

# THE HIDDEN ROOTS OF DESTRUCTIVE BEHAVIOUR:

## Discovering & transforming Over-Compensation with Psychophonetics

**Understanding and healing some adolescence-originated destructive defence and survival mechanisms which prohibit healthy social development.**

Some fundamental aspects of personal self-image and attitudes to relationship that are formed in adolescence stay the same for life. They become incorporated into one's operational personality and they are very resistant to change. The symptoms that express them can be very disturbing, anti-social and destructive, limiting the full expression of people's innate potential for fulfilling personal, relationship and professional life. But these symptoms cannot be changed, even when the person wants to change them, without first discovering the underlying dynamics that created them. In this article I will write about some of them: anxiety and aggression, low self-esteem and arrogance, loneliness and supremacism, lack of spontaneity and social drugs, emotional pain and self-harm, lack of control over one's life and anorexia.

I came across these conditions many times during my 30 years of practising coaching,, counselling, psychotherapy and training, mostly in working with adults who carry these habits from their adolescent and even childhood years. Psychophonetics processes enable direct communication between one's conscious self and these biographical layers. But recently I had the privilege of working intensely with a few teenagers in Slovakia, between the ages of 13 and 18, and that enabled me a close look into the formation of these habits *while they are being formed*. This article is dedicated to these, my teenage trainers.

As a result of these close observations over a period of about two years – a pattern emerged in my mind for which there was no ready-made name. I therefore created a collective name for a group of socially destructive patterns which I had to confront through my intense exposure to the life of teenagers. I had to realise on yet another level that dealing with symptoms of deep-seated psychological wounds is counter-productive for parents, educators and therapists. The root cause of these symptoms must be understood and dealt with empathically and effectively for the symptomatic anti-social patterns to be overcome. I observed from close quarters a number of anti-social patterns which can only be explained by an over-reaction to deep, painful, hidden dynamics in the soul. I discovered the phenomena of **Over-Compensation**.

It is in the nature of articles such as this that only a general insight, approach and understanding of these patterns can be shared, rather than the details of therapy. My response and solution to these conditions come from my developmental/therapeutic approach that is called Psychophonetics, and in as much as there was cooperation from my young clients – I consider it successful. Other educators, therapists and parents will have to find their own remedial approach based on their own knowledge and skills. Here I can only share my insight, emerging from Psychophonetics work, which is not only a form of coaching, counselling, psychotherapy and psycho-development – but also a method of research, the results of which could be relevant to everyone.

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When there is a wound, pain, unbearable experience or deficit in the depth of the soul caused mainly by biographical reasons – there is a tendency to overcompensate for it with a development of an over-blown, one-sided, compensatory structure that creates a temporary, shaky counter-balance. The problem is that the over-compensation structure does not address and heal the underlying causes of the problem but it produces an inflammatory dynamics (similar to the 'Secondary-Personality' syndrome) which needs to be constantly fortified from the outside by the over-compensatory habit. The result is strong enough only temporarily, creating a repetitive pattern similar to addiction. As is the case with addiction – the real need that is fuelling the addictive behaviour is not satisfied by the compensatory behaviour (or substance). In a similar way the overcompensation never satisfies the real underlying need and is never peaceful, as the real need is to address and strengthen the deep weakness and pain in the soul that has originally created it.

Typical example are: Anxiety - over-compensated by - Aggression; Low Self-Image - over-compensated by - Arrogance; Loneliness/lack of sense of belonging - over-compensated by -Supremacism, nationalism, Racism; disconnection to

one's own self resulting in lack of authenticity and spontaneity - over-compensated by - mind-altering social drugs like alcohol and marijuana; emotional pain - over-compensated by - self-harm; Lack of control over one's life - over-compensated by - anorexia. There are of course many more such pairs.

Over-compensation tendencies are inherently inflamed, restless, irritable and in need of constant demonstration, audience, external reassurance and external support. The intelligence of the overcompensation sub-personalities operate on a lower level of intelligence than the person as a whole. This tends to lower the overall operational intelligence of the person carrying the over-compensation tendencies and therefore his/her overall performance in life.

The origins of over-Compensation patterns are very deeply buried. Therefore they are not emotionally experienced and they are not available for cognitive reflection by the person carrying them. The painful sources of these patterns have been pushed down deeper than emotions or reflection can reach. Only the overcompensating, symptomatic behaviour is visible. While the carrier is not consciously aware of their source – they are fully committed to the over-compensation patterns and to their superficial justifications, because that is how they survived. They are instinctively convinced that they need these patterns for their survival. Only when the cost of the overcompensating patterns becomes too high – there could be a motivation to do something about it. But the symptoms themselves are not treatable, and the underlying cause is not cognitively reachable. Body memory has to be accessed in order to get to the source of these patterns.

### **Anxiety Image - over-compensated by - Aggression**

When there is an unresolved dynamics of anxiety somewhere in a deep layer of the soul and the person have not found a way to deal with it – it is being pushed down below consciousness, it is not reflected on and not felt, but it enters the domain of the will: there is a constant, instinctive drive to do something extra just to feel safe. Developing an extra dimension and habit of aggressive behaviour is one solution. Developing, expressing and investing in an aggressive faculty, whether physical, verbal or emotional aggression – provides a balancing act to the on-going active chronic anxiety. But of course the aggressive behaviour does not solve the underlying anxiety. It makes it worse, as the thought-pattern that enhances aggression requires the constant imagination of hidden enemies and dangers, to keep the aggression going and to justify it intellectually. Fantasies of violence, weapons, guns obsession, fighting and cruelty become necessary for such a person. In its extreme it leads to violence and a violent lifestyle with all its consequences. Such people are always in search of someone or some group of people to hate. They are the usual prey for hate-based populist politicians who trade in hatred to mobilise and glue their manipulated followers together.

Therapeutic/developmental response: Conversational Counselling - Identifying the issue, evaluating the cost, overcoming the ready-made intellectual justification for the aggression and motivating self-observation and exploration for finding the real cause of the aggression and violent tendencies. Action Phase - using Psychophonetics exploration sequences to go through the symptomatic aggression into the deeper cause of the aggressive pattern; exposing the often associated dynamic of panic; finding a practical solution for the source of the anxiety and the panic. No point trying to solve the aggression itself. It is only symptomatic of the anxiety underlying it.

### **Low Self-Esteem - over-compensated by - Arrogance**

When an established internalised inner voice keep telling the person that there is something fundamentally wrong with them, that they are less than anyone else – this dynamics has three ways to develop: 1) it keeps being felt and projected at any critical (or potentially critical) signal from the outside, minimising the confidence, the presence and the expression of the person in the attempt to be a small target and to please everyone; 2) it is being suppressed and pushed down in the attempt to keep going strong. It disappears from emotional experience and sinks down into the body and the instinctive defensive will, resulting in a chronic, on-going need to be proved superior to everyone else and to put them down in order to feel ok about oneself. This IS arrogance; 3) it can be healed.

Option 2 results in chronic, unsatiated arrogance with growing developmental and social costs. It also results in chronic ignorance, as defensive positions will typically be formed around existing opinions, preventing the possibility of further education, of absorbing new information, new perspectives, new world view and all updates. It also leads to chronic argumentativeness which destroys the development of empathy. The result is the development of personality and lifestyle that is based on a lower level of intelligence than the real innate intelligence of the person.

Therapeutic/developmental response: Identifying the issue, evaluating the cost, overcoming the ready-made intellectual justification for the habitual arrogance. Exploring the underlying voice of 'put-down' deep inside. Confronting and countering it, often through the process of 'Firing the Parent' who is the source of the put down.

**Loneliness/lack of sense of belonging** - over-compensated by - **Supremacism, nationalism, Racism.**

Between age 9 and 14 there is a natural healthy need to belong to a group: immediate family, broad family, town, class, school community, neighbourhood, nation, national history, country, culture, religion, tradition, language. When that need is satisfied – the person naturally grows in time out of this urgent need to belong to a given group-consciousness and replace it with a more personalised relationship that is based on the growing individual personality. But when for whatever reasons that basic need to belong is frustrated – that need goes down into the subconscious and it can become chronic isolation, or it can become the drive to identify with a collective identity passed the proper developmental period for such an identity.

The unsatisfied need to belong to a group lives in a deep unconscious strata of the soul, lonely, agitated and frustrated. It can become the drive to identify with a group that is defined by its assumed superiority, combined with the need to denigrate, stereotype and despise other groups, putting them down below one's own and direct hatred towards them. The collective hatred provides the glue for the belated group belonging. That is the foundation of all gangsterism, sects, armed militia, nationalism, racism, religious zealotry, hatred for strangers, immigrants and refugees.

The origin of these tendencies vary: it could be an unclear social, ethnic and cultural belonging at the time of the formation of identity, such as the fate of immigrants and children of overseas posted diplomats and business people; it could be a sense of inferiority and shame of a certain socio-economic disadvantaged class or group into which one is born, or it could result from being estranged and bullied in one's own family or school.

Therapeutic/developmental response: not much. Such people will not usually present an issue as they do not see these symptoms as problems to solve but as a superior identity. But this understanding could help parents of radicalised teenagers to understand, empathise and may remedy the context in which these youths live.

**Disconnection to one's own self resulting in lack of authenticity and spontaneity** - over-compensated by - **mind-altering social drugs like alcohol and marijuana.**

A certain degree of social awkwardness and shyness is natural and inevitable between the age of 7 and 21. When this tendency lasts beyond this age, for whatever reason – internalised self-negativity can block the development of social and relationship skills. In the absence of an effective therapeutic/developmental healing process – socially accepted drugs can easily provide a replacement: they melt away mental blocks that prohibit the free flowing expression, emotions and intimacy, becoming a ready-made 'prosthesis' to over-compensate for the lack of natural communicative spontaneity. These drugs can solve the problem temporarily but without a development of one's real authentic social skills.

Therapeutic/developmental response: Identifying the issue, evaluating the cost, overcoming the ready-made intellectual justification for the habitual communication blocks, inhibition and shyness; creating a new meeting between the inner shy person and one's mature person that can take care and protect it from too much exposure; discovering and dissolving the internalised blocks.

**No control of one's life** - over-compensated by - **Anorexia**

Anorexia could be conceived as submission to an internal voice demanding body perfection in exchange for liberation from external pressures, normally parental, that dominate one's life. As an overcompensation the real problem anorexia comes to solve exists on a totally different level from the symptom, and focusing on the symptom leads nowhere. It is a will impulse with a will-based kind of logic, and, unless accessed directly, the commitment to that behaviour will continue in spite of every external social pressure.

Developmental/therapeutic response: to penetrate beyond the symptomatic behaviour into the real motivation for this behaviour, and to empathise with it. Once understood – alternative ways of addressing the need for controlling one's life can be created.

**Suppressed emotional pain** - over-compensated by - **Self Harm**

Self-harm is, paradoxically, a pain killer. When uncontrollable emotional pain is active, so unbearable that it is being pushed down from consciousness – can be overcompensated by controlled physical pain caused by the habit of

self-harm. The commitment the person has for that behaviour is strong and un-negotiable, and the connection to the original emotional pain is lost to consciousness. The underlying emotional pain has to be accessed and taken care of.

**Suppressed emotional pain** - over-compensated by - **Avoidance of specific topics**

Avoidance has many causes and many expressions. As an overcompensation it can have life of its own making confrontation and direct dealing with the underlying suppressed emotional pain impossible on the reflective level. The underlying emotional pain has to be exposed and healed.

**Suppressed emotional pain** - over-compensated by - **Avoidance of specific people**

As above – in regards to specific people, a block to healing relationships that can last for life, tragic when it happens between family members.

**Suppressed emotional pain** - over-compensated by - **Avoidance of particular situations**

As above – in relation to specific situations, a typical example being fear of public speaking.

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All the above examples of Over-Compensation point to a phenomena, the understanding of which can become a tool of healing in the hands of a caring parent, educator, friend and therapist.

I leave it trustingly with you.

Yehuda Tagar