Substance Abuse: Gender Insidious (Prejudice)

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Abstract

Purpose: This paper is about alcoholism as suicide in slow motion, which sets alcohol as a subset of each non-fatal self-harm and suicide. It is an examination of the root of gender insidious thinking that supports a person's use of harmful substances, generically, substance abuse, with suicidal oriented thinking included in stream.

Design/Methodology/Approach: The position in this paper is three terse points – (1) girls have it easy, they know that they are not boys; (2) boys have it hard, they are clueless; (3) girls pay the price. Resolution of these points must occur in reverse order.

Research limitations/implications: Medical research is and has been for many years bent on discovery of a genetic and neurobiological basis for substance abuse with the same true for suicide. This paper takes the position that the likely answer is yes but not in an absolute sense. Ischemic heart disease is the basis.

Findings: At issue in this paper is how focus on alcohol distorts, even diminishes, gender insidious self-harm that is not uniform across life, as evidenced by percent of events per five-year age bands.

Social implications: Alcohol alone is commonly associated with the male while discounting (even ignoring) an association with the female – “...When the number of health and social consequences is considered for a given level of alcohol use or drinking pattern, sex differences for social outcomes reduce significantly or even reverse” (WHO, 2014, p. 8).

Originality/value: In 1900 maleness and psychology were literally synonyms leaving femaleness an after-thought at best. “To become accepted, most women psychologists chose to emulate the approaches to psychology that were championed by their male peers” (Minton, 2000). In line is – “He [Abraham Maslow] was convinced that psychology had become too masculine for its own good, yet he struggled to find a way to ‘soften’ psychology without completely undermining its ‘rigorous’ foundation” (Nicholson, 2001).

Keywords: affect, ambivalence, decisiveness, economics, education, gender, object relations, public policy, self-harm, social policy, splitting, suicide

Paper type: Original writing.
Introduction

This paper is about alcoholism as suicide in slow motion, which sets alcohol as a subset of each non-fatal self-harm and suicide. It is an examination of the root of gender insidious thinking that supports a person's use of harmful substances, generically, substance abuse, with suicidal oriented thinking included in stream. The opening thesis is that substance abuse and suicidal oriented thinking is the result of socio-economic induced burnout that spawns a low concept of self, with gender prejudiced ambivalence versus decisiveness the resultant driving persona. That substance abuse and suicidal oriented thinking are the two sides of a single coin called coping, while ambivalence and decisiveness are the two sides of a single coin called narcissism. That substance abuse is overt and comports with decisiveness that masks suppression, while suicidal oriented thinking is covert and comports with ambivalence that masks repression. That the common thread between substance abuse and suicidal oriented thinking is classical (Pavlovian) in concert with instrumental (operant) conditioning with a punishing socioeconomic environment the medium, with burnout the risk.

Medical research is and has been for many years bent on discovery of a genetic and neurobiological basis for substance abuse with the same true for suicide. This paper takes the position that the likely answer is yes but not in an absolute sense, with Type 1 diabetes versus Type 2 diabetes versus elective detriments to health the basis. That each substance abuse and suicide has an early manifestation that is parallel to Type 1 diabetes, which each has a late manifestation that is parallel to Type 2 diabetes, and that each has elective characteristics.

To get a fix on where this discussion is going, refer to Figure 1 and accept Ischemic Heart Disease as a proxy for each substance abuse and suicidal oriented thinking. In this vein, the causal chain for each Type 1 and Type 2 diabetes begins with a person's inherited DNA. The same holds true, at least potentially, for each substance abuse and suicidal oriented thinking where some process causes a DNA driven aberration in the brain-to-endocrine system to set in motion a command-like invocation of either or both unipolar and bipolar depression, where unipolar is loosely aligned with suicidal oriented thinking and bipolar with substance abuse.

There is a caveat however and that is society's experience particularly with substance abuse. "From a logical and moral perspective, addiction is perplexing. Courts, philosophers and ordinary people find themselves torn when they consider the behavior of people with addiction disorders such as alcoholism, illicit drug use and disorder gambling [and suicidal oriented thinking]: should we think of it as free and responsible behavior, or instead as unfree (coerced or compelled, perhaps)?" (Levy, 2012). Focus is now limited to the term unfree, with the middle of the Ischemic causal chain modified to have as the master operant conditioning in tandem with unipolar depression, not bipolar, to have as the servant Pavlovian conditioning in tandem with bipolar depression, and to have as the origin of the causal chain a most unusual if-not construction to be developed below. Finally, that the

Figure 1- Ischemic causal chain

Source: “Global health risks: mortality and burden of disease attributable to selected major risks”, p.2
World Health Organization 2009
master operant conditioning compacts to a person's expression of remorse management that loosely comports with suicidal oriented thinking, that the servant Pavlovian conditioning compacts to a person's expression of terminal uniqueness that loosely comports with substance abuse, and that to have the elective elements of the interior of Figure 1 as a mask over burnout.

A full explanation of the if-not construction is accomplished by limiting references to Sigmund Freud's work with seduction theory, in conjunction with John Bowlby and Mary Ainsworth's work with attachment theory.

Freud labored for some time with the belief that his patient's neurotic problems were rooted in traumatic events in childhood, and that these events were basically sexual. Freud postulated his seduction theory to account for this belief, a theory that held that every neurosis results from premature sexual activity, molestation, a theory that Freud abandoned in favor of other theories on the dynamics of a neurosis and its formation (Freud, 1949, p. xi, fn. 4). Separately, John Bowlby and Mary Ainsworth formulated attachment theory from a child psychoanalysis base that distills to a child's attachment to their mother begets a child having affection (Bretherton, 1992). The task now, with the causal chain the focus, is to extend Freud's seduction theory to an if-then construction, and then to incorporate attachment theory as framed by Bowlby and Ainsworth with the if-not construction the result.

Holding seduction to Freud's original state results in a dynamic that has no place in the Ischemic causal chain as a significant factor though possible influence cannot be ignored. In a generic sense (physical, sexual) seduction begets shame leaving a child open to a feeling of abandonment versus physical safety at the minimum, which must be accepted as a significant contributor to the Ischemic causal chain as will be addressed in the discussion of ambivalence versus decisiveness below, but with the spectrum-like implications of abandonment to be addressed now. On one end of the spectrum is abandonment without clear definition beyond a general fear of abuse, on the other end is posttraumatic stress disorder, with fear conditioning in the middle. Abandonment as an endgame begets separation to some degree, a very narrow initiator of the causal chain. Fear conditioning (e.g., Alvarez, 2008) is clearly one step into the causal chain, provided a child's yet-to-be-developed cognitive apparatus is capable of recognizing the various dimensions of fear. Posttraumatic stress disorder is equally a complex issue for a child's mind but not memory (e.g., Flor, 2010). Memory as a mechanism is the now focus, to include fear as a silent defining force.

Consider now two propositions. (1) Unresolved anger is internalized as guilt, while unresolved guilt is internalized as shame [anger-guilt-shame]. (2) Unresolved shame triggers self-defense anger where the resultant anger must be accepted as not resolvable, the anger is internalized as guilt with more shame [shame-anger-guilt] (Cook, 2014, pp. 35-36).

Each proposition begs a question – what causes the anger, what causes the shame. It is necessary and efficient to resolve shame to seduction as being driven by a person's voices from the past – emotional abuse. Settling on seduction as a broad influence to the causal chain is accomplished by disconnecting seduction from a physical act, Freud's construction, and connecting it to a voice. A very reasonable example – a small child has an accident during potty training, which is followed by their frustrated parent's “you ought to be ashamed of yourself” admonishment (Cook, 2014, p. 36). Equally necessary and efficient is the resolving of anger to attachment, as a strong to weak continuum, "...attachment theory has contributed to a better understanding of personality processes and individual differences in adulthood ... tripartite topology of secure, avoidant and anxious-ambivalent attachment styles” (Mikulincer, 1998). The secure person handles anger as a natural part of life while others are denied healthy resolution, as will be addressed in the discussion of ambivalence versus decisiveness below.
The shame-anger-guilt sequence is the foundation upon which rests operant conditioning in tandem with unipolar depression (remorse management), while the anger-guilt-shame sequence is the foundation upon which rests Pavlovian conditioning in tandem with bipolar depression (terminal uniqueness) with the source of each a function of life as is well-documented in the annuls of the theater across the eons.

Focus now returns to the term unfree as the origin of the Ischemic causal chain. Allowing discussion to settle on an if-then construction, i.e., if seduction then abandonment, introduces repelling as a normative function of parenting. Parenting however is about bonding, i.e., attachment, with momentary and random frustration part of the process. The if-not construction is, if seduction then not attachment, with this construction submitted as the broad non-DNA base upon which the Ischemic causal chain rests. An exception to the if-not construction is that children in youth homes or orphanages are potentially exempt from being caught by the entire causal chain on the strength of a focused institutional delivery system as the proxy for parental nurturing, as well examined and experienced by Bowlby and Ainsworth, with comments deferred to the end of this paper.

Alcohol alone is commonly associated with the male while discounting (or even ignoring) an association with the female – “Harmful use of alcohol is the leading risk factor for death in males aged 15–59 years, yet there is evidence that women may be more vulnerable to alcohol-related harm from a given level of alcohol use or a particular drinking pattern. ...because alcohol use among women has been increasing steadily in line with economic development and changing gender roles and because it can have severe health and social consequences for newborns. ...7.6% of all male deaths in 2012 were attributable to alcohol, compared to 4.0% of female deaths. Men also have a far greater rate of total burden of disease expressed in disability-adjusted life years (DALYs) attributable to alcohol than women – 7.4% for men compared to 2.3% for women. ...When the number of health and social consequences is considered for a given level of alcohol use or drinking pattern, sex differences for social outcomes reduce significantly or even reverse. ...for health outcomes such as cancers, gastrointestinal diseases or cardiovascular diseases, the same level of consumption leads to more pronounced outcomes for women” (WHO, 2014, p. 8).

At issue in this paper is how focus on alcohol alone distorts, and even diminishes, gender insidious self-harm that is not uniform across life as shown in Figure 2, a summary of three forms of self-harm with male and female combined – binge alcohol use, non-fatal self-harm and suicide. From above and for emphasis, alcohol use is a subset of each self-harm and suicide. The various ages of peak occurrence in each of the three data streams is not taken as being attributable in isolation to a biological generation but is taken as being operative within a Functional causal generation, Figure 2, which advances object relations to consideration with
emphasis directed to splitting as the parent of ambivalence and decisiveness. [Note: The entire Ischemic causal chain, Figure 1, fits within the Pavlovian component of the Functional causal chain, Figure 3.]

The position in this paper is three terse points – (1) girls have it easy, they know that they are not boys; (2) boys have it hard, they are clueless; (3) girls pay the price. Resolution of these points must occur in reverse order – (3) eliminate the burden placed on girls; (2) inspire boys to gain firm identity; (1) inspire girls to be girls. Analysis that supports the three points has Freud at center stage with two time-wise anchors – the 1890’s and today.

Support for focus on Freud is provided by Abraham Maslow – first, “It is as if Freud supplied us the sick half of psychology and we must now fill it out with the healthy half” (Maslow, 1968, p. 14), and second, “He [Maslow] was convinced that psychology had become too masculine for its own good, yet he struggled to find a way to ‘soften’ psychology without completely undermining its ‘rigorous’ foundation” (Nicholson, 2001). Focus now is on the second point, then the first which is not true.

In 1900 maleness and psychology were literally synonyms leaving femaleness an after-thought at best. “To become accepted, most women psychologists chose to emulate the approaches to psychology that were championed by their male peers. There were, however, a few who chose perspectives that were sensitive to women’s experience. Mary Whiton Calkins’s (1863-1930) self psychology was premised on the social nature of the self and reflected her situated experience of being a member of a women’s collectivist community. Helen Bradford Thompson Woolley (1874-1947) investigated sex differences in various intellectual, motor, and sensory abilities. Although some of the tests favored men and others women, she found that overall the differences were small. What differences did exist, she argued, were the result of training and social expectation rather than physiology. Leta Stetter Hollingworth (1886-1939) undertook a series of investigations that challenged psychology’s assumptions about women, such as the notion that women demonstrated less variability than did men in physical and mental abilities and thus could not be expected to achieve as much as men” (Minton, 2000).

Now the first point. To state that “Freud supplied us the sick half of psychology” is plausible but only in isolation.

What must be taken into consideration is the era in which Freud conducted his professional life. That era spans the Panic of 1893, the First World War 1914-1918 and the Depression 1929-1939. Thus, in the context of the time, Freud was normal with ‘brave’ allowable given his centrist focus on human sexuality – Emma Goldman, an attendee at the 1909 Clark University Conference and a feminist activist, lauded Freud’s spontaneous objectivity about the topic of sex, his recognition of sexuality as preeminent in the makeup of women as well as men (Buhle, 1998, p. 2). Equally centrist were G. Stanly Hall and Wassily Leontief with discussion of each near the end of this paper.

Freud’s reference to libido is what stirred controversy that for all practical purposes extends from before his time, is coincident with his work, and on to today.

Before his time: “The poets may be better psychologists than the psychologists and philosophers; but they are men of feeling rather than of understanding, and at least one-sided in their consideration of the subject [sex]. They cannot see the deep shadow behind the light and sunny warmth of that from which they draw their inspiration” (Krafft-Ebing, 1894, p. iii).

Coincident with his work: Two negative examples that contributed to the over-trumping of Freud’s centrist position about human sexuality – Jung who equated libido with general psychic energy and not with the sexual drive (Maddox, 2006, p. 96), and textbook authors in the 1920’s and 1930’s who were critical of Freud’s emphasis on libido (Park, 1931).
July 11: “Barbie, the doll… An anti-clone for every woman who wishes to be more than surface deep…” (Cunningham, 1993) – the commercialization of sex at the expense of contribution.

The endgame audience is the primary care physician, the only member of the Helping Professions who has access to a rationalization-free dialog with a person as a patient – to challenge the first available thought that may be self-defeating – access that spans only a few precious seconds, and is presented across six tracks. The first track presents this paper’s core data and traverses the three terse points. The second track discusses the gender insidious nature of substance abuse versus suicidal oriented thinking with gender prejudice highlighted. The third track traces social history beginning with the social dynamics in the 1890’s and their relationship to ambivalence and decisiveness as polar opposites, with operant conditioning dominant. The fourth track examines the common threads between the ambivalence-repression and decisiveness-suppression dualities, and the resultant socio-economic induced burnout. The fifth track asserts that only a single baseline modality is the appropriate starting point for both substance abuse and suicidal oriented thinking – that substance abuse is both a subset and a superset of suicidal oriented thinking, with Pavlovian conditioning dominant. The sixth track presents comments about current fiscal and monetary policy in the U. S. (and elsewhere), and mitigating mindfulness oriented interventions about identity that can and must be deployed by the primary care physician.

Notes about the DSM. In this paper all DSM references are to DSM-IV-TR and not to DSM-5 for three reasons. First, Alcohol Use Disorder in the DSM-5 is addressed as diagnostic criteria (DSM-5, pp. 490-503) at the expense of the character of consumption in the DSM-IV-TR. Second, this paper relies on data from the National Survey on Drug Use and Health (NSDUH, 2013). The diagnostic criteria orientation of the DSM-5 does not align with NSDUH consumption data while the DSM-IV-TR does. NSDUH consumption of alcohol is classified ‘Use’ (1 drink per month), ‘Binge’ (5 drinks on the same occasion at least 1 day per month) and ‘Heavy’ (5 drinks on the same occasion at least 5 days per month). The correspondence is ‘Binge’ is equal to ‘Abuse’ (DSM-IV-TR, Code 305.00), ‘Heavy’ is equal to ‘Dependent’ (DSM-IV-TR, Code 303.90), while ‘Use’ is not noted in the DSM-IV-TR. Third, the DSM-5 focuses on a 12-month period, which is about a person’s history while being silent as to their execution of life, a public health issue. Table 1 discloses the merits of a focus on Past Month Alcohol Use as a proxy for the ‘harmful use of alcohol’ as an execution of life issue versus the ‘harmful use of alcohol’ as a diagnostic category (WHO, 2015, fn. 2).

<table>
<thead>
<tr>
<th>Alcohol Use</th>
<th>Aged 12 to 17</th>
<th>Aged 18 to 25</th>
<th>Aged 26 or Older</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lifetime</td>
<td>Past Year</td>
<td>Past Month</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>32.0%</td>
<td>25.5%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Female</td>
<td>32.8%</td>
<td>27.1%</td>
<td>13.2%</td>
</tr>
</tbody>
</table>

Source: 2012 National Survey on Drug Use and Health
Tables 2.38B, 2.39B, 2.40B
U.S. Dept. of Health & Human Services, Substance & Mental Health Services Administration

Table 1 – Alcohol Use

In short, given that alcohol breeds empty goal commitments (Sevincer, 2009) – an equal issue with self-harm and suicide, the DSM-IV-TR is about forward thinking while the DSM-5 is about backward thinking.
Data and its character

This discussion presents the detail behind Figure 2 and the logic behind Figure 3, the etiology of substances abused, then summary views of the three terse points in 3-2-1 order:

Centrist assumptions – (3) girls pay the price, versus, eliminate the burden placed on girls. Centrist concepts – (2) boys have it hard, they are clueless, versus, inspire boys to gain firm identity. Dynamic environment – (1) girls have it easy, they know that they are not boys, versus, inspire girls to be girls. Notes on economics is the final topic.

Detail behind Figure 2

The starting point is the summary of lifetime, past year and past month usage of alcohol by each gender in the three age brackets in Table 1 (Alcohol Use). The first age bracket in Table 1 implies that young women are more active than young men with respect to the use of alcohol. The second age bracket implies that women are practical and possess some semblance of common sense. The third age bracket represents reality in America and elsewhere – women simply do not have enough money to spend on alcohol because their average incomes are lower and that they are typically burdened with the support of children as a result of divorce. There is however more information to be gleaned from detailed data with respect to age than the above with Figure 4 the reference.

Figure 4 shows the average of use, binge and heavy data for both genders for the years 2009 to 2013.

The year-on-year variation in the data behind Figure 4 is of little consequence and it is not practical to attempt to equate the level of substance abuse to economic activity for any year. The general belief, per Okun’s Law (Knotek,
2007), is that year-on-year GDP growth of 3.0% is required to keep employment stable with a corresponding implication for stability in personal economic behavior. Table 2 shows the year-on-year changes for GDP (BEA, 2015), and year-end unemployment rates (BLS, 2015). There is no variation in the year-on-year data behind Figure 4 that gives even a visible hint of the 2009/2010 downturn. What is important to the lack of year-on-year variation however is self-esteem, Figure 5, with introductory comments now and with discussion deferred to Imbalance between society and self within the third track below.

Figure 5 shows the mean disagree-agree score for 326,641 respondents, 140,249 males and 186,392 females. Each responded was asked to rate the goodness of their self-esteem from a value of 1 for strongly disagree to 5 for strongly agree. The standard deviations for each mean for the 8 groups spanning the ages of 9 to 69 groups were a low of 1.28 to a high of 1.35 with the standard deviation for the aged 70 to 90 group at 1.44 (Robins, 2002). First the standard deviation then the mean values. The survey was conducted in a protected context, as interpreted by the respondents, and not as presented by the researchers. To the researcher’s self-esteem is a complex phenomenon while to the respondents self-esteem is a thing that is possessed to some extent with the on-off character of a light switch. Thus, the standard deviations display respondent interpretation which introduced an elusive and quick-to-morph paradoxical self-esteem – “paradoxical self-esteem is defined as contrasting levels of self-liking and self-competence” (Tafarodi, 1998). The mean values however are not about interpretation but are about age appropriate roles as molded by operant and Pavlovian conditioning acting in concert and with appropriate act-your-age roles as projected by the theater, with the undercurrent the adherence to (or not to) age projected roles. The coincidence of the peak of Figure 4 and the low of Figure 5 will be addressed with the logic behind Figure 3.

Returning to Figure 4 there are three dynamics with respect to substance abuse, an assertion that goes against the traditional disease versus lifestyle discussions of substance abuse (e.g., Walters, 1992). The first dynamic is an age-appropriate focus on goals, the second dynamic is the years leading up to the age of 21, and the third dynamic begins at age 21. The first dynamic is a subset of paradoxical self-esteem and is about goal meaning and goal efficacy with discussion deferred to Imbalance between society and self within the third track below. The third dynamic is the direct result of a deliberate economic event as it is at the age of 21 that men and women alike become responsible for their economic reality to include at the minimum shelter, food, clothing and transportation. The second dynamic is not so obvious and requires analysis with Table 3 the basis, but with Table 1 the initial reference.
The reference in Table 1 to Aged 12 to 17 shows that young women are more active than young men with respect to the use of alcohol. This same statement is reasonable true for that age group in Table 3 with respect to the binge abuse of alcohol, while young men hold a commanding lead versus young women when the heavy abuse of alcohol is the focus. For Aged 18 to 25 in Table 3 the lifetime and past year data is reasonably equal for men and women but with men taking the lead in the past month data. However, questions are presented in Aged 26 and Older in Table 3 as there is a modest spread between men and women in the lifetime data and a very strong spread in the monthly heavy data. Part of this spread is likely the gap in incomes between men and women with comments about the rest of the spread, particularly what is implied by the lower level of female self-esteem in Figure 5, deferred to the Characteristics of humanism below.

Attention now turns to suicide data - deaths first then self harm. [Notes: (1) Suicide is defined as intentionally self-inflicted injury that results in death. (2) The source of suicide data is the National Vital Statistics System’s death certificate data (CDC, 2015).]

The starting point is the familiar statistic, that more males commit suicide than females – at a rate of 3.8 males for each female, as shown in Table 4. That statistic is not the concern of this paper. Instead, it is at what age each men and women commit suicide with that information listed in Table 4 and summarized in Figure 6 for the years 2009 to 2013.

Table 3 – Alcohol trend data

<table>
<thead>
<tr>
<th>Aged 12-17</th>
<th>Lifetime Use</th>
<th>Male</th>
<th>Female</th>
<th>Past Year Use</th>
<th>Male</th>
<th>Female</th>
<th>Past Month Binge</th>
<th>Male</th>
<th>Female</th>
<th>Past Month Heavy</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>39.0%</td>
<td>37.2%</td>
<td>34.9%</td>
<td>36.0%</td>
<td></td>
<td>2.3%</td>
<td>2.2%</td>
<td></td>
<td>1.8%</td>
<td>1.3%</td>
<td></td>
</tr>
<tr>
<td>Aged 18-25</td>
<td>Lifetime Use</td>
<td>84.6%</td>
<td>84.9%</td>
<td>87.0%</td>
<td>84.3%</td>
<td></td>
<td>48.1%</td>
<td>48.6%</td>
<td></td>
<td>19.1%</td>
<td>8.4%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Past Year Use</td>
<td>80.8%</td>
<td>76.8%</td>
<td>81.1%</td>
<td>76.0%</td>
<td></td>
<td>18.4%</td>
<td>8.8%</td>
<td></td>
<td>19.1%</td>
<td>8.4%</td>
<td></td>
</tr>
<tr>
<td>Aged 26 and Older</td>
<td>Lifetime Use</td>
<td>92.0%</td>
<td>84.3%</td>
<td>91.9%</td>
<td>84.1%</td>
<td></td>
<td>31.3%</td>
<td>14.5%</td>
<td></td>
<td>9.8%</td>
<td>2.9%</td>
<td></td>
</tr>
</tbody>
</table>

Source: National Survey Drug Use & Health 2009-2013
Tables 2.398, 2.508, 2.908, 7.308, 7.318, 7.318
U.S. Dept. of Health & Human Services
Substance Abuse & Mental Health Services Administration

Figure 6 – Suicides

The reference in Table 1 to Aged 12 to 17 shows that young women are more active than young men with respect to the use of alcohol. This same statement is reasonable true for that age group in Table 3 with respect to the binge abuse of alcohol, while young men hold a commanding lead versus young women when the heavy abuse of alcohol is the focus. For Aged 18 to 25 in Table 3 the lifetime and past year data is reasonably equal for men and women but with men taking the lead in the past month data. However, questions are presented in Aged 26 and Older in Table 3 as there is a modest spread between men and women in the lifetime data and a very strong spread in the monthly heavy data. Part of this spread is likely the gap in incomes between men and women with comments about the rest of the spread, particularly what is implied by the lower level of female self-esteem in Figure 5, deferred to the Characteristics of humanism below.

Attention now turns to suicide data - deaths first then self harm. [Notes: (1) Suicide is defined as intentionally self-inflicted injury that results in death. (2) The source of suicide data is the National Vital Statistics System’s death certificate data (CDC, 2015).]

The starting point is the familiar statistic, that more males commit suicide than females – at a rate of 3.8 males for each female, as shown in Table 4. That statistic is not the concern of this paper. Instead, it is at what age each men and women commit suicide with that information listed in Table 4 and summarized in Figure 6 for the years 2009 to 2013.
Table 4 – Suicides

The peak death rate in the data behind Figure 6 is in the Aged 45-54 group with 22.8% of male suicides and 28.2% of female suicides. The next age group is the Aged 35-44 group with 19.4% of male suicides and 21.8% of female suicides. Thus, 42.2% of all male suicides occur in the 20 years beginning with age 35 and ending with age 54 for the years 2009 to 2013 while 50.0% of all female suicides occur in the same 20 years. There is an outlier however and that is male suicides in the Aged 20-29 group with 17.6% of male suicides versus 13.2% of female suicides, an issue to be address in the discussion of the logic behind Figure 3. This summary data however discloses nothing with respect to year-on-year variation for unlike the inconsequential year-on-year variation in the data behind Figure 4, there is significant variation across the years in Table 4.

Looking at only the years 2009 and 2013 in Table 4, there was a shift in suicides for the 25 year age range of 30 to 54 to years before and after for both males and females. For males across the 25 years, 47.2% in 2009 and 43.0% in 2013 for a decline of 4.2%. For females 53.4% in 2009 and 49.0% in 2013 for a decline of 4.4%. Over half of the decline for each males and females was transferred to the 55 to 69 age range.

Assuming as correct that GDP growth of 3.0% is needed to keep employment stable, and given the year-on-year recorded growth during the years of 2009 to 2013 was above the 3.0% mark beginning with 2010, then it is fair to assume that the average person would feel contentment to some extent, but, it is equally fair to assume the improvement in the economy was not uniform across all ages, which has the characteristics of "reinforcer-selective transfer, Pavlovian stimuli that are predictive of specific outcomes bias performance" (Allman, 2010), thus, of the three terse points the second is likely the most debilitating to society at large.

Economic parity across all ages is an issue in the three terse points, but not the only issue. To assert that suicide is related to a psychiatric disorder then one must assert that any member of DSM-IV-TR Clusters...
A, B and C Personality Disorders is age dependent and with dependency deferrable to some point in time, such as the 20-24 age range for the male and the 45-49 age range for the female as shown in Figure 6 and detailed in Table 4. This leaves, as a clinical candidate Depressive Disorder (DSM-IV-TR, Code 301.00), unipolar depression, where the link between depression and suicide is not ideation but a deliberate escape from current pressure of some sort and intensity – to be developed with the logic behind Figure 3, thus giving more credence to suicide as a function of weak economic activity – up to a point (the standard deviation data behind Figure 5), after which living as a dependent of economic victimization just might give the otherwise depressed person the spunk needed to stay focused on life (e.g., Roelfs, 2011). What needs to be resolved is the gender-skewed manner of suicide – the female opts for punishing while the male opts for quick drama as shown in Table 5, which contrasts quite sharply with poisoning and cut/pierce taken together account for about 70% of all self-harm equally for the male and female, Table 6.

<table>
<thead>
<tr>
<th>2009 - 2013</th>
<th>Firearm</th>
<th>Suffocation</th>
<th>Poisoning</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>30.1%</td>
<td>13.5%</td>
<td>6.1%</td>
<td>49.7%</td>
</tr>
<tr>
<td>Female</td>
<td>17.0%</td>
<td>12.6%</td>
<td>19.9%</td>
<td>49.4%</td>
</tr>
</tbody>
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Table 5 – Manner of suicide

<table>
<thead>
<tr>
<th>2009</th>
<th>Female</th>
<th>Male</th>
<th>2010</th>
<th>Female</th>
<th>Male</th>
<th>2011</th>
<th>Female</th>
<th>Male</th>
<th>2012</th>
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<th>Male</th>
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<tr>
<td>15,968</td>
<td>13,664</td>
<td>16,969</td>
<td>14,606</td>
<td>17,442</td>
<td>14,939</td>
<td>17,031</td>
<td>14,712</td>
<td>16,544</td>
<td>14,344</td>
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<tr>
<td>Self-Harm (000's)</td>
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<td>157</td>
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<td>266</td>
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<td>197</td>
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<tr>
<td>Self-Harm Percent Of All Injuries</td>
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<tr>
<td>0.99%</td>
<td>1.59%</td>
<td>1.17%</td>
<td>1.02%</td>
<td>1.16%</td>
<td>1.91%</td>
<td>1.16%</td>
<td>1.95%</td>
<td>1.22%</td>
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Table 6 – Self-harm

<table>
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<tr>
<th>2009</th>
<th>Male</th>
<th>Female</th>
<th>2010</th>
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<th>2011</th>
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<th>Female</th>
<th>2012</th>
<th>Male</th>
<th>Female</th>
<th>2013</th>
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<tbody>
<tr>
<td>All Injuries (000's)</td>
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<td>15,968</td>
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<td>16,969</td>
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<td>17,442</td>
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<td>17,031</td>
<td>14,712</td>
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<td>14,344</td>
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<td>Self-Harm (000's)</td>
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<tr>
<td>Self-Harm Percent Of All Injuries</td>
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<tr>
<td>0.99%</td>
<td>1.59%</td>
<td>1.17%</td>
<td>1.02%</td>
<td>1.16%</td>
<td>1.91%</td>
<td>1.16%</td>
<td>1.95%</td>
<td>1.22%</td>
<td>2.04%</td>
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Source: WISQuARS Nonfatal Injury Reports
U. S. Dept. of Health & Human Services
Centers for Disease Control and Prevention
Attention now turns to deliberate self harm data. [Notes: (1) Recognition of the method of self-harm is based on the first event that resulted in intentional self-inflicted injury but did not result in death. (2) Self-harm data recognizes only injuries treated in U.S. hospital emergency departments and is sourced from the National Electronic Injury Surveillance System - All Injury Program, thus not including all self harm events such as persons treated at home or in a private facility (CDC, 2015).]

As with suicide deaths the starting point is the familiar statistic that more females resort to self-harm than males – at an average rate of 1.3 females for each male, as shown in Table 6. That statistic is not the concern of this paper. Instead, as with suicides, it is at what age each men and women resort to self-harm with that information listed in Table 4 and summarized in Figure 7 for the years 2009 to 2013.

The peak self-harm rate in the data behind Figure 1 is in the Aged 15-24 group with 28.6% of male and 33.4% of female self-harm incidents. The next age group is the Aged 25-34 group with 23.6% of male and 20.0% of female self-harm incidents. Thus, over half of all self-harm incidents occur in the 20 years beginning with age 15 and ending with age 34 for the years 2009 to 2013 – 52.2% for males and 53.4% for females. The average data however discloses nothing with respect to year-on-year variation for unlike the inconsequential year-on-year variation in the data behind Figure 4, there is significant variation across the years in Table 6.

For both males and females there was a decline in the aged 15-49 group, with both years before and after that age group sharing the distribution. The shift to the years above age 49 is likely aligned with general economic activity. Alternatively, the shift to the aged 10-14 group, particularly for females, is likely aligned with victimization, the subject of the Functional causal chain (Kolves, 2010).

**Logic behind Figure 3**

This discussion begins with a general reference – early in his career Freud was concerned with defining psychic energy with that effort originating in his specification of instincts from the points of view of source, aim and object. Libido, the sex drive, provides information about the biological source only. When Freud included the aggressive drive in his thinking, his focus shifted to the object of instincts. Thus, Freud’s theory of instincts – or drives, is essentially a theory of motivation (Mendelson, 1974, pp. 249-252).

To get a fix on where this is going, source, aim object is the focus: Source is Pavlovian versus operant conditioning. Aim is detrimental motivation in the form of regression, fixation or progression, with fixation to be ignored thus leaving regression and progression as either/or. Object is the array of age-based observations presented in Figure 4 – Alcohol Use, Figure 5 – Mean Self-Esteem, Figure 6 – Suicides and Figure 7 – Self-Harm. The starting point is regression.

“The approach to drug addiction [self-harm in general] was (and still is) profoundly influenced by the concept of regression. The opposite view of a progression in psycho-pathological states has never been explored to the same extent. The idea of progression implies that psycho-pathological states are exaggerations of ‘normal’ stages in the mastering of anxiety and can be arranged in a rough order of
precedence. It is, of course, implicit in Freud’s original pronouncement regarding paranoid states: namely, that the symptom is in part an attempt at restitution, i.e., an advance from the unconscious situation it covers. Not only does it restore some link with reality, however inadequate, it performs also a protective function. ...the core of an addiction or even of a severe obsessional state may depend more on the reduction of an underlying paranoid layer than on the most careful analysis of the recognized habit-formation or obsessional superstructure” [Italics in original] (Glover, 1936).

The task now is to align data to progression without ruling our regression by highlighting significant data points. Figure 4 – Alcohol Use has one significant data point, ages 20 to 24 with Binge Use and Heavy Use the basis. Figure 5 – Mean Self-Esteem has two significant data points, ages 18 to 22 and ages 40 to 49. Figure 6 – Suicides has two significant data points, ages 20 to 24 for males only and ages 45 to 49 for both genders. Figure 7 – Self-Harm has two significant data points, ages 15-19 for females and ages 20 to 24 for males. A Pavlovian versus operant conditioning scenario follows with ages 21 and 50 the anchors, Skinner’s definition of each Pavlovian and Operant will be used (Skinner, 1963).

Pavlovian: “Classical studies of learning have emphasized the process of acquisition, presumably because one can easily see that an organism is doing something new or is responding to a new stimulus, but reinforcement is also responsible for the fact that an organism goes on responding long after its behavior has been acquired” [Italics in original].

Operant: “The Law of Effect specifies a simple temporal order of response and consequence – the relation implied by the term operant. The contingencies of reinforcement currently under investigation are much more complex. Reinforcement may be contingent, not only on the occurrence of a response, but on special features of its topography, on the presence of prior stimuli, and on scheduling systems. An adequate analysis must also reach into the traditional fields of motivation and emotion to determine what is reinforcing and under what conditions. Interrelated systems of operants raise other problems.” In short, an operant is any behavior that operates on the environment to produce a given consequence.

Four scenarios are required.

The first scenario’s starting point is the ages 20-24 peak of Figure 4 (Alcohol) with age 21 taken as the centrist metric. That peak likely reflects the onset of adult-like responsibilities - food, shelter and clothing. This is Pavlovian conditioning. The counters to onset are (1) the ages 18 to 22 low point of Figure 5 is likely (inherited) insecurity, (2) the ages 20 to 24 peak of Figure 1 for males only is also is likely (inherited) insecurity, and (3) the ages 20 to 24 peak of Figure 1 for males only just might reflect the hoped for career was just a myth – hence, loss.

The second scenario is limited to ages 45 to 49 of Figure 6 which just might reflect that the hoped for till-death-do-us-part marriage was just a myth – hence, loss – a causal chain of its own which “begins with events that fall severely short of standards and expectations” (Baumeister, 1990). Specifically with the female – and male – the person marries at age 25, by 30 there are three children aged 2, 3 and 4, by age 35 the marriage is on shaky grounds, by age 40 the divorce is final, by age 45 the children have little interest in the parent. For the person who never married, particularly the female, the instinctual “fantasy of the mother caring unambivalently for her baby” (Barth. 1993) also qualifies as loss.

The third scenario is ages 40 to 49 of Figure 1 which reflects behavior as a consequence of the environment – midlife is the common label in the literature.

The fourth scenario is ages 15 to 19 of Figure 7 for females only is accounted for by Alice Miller's central argument that children are molded by their parent’s childhood resulting in depression and grandiosity being two forms of denial with narcissistic the defense between the two forms of denial (Miller, 1997, pp. 27-68).
Thus, the Functional causal chain begins at age 21 when Pavlovian conditioning is dominant and then at age 50 operant conditioning is dominant. The damage is the undercurrent of felt defeat versus presumed expectations (Taylor, 2011) in the waning of operant conditioning, and on the insecurities of the first scenario all of which are inherited. Felt defeat versus presumed expectations will be addressed as undiagnosed PTSD with discussion deferred to *Imbalance between society and self* within the third track below.

**Etiology of substances abused**

Focus here is on progression at the expense of the many views of substance abuse as a physical disease. There is no doubt that a substance or chemical that is foreign to the human body will have an impact, particularly substances/chemicals that induce neurophysiological changes (Lyvers, 1998). However, it is far too early to honor Freud’s prediction in his *Project for a Scientific Psychology* that at some future date “we shall have to find a contact point with biology” (Schore, 1997).

For emphasis – “Craving is a core feature of all addictive disorders, exemplified by its inclusion in the new DSM-5. However, investigating the neurobiology of craving is fraught with ambiguity. Craving is an inherently subjective human experience, replete with cognitive, emotional, interoceptive, metacognitive and physiological components that are difficult, if not impossible, to capture fully in animal studies. Thus, the neurobiology of craving has been examined principally via human neuroimaging studies. These studies have revealed that a diffuse network of brain regions is reliably engaged by drug-related cues. ... In sum, we agree that the neurobiology of craving, despite being a long-standing focus of intense basic and clinical investigation, remains unclear. Disambiguating the neurobiological basis of drug craving could fundamentally advance our understanding of drug addiction and its treatment-resistant nature” (Moeller, 2015).

<table>
<thead>
<tr>
<th>Aged 12 to 17</th>
<th>Aged 18 to 25</th>
<th>Aged 26 or Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Pain Relievers</td>
<td>2.0%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Psychotherapeutics</td>
<td>2.4%</td>
<td>3.6%</td>
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**Table 7 – Prescription abuse**

The position here is that progression is a form of sublimation which in turn supports addiction (Adler, 1986). That rather than diverting libidinal energy to a socially constructive avocation, that the energy is turned inward with destructive power. What needs to be addressed in a macro sense is economic classism and its many variants with the gender-skewed manner of suicide as shown in Table 5 just one of the variants. Another variant is the shift in the age distribution of suicides from 2009 to 2013 in Table 4. Alternatively, not includable as macro issue is prescription drug abuse.

To focus on patient populations particularly those with a history of substance (Evans, 2014) is a diversion as suggested by the data in Table 7. Hence, one more reason to focus on the three terse points, the subject of the next three discussions.

**Centrist assumptions**

The anchor for this discussion is the fourth scenario above, ages 15 to 19 of Figure 7 for females only, which is accounted for by Alice Miller’s central argument that children are molded by their parent’s...
childhood, which is accounted for in the Functional causal chain. Undiagnosed PTSD will be referenced as the difference between self-harm and suicide and will be segregated between the two sides of the third member of the three terse points – girls pay the price, versus, eliminate the burden placed on girls. Persuasion is the starting point.

Persuasion is as old as is human breathing (e.g., Hall, 1992) but for the present purpose does have an academic origin, circa 1895. Harlow Gale, a student of Wilhelm Wundt, implemented an experimental psychology laboratory at the University of Minnesota where he “instituted a program of experiments and surveys on the psychology of advertising” (Eighmey, 2007). The technical concepts developed by Gale. e.g., brand loyalty, are not applicable here. Instead it is how his study of advertising and the process of persuasion was carried forward to the detriment of girls – and boys.

(3) Girls pay the price

John B. Watson, the originator of the behaviorist school, declared consciousness to be an invention with no basis in fact, that it is the behavior of a person that determines consequences (Watson, 1925, p. 3). As an example of consequences, Watson developed a campaign for Pebeco toothpaste. The ad featured “a seductively dressed young woman smoking a cigarette. The ad encouraged women to smoke as long as Pebeco toothpaste was used regularly. Smoking was glorified as an act of independence and assertiveness for women. …they were buying sex appeal” (Buckley, 1989, p. 141). Hence, the application of a subliminal message. Now, for the result of such messages.

“Fiona Geraghty, a 14-year-old student at a private boarding school, suffered from bulimia. … Then she hanged herself in her bedroom. Geraghty died last year, but the coroner has only just concluded the inquest into her death. And, somewhat surprisingly, neither the school … nor the medical establishment … comes in for any particular criticism. Who is to blame for Geraghty's death, according to the coroner? The ‘fashion industry’ and ‘the media’ and also ‘the Internet’. … The problems of eating disorders amongst young people, particularly girls, did not exist before the 1970s. From that period onwards the fashion industry and the magazines promoted thin models and the thin figure” (Piercy, 1971).

There are two issues here – a ‘what’ and a ‘why’. The ‘what’ issue is bulimia (DSM-IV-TR, Code 307.51) a diagnosis based on observations – a concern that is reasonable with young women such as Miss Geraghty. The ‘why’ issue is the mind-molding formed by advertising, particularly that which promotes sex appeal for the sake of appeal versus health, and this leads to covert and overt as the poles of a continuum. At one end is covert, the host of ambivalence (proactive), and at the other end is overt, the host of decisiveness (reactive). In the middle of the continuum is PTSD.

Covert, the host of ambivalence, is best characterized by the age-wise early peak in self-harm, Figure 7. Focusing on the age 21 origin of the Functional causal chain, ambivalence is then doing what is necessary to adhere to role expectations – the sum of the “social self … people defined themselves in terms set by the approval or disapproval of others” (Ewen, 1976, p. 179), and “role distance … the gap between role obligation and role performance and to the ability of the actor to blend the concrete demands of immediate situations with elements derived from a wider repertoire of internalized attitudes. … a novel formulation for a problem that recently has captured the sociological imagination, that is, that of the actor's social creativity in the predefined situations he finds himself in” (Coser, 1966).

Overt, the host of decisiveness, is best characterized by the entire trough of Figure 5, which overlaps a significant portion of the Functional causal chain, Figure 3 – the waning of operant conditioning, then the entire Pavlovian region. Systemic abuse is of two general invocations. First is institutional abuse where a person is victimized by a formal organization’s self-preservation in the form of extended investigations of complaints, thus causing the person to experience self-doubt, e.g., as many as one
quarter of all college women experience doubt about reporting sexual violence. Second is the array of experiences that are likely to lead to lasting psychological distress, “the pain inflicted by the interpersonal violence typically experienced by women in a society that puts lesser value on their safety and well-being than on that of men” (Smith, 2014).

Now, PTSD – to state that PTSD is in the middle of the continuum between covert and overt is a statement of grammatical convenience. By construction of the continuum “in the middle” cannot be true. First, from above, covert, the host of ambivalence is proactive, while overt, the host of decisiveness is reactive – this leaves open to query the risk of loss with no hint as to where the risk originates from. Second, covert is characterized by the age-wise early peak in self-harm, Figure 7 with declining intensity from that point forward, while overt is characterized by the entire trough of Mean Self-Esteem, Figure 5, which overlaps a significant portion of the Functional causal chain, the waning of operant conditioning and then the entire Pavlovian region, Figure 3. From this it follows that overt is a “way of life”, and that undiagnosed PTSD emerges from the evolving disparity between the self and the object world beginning well before a child has bowel control – this affirms that loss is an ever-present risk and with the origin of the risk inconsequential. In this vein, PTSD is molded by Glover’s progression with no relationship to PTSD (DSM-TR-IV, Code 309.81), with discussion deferred to Imbalance between society and self within the third track below.

(3) Eliminate the burden placed on girls

Unlike the preceding discussion there is only one issue here – humanism as the superset of each ambivalence, decisiveness and PTSD.

Ambivalence: Carl Rogers provides a prescriptive three-point analysis that applies to the person but not necessarily to roles occupied, and, as Rogers’ notes, quite possibly to the detriment of the roles. (1) This person would be open to their experience. ...the polar opposite of defensiveness. (2) This person would live in an existential fashion. ...each moment would be new. (3) This person would find their organism a trustworthy means of arriving at the most satisfying behavior in each existential situation (Rogers, 1963). There is nothing here to suggest reduced burden on girls [or boys] with respect to role expectations – the social self and role distance, what is advocated here is that the person stop holding their own self as a hostage to the external world. That the person expands their personal boundaries to gain breathing room and once done, they can then approach life’s situations with confidence and an openness to learning, without sacrificing ambivalence as just one tool in the person’s attributes of personality.

Decisiveness: Given the time-wise expanse associated with decisiveness, effectively age 13 to age 49 – a total of 36 years or about one-half of a person’s life, it is necessary to present a global response with strength drawn from Plato. “From all that has been written about Plato, both pro and con, it would seem odd to attribute to him a concept of personhood. ...Plato has a concept of personhood that indeed applies to the inhabitants of the ideal state of the Republic and to the practical state of the Laws. ...First, persons should be sharply distinguished from things. ...Allied with the concept of the distinctiveness of the person is the concept popularized by Kant of the individual as an end in himself or herself in contrast to the thinghood of nonhuman beings. ...A third feature of personhood is that persons are characterized by having attached to them legal rights and duties. ...Finally, persons have a distinctive role or function to play in society” (Hall, 1992). From this it follows that covert and its proactive stance needs to be integrated with overt and its reactive stance.

PTSD: Given Alice Miller’s central argument that children are molded by their parent’s childhood, it follows that the transmitted influences are not traceable. In a sense, this leaves a current-generation
person in a vacuum with respect to a basis, any basis, for understanding of current emotional dilemmas and dramas. Hence, progression molded PTSD – felt defeat versus presumed expectations with no reference. Academic history does offer a solution that, date-wise, is in synch with the academic origin of persuasion, Josef Breuer’s patient Bertha Pappenheim, referenced as ‘Anna O’, circa 1895. At the time Freud and Breuer were colleagues with Anna O Breuer’s case – “During the therapy, Breuer must have developed a fascination for the richness and complexity of Pappenheim’s inner world. ...He was privileged to be present at the solving of an intellectual puzzle worthy of the attention of the best scientist. As her telling of stories brought emotional and physical relief, and later as her own formulation of working backward to the origin of a symptom led to the disappearance of the symptom, he must have felt the excitement of discovery” [Italics added] (Kimball, 2000). Anna O had her own recap – “I want to say that a living organization can only exist against the background of a spiritual or ethical goal. Observation of all details, collection of all experiences, which may accomplish the end, uncompromising determination, not to lose the ethical background from view, and most of all: a blessed phantasy—which will keep the creation (you call it organization) alive in outlook. I go so far as to say that it is impossible to organize without phantasy” (Edinger, 1968, p. 69; Kimball, 2000). Not every person – girls and boys alike – can experience the fortune of working backward to the origin of a symptom, but, Pappenheim’s reference to phantasy is free for the taking – do not confuse ‘fantasy’ with ‘phantasy’. As an extension to the above claim that covert and its proactive stance needs to be integrated with overt and its reactive stance, Pappenheim “transformed her own private pain into historic public action through an integration of her ‘blessed phantasy’ with a strong sense of public duty. What was her weakness became a part of her strength, making weakness and strength less opposites than parts of the same whole” (Kimball, 2000). This idea of making weakness and strength less opposite is what is being called for in the ‘gender insidious’ segment of this paper’s title.

Centrist concepts

This discussion has two anchors, the second and third scenarios above. The second scenario is limited to ages 45 to 49 of Figure 6 (Suicides) for both males and females and reflects behavior as a consequence of loss, while the third scenario is ages 40 to 49 of Figure 5 (Mean Self-Esteem) for both females and males which reflects behavior as a consequence of the environment. A lack of balance between the self and the object world will be referenced as the common denominator in behavior as a consequence of loss versus as a consequence of the environment and will be segregated between the second member of the three terse points – boys have it hard, they are clueless, versus, inspire boys to gain firm identity. Inconsistencies with personality is the issue.

The starting point is 1895, the work of Gale and the accomplishments that were enabled by Anna O, where the conclusions of each is supportive of the other, and neither of which is an inconsistency. The problem begins with developments that vacate association with either Gale or Anna O with assumptions about personality the fallout. First, Gale – it is reasonable to suggest that Watson’s work was an extension of Gale’s. This is not true as Watson first declared that not consciousness but that behavior is the determinant of a person’s conduct, and then resorting to subliminal messages with the Pebeco campaign to influence the purchasing habits of women. Now, Anna O – Alice Miller’s central argument that children are molded by their parent's childhood resulting in depression and grandiosity lacks consistency. The aged 12-17 alcohol consumption for female versus male patterns in Table 3 are out of line with the aged 18-25 and the aged 26 and over groups, this implies that in the aged 12-17 either girls have spunk or that boys are reserved, or, that the personality of girls has stronger definition than that of boys. Allport has called attention to the pervasive, unifying, and motivating function which the ego plays in the organization of human activity: (1) The ego itself is a development that it is not always involved in behavior, that it changes. When it is involved, it is an integrating and purposive magnet, but
it is itself not a continuous function. (2) Personality is the dynamic organization within the individual of those psychophysical systems that determine a person’s unique adjustments to his environment. (3) The ego, like the personality, is acquired, and that it is not an entity separate from the personality, but a distinguishable functional unity within the system of personality. (4) Formation of personality labors under the enormous part played by the person’s cultural situation (Allport, 1943; Bertocci, 1945).

(2) Boys have it hard, they are clueless

To state that boys are clueless is a tall claim, yet, global behavior suggests confirmation. First, there is the ages 20 to 24 peak of Figure 6 (Suicides) for males only just might reflect the hoped for career was just a myth – hence, loss. Second, is the gender-skewed manner of suicide – the female opts for punishing while the male opts for quick drama as shown in Table 5, which contrasts quite sharply with poisoning and cut/pierce taken together account for about 70% of all self-harm equally for the male and female, Table 6. And third, there is the lack of respect for boundaries as evidenced by rape and with institutional betrayal the coconspirator, with the lack of respect the focus.

“Lizzy Seeberg was a 19-year old freshman at Saint Mary’s College when she reported being sexually assaulted by a male acquaintance in a campus dormitory. However, the dormitory in question was not Lizzy’s. It belonged to her male acquaintance, a football player at a neighboring school, the University of Notre Dame. After Lizzy reported the assault to the Notre Dame campus police, she began receiving text messages from other members of the football team: ‘Don’t do anything you would regret’, read one. ‘Messing with Notre Dame football is a bad idea’, read another. As the campus police investigated the charges over the next several days, they interviewed several witnesses and Lizzy herself repeatedly, but they did not interview the accused student until two weeks following Lizzy’s report. In the meantime, Lizzy was subjected to intense personal doubt about whether reporting the assault meant she had severed ties to Notre Dame, a university that she had grown up revering among family members who were alumni, dedicated football fans, or both. Ten days after reporting the assault, Lizzy committed suicide. …Lizzy’s story is at once both entirely too common and extraordinary. Her experience of sexual violence and doubts about reporting it is shared by as many as one quarter of all college women. Her experience of unhelpful law enforcement and unresponsive legal systems, described as a ‘second assault’, is faced by many rape survivors, who are further blamed or stigmatized when they seek help from judicial systems or medical systems. …The extraordinary part of Lizzy’s story is that the Seebergs and many others looked at this picture and saw the betrayal by Notre Dame as central to understanding Lizzy’s experience. This awareness alone represents an incredible undertaking; shedding the protective unawareness of betrayal necessary to maintain a valuable relationship is fraught with risk. Understanding the scope and impact of institutional involvement in traumatic events requires a similar willingness to examine the ways in which trusted institutions may foster abuse” (Smith, 2014).

The above three points about global behavior suggests confirmation, allow to consideration Freud’s Death Drive – “collective aggressivity, and self-destructiveness” (Mills, 2006).

(2) Inspire boys to gain firm identity

For boys to gain firm identity they must respect the consequences associated with source, aim and object. From this it follows the altruistic meaning of worth must be the basis.

“Worth predicates have been defined as the selective funded affective-volitional meanings of objects. They are subjective or objective. Worth or value is the meaning of the object for the subject in different attitudes, or as predetermined by different dispositions and interests. The psychological equivalents for the worth moment include both concepts, of feeling and conation. An object has worth in so far as it has desirability. Among the feelings of value include only much feelings as have reality meanings and
include two attitudes of presumption and assumption. It is maintained that all feelings of value are feelings of personality. Feeling of value is the feeling aspect of the conative process. The conative process is the total process of development by which affective-volitional meaning is acquired, the total process including actual and dispositional moments” (Urban, 1907a; Urban, 1907b).

Dynamic environment

The anchor for this discussion is the first scenario above, ages 20-24 peak of Figure 4 (Alcohol) with age 21 taken as the centrist metric for females and males alike, the onset of adult-like responsibilities, this is Pavlovian conditioning. The counters to onset are (1) the ages 18 to 22 low point of Figure 5 (Mean Self-Esteem) is likely (inherited) insecurity, and (2) the ages 20 to 24 peak of Figure 6 (Self-Harm) for males only is also is likely (inherited) insecurity, and just might reflect the hoped for career was just a myth – hence, loss. A lack of balance between the self and the object world will be referenced as that which begets insecurity and will be segregated between the first member of the three terse points – girls have it easy, they know that they are not boys, versus, inspire girls to be girls.

In a paper titled “The source and aim of human progress” Boris Sidis concluded that “the cultivation of man’s rational, free individuality, is the source and aim of human progress”, and in that paper he expanded on two previously developed ideas – (1) Normal suggestibility varies as indirect suggestion and inversely as direct suggestion, and (2) Abnormal suggestibility varies as direct suggestion and inversely as indirect suggestion. “A comparison of the conditions of normal and abnormal suggestibility is valuable, since it reveals the nature of suggestibility, and discloses its fundamental law. An examination of the two sets of conditions shows that in abnormal suggestibility two conditions, distraction of attention and immediate execution are absent, otherwise the conditions are the same. This sameness of conditions clearly indicates the fact that both normal and abnormal suggestibility flow from some one common source, that they are of like nature, and due to similar causes” (Sidis, 1919).

These two ideas, normal and abnormal, are the anchor for what follows but in reverse order.

(1) Girls have it easy, they know that they are not boys
Abnormal suggestibility varies as direct suggestion and inversely as indirect suggestion.

Direct suggestion is a subset of ambivalence, doing what is necessary to adhere to role expectations – the sum of the social self and role distance.

Indirect suggestion is the failure (which begets abnormal) to develop on a broad basis logical arguments as set forth in the early 1900’s by Mary Whiton Calkins, Helen Bradford Thompson Woolley and Leta Stetter Hollingworth who uniformly argued that the sex differences that do exist are the result of training and social (versus role) expectations, and, to add insult were the altruistic assertiveness of maleness of the early 1900’s by James McKeen Cattell and others (Minton, 2000). Supportive of this and on a contemporary note is Mari Jo Buhle’s 1998 book Feminism and its discontents in which she presents as parallel “a century of struggle [in step with] psychoanalysis” (Buhle, 1998).

The “they know that they are not boys” continues as a glaring issue

“College students, especially women, demonstrated negativity toward math and science relative to arts and language on implicit measures. Group membership (being female), group identity (self = female), and gender stereotypes (math = male) were related to attitudes and identification with mathematics. Stronger implicit math = male stereotypes corresponded with more negative implicit and explicit math attitudes for women but more positive attitudes for men. Associating the self with female and math with male made it difficult for women, even women who had selected math-intensive majors, to associate math with the self. These results point to the opportunities and constraints on personal
preferences that derive from membership in social groups” (Nosek, 2002). This social reality certainly contrasts with inspiration that should have radiated from the early 1900’s given the accomplishments of Marie Curie, a Nobel Laureate, who shared the 1903 Physics prize with her husband Pierre Curie and Henri Becquerel, with the 1911 Chemistry awarded to her alone. She was the first woman to win a Nobel Prize and the first person to win two Nobel prizes.

Yet, accomplishment by women is burdened with happenstance for lack of better words – “imposter phenomenon” of highly accomplished women (Clance, 1978). There is no basis for happenstance given what happens in kitchens across the world, mathematics is an innate skill of women. A woman who normally makes a particular dish for her family is asked to make that same dish for a large gathering of some sort. She does not reach for pencil and paper to determine what portion of spices and so forth to add, she simply knows what to do. This simple example advances chemical engineering to an innate skill of women – again, “gender insidious”.

(1) Inspire girls to be girls.

Normal suggestibility varies as indirect suggestion and inversely as direct suggestion.

Indirect suggestion is essentially “gender insidious” from this papers title – it is a focus on alcohol at the expense of self-harm, the global issue.

Direct suggestion is accomplished by resolving direct evidence – this is what begets normal with Anna O the focus. Therapeutic success often is defined in terms of a reduction in symptoms of distress (Klein, 1976). This is not the same as working backward to the origin of a symptom led to the disappearance of the symptom. This distinction is very important particularly with girls, young women and women for the former is approximation while the latter is completion. For emphasis, therapy must address “(a) an adaptive response to a negative situation such as role frustration or (b) a necessary part of the process in which an individual breaks out of old patterns and begins to define a personally satisfying life style” (Klein, 1976).

Notes on economics

From above, the year-on-year variation in the data behind Figure 4 (Alcohol) is of little consequence and it not practical to attempt to equate the level of substance abuse to economic activity for any year. The same reasoning applies to Figure 5 (Mean Self-Esteem), Figure 6 (Suicides), and Figure 7 (Self-Harm) – realization of myth is the common denominator. Taking justice as the antonym to myth, “In the Republic, Socrates undertakes to defend justice as being in itself a benefit to its possessor. ...Once you know what health is, it does not remain to be proved that health is a good thing to have; once you see the difference between the kind of life that does and the kind that does not give proper scope to all the elements in a person's makeup, the value of justice to its possessor cannot remain in doubt” (Annas, 1978).

There are two dangers that are lurking about with each fully over-ruled by the age distribution of binge alcohol use, non-fatal self-harm and suicide, Figure 1.

The first is the determination to find a chromosome that is responsible for alcoholism with a high-risk assumption the basis – that “alcohol dependence is more common among men than among women. Potential explanations for this include the role of genes in sex chromosomes (X and Y)” (Zuo, 2013). Neurologic studies that purport to be global versus behavior are dangerous, especially given the data is age based, a merger between behavior and economic reality should be presumed to be elusive. Thus, an appropriate response to Freud’s suggestion noted above – that at some future date “we shall have to find a contact point with biology” – yes, at some future date but definitely not today.
The second is the National Institute of Mental Health research program – the Research Domain Criteria (RDoC) – that is hoped to replace the DSM. “Although the RDoC endeavor has considerable promise, it faces several methodological and conceptual challenges … (a) an overemphasis on biological units and measures, (b) neglect of measurement error, (c) biological and psychometric limitations of endophenotypes, and (d) the distinction between biological predispositions and their behavioral manifestations” (Lilienfeld, 2014). The frightening challenge is the neglect of measurement error. Then there is the question of how the gender issue will be handled, specifically, the risk of maleness at the expense of femaleness.

Attempts to reduce the human animal to an unconditional study subject has basis in biology only – “The ratios between glial cells and neurons in the human brain structures are similar to those found in other primates, and their numbers of cells match those expected for a primate of human proportions. These findings challenge the common view that humans stand out from other primates in their brain composition and indicate that, with regard to numbers of neuronal and nonneuronal cells, the human brain is an isometrically scaled-up primate brain” (Azevedo, 2014). At issue is behavior as a subset of choice. “The formulation of maximizing behavior in economics has often paralleled the modelling of maximization in physics and related disciplines. But maximizing behavior differs from nonvolitional maximization because of the fundamental relevance of the choice act, which has to be placed in a central position in analyzing maximizing behavior. A person's preferences over comprehensive outcomes (including the choice process) have to be distinguished from the conditional preferences over culmination outcomes given the acts of choice” (Sen, 1997).

The concept of justice, myth included, is not the result of the construction of the human brain, but how the power of the human brain is deployed. With respect to neuroscience, determination, being what it is, will find victory illusive until a firm accounting can be presented that fully explains – working backward to the origin of a symptom led to the disappearance of the symptom – independent of gender.

**Substance abuse versus suicidal oriented thinking**

This discussion of outcomes-oriented evidence that substance abuse and suicidal oriented thinking are two entirely different detriments to an individual's healthy participation in social interaction covers seven topics: Baseline discussions of justice, humanism and social interaction. Pivot discussions of finding one's self outside of one's own boundaries, abandoning one's self inside one's own boundaries, and boundary confusion, with the resolving of boundary conflict by a person turning into one's own self the final topic.

**Characteristics of justice**

The anchor here is – “Socrates undertakes to defend justice as being in itself a benefit to its possessor” (Annas, 1978). From this it follows that justice is not a thing given the ‘benefit’ qualification, equally, justice is not something that simply appears – justice is a journey that has an origin and a benefit, something that must be understood independently as neither substance abuse, non-fatal self-harm nor suicide provide no insight.

Inherited knowledge is a proxy for origin with the abstract nature of metaphysics, as a contributor to an understanding of the concepts of psychoanalysis, the candidate inheritance. “The misleading effects of dealing with mental phenomena in terms of the laws of physics can be seen when conclusions are to be drawn from researches. …(1) 'libido' should not be taken as if it were a fixed quantity, but as one manifestation of an energy, (2) 'sublimation', as an outcome of individual evolution, has a strictly social meaning; the ethical motives of the acts and motives of our lives are only thoroughly studied by philosophy, and (3) human beings seem predestined, not only in a physical sense, but in a mental sense,
and the indications of this in the mental field is greater than the conditions of organic evolution can readily account for” (Putnam, 1915). Given the maleness of psychology – and Putnam was a member of the maleness of psychology – one must wonder if any of three points apply to girls, young women or women. However, the three points must be valid for both female and male when self-identity and self-knowledge has focus.

As a continuation from Boris Sidis’ conclusion that “the cultivation of man's rational, free individuality, is the source and aim of human progress”, with normal suggestibility the reference, self-identity comports with indirect suggestion while knowledge comports with as direct suggestion. Thus, normal suggestibility varies as indirect self-identity and inversely as direct knowledge. This makes sense as self-identity is a life-style, while knowledge is a life-quest.

Self-identity, enables the determination of the core of the normal self. “The self when normal, experiences various degrees of conscious life without disclosing the principal of its identity. The self stands out as having a unique, persistent identity. ...self-identity is a psychological phenomenon and cannot be affirmed scientifically” (Baker, 1897).

Knowledge is growth comprising four stages: “Sensation, perception, conception and intuition. Positive sensation is the antecedent of actual consciousness which involves an external object and is never purely subjective. As a stimulus it carries the dualism of mind and matter. The living reality is the impulse to self-expression with its identical aspect of motive and stimulus. Perception is a process by which the past becomes an important phase of the present, thereby becoming a symbol, which develops into language. All free activity is 'thought' in conception, and language aids this stage of knowledge. Intuition comes with the completion of the process of mediation. In intuition, language and thought are one” (Lloyd, 1897).

Characteristics of humanism

Humanism is about self, while social interaction is about "individual and social action in terms of subjective factors" (Kenagy, 1917). Thus, the self will adapt to equilibrium that is appropriate to a person's environment while making concessions necessary to accommodate the subjective factors of the encompassing social system. When the concessions match the subjective factors, equilibrium is the result. When concessions cannot accommodate the subjective factors an artificial equilibrium is the only alternative to the extent possible. This sets the stage for a person's defense against unipolar depression – not bipolar, that is appropriate to the societal subjective factors and leads to affect in general and coping styles in particular, with operant conditioning dominant. This is about the standard deviations of Figure 5 (Mean Self-Esteem).

Characteristics of social interaction

For the self, the initial equilibrium is "a neurophysiological state that is consciously accessible as a simple, nonreflective feeling that is an integral blend of hedonic [pleasure-displeasure] and arousal [sleepy-activated] values” (Russell, 2003). However the dynamic that enables social interaction, fluid (a proactive lead) versus equilibrium (a reactive lag) is the norm, as “the welfare and existence of many voluntary groups, small or large, depend on the willingness of group members to make regular investments in those groups... it can be difficult to maintain groups, because it is attractive for members to free ride on the contributions of others in the group” (Van Vugt, 2004). The catch is the reference to free ride, a caveat that also exists with the self's initial equilibrium. The catch also is the cost of the free ride, as is embodied in the paradoxical self-esteem component of the age dependent mean in Figure 5 (Mean Self-Esteem), particularly from the ages of 18 through 49. And, the idea of a free ride just might be the inertia of the three terse points.
Affect is the experiencing of feeling or emotion. Feeling is subjective and is mood driven, hence a reaction, while emotion paves the way for a person's investment of self. If a person is at risk of unipolar depression then that person has only two choices – pretend or block. And, if a person is in the proximity of persons in the social group who opt for the free ride, persons who are best characterized as knowing how to 'shoot moves', then the stage is set for the individual to opt for the pretend/block route – until economic reality takes precedence. The similarities between Figure 5 (Mean Self-Esteem) and Figure 6 (Suicides) make the dynamic clear. The steep upward slope of each is essentially the same, the peak age is essentially the same, while the dissimilar decline reflects the allure of the impetus – life that is about a pretend reality Pavlovian conditioning, Figure 5, or life that blocks recognition, operant conditioning. Figure 6 – with each a defense against unipolar depression. The terms pretend and block have an equal in the literature – pretend comports with the dark side of high self-esteem while block comports with the dark side of low self-esteem (Baumeister, 1996), thus accounting for the extent of the standard deviation of Figure 5. Further, the terms pretend and block have implicit clout as free-standing terms – "It is proposed that members of stigmatized groups may (a) attribute negative feedback to prejudice against their group [pretend], (b) compare their outcomes with those of the in-group, rather than with the relatively advantaged out-group [block], and (c) selectively devalue those dimensions on which their group fares poorly [pretend and block] and value those dimensions on which their group excels [until economic reality becomes unavoidable]" (Crocker, 1989).

Support begins here for the claim in this paper's introduction – that substance abuse and suicidal oriented thinking are the two sides of a single coin called coping. The steep climb to the peak year in Figure 4 (Alcohol) is about a covert influence, a person finding one's self outside of one's own boundaries while that person copes with the subjective factors of social interaction only to be burdened with socio-economic induced burnout and a low concept of self a candidate outcome that is masked over by the dark side of high self-esteem – learned restlessness (Fogle, 1978). And, the steep climb to the peak year in Figure 7 (Self-Harm) is about an overt influence, a person abandoning one's self inside one's own boundaries while that person also copes with the subjective factors of social interaction only to be burdened with socio-economic induced burnout and a low concept of self a candidate outcome that is masked over by the dark side of low self-esteem – learned helplessness (Fogle, 1978). Thus, substance abuse and self-harm are alternative methods used to cement loyalty to membership in a medium that enables social interaction – at the expense of the person's core persona, with the 'why' a glaring function of economic opportunity as discussed at the end of this paper.

To counter that self-harm is the greater problem because of the resultant suicide is without support. In 2013 there were a total of 44,574 traffic fatalities across the U. S. (NHTSA, 2015), and of that total 9,461 were alcohol impaired fatalities. The 9,461 is clearly lower than the total 41,149 suicides in 2013. The fact is it is not possible to compare the traffic fatality and suicide data because of the data collection paradigm. For comparison, self-harm data is based on the underlying cause of an injury, rather than the direct cause. The underlying cause or first event is what starts the chain of events that leads to an injury. The direct cause is what produces the actual physical harm (CDC, 2015). With alcohol impaired fatalities it is the terminating event as recorded in the National Vital Statistics System's death certificate data (CDC, 2015), and with the death not later than 30 days after the collision. Thus, a person who is injured in an alcohol impaired collision but with, e.g., kidney failure the cause of death more than 30 days after the collision, that death is not associated with alcohol. And, the extent of property destruction that is associated with suicide is tiny versus alcohol related destruction as is the number of innocent lives taken by the alcoholic versus the person who takes their own life.

Discussion now turns to boundary confusion – a person confusing reality with imagination, with anxiety the result leaving only the fabrication of resolution lest the likely total loss of sanity.
Finding one's self outside of one's own boundaries

Boundary confusion is socio-economic induced anxiety, a condition that is not recognized in the DSM-IV-TR. The closest to economic induced anxiety is Generalized Anxiety Disorder (DSM-IV-TR, Code 300.02). However, Generalized Anxiety Disorder is a condition with varying strength over time and not a condition that comes to a screeching halt at the age of 21. The same test-of-time challenge applies to each substance abuse and self-harm as a diagnosis. To declare that substance abuse is unequivocally an Obsessive Compulsive Disorder (DSM-IV-TR, Code 300.3), and that self-harm is unequivocally a Borderline Personality Disorder (DSM-IV-TR, Code 301.83), one must fully account for the dramatic shift in focus at the peak ages in each Figure 4 (Alcohol) and Figure 7 (Self-Harm).

Abandoning one's self inside one's own boundaries

Boundary confusion is a memory bias (e.g. Friedman, 2000; Coles, 2002) issue that causes reality and imagination to blend into a fabricated ethic that is not resolved to certainty until the person is forced to face post age 21 issues such as shelter, food, clothing and transportation. Boundary confusion is a middle-of-the-story issue thus accounting for the steep slope beginning at age 12 in each Figure 4 (Alcohol) and Figure 7 (Self-Harm), meaning, the person inherits from their caregivers the pre-existing socio-economic induced anxiety and caries on what was inherited as if the inheritance were a self-feeding frenzy, thus setting the stage for a life that is molded by negative affect as the dominant mood factor (Watson, 1988), with the weak representation of mean self-esteem from the ages of 18 to 49 in Figure 5 the indicator.

Boundary confusion

Boundary confusion is not without unfortunate primarily female dependent collateral damage, where the notion of block exacerbates unipolar depression (versus masks over). There is the imposter phenomenon that is unique to women in academia and business, women who believe that their accomplishments and recognition are a function, not of luck, but of mistake, "that the phenomenon occurs with much less frequency in men and that when it does occur, it is with much less intensity" (Clance, 1978). Thus, durability relative to an imagined reality – life that is about a pretend reality, Pavlovian conditioning. Figure 4 (Alcohol), and, life that blocks recognition, operant conditioning, Figure 7 (Self-Harm).

Resolving of boundary conflict by a person turning into one's own self

Resolution of boundary confusion is transparent with respect to substance abuse versus suicidal oriented thinking. The key is for a person to understand where they fit, where they do not fit, and where they would like to fit – before the age 21 economics take charge and the basis for unipolar depression is cemented, and then on to a “move from a stage of anxiety and maladaptive effort to a later burned-out stage of exhaustion and depression” (Fogle, 1978).

The first step is the person must be equipped with information necessary to understand that socio-economic induced anxiety is an inheritance that becomes self-imposed stigmatization with the person effectively a volunteer versus what is implied by external-to-their-person imposed social exclusion. Social exclusion is generally the result of stigmatization, real or imagined, where that "mark of deviance initiates an attributional process through which people interpret other aspects of a person in terms of the mark and respond to stigmatized individuals on the basis of their stigma at the expense of their individuality” (Kurzban, 2001).

The second step is for the person to realize that their penchant for substance abuse and/or self-harm is an externally imposed depression about socio-economic stability that was not available for that person
to inherit – versus – the psychoanalytic concept of depression traditionally refers to the affects arising in connection with object loss, however ambivalent the relationship” (Weiner, 1982). Until resolution is realizable a person's only way to protect their sanity is to counteract the notion of pretend with decisiveness and the notion of block with ambivalence, as their depression is about socio-economic induced anxiety - the loss of what was never possessed.

This presentation is not reason to assume that logic will prevail – “...there are two kinds of truths: one kind is an ordinary truth, which is so simple and clear that its opposite is obviously false, while the other kind is a deep truth, whose opposite is also a deep truth” (Stent, 2004). The latter applies to the paradox called life, the paradox called free will.

**Ambivalence versus decisiveness**

This discussion covers five topics: The dynamics in play in the 1890's, equilibrium between society and self, imbalance between society and self, characteristics of embracing (the self and the object world), and characteristics of distancing (splitting).

**Dynamics in play in the 1890's**

The dynamics in play in the 1890's are about Sigmund Freud in particular and socialization in general.

Freud graduated from the University of Vienna in 1881 having completed studies in physiology and neurology (Freud, 1949, p. vii). In 1885 Freud worked with the French neurologist Jean Martin Charcot who was an advocate of hypnosis for use in healing medical disorders, with Freud's interest in mental healing gradually evolving into psychoanalysis (Freud, 1949, p. xi). In 1895 Freud attempted to integrate his extensive knowledge of brain anatomy and physiology with his current experiences in psychology and psychopathology in order to construct a systematic model of the functioning of the human mind in terms of its underlying neurobiological mechanisms – “to furnish a psychology which shall be a natural science”, his Project for a Scientific Psychology (Schore, 1997). Note: Placing Freud's Scientific Psychology in the middle of the Functional causal chain, Figure 3, likely begets a correct picture, provided, that one accepts the initiating sequence as socio-economic influences, then endocrine aberrations with the mother during pregnancy, with the final step the programming of the neurons of the fetus. This however is a preliminary note with refinement deferred to *imbalance between society and self* below.

Prior to Freud's education, academic-level investigation, at least in spirit, was influenced by the work of Jean-Baptiste Lamarck and of Charles Darwin. "Lamarck believed that evolution is driven primarily by non-randomly acquired, beneficial phenotypic changes, in particular, those directly affected by the use of organs, which Lamarck believed to be inheritable. In contrast, Darwin assigned a greater importance to random, undirected change that provided material for natural selection" (Koonin, 2009). In 1900 Mendel's laws were rediscovered (Correns, 1950). History shows however that human cultural change runs by the powerful mechanism of Lamarckian inheritance of acquired characters and not the much slower process of Darwinian natural selection, which requires a Mendelian form of inheritance based on small-scale and undirected variations (Gould, 2006, p. 552). “Freud depended upon the validity of Lamarckian inheritance... he also recognized that Lamarckism had been falling from fashion since the rediscovery of Mendel's laws in 1900” (Gould, 2006, p. 482). On the surface Freud was over-trumped by Mendel. Not so. Instead, Freud was over-trumped five years before his 1895 idea that psychology could be a natural science by James McKeen Cattell. Cattell was the originator of the initial sensory and psychophysical measurements designed to measure mental ability thus setting in motion psychology becoming dependent on measurement and ultimately statistics (Cattell, 1890).
More to the point, Freud and society were over-trumped by the economy – the events before, during and after the Panic of 1893, with today's economic circumstances quite parallel but only on the surface. The common denominator between 1893 and today is economic activity that is not shared uniformly by all segments of society, while the chief difference is that in the 1890's reckless decisiveness in the form of speculation was the damaging factor, and today reckless ambivalence in the form of wealth transfer in the wrong direction is the damaging factor discussion of which is deferred to the closing comments of this paper.

Each decisiveness and ambivalence exacerbates the differences between the have's with they creating boundaries – artificial if necessary, and the have-not's by suffering the plight of being economically disadvantaged – forcing those persons to pursue a distraction of one sort or another with substance abuse and/or suicide oriented thinking amongst the candidate distractions.

Let 1890 be the historical root of the term decisiveness where that term is the synonym of what Cattell believed possible. And, let 1895 be the historical root of the term ambivalence where that term is the antonym of what Freud believed possible.

“The cause to which the crisis of 1893 is directly and wholly attributable consisted of a widespread fear, both at home and abroad, that the United States would not be able to maintain a gold standard of payments” (Lauck, 1907, p. 119). The focus on the gold standard however was only a surface issue for it was preceded by at least 20 years of reckless speculation in the form of the over-building of railroads and other infrastructure in South America with the behavior of investors in Great Britain singlehandedly causing the predecessor crisis of 1890 due principally to irrational speculation in Argentina (Lauck, 1907, pp. 35-54). Thus, with wealth the lure, the have's discovered a way to leverage the dark side of their high self-esteem to the point that they were able to engineer a free ride at the expense of so many. To compound the problem, “Companies were even organized to promote, underwrite, and speculate in the stocks of other companies. These concerns were popularly termed 'trust and investment companies'. Their capital stock was issued in small shares, and the effect of their organization was greatly to encourage speculating and gambling among persons of limited means” (Lauck, 1907, p. 41). Thus, the promoters with their penchant to 'shoot moves' became those who had perfected the idea of a free ride during their time with less wiser students to follow – 1929.

The wealthy of the day was far from done with their determined arrogance and they had help from "Malthus, who dealt not so much with the causes of wealth as with the causes of poverty, with the distribution of wealth rather than with its production" (Toynbee, 1884 |1956, p. 1). It was during this state of things, with population rapidly increasing, that Malthus wrote. “Yet he was not thinking directly of the Poor Law... human misery was not the result of human injustice and of bad institutions, but of an inexorable law of nature, viz., that population tends to outstrip the means of subsistence. This law would in a few generations counteract the effects of the best institutions that human wisdom could conceive... To the ‘positive check’ of misery and vice, he added the ‘preventive check’ of moral restraint, namely, abstinence from marriage” (Toynbee, 1884 |1956, p. 79). Hence, the wealthy were equipped with two responses to the pauper – (1) the intent of the original Poor Law in 1549, the Statute of Labourers, had nothing to do with the maintenance of the poor; its objective was to repress their vagrancy (Toynbee, 1884 |1956, p. 69), and (2) the Malthus comment about abstinence from marriage.

"In 1887 Vincent Van Gogh tentatively predicted that 'perhaps someday everyone will be neurotic’” (Gay, 1986, pp. 333). The behavior that Van Gogh was referring to was the focus of the wealthy on nervousness, aka hysteria, as if it were a trademark. "By the 1860's and 1870's, physicians and popular journalists had promoted the idea of nervousness into a widely discussed phenomenon, and cultural critics began to link it to the stress they thought typical of, in fact, virtually unique to, the society of their
time” (Gay, 1986, p. 333), failing to take into account the role of the human mind and motive, and that the panacea of nervousness was not available to the poor who by default were stigmatized with women bearing the brunt. The discovery and promotion of nervousness in the nineteenth century therefore turns out to be largely another eloquent witness to the anxiety that innovation generates. ... Freud would later give this defensive strategy the name of projection” (Gay, 1986, pp. 349). The reference to projection is not to be taken as the highlighting of a clinical term but to draw attention to that word as a very powerful social force – that anxiety as a neurosis is a subset of anxiety in the form of hysteria, which in turn is a subset of fear (Jones, 1913).

The wealthy had a second trademark – loftiness with respect to sex, a focus that allowed them to distance themselves from the pauper and the associated poverty-spawned prostitution, thereby incorporating into their ethic the Malthus comment about abstinence from marriage, a stance that removed from open discussion the biological side of being human with recognition of such an essential component of Freud's work.

The wealthy actually had a third trademark that being coyness about logic. In their cleverness they were able to insure the basic law of economics – supply and demand, would not enter into discussion. That the level of prostitution was in line with demand for said services.

Discussion now turns to equilibrium versus imbalance, between society and self, and the role of each dynamic in the cultivation of gender independent ambivalence and decisiveness.

Equilibrium between society and self

Much of an individual's equilibrium between self and society is driven by life's experiences as stored in the immediately retrievable unconscious – "nonconscious mimicry of postures, mannerisms, facial expressions, and other behavior expressions of one's interaction patterns, such that one's behavior passively and unintentionally changes to match that of others in one's current social environment” (Chartrand, 1999). However, life's experiences are not as simple as a sequential listing of events and with the underlying

Cross-sectional standardized age differences in the mean-level (intercept) of the latent Big Five personality traits, controlled for sex.

Source: Specht, 2011

Figure 8 – Big 5
impetus of each comingled, but are unique to what is implied by each member of the Big Five (Tupes, 1961).

A longitudinal study, 14,718 adults (7,719 women) across all of adulthood, of the mean levels and rank order of the Big Five personality traits in Figure 8 provided four main findings.

"First, age had a complex curvilinear influence on mean levels of personality. Second, the rank-order stability of Emotional Stability, Extraversion, Openness, and Agreeableness all followed an inverted U-shaped function, reaching a peak between the ages of 40 and 60, and decreasing afterwards, whereas Conscientiousness showed continuously increasing rank-order stability across adulthood. Third, personality predicted the occurrence of several objective major life events (selection effects) and changed in reaction to experiencing these events (socialization effects), suggesting that personality can change due to factors other than intrinsic maturation. Fourth, when events were clustered according to their valence, as is commonly done, effects of the environment on changes in personality were either overlooked or over generalized” (Specht, 2011).

Imbalance between society and self

With intrinsic maturation the focus, the task now is to address two issues – (1) fear of abandonment, (2) tripartite topology of secure, avoidant and anxious-ambivalent attachment styles; then to complete four discussions that were deferred to this section – (1) goal meaning and goal efficacy, (2) undiagnosed PTSD, (3) PTSD as molded by Glover’s progression, (4) socio-economic influences versus endocrine aberrations during pregnancy. Two glaring inconsistencies must first be addressed.

The first inconsistency, the larger of the two, is that the Functional causal chain is not assigned to time other than its origin, inherited DNA. The Functional causal chain is however about life – biological life, with its explicit termination at disease implying that life is about the maturation of disease – this cannot be. The second inconsistency is that the age-21 low of Figure 5 (Mean Self-Esteem) is not confirmed by any member of the Big Five in Figure 8. Resolution of these two inconsistencies is accomplished by asserting, a repeat from above, that the origin of the Functional causal chain is at age 21 of one generation and that it terminates at age 21 in a next generation with but one caveat – the causal chain spans two biological generations with no precondition. Thus, the biological parent-to-child chain is a special condition.

The fear of abandonment is a memory issue driven by the if-then seduction-abandonment construction and not the if-not seduction-attachment construction with the term ‘unfree’ as the initiator of the final maturation, not origin, of the Functional causal chain, during which phase operant conditioning is dominant while Pavlovian conditioning matures. Thus, memory of isolated parent-child, or guardian-child, events account for the decline to age 21 in Figure 5, the mean values only. The depth of ‘contrasting’ is then the concessions necessary to accommodate the subjective factors of the encompassing social system, where the breadth of ‘contrasting’ is equal to the strength of the fear of abandonment as etched in a person's memory. The shame-anger-guilt sequence (remorse management) comports with the if-not seduction-attachment construction, while the anger-guilt-shame sequence (terminal uniqueness) comports with the if-then seduction-abandonment construction.

The tripartite topology of secure, avoidant and anxious-ambivalent attachment styles is responsible for the standard deviation of Figure 5 (Mean Self-Esteem). Further, the range from secure to anxious is consistent with the exclusive-of-healthy range from the dark side of high self-esteem to the dark side of low self-esteem. Avoidant alone comports with a person's expression of remorse management and anxious alone comports with a person's expression of terminal uniqueness.
The age-21 peak of each Figure 4 (Alcohol) and Figure 7 (Self-Harm) and the age-21 low of Figure 5 (Mean Self-Esteem) is more than a display of data but, a repeat from above, marks a shift from operant conditioning as dominant (of the prior biological generation), to Pavlovian conditioning as dominant (in the current biological generation). Thus, Pavlovian conditioning is the initiator of a Functional causal chain as shown in Figure 3. The age-50 peak of Figure 6 (Suicides) marks the end of the slow improvement in self-esteem of Figure 5 (Mean Self-Esteem), and with residue from the ‘old self’ the initiator of operant conditioning, and the contemporary invocation of the 1897 observation by Vincent Van Gogh, meaning, that burnout becomes an accepted condition of life. From this it follows that burnout as a debilitating condition spans the dominance of Pavlovian conditioning.

Paradoxical self-esteem versus goal meaning and goal efficacy is not an either-or issue but is about goals being subordinate to either or both the dark side of high self-esteem and the dark side of low self-esteem prior to age 21, the conclusion of the Functional causal chain.

Felt defeat versus presumed expectations is presented as undiagnosed PTSD. Three views of PTSD follow with the third accounting for undiagnosed PTSD – inherited (if-then), progression (if-may) and regression (may-then). Felt defeat is accounted for by inherited, presumed expectations is accounted for by regression, which leaves progression as the determinant of the degree of undiagnosed PTSD.

Inherited PTSD is an if-event then-post-trauma sequence, which is well covered by PTSD (DSM-TR-IV, Code 309.81). In this vein the person, as a victim of a crime or military combat experience, is consumed by the event and its associated circumstances with innate fear a likely basis. One line of analysis has – “PTSD occurs in only a small fraction of trauma-exposed individuals, but risk is twice as high in women as in men. The neurobiological basis for this discrepancy is not known, but the identification of biological determinants of resilience and susceptibility in each sex could lead to more targeted preventions and treatments” (Shansky, 2015). Part of the issue with the link between the DSM-IV-TR and PTSD is its definition – “PTSD can occur in persons who experience fear, helplessness, or horror following threat of injury or death. It is characterized by the presence of three distinct, but co-occurring, symptom clusters. Reexperiencing symptoms describe spontaneous, often insuppressible intrusions of the traumatic memory in the form of images or nightmares that are accompanied by intense physiological distress. Avoidance symptoms involve restricting thoughts and distancing oneself from reminders of the event, as well as more generalized emotional and social withdrawal. Hyperarousal symptoms reflect more overt physiological manifestations, such as insomnia, irritability, impaired concentration, hypervigilance, and increased startle responses. These symptoms must be severe enough to impair social, occupational, or interpersonal function and co-occur for at least 1 month. The impairment from PTSD is amplified by poor coping strategies, substance abuse, co-occurring mood and anxiety disorders, lack of social support, and the accelerated development of stress-related medical conditions” [italics in original] (Yehuda, 2007). Reexperiencing symptoms fully accounts for felt defeat. In short, terse point (3) girls pay the price.

The counter to the above analysis of inherited PTSD is focused on the “at least 1 month” qualifier, which dismisses PTSD to a stair-case function – it is there, then it is not. Given there are realities of life that cannot be avoided – clothing, food, shelter, transportation – inherited PTSD, as a percent of a person’s thinking, likely takes the shape of alcohol use, Figure 4. That consistent with alcohol – use, binge, heavy – there are degrees to the nature of the event that resulted in PTSD. Again, an appropriate response to Freud’s suggested noted above – that at some future date “we shall have to find a contact point with biology” – yes, at some future date but definitely not today. That the focus must be, like the concept of justice, myth included, that PTSD is not the result of the construction of the human brain, but how the power of the human brain is deployed. With respect to neuroscience, determination, being what it is,
will find victory illusive until a firm accounting can be presented that fully explains – working backward to the origin of a symptom led to the disappearance of the symptom.

Progression PTSD is an if-event then-post-trauma-may-happen sequence, with progression as used here the exact opposite of Glover’s use of the term with respect to alcohol. In this vein the event(s) that could have post trauma association are over-ruled by logic. “How very intimate (propriate) the bodily sense is can be seen by performing a little experiment in your imagination. Think first of swallowing the saliva in your mouth, or do so. Then imagine expectorating it into a tumbler and drinking it! What seemed natural and ‘mine’ suddenly becomes disgusting and alien. Or picture yourself sucking blood from a prick in your finger; then imagine sucking blood from a bandage around your finger! What I perceive as belonging intimately to my body is warm and welcome; what I perceive as separate from my body becomes, in the twinkling of an eye, cold and foreign” (Allport, 1955, p. 43). Thus, the person who is associated with event that has the capacity to beget traumatic memories is able to divorce their self from association as if it were saliva in a glass. The highlights the importance of Bertha Pappenheim’s “I go so far as to say that it is impossible to organize without phantasy”, again, not fantasy.

Regression PTSD is a may-happen then post-trauma sequence, which could interpreted as Generalized Anxiety Disorder (DSM-IV-TR, Code 300.02). The ‘may’ is presumed expectations about the likes of rape and other violence, and circles back to institutional betrayal as presented above – Fiona Geraghty, Lizzy Seeberg, et.al. – which is not accounted for by Generalized Anxiety Disorder.

Regression PTSD is a result with no initiating cause. From above, given Alice Miller's central argument that children are molded by their parent's childhood, it follows that the transmitted influences are not traceable. In a sense, this leaves a current-generation person in a vacuum with respect to a basis, any basis, for understanding of current emotional dilemmas and dramas. Thus, presumed expectations has solid basis which begets trauma as candidate trauma – “...that posttraumatic stress disorder (PTSD) is not an automatic consequence of a trauma. A review of empirical research demonstrates that there must be subjective mediating factors. On the basis of a conceptual reasoning, the existence of an actual-neurotic structure prior to the traumatic event is put forward as a precondition for the development of PTSD. Freud's theory on actual neurosis is interpreted as the impossibility to process the arousal coming from the drive in a symbolic way. The reason for this impossibility is sought in the failure of the primary caretakers in presenting the child with the necessary symbolic tools for drive regulation. The therapeutic implications of the presence of an actual-neurotic structure are important, because it can lead to a failure of free association” (Verhaeghe, 2005). From this it follows that institutional betrayal is the conspirator in charge while a person’s parents offer only a basis.

Now, the final topic of the Imbalance between society and self discussion – that one accepts the initiating sequence as socio-economic influences, then endocrine aberrations with the mother during pregnancy, with the final step the programming of the neurons of the fetus – which could be taken as a nod to neuroscience, it is not. For this sequence to be true, a person’s life must be a closed system – “Systems may be classified as closed or open. A closed system is defined as one that admits no matter from outside itself and is therefore subject to entropy according to the second law of thermodynamics. While some outside energies, such as change in temperature and wind may play upon a closed system, it has no restorative properties and no transactions with its environment, so that like a decaying bridge it sinks into thermodynamic equilibrium” (Allport, 1960).

**Characteristics of embracing (the self and the object world)**

The focus of this discussion is the execution of ego function, and includes ego development to the extent necessary to give character to execution. To insure relevance primary focus with respect to
execution is on persons who typically write, review and read writings such as this paper – intellectuals for short. Following comments about ego development with attachment highlighted, two tragic stories will be included, stories that will add emphasis to the ego versus the object world in a negative sense, with highly accomplished intellectuals the sole reference. Limiting focus to intellectuals remains in line with this paper’s three terse points making clear that girls, given the opportunity, are just as capable as boys of being clueless. Attachment is central to this dialog.

The starting point with respect to the execution of ego function is the net of four points. The first is “Identity formation, finally, begins when the usefulness of identity ends” [Italics in original] (Erikson, 1956). The second is Glover’s progression as situated between Erikson’s “usefulness of identity” and his “Identity formation”. The third is Allport’s focus on “what I perceive as belonging intimately to my body is warm and welcome”, which allows success to share the stage with disappointment, with satisfaction the result if success is stronger and undiagnosed PTSD the result if disappointment is stronger. The fourth is a flurry of activity spread across defenses, emotions, excuses and so forth – gender neutral harmful thinking versus the many investments in creativity with discussion deferred to the next discussion, Characteristics of distancing (splitting). Again, progression is the pivot with both sides of Erikson’s statement accounted of for by two views of an intellectual’s endeavors.

The first view of an intellectual’s endeavors, which accounts for Erikson’s “Identity formation” is: “Let me describe what I mean with the aid of a practical example of a creative ego function, such as the writing of a book. First of all, the intention normally arises from a previous interest in and concern with the issue about which the author wishes to write. This issue is the object which must become enduringly vested first with libidinal, aggressive, and neutralized psychic energy to the point where the plan to write about it turns into action. Of course, the writing will never proceed if the writer does not have sufficient self-assurance at his disposal, self-assurance which must be based on an awareness and realistic evaluation of his abilities, and on a sufficient and sound cathexis of the function of writing. Even though his ego ideal and ambitious fantasies in general may be a further effective stimulus, his work will not be successful either if the main incentive for his writing is grandiose fantasies which surpass his abilities. As the author begins to write, he may "fall in love" with his book. Since the book represents to him his own creation, his way of self-expression, this ‘love’ may be rather of a narcissistic type. Moreover, the function as such—the acts of thinking and writing—may be a highly vested, preferred form of self-satisfaction. After his work is published, its praise by the public, the splendid sale of the book, the gain of money from it, all these gratifications may be the writer’s additional narcissistic rewards” (Jacobson, 1964, pp. 81-82).

The second view of an intellectual’s endeavors, which accounts for Erikson’s “usefulness of identity” is: “But all these manifold narcissistic elements involved in such creative ego activity are bound to interfere with the function of thinking and writing if the major aim of the book does not remain the writer's true interest in the selected field, in the special material he deals with, in the discoveries he has made, or the ideas which he wants to develop: in short, an ‘objective’ interest” (Jacobson, 1964, pp. 81-82).

The first view is in line with Allport’s “‘what I perceive as belonging intimately to [me]’ with the intellectual enjoying a fascinating adventure into the unknown, while the second view is the avoidance of felt defeat, Allport’s “disgusting and alien”. However, neither view is an event in isolation but is the result of the intellectual’s socialization over time, this leads to ego development.

Alice Miller’s central argument that children are molded by their parent’s childhood, is a starting point only, as there is quite a time-wise distance between childhood and a person arriving at the pinnacle that allows recognition as an intellectual. What is safe to assert regarding the span of time between
childhood and the pinnacle is how the ego, versus objects, is allowed to develop over time. This brings Melanie Klein and Anna Freud to the fore, with psychoanalysis of a child the focus.

“By 1925 two outstanding pioneers of child analysis had emerged, Anna Freud in Vienna and Melanie Klein in Berlin … [who] had, however, approached the conceptual problems of child analysis in divergent ways” (King, 1991b), with the reference to pioneers an understatement, as neither Melanie Klein nor Anna Freud were physicians – of the two Anna Freud had the most training as she was a teacher while Melanie Klein’s credentials were limited to completion of secondary education. Glossing over events from 1925 to 1941, allows focus on the Freud-Klein controversies at the British Psycho-Analytic Society in London from 1941 to 1945. The controversies were on the exchanges between the members of three camps – pro-Freud, pro-Klein and neutral. The pro-Freud members were Edward Glover, Melitta and Walter Schmideberg, Willi and Hedwig Hoffer, Barbara Low, Dorothy Burlingham, Barbara Lantos and Kate Friedlander; the pro-Klein members were Susan Isaacs, Joan Riviere, Paula Heimann, Donald Winnicott; and the neutral members were Ernest Jones, Silvia Payne, Ella Sharpe, Marjorie Brierley, William Gillespie, John Bowlby, James Strachey, Michael Balint, and Adrian and Karin Stephen (King, 1991a).

With focus limited to Melanie Klein, Anna Freud and child analysis only, the controversy revolved around the question of whether a child could develop a true transference. Freud felt that children were too young to shift away from the original family members, whereas Klein held that they could be analyzed through their transference-resistance reactions in much the same way as adults were analyzed. Freud also believed in the use of educational devices with both child and parent, whereas Klein stuck strictly to analytic methods (Fine, 1985). The task now is to add Allice Miller to the puzzle.

With focus limited to Melanie Klein, Anna Freud and Alice Miller and the child only with analysis set aside there are three alternatives. The first is Klein is correct and thus affirms Miller, essentially a child’s intellect begets a child’s intellect. The second is Freud is correct and Miller’s position is constrained by a historical social fabric that is transferred on a child-to-child basis. The third is all three, Klein, Freud and Miller are correct and for the very same reason – the transference as both the maturation of the good breast versus bad breast analogy, and as the transference as the antonym of attachment, with additional comments about the notion of an antonym deferred to comments about Melitta Schmideberg below. The task now is to return to the three camps – pro-Klein, pro-Freud and neutral.

The underlying theme of the Freud-Klein controversies was essentially development, and given the controversies spanned five years, it must be accepted that debate fostered creativity but not in isolation given each participant was well educated and much removed time-wise from the adolescent years. The task now is to limit attention to John Bowlby.

Attachment theory’s basis begins in the 1930s, with Bowlby's growing interest in the link between maternal loss, or deprivation, with later work in personality development in tandem with Mary Ainsworth’s interest in security theory (Bretherton, 1992). Although Bowlby's and Ainsworth's collaboration began in 1950 and matured with their publishing, the gestation of attachment was clearly during the debate that extended from 1941 to 1945. The two tragic stories is now the focus.

The starting point is Melitta Schmideberg on three counts where the first two counts align with Anna Freud versus Alice Miller and Melanie Klein versus Alice Miller respectively. The first count is, Schmideberg, a trained psychiatrist and psychoanalyst, became a pivotal figure in the field of criminology. With reference to an offender or criminal and with attachment the backdrop – “An important task of psychotherapy is to give constructive help to offenders to counter the feelings of helplessness and despair which largely account for their anti-social attitudes, and to help them adjust
socially. The effectiveness of punishment in the avoidance of recidivism will be greatly enhanced by combining punishment with constructive rehabilitative measures. Punishment is not necessarily an alternative to rehabilitation or psychotherapy; rather, it is often a necessary incentive” (Schmideberg, 1960). The second count is with reference to a non-descript analytic patient – “Most patients come for analysis as for any other form of treatment with the concrete aim of getting rid of some definite symptom. ...their rational ideas are bound up with unconscious fantasies (‘getting rid of a symptom’, ‘cure’, etc. ...), they have on the whole a reasonable idea of what they can expect from analysis. But there is another type of patient for whom psychoanalysis has become the new religion whether or not he comes for analysis because of some distressing symptom, he will never be satisfied with a mere alleviation of symptoms or any other simple tangible result. He expects that after being ‘fully analyzed’ he will never have any more difficulties or disappointments in life, and never under any circumstances experience guilt or anxiety; that he will develop remarkable intellectual or aesthetic powers, perhaps even prove to be a genius, be blissfully happy, perfectly balanced, superhumanly unbiased and absolutely free from the slightest neurotic symptom, caprice of mood or bad habit, ... These fantasies of what a person will be like after he has been analyzed (which the patient refuses to regard as fantasies but believes to be reasonable views based on objective foundations) are replicas of the child’s ideas of what it is like to be grown up” (Schmideberg, 2009). The first count sets the adult criminal as a grown-up child with Anna Freud’s focus on education of the child parallel to rehabilitation of the offender with Alice Miller’s position limited to a child-to-child basis. The second count is clearly the maturation of the good breast versus bad breast analogy, giving credence to Melanie Klein being in line with Alice Miller, essentially a child’s intellect begets a child’s intellect. Now, the third count, an irony by any measure as it is this first of two tragic stories, with each accounting for the transference as the antonym of attachment but from two different angles.

The first tragic story is the relationship between Melanie Klein as mother and Melitta Schmideberg as daughter. During the Freud-Klein controversies at the British Psycho-Analytic Society Melitta was a bitter critic of her mother with attacks bordering on hatred. An attempt to limit comments to Alice Miller as a reference is largely off the mark as it is sufficient to summarize Melitta’s childhood. Melanie’s husband, Melitta’s father, was a consulting chemist which resulted in the family relocating from city to city as the father’s consulting assignments were completed (King, 1991a). While this nomadic type of life resulted in Melanie being denied access to an intellectual life, it also denied Melitta stable friendships – the transference as the antonym of attachment was clearly operative between Melanie and Melitta.

The second tragic story is about porous boundaries, literally a countertransference, as the antonym of attachment, and with Karen Horney the subject. Horney had problems with human boundaries. She was the mother of three daughters – Brigitte, Marianne and Renate. Marianne decided to be like her mother – a physician, psychiatrist, and then psychoanalysis. While Marianne was in psychoanalysis with Erich Fromm, Karen was also having an affair with Fromm – arrogance by any measure (Hitchcock, 2005, pp. 68-71). Sadly, this reckless disregard for boundaries is extensible to the intellect. For example, editors of journals have many responsibilities with a full statement appearing in a 1993 issue of the Journal of Educational Psychology, where the editors noted that it is their job to identify papers that are not 'blah' but are 'wow', and, "Ethical issues include piecemeal and duplicate publications, plagiarism, and falsification/fabrication of data" (Levin, 1993).

This discussion of the execution of ego function concludes with a story that is not tragic but qualifies as a placeholder for the word terse, is an encounter between the two Freud’s - father (Sigmund) and daughter (Anna). “I [Richard Sterba] would like to add to my report on these special meetings some comments by Freud which stuck in my mind ... When the discussion in a meeting turned to the question
of what means we have at our disposal to motivate a patient to undergo analysis, Freud pointed out that we promise him relief from his symptoms, an increase in his working capacity, and an improvement of his personal and social relationships. Anna Freud objected ‘How can we do this when we are not sure that we can keep these promises?’ Freud quickly answered ‘There one can see that you are not a physician’ (Sterba, 1982, p. 119).

Characteristics of distancing (splitting)

The subject of this discussion is not about conflict but is about the ordered flurry of activity that is spread across defenses, emotions, excuses and so forth – gender neutral harmful thinking versus the many investments in creativity, with Glover’s progression the fundamental enabler of the flurry of activity. Central to what follows is “...the core of an addiction or even of a severe obsessional state may depend more on the reduction of an underlying paranoid layer than on the most careful analysis of the recognized habit-formation or obsessional superstructure” (Glover, 1936), where the reference to addiction is replaced by intellectual as a placeholder for the characteristics that support the three terse points. To put distancing in perspective with splitting the objective of this discussion, two citations are required – the first is about Paul Eugen Bleuler ‘s specification of latent schizophrenia and the second is Erikson’s stages of life.

Parallel to Glover’s progression is Bleuler ‘s focus primarily on signs and symptoms rather than on course and outcome. “For Bleuler, the most important and fundamental symptom was a fragmentation in the formulation and expression of thought, which he interpreted in the light of the associational psychology prevailing at the time and referred to as ‘loosening of associations’. He renamed the disorder ‘schizophrenia’ to emphasize splitting of associations as the most fundamental feature of the disorder” (Andreasen, 1993). Thus, Bleuler’s signs and symptoms are a subset of the overall execution of ego, with Erikson providing the character of the subset across ego development, which he divides into eight developmental stages:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Psychosocial Dyads</th>
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<tbody>
<tr>
<td>Infancy</td>
<td>Trust vs. Mistrust</td>
</tr>
<tr>
<td>Early Childhood</td>
<td>Autonomy vs. Shame, Doubt</td>
</tr>
<tr>
<td>Play Age</td>
<td>Initiative vs. Guilt</td>
</tr>
<tr>
<td>School Age</td>
<td>Industry vs. Inferiority</td>
</tr>
<tr>
<td>Adolescence</td>
<td>Identity &amp; Repudiation vs. Identity Diffusion</td>
</tr>
<tr>
<td>Young Adult</td>
<td>Intimacy &amp; Solidarity vs. Isolation</td>
</tr>
<tr>
<td>Adulthood</td>
<td>Generativity vs. Self-Absorption</td>
</tr>
<tr>
<td>Mature Age</td>
<td>Integrity vs. Despair</td>
</tr>
</tbody>
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A cursory review of the eight stages versus the three terse points finds that each stage offers insight into enabling dynamics with Schmideberg offering ample evidence. First, her focus on punishment (Schmideberg, 1960) points to a need for boundaries to minimize the opportunity for Glover’s progression then Bleuler’s signs and symptoms. Second, her focus on the two types of analytical patients (Schmideberg, 2009) highlights the ‘vs.’ in each stage of life – splitting. The task now is to address two views of splitting, DSM-IV-TR and DSM-5, with distancing the destination in the form of day-dreaming, excuses and abject disregard for reason, in short, the if-not seduction versus attachment.

In the DSM-IV-TR splitting is addressed in Appendix B, Criteria Sets and Axes Provided for Further Study, pages 759 – 818. Specifically, “The individual deals with emotional conflict or internal or external
stressors by compartmentalizing opposite affect states and failing to integrate the positive and negative qualities of the self or others into cohesive images. Because ambivalent affects cannot be experienced simultaneously, more balanced views and expectations of self or others are excluded from emotional awareness. Self and object images tend to alternate between polar opposites: exclusively loving, powerful, worthy, nurturant, and kind-or exclusively bad, hateful, angry, destructive, rejecting, or worthless” (DSM-IV-TR, p. 813).

In the DSM-5 splitting is addressed in the definition of dissociation in the Glossary of Technical Terms. Specifically, “The splitting off of clusters of mental contents from conscious awareness. Dissociation is a mechanism central to dissociative disorders. The term is also used to describe the separation of an idea from its emotional significance and affect, as seen in the inappropriate affect in schizophrenia. Often a result of psychic trauma, dissociation may allow the individual to maintain allegiance to two contradictory truths while remaining unconscious of the contradiction. An extreme manifestation of dissociation is dissociative identity disorder, in which a person may exhibit several independent personalities, each unaware of the others” (DSM-5, p. 820).

A summary of these two DSM views that is appropriate to distancing is “compartmentalizing within conscious awareness”. This is what the transference and countertransference is all about. However, focus here is not about disorder as addressed in the DSM-5 but is about “Self and object images tend to alternate between polar opposites” in the DSM-IV-TR but in a centrist, day-to-day sense. This does not preclude the tragedies of Fiona Geraghty, Lizzy Seeberg and others, nor the deep-seated damage done by the influence of the Barbie doll, but is intended to highlight the three terse points. In this vein the if-not of seduction versus attachment is more a question than a hypothesis – attachment to what is inferred in the “Self and object images tend to alternate between polar opposites”.

Object images are not a fixed idea. “...lack of clarity as to whether a given reference to an object refers to an internal representation or an external figure” (Murray, 1995) is only part of the puzzle. The larger part is the target of the transference – internal or external, which begets frustration. “Similar to frustration, there are two types of conflict situations: non-threatening and threatening... The essential pathogenic characteristics of conflict and frustration are threat of thwarting of the basic needs of the organism, threat to its integrity, threat to its integration, and threat to its basic mastery of the world. The feeling of threat is in itself a dynamic stimulation to reactions” (Maslow, 1943). To diminish definition with respect to distancing is the notion of introjection versus projection, “...a transactional process, where the projection [introjection] contains a quality of intensity or power leading to induction of aspects of the projection [introjection], but viewing the induction as a function of the recipient's vulnerability due to identity fragmentation” (Knapp, 1989). And, to insure definition is illusive, Schmideberg’s point with the analysis patient who expects to be ‘fully analyzed’, the placeholder for day-dreaming, effectively accounting for the broad span between ambivalence and decisiveness. Specifically, “One may say that a phantasy at one and the same moment hovers between three periods of time – the three periods of our ideation. The activity of phantasy in the mind is linked up with some current impression, occasioned by some event in the present, which had the power to rouse an intense desire. From there it wanders back to the memory of an early experience, generally belonging to infancy, in which this wish was fulfilled. Then it creates for itself a situation which is to emerge in the future, representing the fulfilment of the wish - this is the day-dream or phantasy, which now carries in it traces both of the occasion which engendered it and of some past memory” [Freud, 1908|1959, p. 147].
Ambivalence-repression versus decisiveness-suppression

This discussion examines the common threads between the ambivalence-repression and decisiveness-suppression dualities, and covers seven topics: Baseline discussions of rationalizations, the extrovert versus the introvert, mindfulness versus repression, and mindfulness versus suppression. Pivot discussions of self-directed inferiority, and narcissistic embracing and distancing. Resolution in the form of coping, with decisiveness representing suppressed narcissism and ambivalence representing, repressed narcissism.

Rationalizations

Rationalizations as a topic, is presented as the result of boundaries as a four-dimensioned dynamic. The four dimensions are thick and thin inner and external ego boundaries (Gabbard, 1995, Chap. 1 & 2). The inner boundary separates the ego from the non-ego, the id and the superego as defined by Freud. The outer boundary separates the ego from the external world. The seemingly healthy combination is for a person to have a thick inner boundary and a thin outer boundary as this combination allows the ego to stay in the moment while being in communion with the subjective factors of the encompassing social system. The rationalization-supportive combination is for a person to have a thin inner boundary thus causing the ego to struggle to be in the moment while competing with what-might-have-been, or what-might-be, or both, with no demarcation between the two invocations of ‘what’ – “that repression can become conscious and that suppression can occur unconsciously” (Boag, 2010). A thin inner boundary with a thick outer boundary comports with the resilience in the post age 21 pattern in Figure 2 while a thin inner boundary and a thin outer boundary comports with the post age 21 pattern in Figure 5.

The extrovert versus the introvert

Likewise, each extrovert and introvert, as a topic, is presented as the result of boundaries as a four-dimensioned dynamic and with focus limited to the age 21 apex of each Figure 2 (Alcohol) and Figure 5 (Self-Harm). One could argue that at the apex conditions are ripe for depression as opposed to the acceptance of economic reality as presented above in the discussion of each figure. However, being ripe for depression does not mean being prone to depression as there is a great deal of protection from depression that is accumulated during the build to age 21 in each figure as presented in the above discussion of affect. With reality the basis, extrovert comports with thick external boundaries thus setting the stage for the dark side of high self-esteem, while introvert comports with thin external boundaries thus setting the stage for the dark side of low self-esteem.

Mindfulness versus repression

Mindfulness versus repression is about the realm between the ego and the non-ego, the nature of the inner boundary. Mindfulness is the overt recognition of ego driven responses to the subjective factors of the encompassing social system, while repression is the covert reaction to transference. Mindfulness is about the prevention of ego depletion, the role of repression, and “is responsible for acts of volition, including making choices, overriding incipient responses, being active instead of passive, and replacing one response with another” (Schmeichel, 2003).

Mindfulness versus suppression

Mindfulness versus suppression is about the realm between the ego and the external world, the nature of the outer boundary, with the role of overt and covert the opposite. Mindfulness is the covert recognition of ego driven responses to the external world thus allowing for dangerous rationalizations such as allowing one to operate a motor vehicle while intoxicated, while suppression is the overt reaction to countertransference from the external world. "The present research shows that exposure to
a fear appeal [communication] can lead to the suppression of concepts semantically related to the threat and bias attentional resources away from threat-relevant information” (Nielsen, 2009).

Self-directed inferiority
Self-directed inferiority is a weak inner boundary issue, introvert as molded by transference, and applies in varying strength across all ages in each Figure 2 and Figure 5. Self-directed inferiority is the general fear-of-discovery form of the imposter phenomenon as presented in the discussion of boundary confusion above. It is a person giving more weight to their real or imagined weaknesses at the expense of their abilities and accomplishments (Savitsky, 2001).

Narcissistic embracing and distancing
Narcissistic embracing and distancing is about a person living in an imaginary world. Self-indulged embracing is the current active state of the dark side of humanism where the individual covertly allows to their immediate persona environmental opportunities based on deliberately distorted information thus accounting for the minor deterioration in Figure 4 (Alcohol) beyond age 21. Self-indulged distancing is the current active state of the dark side of social interaction where the individual overtly allows to their immediate personal societal subjective factors also based on deliberately distorted information thus accounting for the late peak in Figure 6 (Suicides) versus the age 21 peak in Figure 7 (Self-Harm).

Narcissistic embracing and distancing is also about a person living in a self-defeating world. “A theory viewing repression and suppression as lying on a continuum with respect to the accessibility of punished behavior is developed around the construct of a ‘ring of punishment’. This ring consists of continuing and related punishments for a series of behaviors; punished behaviors preceded and followed (‘ringed’) by other punished behaviors are comparatively inaccessible (repressed) while punished behaviors not so ringed are less inaccessible (suppressed)” (Worell, 1965). The shame-anger-guilt sequence, the if-not seduction-attachment construction (remorse management), is synonymous with the ring of punishment, while the anger-guilt-shame sequence, the if-then seduction-abandonment construction (terminal uniqueness), is self-inflicted punishment.

Coping – decisiveness versus suppressed narcissism and ambivalence versus repressed narcissism
Resolution in the form of coping, with decisiveness representing suppressed narcissism, ambivalence representing, repressed narcissism, a long thought that distills to the simpler and more accurate resolution of inferiority (Bagby, 1923). Each decisiveness as suppressed narcissism and ambivalence as repressed narcissism is a contrived reaction to inferiority, self-defined stigmatization, where the downplayed narcissism is replaced by drama. In a sense, each decisiveness and ambivalence is an individual's defense against unipolar depression in the short term but with debilitating repercussions in the long term. This is the crux of the call for the primary care physician to be society's point of attack against substance abuse and suicidal oriented thinking without the physician having prejudice to either debilitation.

At the onset of the touted seven seconds, the primary care physician as a medical scientist has thick inner boundaries and thin outer boundaries, with the patient's thin inner boundaries [rationalization] open to question, and with the condition of that person's outer boundaries a moot point.

At the intuitive level, the primary care physician only needs to know that terminal uniqueness is the contemporary synonym of what Cattell in 1890 believed possible, while remorse management is the contemporary antonym of what Freud in 1895 believed possible.
**Substance abuse as a subset and a superset of suicidal oriented thinking**

This discussion asserts that only a single baseline modality is the appropriate starting point for both substance abuse and suicidal oriented thinking – that substance abuse is both a subset and a superset of suicidal oriented thinking, and covers six topics: An initial view of social humanism. The attribute that is common to society and the individual. The attribute that is common to mindfulness and narcissism. Pivot discussions of the dynamics of professional dedication to boundaries, versus professional confusion with respect to boundaries. A final view of social humanism with attention directed to the primary care physician.

**An initial view of social humanism**

The initial view of social humanism recognizes that the environment that Freud was producing his core creativity in was a very sick world. The outer envelope was economic speculation that began in the mid 1800's and hit a brick wall in 1929. Inside that envelope were two forms of neuroses – the nervousness of the time, and the events that became World War I.

This initial view of social humanism also recognizes that language is the superset of all human verbal and symbolic activity, is the incremental medium of conflict and harmony, and is not necessarily influenced by the encompassing social system. "Language was the vehicle by which to attain an unsentimental description and interpretation of human nature. And language was the necessary constituent of the communal cultural ideals that Freud believed might divert and contain the aggressive in the human. ... Language for Freud also provided, literally and metaphorically, the description of one of the most fundamental psychological processes: censorship within the unconscious” (Botstein, 2007). The word censorship implies the task at any given moment is to evaluate the thin versus thick nature of each the inner and outer boundaries. A continual focus on boundaries implies that any given person is as sick as was society during Freud's prime years. "Recognizing how much of what we believe may be mere nonsense protected by plausible but meaningless turns of phrase can be liberating. The key to the lock of human suffering is the critical grasp of language so that it permits us to escape from the unnecessary that destroys” (Botstein, 2007).

This initial view of social humanism settles on the right of any person to realize the crux of the baseline description of humanism as presented above within the encompassing social system regardless of the system's state. Thus language is not about escape from the unnecessary that destroys, but instead is about a balance between a person's skills and the challenges that are made available by the encompassing social system that in turn are appropriate to that person's circumstances. The term 'appropriate' is the pivot for it is assumed here that anxiety and boredom are equally matched “by positive features that make life worth living” (Seligman, 2000) – that a person's ego is challenged without being encumbered with failure of one sort or another as a pre-ordained conclusion. Thus, a person's inner and outer boundaries are allowed to float between thin and thick without prejudice.

**The attribute that is common to society and the individual**

The attribute that is common to society and the individual is situational stress as depicted in the region bounded by the box with the dashed line in Figure 9. This is about the dark side of low self-esteem with stress imposed by the encompassing social system, and not about the likes of the reminder in the DSM-IV-TR that "At some time in their lives, approximately half of adults may have experienced a single brief episode of depersonalization, usually precipitated by severe stress”
A panic attack, possibly with agoraphobia (DSM-IV-TR, Code 300.21), sits on the right edge of the dashed box.

This representation of depersonalization projects the insidious resilience of each ambivalence and decisiveness in that a person avoids any association with a diagnosable disorder at the expense of potentially disastrous consequences on the strength of an artificial equilibrium. Situational stress as a societal-induced impetus presents itself as a dynamic with increasing intensity, the climb to the age 21 apex in each Figure 4 – Alcohol Use, and Figure 7 – Self-Harm, and is an artificial equilibrium that insulates the individual from subjective societal factors that cannot be resolved to that person's circumstances. Thus, each ambivalence and decisiveness occupies the narrow gap between burnout and situational stress in Figure 9, having nothing to do with equilibrium with the encompassing social system but is instead equilibrium with a self-serving and potentially toxic invention. On the surface a self-serving invention comports with Depersonalization Disorder (DSM-IV-TR, Code 300.6). However, given an individual's path to the apex of Figure 6 – Suicide, Dissociative Disorder Not Otherwise Specified (DSM-IV-TR, Code 300.15) comports with particularly the Disorder's example 3 – “States of dissociation that occur in individuals who have been subjected to periods of prolonged and intense coercive persuasion (e.g., brainwashing, thought reform, or indoctrination while captive)” (DSM-IV-TR, p.532), a description that is suggestive of a person being held in a prisoner of war environment but is equally applicable to a person being held hostage by economic stigmatization. It is the why-bother extreme of each ambivalence and decisiveness that begets the post-mid-life crisis for each gender, the peak of Figure 4, the post-burnout condition that in principle exhibits the characteristics of Dissociative Fugue (DSM-IV-TR, Code 300.13).

With depersonalization the focus there is a two-part sequence – (1) if situational stress then burnout is dominant, (2) if burnout then self-harm comes into focus. Thus, it is depersonalization that has substance abuse as a subset of suicidal oriented thinking, and decisiveness as a subset of ambivalence, with the dark side of low self-esteem the medium.

The attribute that is common to mindfulness and narcissism

The attribute that is common to mindfulness and narcissism is situational conceit as depicted in the region bounded in the box with the dashed line in Figure 10. This is about the dark side of high self-esteem, exaggerated connectedness to the momentary circumstances and responsibilities of life. Situational conceit – a self-preserving artificial equilibrium with the encompassing social system, and with the individual undaunted by criticism. This is not about Narcissistic Personality Disorder (DSM-IV-TR, Code 301.81) as a clinical issue, but as the dramatic expression of the person's elected and practiced artificial equilibrium. Instead, this is about "Many highly successful individuals display personality traits that might be considered narcissistic. Only when those traits are inflexible, maladaptive, and persisting and cause significant functional impairment or subjective distress do they constitute Narcissistic Personality Disorder" (DSM-IV-TR, p. 717). The key word is 'maladaptive' which is over-ruled by 'connectedness'. "Narcissism, rather than being a unidimensional construct, consists of four moderately correlated factors tapping the domains of leadership, self-admiration, superiority, and interpersonal exploitiveness. Only exploitiveness was found to correlate significantly with two measures of pathological narcissism. This finding supports previous claims that this factor represents the maladaptive aspects of the trait, indicating that interpersonal
maneuvers may be especially troublesome for narcissistic individuals” (Emmons, 1987). Narcissistic grandiosity (DSM-IV-TR, Code 301.81), sits on the right edge of the dashed box.

This representation of exaggeration projects the safe-harbor resilience of each ambivalence and decisiveness in that a person avoids any distraction that challenges their artificial equilibrium with the encompassing social system. Mindfulness in this vein is very attentive to the momentary circumstances and responsibilities of life and is a factual stable presentation of persona. “Mindfulness captures a quality of consciousness that is characterized by clarity and vividness of current experience and functioning and thus stands in contrast to the mindless, less 'awake' states of habitual or automatic functioning that may be chronic for many individuals” (Brown, 2003). It is the veil of exaggeration that protects the person’s loyalty to a stigmatized social system, and in turn is burdened with social anxiety. "By remaining fixed on their internal experience, evident in the transmission of anxious arousal, poor reciprocation of positive affect, and repeated reassurance seeking, socially anxious individuals may inadvertently hinder the development of personal relationships and social support networks” (Heerey, 2007).

With exaggeration the focus there is a two-part sequence – (1) if situational conceit then overt mindfulness is dominant, (2) if overt mindfulness then covert maladaptive-free narcissism comes into focus. Thus, it is exaggeration that has suicidal oriented thinking as a subset of substance abuse, and ambivalence as a subset of decisiveness, with the dark side of high self-esteem the medium

Dynamics of professional dedication to boundaries

Attention now turns to boundaries with the dynamics of professional dedication to boundaries first, then professional confusion with respect to boundaries – with each a function of the patient’s income relative to the professional’s income. Each is pure Pavlovian conditioning and quite distant from operant conditioning.

Professional dedication to boundaries is about a member of the Helping Profession adhering to professional and personal responsibility, where focus here is limited to personal responsibility in the form of empathy. Given that the Functional causal chain's origin has been set at age 21, and given that years leading up to that age, Figure 4 (Alcohol) and Figure 7 (Self-Harm), are about advancing chaos in tandem with declining self-esteem, Figure 5, it is necessary for the primary care physician to conclude that an adult is likely to have limited emotional (versus economic) maturity. That the dark side of either high or low self-esteem has the capacity to be dominant without warning, and that any semblance of failure, real or imagined, has the capacity to morph to inferiority as a measure of their ability (Kamins, 1999). This is not about the complexities of transference and countertransference but is about raw "shame and envy" (Whitman-Raymond, 2009), where the shame is learned helplessness, the dark side of low self-esteem, while envy is learned restlessness, the dark side of high self-esteem. Empathy is not about the patient's state of socio-economic being but is about the patient as a person.

Dynamics of professional confusion with respect to boundaries

Professional confusion with respect to boundaries is about a member of the Helping Profession not adhering to professional responsibility under the guise of empathy. This is where the professional seemingly talks to the patient's level, thus engaging in the four dimensions of folk psychiatry – (1) pathologizing, that a form of behavior or experience is abnormal or deviant, (2) moralizing, that individuals are morally accountable for their abnormality, (3) medicalizing, that abnormality has a somatic basis, and (4) psychologizing, ascribing abnormality to psychological dysfunction (Haslam, 2005).

A final view of social humanism with attention directed to the primary care physician
This final view of social humanism extends language as an asset to the causing of humanism as being about self, to operate in concert with the subjective factors of society. This includes explicit recognition that those who are less fortunate financially do not find traditional psychotherapy to be available (Smith, 2005) – that folk psychiatry has a place if discussed with true empathy, thus countering censorship within the unconscious. This also includes an honest focus on optimism as a highly beneficial psychological characteristic – good mood, perseverance, achievement, and physical health (Peterson, 2000).

**Mindfulness and identity formation versus the usefulness of identification**

This final discussion is a modification of the prior discussion – that substance abuse is both a subset and a superset of suicidal oriented thinking, that economic activity is the determinant of conditions that enable harmful thinking. Standard economics assumes that each person has stable, well-defined preferences, and in turn rationally maximizes those preferences – reality however is overwhelmed with uncertainty that in turn clouds candidate choices for inclusion in the array of preferences (Rabin, 1995).

The endgame audience of this paper remains the primary care physician, the only member of the Helping Professions who has access to a rationalization-free dialog with a person as a patient – to challenge the first available thought that may be self-defeating – access that spans only a few precious seconds. However, for the physician to be able to make a durable contribution the construction of the macro economy needs to be addressed. This discussion covers five topics – two views of the economy followed by comments about identification, intervention and humanism.

**Economics – Speculation in reverse**

The common denominator between the speculation of 1893 and today is economic activity that is not shared uniformly by all segments of society.

In the 1890’s reckless decisiveness in the form of speculation was the damaging factor with the value of the underlying investment destroyed and with 1929 providing the exclamation mark. Today reckless ambivalence in the form of wealth transfer in the wrong direction is the damaging factor, but with the underlying investment held hostage, thus demoting the likes of a 1929 to a non-issue. The data in Table 8 pits the economic environment of Okun’s Law to the economic environment of today.

<table>
<thead>
<tr>
<th>Year</th>
<th>GDP $bn</th>
<th>Federal Budget Outlays $bn</th>
<th>Outlays % of GDP</th>
<th>Federal Budget Deficit $bn</th>
<th>Deficit % of GDP</th>
<th>Gross Federal Debt $bn</th>
<th>Debt % of GDP</th>
<th>Interest on Federal Debt $bn</th>
<th>Interest % of GDP</th>
<th>Interest % of Debt</th>
<th>Interest % of GDP</th>
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<th>Interest % of GDP</th>
<th>Interest % of Debt</th>
<th>Interest % of GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1962</td>
<td>$ 587</td>
<td>$ 107</td>
<td>18.2 %</td>
<td>$ 7</td>
<td>1.2 %</td>
<td>$ 303</td>
<td>51.6 %</td>
<td>$ 7</td>
<td>1.3 %</td>
<td>2.3 %</td>
<td>5.5 %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>$ 17,244</td>
<td>$ 3,506</td>
<td>20.3 %</td>
<td>$ 485</td>
<td>2.8 %</td>
<td>$ 17,794</td>
<td>103.2 %</td>
<td>$ 229</td>
<td>1.3 %</td>
<td>1.3 %</td>
<td>6.2 %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: OMB Table 1.2, 1.1, 1.2, 1.1, 1.2, 7.1, 7.1, 6.1, 6.1

Data Sources: Macro Economic Data; Unemployment Data

*The White House, Office of Management & Budget (OMB)*

U.S. Dept. of Labor, Bureau of Labor Statistics

**Table 8 – Macroeconomics, 1962 vs. 2014**

Okun’s work was based on economic data beginning with 1948, the post-World War II expansion, with the 3.0% the statistically derived conclusion. The 3.0% per se is not the issue. Instead, it is the relationship between the emotional significance and the distribution of wealth.
In 1962 the U. S. Gross Federal Debt was $303 billion, 51.8% of GDP. In 2014 the U. S. Gross Federal Debt was $17,794 billion, 103.2% of GDP. While on the surface, this means that the U. S. GDP is effectively subordinated to the U. S. Gross Federal Debt, the real issue is, from where does the money come from to support that debt. The answer is clearly the money comes from the rich, a topic that is prime material for a declaration of class warfare, a topic that need not be, given the nominal Interest on the Gross Federal Debt.

In 1962, the nominal Interest on the debt was 2.3%, while in 2014 the nominal interest was 1.3%. The macroeconomic environments however were far from equal when inflation is added to the picture. In 1962 the average inflation was at 1.0% while in 2010 it was 1.6%. Thus, in 1962, the rich were getting richer (2.3% versus 1.0%), while in 2014 the rich were getting poorer (1.3% versus 1.6%) – it is a rare person that can relate to the reference to poorer, yet, that is the reality. More to the point, with Federal debt absorbing money that could be used to finance new plant and equipment, and with the value of that money declining in both real and nominal terms, it then follows that economic activity is quite distant from conditions that counter harmful thinking.

Until the architects of the U. S. Federal Budget gets their responsibilities in order, the encouragement of optimism – good mood, perseverance, achievement, and physical health, is the only analgesic option available. This is not an altruistic idea but is the only practical option available. Deferring attention to a child in a youth home or orphanage makes this option clear. Children in youth homes or orphanages benefit from a focused institutional delivery system as the proxy for parental nurturing, the kind of environment that operates counter to the waning years of the causal cycle.

Only the primary care physician can provide the average person as a patient, the intent of that same altruism in spite of the competition from the macroeconomic environment.

Economics – Wassily Leontief

Support for a macroeconomic environment that would enable conditions that would be unsupportive of harmful thinking are specified in Leontief’s 1941 book The Structure of American Economy, 1919-1929: An Empirical Application (Neisser, 1941). Leontief’s model is a flat row-column model where the columns are sources of economic resources while the rows are uses of economic resources, a quantitative approach to the understanding of the dynamics of equilibrium. In Leontief’s system the cost of substance abuse is a use, a drain on economic resources.

In 2001 researchers at The National Center on Addiction and Substance Abuse at Columbia University published Shoveling Up: The Impact of Substance Abuse on State Budgets, which was given “the elephant in the living room” as the subtitle. The study was a meticulous review of 1998 State budgets which was intent on discovering State expenditures to service the burden caused by substance abuse, and with the review decidedly conservative – no estimates were made. The result of the study was the States spent $81.3 billion dealing with substance abuse in 1998, 13.1% of the total of all budgets. The final 13.1% of budgets include only direct expenses and not indirect items such as time spent by the State’s Governor dealing with substance abuse related issues. Thus, there are implied costing issues – direct costs, indirect costs and burden, all of which are product costing items (i.e., cost accounting). Setting the relationships between the three components of cost at 1.0, 1.0 and 0.25, results in a nominal cost to State budgets at 13.1% (direct), plus 13.1% (indirect, plus 3.275% (burden) sets the total cost of servicing substance abuse at 29.575% of State budgets, which does not include costs within the Federal budget (Cook, 2014, pp. 337-339). The task now is some proforma arithmetic.

First, apply the 29.475% to the 2014 US GDP of $17,244bn and the result is $5,082bn. Let the result be a proxy for the cost of substance abuse to the US economy in 2014. Second, imagine what would happen
if the cost of substance abuse were reduced by only 1%, or $51bn, and then allowing that 1% to expand through the overall economy. The surface result would have the budget deficit nudged into surplus not counting residual effects such as tax consumers being converted to tax payers. And, it is any guess as to how much economic-related gender differentiation would be reduced.

Identification

A responsible assumption is that each person has stable, well-defined preferences, and in turn rationally maximizes those preferences. “…the importance of self-esteem lies more in how people strive for it rather than whether it is high or low. ...in domains in which their self-worth is invested, people adopt the goal to validate their abilities and qualities, and hence their self-worth” (Crocker, 2004). Included in this assumption is a cooperative economy.

This reasonable assumption has two potential side effects. (1) If economic activity is supportive of the pursuit of preferences, then, perhaps, personal long-term goals (Duckworth, 2007) just might over-trump the continuance of the three terse points. (2) If economic activity is supportive of the pursuit of preferences, then, perhaps, the altruistic goal of recovery from substance abuse will be realizeable, i.e., “…a process by which an individual recovers their self-esteem, dreams, self-worth, pride, choice, dignity and meaning” (Townsend, 2003).

Intervention

Intervention as used here is not about assertion but is about information – psychoanalysis first then Carl Rogers three-point analysis.

First, “The two main foundation stones of psychoanalytic technique were the substitution of free association with for hypnosis, and the control and reduction to a minimum of the real relations between the analyst and the patient. The first followed on the discovery of the dynamic importance of resistance; the second on the discovery of the facts of transference” (Freud, Anna, 1943|1991). And second, “Psychoanalysis works with three views of reality: factual reality, psychic reality, and coconstructed reality” (Rosegrant, 2010).

Provided that economic concerns are minimized, Rogers’ three-point analysis joins free association and the transference to the three views of reality – (1) This person would be open to their experience. ...the polar opposite of defensiveness. (2) This person would live in an existential fashion. ...each moment would be new. (3) This person would find their organism a trustworthy means of arriving at the most satisfying behavior in each existential situation (Rogers, 1963).

Humanism

Capitalizing on the primary care physician’s access to a rationalization-free dialog with a patient as a person is what humanism is all about.

In the shortest amount of time the physician can traverse “Freudian concepts in the context of removing psychopathology. ...four factors that form a part of the healing process. (1) Diagnosis of the disorder (2) enthusiasm on the part of physician and patient (3) a formulation of what constitutes ‘normal’ functioning and (4) the release of the mechanisms that affect reeducation” (Rahn, 1918). At the minimum, however, the physician needs to be mindful of “The terrible twos – anger and anxiety” (Suinn, 2001).

The physician is not a miracle worker, is not capable of addressing macroeconomic issues nor the three terse points. The physician is only able to address meaning in life as a core human motivation (Heintzelman, 2014).
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