Mind Body Syndrome—the unconscious constellation: Condensation, abreaction and dissociative-repression in the genesis and disbandment of *Tension Myositis Syndrome*

Richard Norman

Copyright © 2013 by Richard Lawrence Norman

Contact:

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

editor@thejournalofunconsciouspsychology.com

Mind Body Syndrome—the unconscious constellation: Condensation, abreaction and dissociative-repression in the genesis and disbandment of *Tension Myositis Syndrome*

Abstract:

Mind Body Syndrome, a generally unrecognized diagnosis founded by Dr. John Sarno under the name of *Tension Myositis Syndrome*, is characterized by a perplexing conflagration of painful symptomatic complaints expressed by patients, which are unaccompanied by any current active demonstrable organic basis. Instead of the expected physiological explanation, a positive correlation was demonstrated between the *emotional* state of the patients and their manifestations of pain, with anger playing a key part in this surprising result. Methods of cure have been offered by those such as Dr. David Hanscom, which although effective in those cases where the patient will fully engage the treatment regimen, seem to offer many patients no real viable explanation in which they can stake their hopes of cure. It is the aim of this paper to provide by example and analysis, a clear and substantial, if schematic explanation, of the basic modus operandi of Mind Body Syndrome on both the psychological and neuroscientific levels. To accomplish this, we need but look to the cultural history of rite and ritual, and, the history of psychology itself.

In response to a request from a good friend who was suffering chronic back pain due to a job related injury, I began to research the subject of chronic pain. To begin my researches, I read two books, *The Brain That Changes Itself* (Doidge, 2007), and *Back in Control* (Hanscom, 2012). The first book, written for a popular audience, *The Brain That Changes Itself,* by Norman Doidge (2007), was better than I had anticipated, and offered much interesting neuroscientific information in an easy to read form. I quickly derived a series of exercises based on Hebb's law (that Freud had derived some sixty years earlier as the law of "association by simultaneity" (Doidge, 2007, p. 334)), to desensitize my friend's shoulder by redirecting the attentional mechanisms, which are as it turns out, engaged in a preemptive fashion not unlike an anxiety hysteria phobia: with the pain impulse taking the place of the conscious substitute for the ego dystonic libidinal wish to be avoided, and movement, now paired as a preemptive indicator, taking the place of the phobic anxiety structure. A dissociation can be introduced into the pairing of motion, attention and pain, and the movements desensitized. How clean, easy and neat! A small victory if this should work, the entire problem left as yet undiminished, but a victory nonetheless. I deemed the approach worth a try, and eagerly awaited the next book which seemed even more likely to contain relevant information, as it was written by a spine surgeon, who had overcome a case of OCD by way of cognitive behavioral therapy (CBT), and meditation. Having myself defeated a case of OCD by way of self-psychoanalysis, I believed this next book must contain much that I could understand which would be of worth. I was right, but not in the way I had anticipated.

The second book, *Back In Control,* by David Hanscom (2012), seemed at first to be a disappointment. He advises cognitive behavioral therapy in all its simplistic, shallow glory, as a cure for *chronic physical pain*! All the book seemed to have but one substantial message stated over and over again: Those who write their negative thoughts out, and work with these thoughts, heal, and those who do not, suffer. Write and heal—fail to write, and suffer. Emphasis is also placed on feeling victimized, anger and anxiety in connection with creating physical pain. As an explanation for this inexplicable effect, we are offered what at first appeared to me as sheer and utter nonsense about the rewiring of pain circuits, as in the former book, which in this case seemed obviously not to be the mechanism of cure. Here we are doing cognitive behavioral therapy, not rewiring pain circuits! I was offended, and wished to return the book. I soon understood myself and the situation better, and rather than spitting the book out as a matter of arrogant defensive reflex, decided that I should pause.

Here is a highly intelligent, competent and educated man, *a top surgeon*, Dr. David Hanscom, who has taken his time and sacrificed his very privacy, deeply, to provide this information. He has cut into many people in surgery, has seen the result, and knows something. His integrity and intelligence are beyond doubt, so let us assume that he is right, that Mind Body Syndrome exists, and see if we can discover the real modus operandi behind the fact that those who write and have chronic pain heal, and those who do not, suffer. The idea in question, *Tension Myositis Syndrome,* or, *Mind Body Syndrome,* was first proposed by Dr. John Sarno, who found that many of his patients demonstrated little correlation between their pain and their current state of physical

injury. He instead, found a correlation between their pain, and their *emotional* state, with ***anger*** playing a key role in the creation of perceived physical pain. Dr. Howard Schubiner has also advanced our understanding of this phenomenon under the name of Mind Body Syndrome. Dr. Schubiner appears to have subsumed the entire of hysterical symptomatology under the moniker Mind Body Syndrome:

http://www.unlearnyourpain.com/blog/mind-body-syndrome-contagious/

I believe this is mistaken, and that the syndrome is a taxonomically distinct disorder which stands in clear and direct relation to hysteria, as a sub-type. Although the ancient, precise and useful diagnosis of hysteria has recently been abandoned and replaced with a less well-grounded group of less precise terms (Feinstein, 2011), those in the know have never ceased to use this concept, hysteria, to rightly define the familiar psychical dynamism of opposing wishes (Freud, 1915, pp. 181-185) which cause hysterical symptoms. For this reason, I will define Mind Body Syndrome as a sub-type of hysterical illness which is characterized by a precise etiology whereby preexisting painful bodily manifestations originally of somatic/organic origin are reinvigorated solely by means of an increase in the cathexes of secondarily associated (condensed) psychical determinants.

Although it was not as profound in its symptomatic expression as many cases, Dr. Hanscom was in severe pain from his OCD, grabbed onto his therapy of choice wholeheartedly, and it worked. Likewise, we see that in cases of OCD, CBT does work, although in more severe cases it must often be supplemented with drugs (Doidge, 2007 p. 174), which counter to Dr. Doidge's assertions concerning the work of Dr. Schwartz, indicates to me, that the cure is a surface one, unlike a psychoanalytic remedy which requires no such additional chemical assistance, as psychoanalysis roots the entire matter out, rather than simply enforcing a state of repression. The picture drawn out in Dr. Doidge's book concerning the work of Dr. Schwartz, OCD and CBT looks far too rosy and simplistic. I will support this assertion further, later in this paper, and will state here at the outset: The OCD sufferer has a particular imbalance in the energetic content of his unconscious store, which is hyper-energetic, and consists of regressive sadistic and masochistic ideations, and other fixated pathogenic mnemic and affective content. Having suffered of this condition, and cured it via self-psychoanalysis, you can be assured of my statements in this regard, as a secondary effect of discontinuation of the SSRI drugs which were prescribed to treat the *symptoms* of the disorder, was to permanently damage the repressive system the drugs used to reinforce. Please note: repression is 5-HT dependent (Norman, 2011). Now that the repressive system has been damaged, ideations which were once unconscious, are now, in my case, often available to direct conscious examination. This loss of unconscious functioning, along with a shattered foot from a motorcycle wreck, put me in a perfect position to solve the riddle. In my case, what should be unconscious is now conscious, and so, I can assess the results of sudden physical pain and symptom formation on both a conscious and unconscious level simultaneously. In this way we may discover exactly how Mind Body Syndrome is created, and why one who writes, and engages in cognitive behavioral therapy and meditative practice may indeed defeat this disorder, and why, this makes good logical

sense. If there are real pain circuits developed in this mysterious disorder, exactly how is this accomplished?

Condensation and symptomatic genesis: pain as symbolic nucleus:

What is an unconscious ideation or thought? It is not mysterious or nuanced…it is ugly. The appearance of nuanced, subtle unconscious activity, this sheer illusion, is brought about by the *distortions* which hide the unconscious ideas as they are symbolically expressed (Freud, 1900, pp. 143-144, 506-508, 595-598). What we see is not nuance, or even less, "subtlety," *hardly*…what we see is confusion, distortion, brought about by the *means* by which unconscious ideas are expressed: symbolism. Symbolism is created by way of condensation—the addition of many energetic unconscious aspects, called determinants, onto a single symbol in order to provide that symbol with enough energy to be represented in consciousness (Freud, 1900, p. 330, 595). Mind Body Syndrome is created as a function of condensation and somatic response, just as any other symptom. Please remember as you read the example below that all of psychoanalysis gains its efficacy because unconscious ideas and thoughts affect our conscious experience. So in normal cases, even as a full or partial repression is sure to shield the ugly reactions which are obvious in the example below, the effect is in the main identical, as the repressed ideas will affect all of conscious experience by creating symptoms. The intensity of the linguistic expression has been greatly muted so as to allow what would ordinarily be unconscious ideas to be represented within the bounds of civilized discourse. Simply increase the intensity of the expression below some one hundred times to gain a more real representation of the intensity of the unconscious aspects which have been freed to consciousness from SSRI withdrawal.

Having shattered my foot in a motorcycle wreck to the extent that no bone fragment existed large enough to secure a screw, the foot was reassembled and reconstructed using only wire, and I reclaimed its function by walking and hiking 10+ miles each day, and still do, come rain or shine. However, there are sudden sharp pains which will sometimes shoot up the leg unexpectedly. My reaction to these sudden pains, which are unexpected and severe, is uniform, and uncontrollable. The responses: instantaneous and involuntary. These responses should be unconscious, and allow us a clear window into the unconscious processes, so we can watch as the central kernel of what would surely become a case of Mind Body Syndrome is formed. I hypothesize the full syndrome itself needing but one or two more elements to be created in earnest:

I will be in a fine mood, whistling and humming as I do when I walk on a lovely day, and then, the sudden sharp shock of pain—"Ahhhh!" And I raise my fist to the heavens, as if threatening "God," or "Fate," but I am an atheist and know there is no god or fate. My immaturity is uncontrollable, a symptom of the first order can be observed as it forms, a symbol has been condensed, its determinants no longer repressed into the unconscious but available to see, and I shout madly at the sky, "You *&%%*&^ pig! I have been raised as a dog is raised, my words ignored, my music left as worthless filth upon the dirty ground, my father stolen and replaced with an ape to punish me, my music wasted, *wasted*, spent on the stupid and the deaf, and my words, my words too, are they to be

read, read by the blind!? Buy my work, PIG! Honor my music, read, read you *&(^(^)* pig!! *Now, this, this pain too, now, you hurt me again, more pain, for what??* I will cut you to pieces and kill you! I will kill you myself! The blade is put to *your* eye! Ha! The abuse, my father, my work, my music, my world—is pain!! I hate you! Fear me, fear me, fear…me! *ME!* Know FEAR—you limp, worthless *filthy pig!*" Although muted and bland, this dull rendition of my highly pointed fit, may allow us to see the process of symbolic/symptomatic condensation as it occurs, revealing Mind Body Syndrome to be a symptom like any other, a conclusion with far reaching consequences.

The result on a somatic level is an isometric tension of every muscle group now vibrating in tension against every opposing muscle group. The neurological picture by my estimation is one of noradrenergic balance predominating, and dopaminergic activity, libidinal activity with its attendant anesthetic component, at near zero. (The idea of overall noradrenergic vs. dopaminergic neural balance associated with certain primary limbic/orbitofrontal sympathetic and parasympathetic brain circuits, is a concept introduced in my "Who Fired Prometheus" paper (Norman, 2013), as well as a post on BlogIQ:

http://blog.theultranet.com/2013/08/a-hypothetical-relation-between-repressive-dynamism-and-parkinsonian-onsetthe-factor-of-sympathetic-.html

and will be further defined in a paper on *re-polarization theory,* which is "in the press," to be published in *The Journal of Unconscious Psychology* around the year's end).

Psychologically, the symptomatic construction is an obvious condensation which reveals a surprising and informative result: the pain was merely a trigger, a nexus around which a symbolic condensation could take place. The pain became a symbol, and to it was attached in but fractions of a second, every similar, painful, unjust determinant from my past. The intensity of my reaction in all of its destructive necessity was determined not as a function of the sudden pain around which my response coalesced, but as a function of the preexisting EMOTIONAL pain and anger which was already present in the mental system. *Guilt and impotent rage are clearly primary.*

So, our reaction to pain, both emotional and somatic, is in the main, determined *not by the pain, but by the past.* Every energetic past determinant condensed onto the symbol, and gave the sudden shock of pain a terrible increase in its energy, providing it a guilty symbolic meaning from many sources at once, and hence, the conclusion can be drawn: The destructive effects of Mind Body Syndrome are attributable to the process of symptomatic and symbolic construction, whereby a painful stimulus is redefined symbolically, and its energy increased by way of condensation. To this, one must simply add the *chronic* element (Hanscom, 2012, p. 6), and the conditions for *deeply reinforced* Hebbian learning have then been satisfied. Ie., if the situation were repeated many, many times, the pairing of each past unconscious determinant with its symbolic representation in the physical pain, would be reinforced sufficiently to create Long Term Potentiation (LTP) in the neuronal system: the product of a repeated pairing—*learning*, at the

neuronal level (Gazzaniga et al., 2009, p. 357, 358, 362). Here we have the mechanism whereby the actual memory of real physical pain will be triggered by emotional causes.

The situation is now revealed without any mystery: we *should* see exactly what we *do* see: the brain in such cases demonstrates a pain response both learned and real, real pain, identifiable in an MRI as exactly that (Hanscom, 2012), is now caused by the actuation of the pain circuit entirely by emotional triggers. Carla Shatz summarized Hebb's law in the phrase: "Neurons that fire together, wire together." Once a Hebbian pairing has been established, in my work with re-polarization theory, I have found over and over, that a *nondirectional neural pathway* is always evidenced, by which I mean, once established, causality can trigger the pathway from either direction—which in terms of our current example indicates the pairing can be energized either from symbol to determinant, or, from determinant to symbol. The pain should therefore, once triggered by a determinant, correspond to that found in the initial onset of symptoms, as it so often does (Hanscom, 2012, p. 7).

Guilt, super-ego and simultaneous masochistic identification:

Although I muted the presentation of the determinants, which would in the normal case be unconscious, I was careful to use substitutions which preserved the symbolic meanings. The only exception is the word "pig," which in every case was not actually used, instead, a most unflattering term associated with the ancient Greek figure Baubo is rightly indicated by this substitution. As you review the material and assign the proper meanings to the determinants, you will see that little distortion or disguise is present, and the analysis is plain. The fist raised to Fate or God is just as one would expect, a displacement so obvious it is detailed and made plain within the symptom itself! As is so very usual, the idea of God or Fate is but a projection of the parents (Freud, 1930, p. 126). These resentments are so very old, and hence, so very potent! The frustration which always plays such a prominent part in the formation of neurotic symptoms is at the fore (Freud, 1912, p. 231). The *root complex* is Oedipal, the hatred slightly askew from the normal, which usually falls entirely upon the father (Freud, 1931, p. 235), my case placing the blame for castration also upon the mother, as my "delightful" stepfather was added later to the family at her request, my kind father cast aside in his favor. The other complaints about my work being ignored are simply more current incarnations of these old wounds, my expectations of being acknowledged in my unresponsive family now displaced onto an indifferent world, from the initial object of an indifferent parent. The comment about "the blade put to your eye," and the bluster about "Fear Me," as well as the unflattering term used in place of the word pig, are typical reversals of the passive into the active. These reversals are reactions formed against the castration threat wielded phylogenetically by my constantly raging stepfather, which again, is hardly concealed at all. Now, we can deduce the common elements so poorly hidden in the example: This impotent rage is rage primarily against infantile objects, and so, carries both a deep and highly energetic cathexis, and a primary attachment to super-ego, which is an introjection of those parental objects (Freud, 1930, p. 129; 1939, p. 117). Super-ego, in turn, is formed around a kernel of masochism, of guilt, as we have seen in the Freud (1930), and, in a paper available for download at—

as, *Who Fired Prometheus?* (Norman, 2013). The conclusion is clear—there is a *core of guilt* in these cries of victimization. The victim, however just and right his cause, always suffers damage to his self-belief and knows, however erroneously, that he himself is somehow to blame. This, in our example, is a function of the *quantitative* excess of feeling as it plays out in the stage set by our historical evolution, as my *Prometheus* paper and the Freudian theory spell out. So beneath the sadistic outer structure of the tantrum, is a deeper level to the symptomatology expressed—guilt, and so: masochism (Freud, 1919, pp. 193-194; Norman, 2011, p.116). The symptom is in part, a punishment. *The sadism is redirected against self* into a fit most painful and physically damaging. As super-ego is formed through the process of introjection, beneath the appearance of an imaginary object under derisive sadistic reprisal, *is a concurrent identification of self as an object worthy of sadistic reprisal* (Freud, 1930, p.129)—the symptom itself a guilty masochistic expression, a self-punishment, as is typical in many hysterical, some schizophrenic and most examples of obsessive symptomatology (Freud, 1905, p. 122; 1911, pp. 1-82; 1915, pp. 181-185; 1923, p. 55; 1930, p. 139).

So I hypothesize that guilt has a prominent role to play in this syndrome... perhaps, a central one. The symptoms of pain may in some part be created to satisfy the guilty demands of conscience. This strange statement is not so impossible and obscure as it might appear. To see the intensity of my reactions, and how this presupposes me to develop this syndrome is to ask, *why have I not contracted Mind Body Syndrome?* As a former obsessive with a plethora of wounds from my upbringing I should be a prime candidate. Go to this address from Dr. Schubiner's "unlearn your pain" website to assess your personal vulnerability:

http://www.unlearnyourpain.com/images/upload/deciding_if_you_have_mind_body_syndrome.pdf

Was the chronic period of pain insufficient in duration to create LTP? Perhaps. However, I believe the answer lies elsewhere. I believe, that I surely would develop the syndrome, but for my self-psychoanalysis, which has restructured my personality. The factor of guilt, had in the main, created my OCD, and to cure the disorder, the guilt was removed. I believe it is the absence of guilt, along with the most severe reduction to the toxic cathexes associated with my unconscious content which is responsible for my not developing the syndrome myself.

To see the intensity of my responses is to raise an eyebrow or two at this last statement, but it is precisely this which is my point: The unconscious of the obsessive in every severe case, is filled with the very most hyper-energetic unconscious content. The obsessive is sick, as a function of his hyper-punitive super-ego, which by way of guilt, represses his unserviceable unconscious content, that in the main, is comprised of various proportions of sadistic wishes, death wishes, masochistic wishes, and perverse developmental formative material; a condition which if left unattended, leaves the

sufferer progressively more and more ill, until he is no longer able to function (Freud, 1915, p. 156-157). The level of hate in the unconscious of an ethical man, is far greater than the level in a less developed man (Freud, 1923, p. 54; 1924, p. 170). Repression is the key to the culling, which forms the ethical facade we demonstrate. To know first-hand, the fantastic amount of sheer hate and sexual energy in the mind of the OCD sufferer, is to know, this symptomatic cluster: obsessions and rituals of protection, purification, doing and undoing, avoidance and penance, are products of "symptomatic necessity." By this I mean, that to disband the symptom, is to create little advantage for the sufferer. If the case is severe, the cause remains, and is now, no longer alleviated by the partial energetic discharge allowed the repressed wishes by the active symptomatic structure (Norman, 2011). The obsessive, once deprived of his obsessions, is still quite ill. The unconscious content will be like a hungry dog, waiting for its chance to attach onto a trivial bit of unattended material and form a new symptom. If not, the drain of repressing such highly energetic stores of ego dystonic cathexes is equally certain—the subject with severe OCD treated with CBT will need use all his energy just to maintain the repressions, and life will be left with little libido to grace experience (Freud, 1908 p. 193, pp. 203-204). *One would be constantly on watch for the formation of new "negative/obsessive thought patterns,"* as the cause, has never been addressed, the treatment being centered around removing the *effects* instead. For the sufferer of severe OCD, I insist, only a full psychoanalysis will cure him…the drugs and therapies which lie short of this most severe remedy, are but a thin tattered bandage to place upon a gushing wound. It is this which has me question the probability of the happy outcomes reported by Dr. Schwartz, as represented in Dr. Doidge's fine book (Doidge, 2007, p. 174).

However, although there is much to be found in common between OCD and Mind Body Syndrome, they are not the same. The severity of the imbalance in the OCD sufferer is far greater, and even in the case of OCD, there are gradations in the severity of the problem. For this reason, we can expect that Mind Body Syndrome may well be alleviated by means which are somewhat less severe than the depth of cure necessary in the more intractable cases of OCD.

From history to healing: of catharsis, abreaction and dissociative-repression:

As is so often the case, if we are to understand a new problem, we must look to history. The key to unraveling the mystery, is made plain as we look toward the distant past, and cast our gaze backward a few thousand years. The mind works by particular mechanisms which have been in evidence throughout our recorded cultural history. Long ago, the mental illnesses with which we are so familiar, were treated with "cathartic" practices, such as the Dionysian rites, the rites of Hecate and the Mountain Mother (Cybele), and the Corybantes. In these rites, we see madness, cured by way of "taking you out of yourself" (Dodds, 1973, p. 77), a phrase which we will see, may be taken all but literally. These rites all had many similarities, and, reliable testimony from Plato, insures us that by whatever means, they did work, and often healed the afflicted to a greater or lesser extent in various cases (Dodds, 1973, p. 79). Dodds indicates the psychical mechanism of these curative rites as "cathartic," by which he means: ". . . it purged the individual of those infectious irrational impulses which, when damned up, have given rise, as they

have done, in other cultures, to outbreaks of dancing mania and similar manifestations of collective hysteria . . ." (Dodds, 1973, p. 76). This ancient cathartic cure, achieved its magical healing result by way of using music, to induce a sort of trance state, which permitted the release of emotions: ". . . a catharsis by means of an infectious "orgiastic" dance accompanied by the same kind of "orgiastic" music—tunes in the Phrygian mode played on the flute and the kettle drum. . . the dancers were "out of their minds," like the dancers of Dionysus, and apparently fell into a kind of trance" (Dodds, 1973, p. 78). It was believed that each disorder had "ears" for a particular tune, each associated with a particular rite (Dodds, 1973, p. 79). The mental problems were not well categorized, and seemed to span the breadth of depressive and particularly, hysterical illness, an inference I draw from the Plato, which states the conditions treated as, "phobies and anxiety conditions arising from some morbid mental condition" (Plato, as cited in Dodds, 1973, p. 78).

To understand the exact mechanism of these ancient cures, we must trace the modern lineage of psychoanalysis backward to its source: Breuer's cathartic method. In Breuer's method, an hysterical patient is placed under hypnosis, and their symptoms cured by way of a regression, where repressed affect which was reactive, is allowed full expression. This process, known as *abreaction*, traces the neurotic/hysterical symptom back in time, and discovers the root symptomatic cause to be a choking off from expression of reactive affect, an affective repression of reactive elements which can be alleviated in its pathogenic influence by way of hypnotic regression and a fully expressed release of those feelings. The hysteric is sick, from his or her "reminiscences"... *repressed* memories, *repressed* reactions and fantasies (Freud, 1893-1895, p. 7), which once allowed expression in abreaction, cease to cause illness. Referring to the modus operandi of Breuer's cathartic cure, Freud states, "It brings to an end the operative force of the idea which was not abreacted in the first instance, by allowing its strangulated affect to find a way out through speech; and it subjects it to associative correction by introducing it into normal consciousness (under light hypnosis) . . ." (Freud, 1893-1895, p. 17). This mechanism, the hypnotic accessing of pathogenic unconscious content, and abreacting of said content to affect cure of hysterical symptomatology, can be neatly summed in the equation:

hypnoid state + abreaction = cure

We can now see, that the ancient cathartic method, is but a less well directed version of the more modern cathartic method. The role of music in these ancient rites, is to create a hypnoid state, a trance, by virtue of which, the participant may then access his or her unconscious store. The trance referred to, is indication of just such a state of hypnosis, and the mad dancing, with its ritual cries and indications of "possession" (Dodds, 1973, p. 77, 78), complete the picture of abreaction. The ancient cure, works just as the modern one, although in a less direct way, as the symptomatic source memory is not clearly recognized in consciousness. So, we may state: The ancient Greek rites cured mental illness by way of a partial abreaction, a partial catharsis of repressed material, where its energies are tapped and drained, although the source impressions likely remain unrecognized as to their particulars in consciousness. In the most condensed form: The

ancient Greek rites work by means of hypnotic unconscious access and catharsis via partial abreaction. I say *partial* abreaction, as the energies are expended, but the source material is not subjected to the normal conscious processes, as in the case of Breuer's method.

Next, we will discover the last piece of the puzzle in the mystery of Mind Body Syndrome, as we examine the development of psychoanalysis emerging from Breuer's cathartic method. Freud soon noticed that not all patients could be hypnotized, which along with other drawbacks in hypnotic treatment, convinced him to find his famous alternative which is universally applicable—free association (Freud, 1900). This technique of unconscious access, free association, is in turn, derived from creative writing, a text by Borne, "The Art of Becoming an Original Writer in Three Days," playing the greatest role (Freud, 1920, pp. 263-265). I myself quite outside of this essay and its scope, have noted that good creative writing is almost entirely an unconscious affair (Norman, 2011). Indeed, the quotations from the Borne essay from 1823 (reprinted in 1862), which influenced Freud, as Freud admits, are all but a complete statement of the method of unconscious access known as *free association*, demonstrating quite clearly that an author's literary creations, are unconscious creations, and that by accessing the abilities one uses to compose creative literature, one accesses unconscious processes. As a writer I can assure you, that a very particular state of mind is required to write well. It is all but impossible to write quickly enough to keep up with the stream of emerging thoughts. One never censors one's thoughts—quite the reverse. Instead, one releases one's mind, spills everything out onto the page with no thought or intentional direction of the process. (I have found that all such conscious direction is to be added *first*, and the creative process then allowed to take place with no conscious direction whatsoever). The inference is clear: the state of mind invoked in creative writing, is hypnoid. Now, Dr. Hanscom's statement, which seemed so inexplicable and incomplete, that one creates a "physical space" for the thoughts one writes out, and that this is "somehow" curative (Hanscom, 2012, p. 120), can be understood to mean: *as one writes without censorship, the associative conditions are met for unconscious access.* Writing, accesses unconscious content. All of psychoanalysis is based on free associative technique, which works, for this very reason.

Not surprisingly, we can find examples of illness and cure in the Freud, where the etiology is a fairly precise fit for Mind Body Syndrome, and others which also demonstrate the same mechanism of cure, although the etiology may in some small way be slightly askew. A case of leg pain originally of organic origin, its intensity of presentation increasing once paired with psychical determinants, and in the same patient, another symptom of recurring pain paired with psychical determinants, and their cure, can be found (Freud, 1893-1895, pp. 147-149). To read Freud's words on the cathartic treatment and its progress make the fact utterly plain:

> "The pain that was thus aroused would persist so long as she was under the influence of the memory [of the determinant]; it would reach its climax when she was in the act of telling me the essential and decisive part of what she had to communicate, and with the last word of this it would disappear. I came in time to

> use such pains as a compass to guide me; if she stopped talking but admitted that she still had a pain, I knew that she had not told me everything, and insisted on her, continuing her story till the pain had been talked away. . .During this period of 'abreaction' the patient's condition, both physical and mental, made such a striking improvement, that I used to say, only half-jokingly, that I was taking away a certain amount of *the motives* for pain every time and that when I had cleared them all away she would be well. She soon got to the point of being without pain most of the time..." [emphasis added] (Freud, 1893-1895, pp. 148-149).

Please note the emphasis I have added, which makes clear the relation between the determinants, and their triggering energetic contribution to the symptomatic constellation.

[This insight is in no way to be construed as a defining mechanism for the severe contractures, neuralgias and paralytic phenomena associated with conversion hysteria, which in my estimation, might be well interpreted through psychoanalytic means applied to vital papers, eg., (Feinstein, 2011), as stemming from "counter-valent" wishes (Norman, 2013) projected from orbitofrontal and anterior cingulate regions and the basal ganglia into distal and other somatic areas, to co-opt the motor end of the system, by way of replacing the cerebral source (the motor cortex) and its innervations.]

I hope I have now drawn the conclusion plainly enough: The modus operandi by which Mind Body Syndrome is affected by uncensored writing, is one of a hypnoid state created during the writing process, which allows access to unconscious content and its subsequent expression, in the same way as free association, creating a partial abreaction, and thus, alleviating the symptom. The chance of one discovering the very most basic and deeply repressed ego dystonic determinants by simply spilling one's thoughts onto the page outside of a directed analytic therapeutic structure such as psychoanalysis proper, is small—so the abreaction is sure to be but partial...a mere *reduction in the energetic cathexis*, rather than a full conscious admission of the deepest repressed levels of symbolic determination. So, the cure recommended by Dr. Hanscom (2012) is sensible enough, if incomplete at this juncture. A reduction in pathogenic unconscious energy which triggers a pain memory via Hebbian learning and LTP has been achieved, although not a complete one. For this reason, this partial answer must now be supplemented with another technique.

Throughout the ages, a type of man has held a revered and respected place in human society: the sage. This man is not like the rest of us, he is at peace, unperturbed, as a smooth pond, its surface as glass even amongst the worst turmoil life has to offer. The chief method used to create the sage is ancient and specific: meditation. The psychological mechanism whereby meditation achieves its effects is clear with a bit of basic analysis. Here is my take on meditation from my book, *Mind Map*:

> "As is common among many traditions one meditates and opens one's mind up to the full tumult of thought and emotion, releasing the bound up flow and its tide of thoughts and feelings, like a freight train this thundering river of feeling and

> thought is opened up to and invited, but *not touched,* not looked at, not fastened on to. It is looked away from and allowed to pass, allowed to come, and then eventually after years of practice at ignoring it, the river comes no more! Why would it? How rude! Sorry. Okay, what have we here but a model of repression! In his 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). This ability to look away from pain is repression, this is the hallmark of maturity, to be calm and take all in stride, the active unconscious [an aspect of unconscious functioning which actively reduces the intensity of internal experiential presentation] is working at the height of its potential and all is quiet–mature–repressed. The point is that meditation works, it works to increase the repressive facility..." (Norman, 2010).

Meditative practice reinforces the repressive facility by developing *a particular type* of repressive function: *dissociative-repression.* Dissociative-repression is a term I coined (Norman, 2011, p. 113) to refer to a repression which functions by affective dissociation, as is so common in OCD, where an event is not forgotten or repressed, but the affect with which it is associated is. This can be a pathological response, or, a mental adaptation both healthy and useful. Once the pathogenic levels of unconscious cathexes have been reduced, we find health awaits, even though the reduction is but partial, if, we develop our ability to *dissociate our responses* from the emotion which remains.

I might have chosen my words in the above quotation with a bit more care, as the sage does not exactly "ignore" his thoughts, he permits them freely, and *does not respond to them* (Doidge, 2007, p. 171; Hanscom, 2012, p. 134). In this way, the thoughts are freely expressed, and the affect which they engender is placed *at a distance from consciousness*—which as we know means that affect is repressed. In this way, once partially reduced in its cathexis, we can be free of the pathologic influence of our unconscious content by keeping the dystonic *affect associated with our ideas at a distance*. Meditative practice allows unconscious content, (once reduced in its cathexis through partial abreaction), to remain inert, rather than interactive in symptomatic creation. This reduction in pathogenic activity is a function firstly of abreaction, fostered in the hypnoid state associated with uncensored writing, then, dissociative-repression, whereby the affect associated with ideas is dissociated from the expression of those ideas in consciousness, through meditation. Once the unconscious content is reduced in its energetic intensity, the repressive system can be influenced by meditative practice so as to contain (repress) the potentially pathogenic cathexes which remain, via dissociative-repression.

In conclusion: Mind Body Syndrome is a non-standard diagnosis, which is worthy of inclusion in the pantheon of recognized disorders. In this syndrome, an MRI indicates the presence of pain in cerebral imaging, although no physical cause is present (Hanscom, 2012), due to the creation of a "pain circuit" between psychical determinants, and the experience/memory of chronic physical pain. I hypothesize from symptomatic analysis that Mind Body Syndrome is spontaneously formed as a product of condensation (Freud, 1900), whereby numerous determinants, which are unconscious in the normal

case, attach onto the current presentation of physical pain as onto a symbolic nucleus. Once invigorated with the summed cathexes (energies) of these determinants, it is but a matter of chronic repetition to create the conditions for a deeply reinforced Hebbian learning, and LTP. As the neural pathways connecting the symbolic nucleus of the pain, now recorded in memory, and the determinants, are formed and reinforced, a "pain circuit" is created, which is nondirectional in its causality. It is by this mechanism, that the *actual experience of pain,* can be created apart from any current physical cause, but can be triggered entirely by an escalation in the psychical tensions associated with any of the determinants. I also hypothesize a predominant role for *guilt* in the creation of this syndrome. Guilt functions to redirect sadistic feeling inward, and, creates masochistic symptomatology as the *quantitative excess* of affect stemming from infantile sources associated with super-ego exceeds tolerable limits. Thus, the symptoms can be interpreted as both a sadistic expression and a self-punishment via dual identification—a product of the formative process of super-ego: introjection. This syndrome, can be effectively addressed with a combination of cognitive behavioral therapy which includes the writing out of one's uncensored negative thoughts, and meditation. These techniques function to release energy from unconscious stores by way of the induced hypnoid state which is endemic to the process of uncensored written expression, just as in psychoanalytic free associative technique, which is historically rooted in the unconscious aspects of written creation. The process of *partial abreaction* is introduced through these means, and functions to reduce pathogenic unconscious affective cathexes. Once reduced by way of partial abreaction fostered through the unconscious functioning of creative activity and its attendant hypnoid component, the remaining unconscious content may be made inert, by way of *dissociative-repression* induced through meditative practice. Indeed, it is now clear, why the following statement must be true of those in physical pain, who wish to create the circumstances which lead to the greatest chance of successfully healing: *Those who write, heal, and those who do not, suffer.* When one considers the processes of symptom formation, condensation, abreaction and dissociative-repression, it seems illogical to suppose otherwise.

References:

Dodds, E. R. (1973). *The greeks and the irrational*.
Los Angeles: University of California Press.

Doidge, N. (2007).
The brain that changes itself.
New York, NY.: Penguin Books.

Feinstein, A. (2011). Conversion disorder: Advances in our understanding.
Canadian Medical Association Journal,
(183) 8, 915-920.
doi:10.1503/cmaj.110490

Freud, S. (1893-1895). *The standard edition of the complete psychological works of Sigmund Freud volume two: Studies on hysteria by Joseph Breuer and Sigmund Freud*.
London: Hogarth Press.

Freud, S. (1900). *The standard edition of the complete psychological works of Sigmund Freud volumes four and five: The Interpretation of Dreams*.
London: Hogarth Press.

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.

Freud, S. (1906 - 1908). *The standard edition of the complete psychological works of Sigmund Freud volume nine: Jensen's Gradiva and other works*.
London: Hogarth Press.

Freud, S. (1911-1913). *The standard edition of the complete psychological works of Sigmund Freud volume twelve: Case history of Schreber, Papers on technique, and other works.*
London: Hogarth Press.

Freud, S. (1914-1916). *The standard edition of the complete psychological works of Sigmund Freud volume fourteen: On the history of the psycho-analytic movement, Papers on metapsychology, and other works.* London: Hogarth Press.

Freud, S. (1917-1919). *The standard edition of the complete psychological works of Sigmund Freud volume seventeen: An infantile neurosis, and other works.* London: Hogarth Press.

Freud, S. (1920-1922). *The standard edition of the complete psychological works of Sigmund Freud volume eighteen: Beyond the pleasure principle, Group psychology and other works.* London: Hogarth Press.

Freud, S. (1923-1925). *The standard edition of the complete psychological works of Sigmund Freud volume nineteen: The ego and the id, and other works.* London: Hogarth Press.

Freud, S. (1927-1931). *The standard edition of the complete psychological works of Sigmund Freud volume twenty-one: The future of an illusion, Civilization and its discontents, and other works.* London: Hogarth Press.

Freud, S. (1937-1939). *The standard edition of the complete psychological works of Sigmund Freud volume twenty-three: Moses and monotheism, An outline of psychoanalysis, and other works.* London: Hogarth Press.

Gazzaniga, M., Ivry, R., & Mangun, G. (2009). *Cognitive neuroscience: The biology of the mind*. London: Norton Press.

Hanscom, D. (2012). *Back in control.* Seattle, WA.: Vertus Press.

Norman, R. (2010). *Mind map: Psychological topography and an approach to a new creative psychology, or, the secret of happiness.* O'Brien, OR.: Standing Dead Publications.

Norman, R. (2011). *The tangible self.* O'Brien, OR.: Standing Dead Publications.

Norman, R. (2013). Who Fired Prometheus? The historical genesis and ontology of super-ego and the castration complex: The destructuralization and repair of modern personality—An essay in five parts. *The Black Watch: The Journal of Unconscious Psychology and Self-Psychoanalysis.* Retrieved from: www.thejournalofunconsciouspsychology.com

Oregon resident Rich Norman, editor in chief of *The Black Watch: The Journal of Unconscious Psychology and Self-Psychoanalysis*, is a writer and musician with degrees in philosophy and music. Known as "The Laughing Recluse," he is the author of books spanning philosophy, psychology, and novels, with topics ranging from psychoanalytic theory to existential philosophy, verse and fiction. Rich Norman Contact:

rich@richnorman.com

editor@thejournalofunconsciouspsychology.com