



The Genesis of Psychopathology

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Conceptual

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Abstract

Human psychopathology is a serious issue for humanity, harming not only mental but also physical health (psychosomatic disorders). Why do so many disturbances exist—and why are we the only species that commits suicide and often murders our fellow humans, while this is extremely rare in nature? Over the years many eminent psychiatrists and researchers have sought to answer this question, significantly advancing our understanding of psychology and psychopathology. Perhaps all of them were right, each illuminating different aspects of the psychological path. In this article we attempt to examine the origins of psychopathology in the early years of life and the unique bond formed between parent and child.

Keywords: Psychopathology; Psychology; Human; Mental; Physiology

Physiology of the Human Psyche

First, let us recall the conclusions of our previous publication titled the “Theory of Everything” [1]. In specific, we claimed — with substantial justification — that life is a microcosm of the Universe, reproducing its history. Thus, both Universe and life obey the same laws.

1. The structure of matter—particles, charges, and interactions—was determined at the early stage of the Universe’s creation, right after the Big Bang, and never changes. The same applies to human beings: during the first five years of life character is formed and remains stable throughout life.
2. Matter (microcosm) and humans both carry information from their previous existences. In humans DNA determines physical characteristics, inclinations, talents, and abilities. Psychically, from birth, there is an innate avoidance of pain (crying at birth), search for pleasure (early laughter), need for freedom, drive for survival, and desire for love and validation—the sense that one is worthy of living and growing up. We may hypothesize that these are properties of the microcosm itself, providing a possible explanation for the *double-slit*

experiment in physics [1].

Brain function (the seat of the psyche) also follows its structure. Each part has specific responsibilities—for instance, the occipital lobe is associated with vision, and when damaged, the individual cannot see despite normal eye function. The brain also contains fast neural pathways responsible for reflexes and emotions. When we touch something hot, we withdraw our hand automatically, prior to conscious thought—an expression of the innate avoidance of pain. We believe that during the first five years of life, new emotional pathways are formed based on the parent-child relationship, and these stay for life—forming what we call character. The formation of character, which is the foundation of both mental health and psychopathology, takes place during these first five years, across the following stages as described by Freud [2]:

Stage 1 - Oral (0-1 year)

The emotional bond between mother and child is dominant, establishing the sense of safety, trust, and capacity for survival, as well as the relation with food, for example,



when a child receives love and security only through feeding, it may become an obese adult.

Stage 2 – Anal (1–3 years)

The child begins to walk, achieving physical and emotional autonomy while testing skills and abilities. At this stage, parental love combined with protected freedom and healthy behavioral models are essential.

Stage 3 – Oedipal (3–5 years)

In this phase, self-confidence and identity are structured: the belief that one deserves to live and develop as an individual as well as gender identity (male or female). During the oedipal stage the child primarily needs the approval of the opposite-sex parent to affirm its gender identity and role—not eroticization or seduction, but recognition and validation.

When parents honor and fulfill the natural needs of the child during the ages of 0–5, the result is a creative, healthy, and functional character. This is achieved when the following are respected:

1. a) Unconditional love throughout the child's life, b) Encouragement to collect life experiences (e.g., play and peer relations), c) Sense of safety and protection from danger or threat, and d) Approval and trust in the child's worth and ability to grow. All of this must occur within an environment that respects truth, justice, and beauty.
2. Respect for both physical and emotional autonomy leads naturally to good interpersonal skills during adolescence.
3. Protected and gradually increasing freedom should lead, by adolescence, to cooperation between parents and child regarding needs and desires.
4. Parents must offer a living example through their own mental health and emotional balance—thus creating a functional model for their child.

The Origins of Psychopathology

The birth of psychopathology can be distinguished in successive stages.

Stage 1

This stage involves:

- a) a dysfunctional parental model, and b) incorrect emotional information transmitted to the child.
1. Among animals, the parental example is decisive for their offspring's development. In humans, the same principle applies. For example, an alcoholic parent cannot easily convince their child to avoid alcohol abuse.
 2. Emotional information consists of messages—positive

(love, approval, validation) or negative (anger, fear, rejection, attack). These emotional messages are critical because they persist in memory far longer than neutral experiences. One might not recall what was eaten two days ago but may vividly remember a meal from two years ago because it was associated with joy, beauty, and communication. When emotional information, whether positive or negative, aligns with reality, it contributes positively to character formation and builds healthy emotional pathways in the child—for instance, when a parent lovingly rewards achievement or sets a loving boundary (“you must not cross the street alone”).

Problems arise when emotional messages contradict reality. Negative messages such as deprivation of love, threats, intimidation, humiliation, abandonment, physical or sexual abuse, and harsh punishment constitute direct aggression from the parent. This behavior often stems from the parent's own childhood trauma, which is unconsciously repeated and projected onto the child. Usually abusive parents have been also abused themselves.

But is there also indirect aggression? Unfortunately, yes. Dependency, overprotection, and a seductive atmosphere are serious forms of indirect aggression, as they cause major developmental problems. A dependent child feels safe and satisfied only when constantly connected to the parent, usually the mother. However, at the same time the development of self-confidence and autonomy is compromised. In the animal world, the weaning stage forces the young to mature—a law of nature often ignored by humans. Similarly, overprotection reduces opportunities for autonomy and new experiences. The seductive atmosphere (also mentioned in the Oedipal stage) is perhaps the most damaging. The sexual drive begins at birth (a small child may have erections) but is meant to mature during adolescence. Premature stimulation destroys this process. As Kazantzakis [3] wisely wrote, his greatest sin was breathing on a cocoon to hasten a butterfly's birth; it emerged prematurely and died instantly—a profound metaphor. A child should be affirmed in its masculinity or femininity but without any sexualized or seductive interaction. Even plants bear fruit only after maturation. Nature's fundamental law dictates that reproduction occurs only after maturity.

Stage 2

1. In cases of direct aggression, the child experiences anxiety, fear, insecurity, and a sense of inadequacy. This happens because the child cannot recognize the parents' mistakes, deficiencies, or emotional disabilities. Children raised by animals, for example, have been found to walk on all fours and growl—an extreme demonstration of identification with their environment. The child, unable

to assign blame correctly, internalizes guilt and develops an inferiority complex.

2. In cases of indirect aggression (dependency, overprotection, seductive climate), the child feels safe within the parental bond. Despite lacking autonomy and experience, it justifies this relationship by convincing itself of being superior—thus forming a superiority complex. This is characteristic of the narcissistic personality.

Stage 3

Following the stress caused by both direct and indirect parental aggression, the child's inner world unconsciously seeks the means to defend itself. It therefore employs the ego defense mechanisms described by Anna Freud [4]. The main mechanisms are:

- **Repression:** The traumatic experience is pushed away from consciousness.
- **Denial:** Refusal to acknowledge that the aggression occurred.
- **Displacement:** Transference of the trauma to external objects, producing phobias.
- **Isolation:** Emotional detachment from the traumatic memory (seen in obsessive-compulsive neurosis).
- **Introjection:** Internalization of harmful parental elements into the ego (associated with depression).
- **Compensation:** Replacement of feelings of inferiority through achievements and abilities; when excessive, it becomes overcompensation (e.g., the insecure *Don Juan*).
- **Conversion:** Transformation of psychological pain into physical symptoms (key in hysteria or histrionic personality disorder).
- **Projection:** Attributing one's own faults to others (common in paranoid psychosis).
- **Identification:** Adopting behaviors or traits of significant others. When the psyche is flooded with parental aggression, identification with the aggressor occurs—this is the primary mechanism behind serial and mass killings, severe abuse, and violence.
- **Rationalization:** Justifying parental hostility by blaming oneself as the cause of aggression or by attributing it to external factors (may contribute to suicidal ideation).

Stage 4

Repeated traumatic experiences, often reinforced by the participation or tolerance of the other parent, produce pathological learning, which solidifies the trauma and its consequences. The pattern becomes permanent, shaping the individual for life.

Stage 5

Finally, fixation, as defined by Freud [2], emerges—a subconscious drive either to resolve or to satisfy the early trauma. If fixation stems from direct aggression (without identification with the aggressor), it may motivate the adult to avoid or heal the trauma—for example, avoiding conflict or being particularly tender toward children, compensating for emotional deprivation in early life. However, the final healing of trauma comes only through the re-experience of it (100%) and the final expression of anger for the abuse. When fixation results from indirect aggression, the adult does not seek to resolve it but rather to recreate it. Thus, the narcissist seeks submissive partners who depend on him, admire him, and serve his grandiosity.

Conclusion

This perspective may seem novel in explaining the origins of psychopathology. Yet, examining stages 1, 3, and 5 strong parallels with Freud's [2] ideas are revealed:

- Stage 1 reflects the superego, shaped by parental information.
- Stage 3 involves the defense mechanisms of the ego—entirely Freud's and Anna's Freud concepts [2,4].
- Stage 5 introduces fixation, also Freudian [5].

Adler [6] clearly addressed Stage 2, focusing on the inferiority complex that drives human striving. Jung, with his concept of the collective unconscious [7], proposed that the psyche carries archetypes from previous existences—consistent with the view that life and the universe share common laws.

1. Finally, the Behaviorists fully align with Stage 4, emphasizing learned behavior through repetition [8]. It is striking that all these schools of thought are complementary and, to a large extent, valid. For example, Freud's famous case of *Little Hans* [9] described a child's phobia of horses—an instance of displacement of fear from the father onto the animal. Similarly, the Behaviorists [8] presented the case of *Little Albert*, who developed a phobia of a white furry animal (and all similar objects) after repeated pairing of a rabbit with a frightening noise. Both examples describe the same mechanism:
2. a) *Hans* repeatedly experienced paternal aggression, leading to phobic displacement.
b) *Albert* repeatedly experienced fear associated with the animal, also leading to displacement and phobia.

Fixations and Consequences

As Freud [2] wisely noted, every fixation consumes psychic energy to sustain itself within the unconscious. What is natural provides energy, balance, and satisfaction; what

is unnatural is psychologically exhausting. We previously mentioned that we are born carrying information such as the need for freedom. Therefore, we inherently strive to free ourselves from fixations. If we can fully re-experience (100%) the emotional pain of trauma, we may be devastated, we may suffer, but ultimately, we will reach catharsis—the resolution of the trauma through the final expression of anger toward the original event. This process, however, is extremely difficult and may require psychotherapy or corrective emotional experiences in adult life. Sadly, such full resolution is rare, and what most people achieve instead is discharge—a temporary emotional release that does not heal the trauma. For instance, when someone breaks objects in anger, hurts others or animals, commits femicide, attempts suicide, or abandons friends and loved ones without reason, he/she is not responding to present events but is acting out unresolved childhood traumas. The relief is temporary—it does not dissolve the fixation. It is like paying interest on a debt without ever reducing the capital. Let us examine some examples of how this operates in life:

1. When a boy experiences both direct and indirect maternal aggression—emotional neglect, hostility, dependency, or seductive undertones he represses the trauma, forming a fixation. As an adult, he often chooses a partner resembling his mother, unconsciously seeking to correct the past through her. When the childhood pattern inevitably repeats itself, he may project his unresolved rage and symbolically “kill the mother” through the murder of his wife.
2. When a child is abused and suffers deeply, it often develops a sense of inferiority and internalized guilt. In adulthood, it may strive excessively to achieve and prove its worth. Yet, after several failures, unable to recognize parental aggression and justifying it instead (“I was never good enough”), the person may ultimately commit suicide, reenacting the belief that “I should not exist”—a tragic echo of childhood guilt.
3. As already discussed, an individual may become narcissistic, obese, hysterical, phobic, paranoid, abusive, or even a serial killer—all as different expressions of unresolved fixations.
4. A child who experiences seductive stimulation too early feels premature pleasure. As an adult, such a person seeks this pleasure again, but the erotic drive has not matured properly to be fulfilled in genuine intimacy. Hence, the false but intense pleasure of drugs or gambling may serve as a substitute, resulting in addiction.
5. Severe anxiety (not situational stress, like exam anxiety) and depression often represent the revival of early emotional states of fear and despair.
6. The obsessive–compulsive personality is typically formed during the anal stage (1–3 years old), when autonomy begins. If parents alternate between encouragement and restriction—contradictory messages of “act”

and “don’t act”—the child becomes confused. When restrictions prevail, the result is an avoidant personality disorder, characterized by fear of action. When positive and negative messages are balanced, the outcome is obsessive–compulsive personality—acting, but with delay, repetition, and doubt.

7. But how can we explain people who habitually lie, manipulate, exploit, steal, or harm others without guilt or remorse? The answer, once again, lies in nature. Among animals (and humans alike), two primary instincts prevail: survival and reproduction. The instinct for survival follows no moral law—it may involve deceit, or trickery to capture prey or avoid predators. In contrast, the reproductive (erotic) drive concerns creation, beauty, companionship, and love.

The first drive concerns the present and the latter the future. Libido, as defined by Freud [9], is thus the carrier of creativity, beauty, and love. People dominated solely by the survival instinct have their erotic energy suppressed or paralyzed. Consequently, they live only to dominate, prevail, accumulate wealth, and act without empathy—exemplified by figures such as Hitler.

We have already noted that discharge provides only temporary relief, but not true resolution. When we dream of drinking from a spring while thirsty, we feel momentarily relieved—but we remain thirsty upon waking. Likewise, all forms of psychopathology—neuroses, personality disorders, destructive aggression, suicide, anxiety, and depression—represent discharges of repressed trauma rather than genuine healing. For example: In hysteria (histrionic neurosis), trauma is converted to a physical symptom—a temporary relief through the body not a resolution. In obsessive–compulsive neurosis, a problem during the anal stage, at 1–3 years of age, with parents sending contradictory messages, repetitive behavior also serves as a discharge, not cure. In avoidant and dependent personality disorders, clinging behavior releases anxiety but does not resolve the fixation. In narcissistic personality disorder, grandiose behavior discharges the pain of early dependency and lack of emotional autonomy.

A full explanation of all human psychopathology would require an entire book. However, it must be noted that psychotic disorders—such as schizophrenia and bipolar disorder—involve significant hereditary factors in addition to early trauma.

From all these reflections, it becomes evident that childhood experiences, especially between the ages 0–5, play a decisive role in the formation of character and determine both mental health and psychopathology. The struggle for liberation from childhood trauma is difficult and long but

necessary if we are to live a healthy life. According to Freud's thoughts man is the sum of his traumas [2]. This work attempts to outline the path toward psychic liberation.

Final Conclusion

The ultimate conclusion is that during childhood (0–5 years), the example set by parents and the emotional information they provide are of critical importance to the child's mental health. Fixations that arise from parental aggression become unconscious motives—urges to either resolve or satisfy the early trauma. However, full re-experience (the emotional reliving of trauma) is rare, and most people often discharge the repressed energy—sometimes even through serial killings—without ever freeing their psyche from trauma. In our previous article, "Theory of Everything" [1] we claimed that life mirrors the history of the Universe. We now add that adult life mirrors childhood. YES, to full re-experience of childhood trauma—grief, pain, and final anger—leading to healing. NO to mere discharge, which brings only temporary relief and perpetuates psychopathology.

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