

## **International Journal of Drug Research and Technology**

Available online at <http://www.ijdr.com>

### **Commentary**

## **SIMILARITIES BETWEEN EARLY FREUDIAN THEORY, DGB NEO-PSYCHOANALYSIS, AND THE PRESENT-FUTURE TREATMENT OF CHRONIC DISEASES**

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### **ABSTRACT**

This essay connects early Freudian theory (1893-1897) with DGB Neo-Freudian, Neo-Psychoanalysis (NFNP), and the treatment of modern-day chronic diseases such as liver disease, diabetes, and prostate hypertrophy. Early Freudian theory is based significantly on the Helmholtz-Brucke School of energy theory and thermodynamics. DGB NFNP involves a huge revision of Freudian Classical Psychoanalysis that adds into the integrative mix Pre-Classical Freudian theory (18973-1896), Object Relations, Adlerian Psychology, Transactional Analysis, Gestalt Therapy, Cognitive-Emotional-Behavior Therapy, and basic ideas in biology, physics, biochemistry, and neurology. Based on an adult lifetime of studying psychology, the history, and evolution of psychoanalysis, and integrating everything through my own brain the result is DGB NFNP. This essay is a small sample of my work.

**Keywords:** Psychology; Psychoanalysis; Freud; Psychotherapy; Neo-psychoanalysis; Object Relations; Biology; Biochemistry; Neurology; Neurosciences; Energy theory.

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### **INTRODUCTION**

This astonishing piece of work ('The Project') set up some of the key concepts, principles, and theories for both 'Pre-Classical' Psychoanalysis (1892-1896) and later 'Classical' Psychoanalysis (1897 to 1938) although there were some 'theoretical inconsistencies between the two allegedly 'opposing' or 'contradictory' sub-schools of Freudian Psychoanalysis that needed to be bridged in order to create a 'hybrid' Pre-Classical-Classical and 'trauma-fantasy' theory, with 'Object Relations' integrated in there to boot. DGB Neo-Freudian-Neo-Psychoanalysis (NFNP) is in the process of orchestrating this rather massive integration using ALL material, ALL essays from Freud's Complete Psychological Works as edited by James Strachey in collaboration with Anna Freud, assisted by Alix Strachey and Alan Tyson.

The field of Object Relations opened up another 'network of sub-brands' of psychoanalysis – with Melanie Klein's work in the 1930s and with two of Freud's own essays in 1938 ('Splitting of The Ego in The Process of Defense'; and 'Outline of Psychoanalysis'). The key ideas of Freud's earliest brand of psychoanalysis his 'Pre-Classical reality-trauma-memory

theory' were the ideas of: 1. 'the constancy principle'; 2. the principle of 'blocking'; 3. 'alternative pathways of defense, compensation, and/or pathology'; 4. 'abreaction' (or 'catharsis') – the 'unblocking' of 'unconscious psychological-emotional-and/or physical blockages' which included 'unbearable ideas' with 'cathected' emotions and/or impulses attached to these unbearable ideas. This was the essence of early Freudian (Pre-Classical) Psychoanalysis the 'reality ego trauma brand' as contrasted against the 'fantasy trauma brand' that would later become known as 'Classical' Psychoanalysis. Freud was unable to create the theoretical bridge that would have linked, integrated, and stabilized Pre-Classical and Classical Psychoanalysis as a much more 'wholistic-integrative work' that I will call 'Greater Classical Psychoanalysis (GCP)'. Freud's 'constancy principle' would become the precursor to a concept or principle that is much more well known today Walter Cannon's principle of 'homeostasis'. (Cannon, 1932, 'The Wisdom of The Body') Now, since I had the very up-close and personal experience of watching the day-to-day 'pattern symptomology' of my cirrhosis expressing itself at the same time that I was reading early Freudian Psychoanalysis from the Standard Edition I could not help but notice that Freud's early psychoanalytic conceptology was just as relevant to my liver disease as it was to the 'hysterical' and 'obsessional' patients/clients that he was treating back in the early 1890s. Not to mention the relevance of these concepts to the evolving new science at the time and even today of 'neurology' and 'neuroscience'. In the case of my cirrhosis, there was 'the blockage' of my bile ducts by fatty and/or scarred liver tissues, there was the development of a 'hole' in my liver that created an 'alternative pathway' for the bile fluid out the back of my liver and into my 'back' and 'abdominal cavities' where it was not supposed to be and created the possibility of 'septic poisoning' the issue of 'bacteria in my bile fluid' traveling out of the back of my liver and 'congesting in pockets' of 'bacterially infested bile fluid' which probably was and still is being 'attacked by my immune system' creating a 'tension' under my skin of 'building up toxic fluid' which either needs to be 'tapped' (by a needle) in the case of many liver patients who have to go to a hospital or clinic to get this procedure done every couple of weeks or so or in my case, the body creates a 'wound' in the skin where this fluid is 'pushed out through' (I have two such wounds one put there by my body; the other put there by my liver surgeon to relieve internal fluid pressure).

If we create the idea of 'bile vaults' the liver and gall bladder being the main and 'normal' – two such 'vaults' and my body creating 'two more such vaults' in my abdominal cavity because of bile fluid taking an 'alternative pathway' out the back of my liver and/or 'leaking out of vessels because of weakness in my vessels', well and here I make the very unorthodox link between the 'physical' and the 'metaphysical' I could not help but associate this new idea of 'secondary, defensive, bile vaults with skin wounds to allow their expulsion and relief of tension' with Freud's 1923 concept of 'the id' or my DGB Neo-Psychoanalytic idea of 'id vaults' which could also be associated with the idea of 'body vaults' and 'ideational vaults with cathected emotion and impulse-drives' (see Wilhelm Reich's work on 'body armor' and 'character armor', as well as Lowen's Bioenergetics, and Fritz Perls' Gestalt Therapy) and whether we are talking about psychotherapy or medicine, the same idea of 'unblocking physical, psychological, and/or emotional blockages' prevails. In the case of diabetes, we have the problem of 'blockage' of 'energy cells' by 'fat cells' and 'inflammation' which means

that the treatment of diabetes with insulin to 'remove excess glucose from the bloodstream' needs to be expanded to include the idea of 'unblocking fat cells' and 'inflammation' that are preventing the glucose from the bloodstream from getting into the 'energy cells'. If we understand that glucose from the bloodstream can go only to two different places: 1. energy cells to be burnt as energy; or 2. 'fat cells' to be stored as 'fat' and if we realize that injected insulin usually puts excess glucose into 'fat storage' which is actually further exasperating Type 2 diabetes (or Type 1) well, we need to put more emphasis into 'unblocking fat and energy cells' or increased insulin treatment is likely only going to take the diabetes patient to the exasperation of the 'starvation of energy cells' which well could end up in 'amputation', 'blindness', and/or eventual death. The improved treatment of diabetes by diet and/or new types of 'fat unblocking' and/or 'anti-inflammatory' medications has to be connected to 'unblocking energy cells so that glucose and oxygen can get into the mitochondria of the energy cells'. Otherwise even with the treatment of insulin, and perhaps partly exasperated by it these cells are going to 'starve' and 'die'. Here is where I make my final associative connection between psychoanalysis, DGB Neo- Psychoanalysis, 'neurosis' usually called a 'disorder' today cirrhosis, and diabetes. What Freud called 'the id' and I call 'id vaults' contain what might be called a combination or a pathological mixture of 'life' and 'death' energy or in some cases 'fluid'. Bile fluid (a life fluid) is 'blocked' by 'fatty cells' (same as 'energy cells' are in the case of diabetes) from entering into the digestive tract through the bile duct(s), finds an 'alternative pathway' out a 'back hole' in the liver, travels into 'abdominal cavities' where it is sometimes 'stored' in 'body vaults' where 'fluid retention' increases 'internal pressure and tension' building up until something has to happen an internal and/or external 'explosion' unless this pressure is relieved and from medicine we now travel back to 'neurotic' and/or 'pathological human behaviour this 'explosion' can take the form of an 'acting out neurosis and/or psychosis' (an 'id explosion') 'a hysterical break', 'obsessional neurosis', 'manic-depression' (or bipolar disorder), a 'psychotic break', 'spree killing', addiction.

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**Cite This Article:** Bain DG (2017), "Similarities between Early Freudian Theory, DGB Neo-Psychoanalysis, and the Present-Future Treatment of Chronic Diseases", *International Journal of Drug Research and Technology*, Vol. 7 (2), 52-54.

INTERNATIONAL JOURNAL OF DRUG RESEARCH AND TECHNOLOGY