and Freud Expanded: Full Energy Metabolism and its Opposite: Blocking, Clogging, Dissociation...

David Gordon Bain*

DGB Transportation Services, DGB Integrative Wellness and Education Services, Canada

***Corresponding Author:** David Gordon Bain, DGB Transportation Services, DGB Integrative Wellness and Education Services, Canada.

Received: November 12, 2018; **Published:** August 29, 2019

Good day!

The term 'neurosis' has gone out of fashion these days. Perhaps I am one of the few theorists who still uses it for a couple of different reasons. Firstly, much of my time and energy is spent working with the first three volumes of Freud's Complete Works (Strachey's Standard Edition).

Secondly, there was a lot of theoretical interaction in the early Breuer-Freud years (late 1880s, early 1890s), between neurology and psychology -- Breuer and Freud were theorizing on the borderline with not nearly the neurological knowledge that we have today and the term 'neurosis' could -- and still can -- be viewed as pertaining to both the physical and metaphysical meaning of 'nerves'.

Furthermore, if we bring back the term 'psycho-neurosis' -- meaning symptomology pertaining to 'ideogenic' origins -- then that also opens up the door to talking about two 'physiogenic-neuroses' -- that actually can involve 'neuro-pathology' or 'neuropathy' -- diabetes and cirrhosis.

Neuropathy involves the blockage of 'neural communication' between the brain and usually the legs and feet as a pathological extension of 'edema' (fluid retention in the body, mainly the lower extremities -- the legs, feet, toes).

The association I am making here involves the emphasis of a new type of 'psycho-physio medical model' of 'disease' or 'dysfunction' or 'neurosis' involving a 'failure in complete energy metabolism due to the blockage, clogging, and dissociation of different 'physio and/or psycho-dynamic systems, processes, and structures in the mind-brain and body.

This 'new-old' psycho-and-physio-genic medical model' offers a more 'holistic' view of modern clinical psychology and medicine that doesn't emphasize 'pharmacology' so much as it emphasizes 'unblocking clogged arteries, veins, neuro-pathways, and lympho-pathways -- as well as 'ideational pathways'.

One of the most perplexing enigmas of Breuer's, Charcot's, Janet's, and Freud's day were the 'hysterical patients' that they were specializing in treating -- especially cases of 'conversion hysteria' where a memory -- generally, 'forgotten', 'suppressed', 'repressed', or otherwise 'dissociated consciously, pre-consciously, or unconsciously' -- carried a certain type of 'intolerable-unbearable-irreconcilable' idea within it that was somehow -- seemingly 'magically' -- turned into a 'physical symptom' like a 'paralyzed arm' in Anna O's case -- one of many such 'bizarre symptoms' without 'organic cause' that could be tied to past memories once they were brought back to the light of day, and usually acted out in the 'here-and-now', in 'full emotional abreaction' (catharsis).

This 'abreactive' form of therapy that was basically started by Breuer and Anna O. in 1882, was a part of Breuer's and Freud's joint 'Studies on Hysteria' (1895), before Freud started to separate from Breuer as Freud came to emphasize 'the sexual etiology' more and more, and the 'traumatic etiology' less and less, leaving the therapeutic process of 'emotional abreaction/catharsis' largely behind him in

exchange for a more 'interpretive, analytic' style of therapy or 'therapeutic analysis' -- thus, for Freud what might be viewed as Breuer's and Anna O's unnamed school of 'Psycho-Abreaction' became in 1896 -- and more afterwards -- solely Freud's 'Psycho-analysis'.

The important emphasis here -- as some theorists (most notably Masson but Ferenczi also, and a still growing number of others) -- is that some 'critically important losses were incurred in this 'Freudian Tradeoff'-- from The 'Reality-Memory-Trauma-Seduction and Abreaction Network of Theories and Therapy' of pre-1897 to The 'Wishful Fantasy, Oedipal, childhood sexuality, libido, psycho-sexual stages of development, biological impulse-drive ('instinct'), transference and other defense mechanism network of theories and more 'analytic' therapy of post-1896.

Note that the concept of 'defense' originated in 1894 ('The Neuro-Psychoses of Defense', and was Freud's concept as opposed to Breuer's theory of 'hypnoid states' which was rejected by Freud but still may have some relevancy in this whole equation if perhaps interpreted a little differently.

The idea that I am getting is that the 'compensatory reaction of defense' doesn't come out of thin air; usually it arises out of trauma or 'ego-trauma'. The element of 'subjectivity' or 'phenomenology' needs to be emphasized here because this is partly where Freud got stuck -- i.e. when 'supposed trauma' didn't seem like trauma at all but rather something like 'a dog drinking out of a human cup' (Anna O). Also, we need to factor in both the relevance of 'trauma -- or ego-trauma -- occurring to a 3 or 4 year old child cannot be viewed the same way as trauma to an adult. Finally, we need to factor in the idea of 'moral trauma' which seems to have been particularly common with the 'Victorian ladies' of the 1880s and 1890s.

The idea that I am getting at here is that the concept of 'hypnoid states' (unless we give it another name) can be viewed as a 'moment of paralyzing shock and fear' which in turn can start the process of 'The Splitting of The Very Young Id-Ego in The Process of Defense during the Oedipal Period of Psychological Development in The Young Child'. What we are talking about here is the child's first 'Cognitive-Emotional-Behavioral Templates' along with 'The Network of Oedipal Period Complexes' that start to interact within these templates -- Freud, in 'The Dynamics of Transference, 1912, called them 'stereotype plates' -- and present themselves for the first time, and later as mutations and permutations in the form of anxiety neuroses, phobias and counter-phobias, obsessive-compulsions, repetition compulsions, all the defense mechanisms, serial behavior patterns, 'ego vicisitudes and manifestations (symptomology, dreams and nightmares, allusions to the transference and to immediacy, jokes and Freudian slips...) Have I forgotten anything? Personality Disorders, The Splitting of The Ego into Ego-States, projection and projective identification, transference, sublimation....that is a pretty good list...

Please note also that the idea of 'the neuro-psychoses of defenses' -- suggests rightly so -- that any and all 'psychoses' such as 'schizophrenia' are a mixture of 'physiogenic' and 'psychogenic' 'causes'.

'Hallucinating' is a 'neurological issue' but 'the ideational content of these hallucinations' can generally be traced either to here-and-now events, as well as back to 'Oedipal Period Id-Ego Transference Formations'.

Psychosis is no different than hysteria in that the 'bizarre symptomology' starts to make sense only after we have done a 'full transference analysis' of the person's earlier life -- particularly during the all important Oedipal Period (2 years old to 7 years old roughly) when 'The Oedipal-Id-Ego Network of Interacting Transference Formations and Complexes' was first being created. In any here and now 'neuro-psychotic transference manifestation' a mixture of 'old transferences' and 'new material' is bound to be interacting. I call these 'Transference-Immediacy Projections and Constructions' ('TIPS' and 'TICS' -- when 'sublimation' is involved then we can talk about 'Transference-Immediacy-Projective-Sublimations' ('TIPS').

We will talk more about the interaction between 'Emotional Abreactive Therapy' and 'Cognitive Insight Therapy'.

And here is the 'biggest kicker' -- the point at which I most differentiate my integrative work from Masson's 'Classical Psychoanalytic Deconstruction' and wish to 'go back' to 'Pre-Classical Trauma Theory and Therapy' -- which since the early 1980s hugely has happened both inside and outside of psychoanalysis. Masson has to be recognized as a hugely significant force in this respect. But here is where we differ:

'Greater' Psychoanalysis or 'Holistic' Psychoanalysis should functionally, logically, coherently, and cohesively integrate ALL of psychoanalysis together -- and 'Neo'-Psychoanalysis as well.

Also, not even psychoanalysts -- or at least all of them -- see the 'interaction' between ego-traumatic, defensive, and fantasy forces which all come together in what I am calling the 'Oedipal Period Template and Network of Interacting Transference-Formations and Complexes'. I have gone through a whole network of technical terms to try to best describe this 'Beyond The Oedipal Complex' concept and theory. I like the 'OP-LSLP3' -- Oedipal Period-LifeStyle-LifePlan-LifeProtest-LifeParadigm'. My 'old' name for this was 'The MOLD -- Master-Oedipal-Lifestyle-Deathstyle' -- Complex. And delving into mythological allusions, I still like The 'SONNET' -- Sisyphus-Oedipus-Narcissus-Nemesis-Eros-Thanatos -- Complex. That one sounds like it could have come right out of 'Beyond The Pleasure Principle' (Freud, 1920).

How do we get from 'ego-trauma' or 'narcissistic injury' to 'defensive compensation' to 'fantasy-wish-formation' -- to 'impulse-drives' and 'obsessive compulsions' -- particularly what I call 'The Bermuda Triangle' of 'phobias-counter-phobias' and 'obsessive compulsions': 1. the 'projective re-creation compulsion'; 2. the 'mastery compulsion'; and 3. the 'repetition compulsion'? -- without engaging in a dualistic 'either/or', 'black or white', 'unilateral' type of rhetoric?

The answer, my friends, lies in the 'dialectical interaction between bipolar or even multi-bipolar forces. This is what I call 'DGB Quantum Neo-Psychoanalysis'.

'Cause' and 'effect' -- and 'either/or categories of classification' are very Aristotelian modes of thinking. In contrast, Quantum energy, mechanics, and physics' is very 'Neo-or-Post-Hegelian' and involves 'quantum co-factors each affecting and being affected by each other'. And borrowing from the philosopher Jacques Derrida, so too is the idea of 'dominant, established, limelight' theories that often 'need' their 'polar opposite shadow theories' in order to establish 'proper quantum balance' -- homeostasis or equilibrium. Meet me in the middle! That is Aristotelian! 'The Golden Mean'.

More of this kind of thinking to come...

Thanks for being with me today.

Volume SPI Issue 2 September 2019

©All rights reserved by David Gordon Bain.