



## **5 The extermination machine the unconscious and its influence on interpersonal relationships**

### **How the unconscious influences our behavior negatively**

Why does the unconscious have a negative effect on our behavior? Because the unconscious is not accessible to us humans. There is no communication between our consciousness and our unconscious.

Consciousness is all we can comprehend. In psychoanalysis PA we call it the "tip of the iceberg". The unconscious, on the other hand, is a burial chamber, a depot where all repressions, injuries and embitterments that have never been uncovered or processed are stored.

Fear is in the foreground when you try to uncover the unconscious. Why is this the case? Fear wants to protect us from painful exposure, so it blocks our path to the unconscious.

For interpersonal communication this means that the relationship is threatened by affects and interpersonal relationships therefore perish. On a larger scale, wars can also be declared as a result. 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 outer world cannot communicate (Andrawis A, 2013). 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 and a "counter to each other" arise. All these negative qualities can be described as a "machine of annihilation", which is directed against any relationship – especially interpersonal relationship.

The person who shows this behavior is not aware of it and does not have access to it. Why is this so? Because man has no access to his unconscious. This means that the negative behavior is not correctly perceived and subjectively explained with the "tip of the iceberg"

(ebd.). The unconscious is a pattern behavior, a basic evil for all broken relationships. The dilemma here is that every person wants to do good, but is not able to do so because of his patterns, which he is not aware of: "Well meant doesn't always mean good."

### **I want to change the world**

How can this state be changed? You have to answer this question: "*If I want to change the world, I have to start with myself*" (ebd.).

How does this work and what does it mean?

I have to want to change something, that is, myself. The readiness for critical self-reflection is a prerequisite for this. The will to change must be there. I start with wanting to change something inside of me. That means I have the willingness to uncover my unconscious ((ebd.).As already mentioned, the unconscious can be presented as a burial chamber in which all repressions are stored and their infantile behavior patterns, which manifest themselves in the various situations as syndrome or symptom, for example as transmission.

A pattern behavior is established from the depot of the burial chamber, which is unconscious and is also carried to the outside. In PA, we call these patterns carried outwards "transmission phenomena" (neurotic transmission). These have a negative influence on interpersonal relationships (ebd.).During therapy and the therapeutic process, there is a chance to uncover these patterns. This is done by reconstructing the biography and the intrapsychic state. The therapist's "interpretive language" plays an important role here. Therapeutic goals are to raise the unconscious into consciousness, to thematize the unconscious and to put the therapeutic goals into action with the new insights (ebd.).

### **The "interpretive language" is based on three steps**

- 1.) Reconstruction from the biographical anamnesis
- 2.) Establishing the link between biography and psycho-dynamics
- 3.) From the "interpretive language" a therapeutic goal is formulated

Difficulties encountered during the therapeutic process are the patient's resistance and defense. The affected person is afraid. This activates the mechanisms of defense, which in turn counteract the therapeutic goals counterproductively. Ur trust and love play an important role here. If these are injured for biographical reasons due to an early Oedipal complex, the pattern behavior manifests itself. In stressful situations, personal life conflicts are regressed.

Here there is a need for reconstruction from the patient's biography in connection with the intrapsychic state and thus the psycho-dynamics (ebd.).

### **Regression**

It's described as a defense mechanism that leads to neurosis. It means both going backwards and going forwards to earlier development phases. It can also represent the desire to remain a small child. Regression can be used again and again to overcome a difficulty and avoid fear. Object relationship theory suggests that the adult ego can behave childishly because fears are not overcome. The ego that is not overcome and repressed shows itself as superego and leads to regression (Cobbler P, Springer-Kremser M, 1997).

Regression serves to prevent the feelings of guilt, fear and inferiority associated with failure from becoming conscious. Anxiety management and impulse defence are aimed at by temporarily withdrawing to an early childhood stage of development. Childlike substitute actions cover the deliberate confrontation with incriminating contents, e.g. reaching for cigarettes, alcohol, drugs. Simple primitive reactions show themselves in the form of weepingness, defiance and disease (Andrawis A, 2013).

### **Projection**

Everything I don't want to believe in myself, I project onto the other. Unconsciously wishes, fears, feelings of guilt, impulses, own weaknesses, mistakes and "inner objects", which cause offense, are split off from one's own consciousness and transferred to objects in the outside world. It's a self-delusion. You don't see the other the way he is, but the way you want him to be (Cobbler P, Springer-Kremser M, 1997).

### **Introjection, identification and preservation of the external character of the object**

Represents the "counter-motion" of the projection. Tendency of the ego to take objects of the outside world and their characteristics from "outside" to "inside" (introjection) and to transform the characteristics of other people into its own (identification) (Cobbler P, Springer-Kremser M, 1997).

In the course of identification, "the identifying subject appropriates characteristics of the object in such a way that the subject experiences these characteristics as its own. The depersonalized psychological structures of the ego and the superego, which have become

independent of personal relationships, emerge through identification. (Cobbler P, Springer-Kremser M, 1998, p. 17)

The internalized representations of objects remain internalized as alien characters while preserving the external character of the object as opposed to introjection and identification and their fate of the objects. (Cobbler P, Springer-Kremser M, 1998)

## **Bibliography**

- Andrawis A (2013): The hidden part of the iceberg. A two-year patient analysis
- Bürgin D, Resch F, Schulte-Markwort M (2009): Operationalized Psychodynamic Diagnostics OPD-2. The Manual for Diagnostics and Therapy Planning, 2nd, revised edition, in German only. Publisher Huber
- Dilling H, Mombour W, Schmidt M H (2011): International Classification of Mental Disorders. ICD-10 Chapter V (F). Clinical-diagnostic guidelines, 8th revised edition, Verlag Hans Huber
- Kernberg O F (1998): Psychodynamic Therapy for Borderline Patients, Verlag Hans Huber
- Mentzos S (2010): Neurotic Conflict Processing. Introduction to psychoanalytical neuroscience with consideration of new perspectives, Fischer-Verlag
- Möller H-J, Laux G, and Deisster A (2010): MLP Dual Series Psychiatry, Hippokrates Verlag
- Möller H-J, Laux G, Deister A (2014): Psychiatry and Psychotherapy, 5th edition, Thieme Verlag
- Schuster P, Springer-Kremser M (1997): Building blocks of psychoanalysis. An Introduction to Depth Psychology, 4th edition, WUV-Universitätsverlag
- Schuster P, Springer-Kremser M (1998): Applications of Psychoanalysis. Health and Illness from a Psychoanalytical Perspective, 2nd revised edition, WUV-Universitätsverlag

- Zepf S, (2000): General Psychoanalytic Neuroses, Psychosomatics and Social Psychology, Psychosozial-Verlag

**Prof. Dr. Andrawis**