



## **The Importance of Revealing Early Childhood Displacements in Psychoanalysis**

Andrawis (2018), describe the phenomenon of early childhood trauma, which has been repressed and could not be dealt with, as "repressed unconscious". Psychological changes of this kind also correlate with pathological symptoms. The repressed unconscious can be described as destructive infantile behavior patterns and manifests itself in the form of neurotic transmission phenomena. These phenomena can also manifest themselves in projections that complicate interpersonal relationships. If traumas of the "repressed unconscious" could be overcome, an interpersonal relationship transforms from destructive-infantile behavior patterns to healthy, stable, sustainable relationships, which enable a successful coexistence for and with each other.

To what extent does the unconscious have a negative effect on our behavior? The unconscious suppressed in early childhood is not accessible to us humans. There is no communication between our consciousness and our suppressed unconscious (Andrawis, 2018). Consciousness is everything we can comprehend and was represented in this form by Sigmund Freud in the "iceberg model". The relationship of consciousness to unconsciousness was explained by means of an iceberg to which Nagera, 2007, refers. Only the tip of this mountain, a small part, is visible. And only this part, the consciousness, we can also understand (Freud p. 1912, in Nagera 2007). According to Müller-Pozzi, the suppressed unconscious can also be compared to a burial chamber where the traumas are stored. Fear wants to protect against the painful uncovering, therefore the way to the unconscious is blocked. The affected people suffer and this has a negative effect on the human togetherness.

"Our concept of the unconscious is thus derived from the doctrine of repression. The repressed is our model for the unconscious. But we see that we have two kinds of unconscious, the latent, but conscious, and the repressed, not conscious in itself" (Freud p. 1940:241).

For interpersonal communication this means that the relationship is threatened by affects and perishes. Due to the affects of the repressed unconscious, there is no exchange between the inner and outer world of the unconscious. This creates a dysfunctionality of communication in interpersonal relationships. On a larger scale wars can also be declared. This can be explained using the current example of religious fanaticism. Religious fanatics show outwardly paranoid behavior and due to the affects of the unconscious the inner and the outer world cannot communicate with each other. To enable a healthy togetherness, the overcoming of this state is indispensable.

The one who shows this destructive-infantile behavior pattern, however, is neither aware of this nor accessible. This means that negative behavior patterns are not perceived as such by the person concerned and are not understood. Any behavior from the unconscious is negative for the other person, so negative that interpersonal relationships are destroyed. It is disturbing for interpersonal relationships and misunderstandings, mistrust, hatred, contempt, envy and jealousy arise from early childhood repressions. All these negative qualities can be described as a "machine of annihilation" (the repressed unconscious), which is directed against any relationship – especially interpersonal relationship. When the machine of annihilation is overcome, life and humanity transform from war, hatred, and separation to peace, love, and ultimately healthy coexistence for one another and with one another.

According to Kernberg (1998), the repressed unconscious manifests itself in patterns of behavior that can cause relationships to suffer or even end in separation and divorce. Here the following dilemma can be found: Everyone wants to do good for his relationship, but feels restrained by his repressed unconscious. Actions of this kind are thus made largely impossible (ibid.).

## **2.1 Interpersonal relations**

Living in good relationships is a biological health factor. All our experience, everything we learn and experience, is shaped by interpersonal relationships. All relationships are stored by the nerve cell network. Spiritual feeling, spiritual doing is processed in the organisms and experienced either as physical precipitation or as spiritual liberation. Dysfunctionality of an interpersonal relationship increases the risk of illness. Social pressure to perform, partnership conflict, as well as conflicts in family and workplace lead to alarm reactions of the body (Klußmann & Nickel 2009).

## **2.2 Destructive Infantile Behavioural Patterns**

Solutions for overcoming destructive-infantile behavior patterns can be found in Müller-Prozzi (2002): On the one hand, the patient should have the will to change and the willingness to face his problems through critical self-reflection. As already mentioned, one can imagine the repressed unconscious as a burial chamber in which all repressed traumas are stored. With regard to the burial chamber metaphor, Müller-Prozzi (2002) explains that unconscious patterns of behavior are established from their depot for the time being, which become noticeable in the outside world. In psychoanalysis PA. these outwardly carried patterns become neurotic transmission phenomena, which appear as syndromes in the form of projections through various situations and are understood as transmission.

Phenomena of this kind have a negative influence on interpersonal relationships and correlate with personality disorders, especially with borderline type personality disorders BPS (ibid.).

According to the definition of the ICD-10 Chapter V. (F) F60.31 and DSM-5 Code 301.83, it is suggested that those affected by these symptoms exhibit behavioral and interpersonal disorders. However, psychiatric and psychoanalytic methods influenced by personal beliefs can play a major role in the healing process (Dilling et al. 2011).

## **2.3 Overcoming the repressed unconscious**

In order to overcome the repressed unconscious, a therapy must be applied. During the therapy and the therapeutic process there is the chance to discover and overcome these repressions. In order to achieve healing, it is important that those affected want to be treated and that a healing combined with a positive course of therapy is considered possible.

In order to achieve a successful psychotherapy, the relationship between patient and therapist is in the aspects: Trust, acceptance and appreciation are important in order to make a recovery of the symptoms possible. Within the framework of the therapeutic process, a sustainable relationship is important which can have a positive effect on the healing process (Böker 2006).

## **2.4 Therapy through psychiatric and psychoanalytic methods**

Psychiatric and psychoanalytical methods deal with the therapy of mental disorders. Psychiatry as an essential part of holistic medicine represents a decision factor for diagnosis and medication as required. Ideally, psychiatry and psychoanalysis are coordinated. For

psychiatric treatment methods, Rüegg (2001) lists a number of different therapy options. These include drug therapies as well as other forms of different psychiatric methods in outpatient and inpatient areas, as well as private practices.

The psychoanalytic treatment methods include diagnoses of the disease and its causes, such as repressed, unconscious trauma, early childhood experiences and the development of new trauma. The development of mental disorders has an influence on the formation of character traits and, according to Kernberg, on interpersonal relationships (Kernberg 1998).

The psychiatric psychoanalytic methods mentioned above are to be mentioned in the field of diagnosis and treatment, as well as coping. My diverse professional experience in various hospitals on psychiatric wards such as the Otto Wagner Hospital, the University Hospital AKH Vienna, the Child and Youth Psychiatry Rosenhügel, the Psychosocial Outpatient Clinic Favoriten, and my everyday experience in my own practice have shown that patients who trust in their beliefs could more easily be guided through the therapy and were able to cope with the therapy in a short time.

Those who do not have the necessary conditional knowledge about diseases, their development and treatment options, as well as psychological, social and material resources, are usually overwhelmed with the challenges in life. Möller et al. 1996 therefore pointed out the importance of professional help, because without it, the disease continues to affect those affected and there is a risk that it will reach chronic proportions. The relatives are thus predestined for susceptibility to disease, as they are hardly able to cope with stress professionally and privately. This is followed by social decline (Möller et al. 1996).

For psychiatric treatment methods there are a number of different therapy options, e.g. drug therapies as well as other forms of different psychiatric methods in outpatient and inpatient areas of the hospital and also in private practice (Rüegg 2001). The significance of the uncovering of early childhood repressions through psychoanalysis and in connection with Christian beliefs is illustrated by the fact that therapy through psychiatric and psychoanalytic methods represents a new aspect for interpersonal relationships.

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## **2.5 Anatomy of the Amygdala**

The amygdala is an important part of our brain. The name Amygdala originally comes from Greek and means almond kernel/corpus amygdaloideum. Anatomically, the amygdala is part of the limbic system. Located in the anterior part of the temporal lobe, it consists of two similar nuclei in front of the hippocampus near the Caudatus nucleus and on the lower horn of the lateral ventricle. The amygdala can be divided into three different zones:

### **I. Basolateral complex**

It contains the three neighboring nuclei Nucleus basalis, Nucleus lateralis and Nucleus basolateralis.

### **II. Centromedial core group**

Consisting of Nucleus centralis and Nucleus medialis (Putz & Pabst 2000)

### **III. Cortical core group**

It contains the nucleus corticalis. Numerous nerve fibers connect these core groups with each other. As a result, they interact with each other. Furthermore, the amygdala is connected to the brain stem and diencephalon, where the hypothalamus and the basal ganglia lie (Putz & Pabst 2000).

# Amygdala

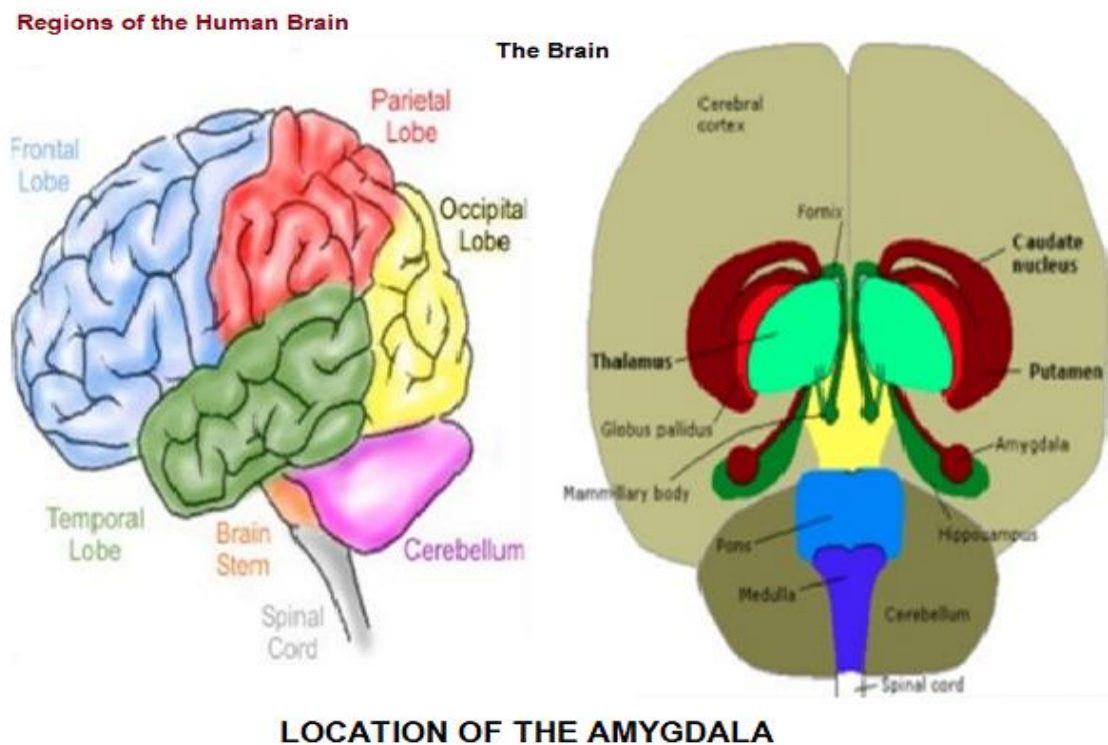


Fig.1: Amygdala

Source: <https://bit.ly/2qnoqHR>

## 2.6 Physiology of the amygdala

"The limbic system ("emotional intelligence") includes hippocampus, amygdala, gyrus cinguli. Amygdala: it shows traces of memory, whether events or situations are pleasant or harmful to the organism." (Klußmann & Nickel 2009).

From a physiological point of view, in Putz and Pabst, the amygdala plays a role in human emotions and cognitive consciousness. The subcortical amygdala core is part of the limbic system and belongs to the most important centre of perception. Besides regulating emotions, the amygdala also prepares us for danger. In this context, the amygdala has a vital function. The instinctive reaction program is controlled in case of danger and implemented in corresponding actions. Those affected perceive this process as a survival strategy.

It also controls fear via the emotional memory, whereby the speed up to the conversion into emotion is organized and executed by the amygdala. The main task of the amygdala is the production and processing of anxiety states and the associated physical reactions. Their responsibility is to drastically increase heart rhythm in dangerous situations, causing breathing to stall. The motor system in the brain is triggered by the amygdala. By releasing adrenaline, the body is warned of imminent situations by fighting or fleeing (Putz & Pabst 2000).

## Amygdala

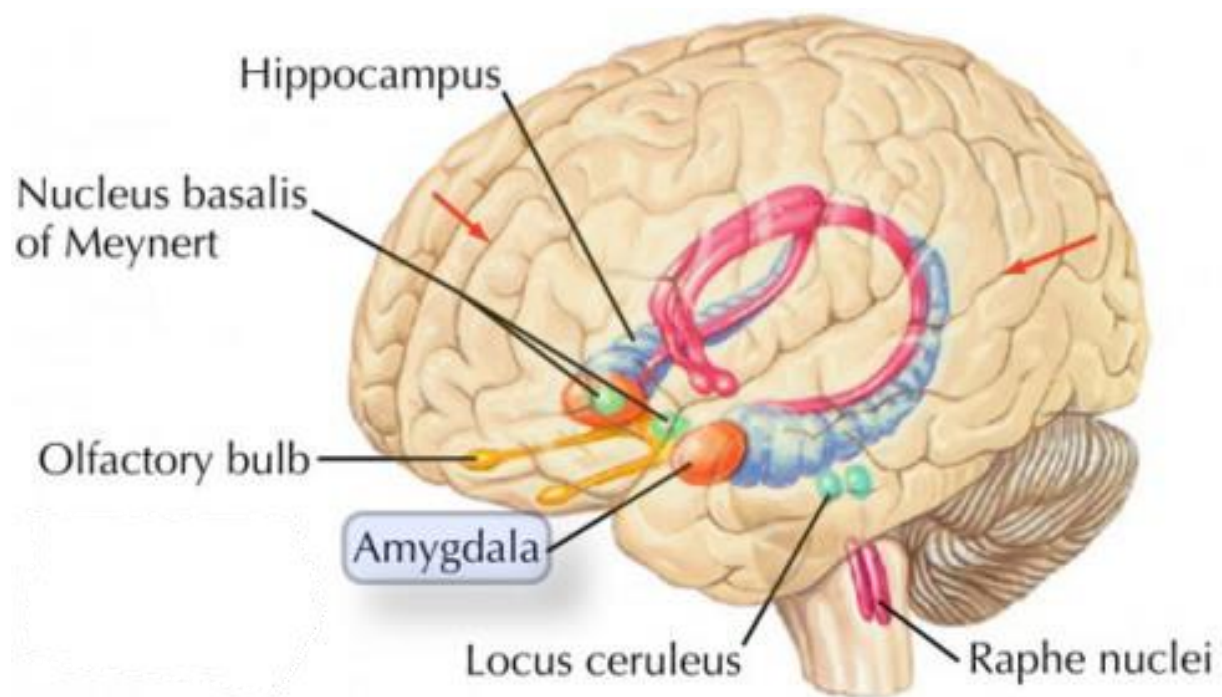


Fig. 2 The physiology of the amygdala

Source <https://bit.ly/2v7nYSG>

The instinctive control of anxiety runs through the prefrontal cortex PFC in collaboration with the pyramidal and extrapyramidal system together with the amygdala. The hippocampus as the central memory of emotions also plays an important role. Lammers points out that the amygdala is able to recall previously repressed emotional experiences into the present in the form of memories (Lammers 2007). This entire process plays an important role in the behavior of interpersonal relationships. The amygdala can also amplify certain emotions, such as anger or fear, as well as recognize past situations in experienced current situations. All traumatic experiences of childhood are stored by the amygdala, but made

inaccessible to consciousness and subsequently compared with painful events. Therefore, physical states are finally triggered by the reaction of neurotransmitters and hormones.

Early childhood trauma can make it difficult to encounter new contacts and to get to know new contacts: For example, we could get to know someone and without noticing it, an unpleasant feeling arises but we do not know where it comes from. This leads to a condemnation towards the person, whereby we are not aware of what exactly disturbs us about him. The answer is found in the repressed unconscious, stored in the hippo-campus. For Lammers this could be traced back to the fact that in the past we had a negative experience with people whose image reminds us of these experiences and makes it more difficult to make new contacts (Lammers 2007).

Over-stimulation of the amygdala leads to anxiety and panic disorders. These symptoms are perceived unconsciously without memories of repressed, traumatic events. A lack of functioning of the amygdala, on the other hand, results in several symptoms: autism, concentration disorder, depression, post-traumatic stress disorder and narcolepsy. If the amygdala is affected by a lack of supply as well as genetically, people have difficulty reading emotions on their faces. In particular, patients do not feel fear and cannot recognize it in others. As mentioned above, the amygdala not only plays a role in emotional, rational processes, but also in intuition and communication among people (Klußmann & Nickel 2009)

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