

Psychodynamic or psychoanalysis is a theory of the personality. It is a method of investigation and a scientific discipline. Psychoanalytic approach draws from diverse theoretical views which revolve around several fundamental concepts in the field. Its evolution has never escaped controversies since 19th century, being popularised by Sigmund Freud, as opponents challenged its legitimacy as a scientific discipline. This is because psychoanalytic approach centers around patients' subjective experience, the process is difficult to be quantified and studied. Therefore, not many scientific research has been carried out to validate its therapeutic procedures, results and efficacy especially in the long term. Nevertheless psychoanalysis is very useful in formulating a patient's case history as it is rich in information and produces possible psychosocial etiology in understanding patients in greater depth. Of all the proponents of psychoanalysis, Sigmund Freud, Carl Gustav Jung, Alfred Adler and Frederick Perls contributed immensely to this movement. Other theorists include Karl Abraham, Melanie Klein, Abraham Maslow, Adolf Meyer, Erik Homburger Erikson and Carl Rogers. Central to psychoanalysis is the study of the 'Mind'. Freud was instrumental in creating the topographic model of the mind in his book, "The interpretation of dreams" in 1900. The terms unconscious, preconscious and conscious were widely introduced. And so were 'id', 'ego' and 'superego'.

According to Freud, for a technique to be psychoanalytic, it must involve the principles of transference and resistance. Transference is the patient's displacement onto the therapist of his early wishes and feelings towards other people, and soon begins to experience the therapist as a significant figure from his past. Hence transference perception is a combination of the real relationship with the therapist and of relationships with people from the past whom the patient unconsciously brings into the present. On the other hand, resistance is the reluctance or unwillingness of the patient to disclose certain information, which is largely due to unconscious, active forces in the patient's mind. The following will be discussion on the theories and concepts by Freud, Jung, Adler and Perls. These will then be associated with the various hypnotherapy techniques.

Sigmund Freud was born in 1856 in Freiburg, Czech Republic. His Jewish family moved to Vienna, Austria, where he spent most of his childhood. After medical school, he specialized in neurology. Early in his career, Freud had worked with Jean-Martin Charcot, Ambroise-August Liebhault and Hippolyte-Marie Bernheim. These influential people and his own works with hysterical patients paved Freud to develop psychoanalysis. Of particular interest was a fascinating patient named Bertha Pappenheim, or Anna O, whom Freud treated with hypnosis. He used catharsis to remove symptoms through a process of recovering and verbalizing suppressed emotions with which the symptoms symbolized. This method is called abreaction. Sometimes the patients were unable to recount memories that later proved to be very significant. This reluctance to 'open up' is termed resistance, which is an important aspect in

psychoanalysis. Freud was resourceful in using the technique of free association whenever resistance was encountered. In free association, he allowed the patients to say anything which came to their minds without any filters. Sometimes patients might utter words spontaneously which might contain a deeper underlying meaning. These are called Freudian slips. In working with patients, Freud frequently encountered patients talking about their dreams during free association. He noticed that dreams were meaningful although their meanings were often hidden or disguised. This observation led him to believe that the interpretation of dreams was the way to understanding the unconscious mind.

Freud's monumental work in 'The interpretation of dreams' was published in 1900. He asserted that a dream is the disguised fulfillment of an unconscious childhood wish that is not readily accessible to the conscious awareness. This theory are not entirely accepted by many people whom are of the opinion that dreams carry meaning that may not necessarily be traced to childhood, but rather to any unfulfilled wishes in their lives. According to Freud, there existed censor or filter to check the ego to be in a state of equilibrium, so as to preserve sleep and not wake the patient. These defense mechanisms in the ego include displacement, condensation, denial, suppression, symbolic representation etc. Thus analysis of dreams will elicit material that has been repressed such as nocturnal sensory stimuli (pain, hunger, thirst, urinary urgency), day residue (thoughts and ideas connected with waking life activities) and importantly the repressed unacceptable impulses. The role of dreams is to allow partial but limited gratification of the repressed impulses. Freud further distinguished two layers of dream content: the manifest content and the latent content. The manifest content can be recalled by the dreamer whereas latent content are unconscious thoughts and wishes that threaten to wake the dreamer. Dream work is the process where latent content is transformed to manifest content by selecting apparently meaningless or trivial images that are dynamically associated with the latent images that they resemble in some way.

As mentioned earlier, Freud proposed his topographic model of the mind in which he divided the mind into three systems, each with its own unique characteristics. The conscious system is the part of the mind where perceptions of the outside world or from within the body or mind are brought into full awareness. The preconscious system is made up of mental events, processes and contents that can be brought to conscious awareness by focusing attention. It is the interface between consciousness and unconsciousness. The contents of the unconscious must be linked with words to reach conscious level according to Freud. It also serves as a barrier to censor unacceptable wishes and impulses. The unconscious system is dynamic and its mental contents and processes are kept away from consciousness through censorship or repression. It is

closely related to instinctual drives such as sexual instinct (libido), ego instinct, aggression, life instinct and death instinct (thanatos). Freud viewed that the content of the unconscious will always try to surface into the consciousness to be fulfilled. This is the primary process thinking. These wishes thus provide the motivation for dream and unfortunately neurotic symptoms. In 1911, Freud mentioned two basic tenets of mental functioning: the pleasure principle and the reality principle as component of ego functioning. The pleasure principle is an inborn tendency to avoid pain and to seek pleasure through the discharge of tension. Whereas the reality principle is a learned function associated with ego maturation, thus, it modifies the pleasure principle and requires delaying immediate gratification. Another area which Freud had influenced was his understanding of the human psychosexual development and object relationships. He initially classified psychosexual development into: oral stage, anal stage, latent stage and genital stage although some authors believed he included the urethral stage and phallic stage between the anal and genital stages. He believed that each stage had its objectives and characteristics, and failing which would give rise to pathological traits. The oral stage is the earliest stage of development where an infant's needs, perceptions and mode of expression are primarily centered around the mouth, lips, tongue and oral zone. The objectives in this phase are to establish trusting dependency on nursing objects, to establish comfortable expression and gratification of oral libidinal needs. The anal stage is prompted by maturation of neuromuscular control over sphincters, particularly the anal sphincter, which permits voluntary control over retention or expulsion of feces. The objectives of anal stage include striving for independence and autonomy failing which there will be shame, self-doubt and loss of control. Latent stage is from 5-6 until 11-13. This relatively quiescence of sexual drive corresponds to resolution of Oedipal complex till puberty. The primary objective is further integration of Oedipal identifications and a consolidation of sexual identities. The final stage, genital stage, extends from puberty to young adulthood. The primary objectives are ultimate separation from attachment to parents and establishment of mature, non-incestuous object relations. The person finally achieves a mature sense of personal identity and acceptance. He gains a set of adult roles and functions which allow him an adaptive integrations with social expectations and cultural values.

1923 was the landmark publication of 'The ego and the id' by Freud. He moved from the topographic model of the mind to this tripartite structural model of id, ego and superego. Freud stressed that not all unconscious processes can be relegated to a person's instinctual life, and even the elements of the conscience can be unconscious as well. This ego psychology with the three provinces of id, ego and superego are distinguished by their different functions. According to Freud, id refers to unorganized instinctual drives that operate under the domination of unconsciousness. It lacks the capacity to delay or modify the instincts with which an infant is born.

Ego on the other hand spans the unconscious, preconscious and conscious levels. Logical thoughts, abstract thoughts and verbal expression are associated with the conscious and preconscious functions of ego. Whereas defense mechanisms, which will be described later, are associated with the unconscious function of the ego. The ego is likened to an executive organ of the psyche where it controls motility, perception, contact with reality, judgment and modulation of instincts expression. On the other hand, the superego establishes and maintains a person's moral conscience based on ideals and values that have been internalized from parents usually around 5-6 years old. The superego is an agency that continuously scrutinizes a person's thoughts, emotions and behavior, and compares them with expected standards of behavior, and providing approval or disapproval. These occur largely unconscious although superego spans the unconscious, preconscious and conscious levels.

A major contribution from Freud was his acknowledgment of several defense mechanisms although it was her daughter Anna Freud who published her famous book, 'The ego and the mechanisms of defense'. Sigmund Freud focused primarily on repression which he regarded as the queen of the defenses. However for practical purposes the many types of defense mechanisms have been classified as follows:

- a) Immature defenses such as denial, distortion, projection, acting out, blocking, hypochondriasis, introjection, passive-aggressive behavior, regression, schizoid fantasy and somatization.
- b) Neurotic defenses such as controlling, displacement, externalization, inhibition, intellectualization, isolation, rationalization, dissociation, reaction formation, repression and sexualization.
- c) Mature defenses such as altruism, anticipation, asceticism, humor, sublimation and suppression.

From literature, Freud was found to treat an array of anxiety disorders. During his time, this group of disorder was called anxiety neurosis or simply neurosis. He theorized that neurosis occurred as a result of dammed up libido. In other words, the physiological increase of sexual tension was translated into a corresponding increase in libido, which was the mental representation of the physiological event. Freud called this the actual neurosis. Later, he developed a new theory called signal anxiety which he claimed as anxiety that operated at an unconscious level with the purpose of mobilizing the ego's resources to avert danger or unwanted thoughts and emotions. He explained neurotic symptoms as the ego's partial failure to cope with the unwanted distressing stimuli. That means the defense mechanisms used by the ego were insufficient to cope with the danger or distressing stimuli. As an example Freud explained phobias as an externalization of an internal danger.

He further proposed a developmental hierarchy of anxiety which can be linked to a person's developmental stages. The earliest hierarchy is the fear of disintegration or annihilation. As a child grows and matures, he learns the mothering figure as a separate person (or object), which gives rise to separation anxiety. The next hierarchy occurs during the oedipal psychosexual stage. Here most girls are concerned about losing the love of the most important figure, the mother, whereas most boys fear bodily injury or castration. They are thought to vie with their fathers to avoid castration, and to be close with their mothers. The resolution of oedipal complex gives rise to a more mature type of anxiety called superego anxiety at the latency stage. This involves the fear that internalized parental representations within the superego will stop to love the child or angrily punish him.

Freud was instrumental in forming the Vienna Psychoanalytic Society in 1908 of which Carl Gustav Jung was one of its illustrious founding members. Jung was a Swiss psychiatrist famous for his pioneering work with patients suffering from schizophrenia and his works on 'word association' task. He was often called Freud's disciple and even 'successor and crown prince' as Freud thought of Jung in father-son terms. Jung expanded many of Freud's theories. Among which is the collective unconscious that Jung described as consisting all the humankind's common, shared mythological and symbolic past. The collective unconscious includes archetypes. These are representational images and configurations with universal symbolic meanings such as archetypal figures for mother, father, child, hero etc. Archetypes contribute to complexes which are ideas which develop due to interaction of personal experience with archetypal imagery. In other words, a mother complex is formed by both the mother-child interaction, and by the conflict between archetypal expectation and actual experience with the real woman who has a motherly role. Jung was probably more famous for his coining of the terms: introversion and extroversion, which are two types of personality organizations. Introverts are persons who focus on their inner world of thoughts, intuitions, emotions and sensations whereas extroverts are more oriented toward the outer world, other people and material goods. He said every person has a mixture of both introversion and extroversion. He further explained that every individual has a mask that covers his personality called the persona. The persona is the face a person presents to the outside world which can become fixed while the real person becomes hidden from himself. On the contrary, anima and animus are the unconscious traits in men and women respectively. Anima refers to a man's undeveloped femininity and animus is a woman's undeveloped masculinity.

Jung was the author of 'Symbols of transformation' which was published in 1912 containing his varied thoughts and ideas that added distance to Freud's teachings. He especially disagreed with Freud concerning the latter's emphasis on sex in explaining the inherent complexity of human behavior. Jung left Freud in 1913 and moved on to develop his own analytical psychology, that is to be distinguished from Freud's psychoanalysis. Jung proposed a more cohesive understanding of the mind and function of the mind. He stated that the unconscious and conscious parts of the mind are complimentary, rather than conflicting as mentioned by Freud. The therapeutic approach by Jung comprised four stages. They are catharsis (confession), elucidation (gaining insight), education (retraining) and transformation (achieving wholeness and individuation). His methods include dream analysis, active imagination, the use of expressive methods and amplification. The objective of Jungian treatment is to achieve an adequate adaptation to reality that involves a person fulfilling his creative potentials, and helping the patient gain insight. Ultimately it is to obtain individuation, which is a continuous process throughout a person's life in order to develop his own unique identity. This developmental process may lead him to new paths away from his previous directions in life.

One of Freud's inner circle was Alfred Adler who was one of Freud's prized pupil. Like Jung, Adler thought that Freud had overemphasized the sexual theory of neurosis. Adler was of the opinion that aggression, or more specifically striving for power, a masculine trait, was far more important in understanding the formation of neurosis. For him, masculine protest is the tendency to move away from a passive feminine role to an active masculine role. Masculinity is strength and power whereas femininity symbolizes weakness and inferiority. Adler coined the term inferiority complex which refers to a sense of weakness and inadequacy that is universal and inborn. This inferiority complex may be caused by many factors such as a physical defect, whether real or imagined, which he termed organ inferiority. Parental rejection or neglect is another cause which may lead to a child's oedipal longings which could not be gratified. Adler was one of the first developmental theorists who recognize the significance of birth order. He suggested that the firstborn child reacts with anger to the birth of the next siblings and struggles against giving up his powerful position as the only child. On the other hand, the second child needs to constantly compete with the firstborn. Thus having an older and more powerful siblings can affect the self esteem of the younger sibling that results in lifelong influences on his character and lifestyle. Adler proposed that compensatory actions come into play in order to cope with this feeling of inferiority. He has to gain power to overcome his sense of weakness. This masculine protest often leads to considerable success in organized achievement such as in the academic field and career. On the contrary, he may counter a sense of inferiority by being submissive, a feminine pattern, which include marshalling defense mechanisms of denial, projections, rationalization etc that lead to emergence of neurotic symptoms.

Adler emphasized on the importance of social factors over biological factors in conditioning a person's development. The primary therapeutic approach in Adlerian therapy is encouragement in overcoming a sense of inferiority. He believed consistent human relatedness and the need to develop a greater sense of self worth and dignity are essential tools in helping a patient. Since every person's lifestyle is unique, the Adlerian approach is also known as individual psychology. In individual psychology, one of the key roles of a therapist is to understand the patient's lifestyle and re-educate him towards healthier coping skills and goals. Thus the goals of social feelings, community interests and service are espoused to replace the less self-centered needs for power. Unlike Freudian technique, the Adlerian approach minimizes the unconscious forces, and exploring the past just enough to gain initial insight on the patient's lifestyle. There is also less emphasis on the importance of transference. Another difference between Adler and his 'master' is his preference for face-to-face sitting position to a couch. He used a therapist-directed interview rather than free association. He also assumed an active teaching role in therapy and a lesser number of sessions for therapy. With so many differences in theories and treatment aspects, it is not inconceivable that Adler broke away from Freud in 1911 taking several followers with him. Both their relationship was one of mutual hate and they never reconciled.

Frederick Perls started his career as a Freudian analyst but soon realized many of Freud's ideas, though invaluable, had become obsolete. He was greatly influenced by Max Wertheimer, Wolfgang Kohler and Kurt Lewin in the Gestalt theory. Later he developed the Gestalt therapy in collaboration with Laura Perls, Ralph Hefferline and Paul Goodman, where the emphasis is the current experiences in the here and now, contrasting with the there and then concept of psychoanalytic schools. It was primarily concerned with describing perceptual and learning processes: where a person tends to seek closure in accordance with his current need, that a person's behavior is a whole which is greater than the sum of smaller, independent events, and that a person's behavior can only be meaningfully understood in context. It deals with essential characteristics of actual experiences such as value, meaning and form.

According to Perls, though every individual has biological and social needs, the pursuit of self-actualisation is always the person's primary need at any given time. One of his basic principals is that a person cannot be considered separate from the environment, but as a person-environment complex. The aim of Gestalt therapy is to integrate all the dispersed and fractionalized self into a whole being that has thoughts, feelings, perceptions, sensations and physical movement. Therefore Perls incorporated activities which were traditionally associated with the left and right hemispheres of the brain. In addition to using rationality, causality and analysis, Perls also used fantasy, imagination and spontaneous play in his treatment modality. This is to raise the patient's awareness of

what they are thinking, feeling, sensing and doing in the here and now present moment. Perls utilized an eclectic mix of approaches from the Freudian psychoanalytic methods, Adlerian individual psychology, Horney's interpersonal approach and therapeutic relationship, Moreno's psychodrama and Karl Roger's feedback from patient's body posture, word tone, eye movements and gestures. In addition, he also incorporated the existential and humanistic view from Eastern religion and philosophy.

As seen earlier, the world of psychotherapy is one of continuous evolution. New schools of thoughts constantly improved and being influenced by earlier theories, concepts and methodology. This 'mixture' gives birth to various methods of psychotherapy which has to be suitable and acceptable by a society and culture at a period of time.

Hypnosis is no exception. It has evolved through mesmerism and psychoanalytic principals. Thus hypnotherapy has strong bonds to the above mentioned theories, as seen in the various inductions, deepeners, post-hypnotic suggestions and techniques of hypnosis. First and foremost, the theory of mind as explained by Freud and other psychoanalysts prevails in hypnosis. The understanding of the topographic model of the mind; the unconscious, preconscious and conscious, is an essential part of hypnosis. Many of the hypnotherapeutic methods have elements of dissociation and regression which will be discussed in detail later, and so is the concept of locus of control. For induction to be successful, resistance from the part of the patient must be reduced. Resistance arises due to the active unconscious defense mechanisms inherent in every individual. Thus understanding a patient's defense mechanisms from a psychoanalytical perspective not only improve a therapist-patient relationship but also to smooth the induction.

Hypnosis methods such as hand levitation and magnetic field inductions that incorporate ideomotor response are examples where dissociation, a psychoanalytic concept, is clearly seen. So are deepeners like limb catalepsy and limb heaviness. Deepeners such as favorite place of relaxation and early learning set allow a patient to drift into his past memories and experience, where the unconscious part of the mind comes into play, with some degree of regression that is unavoidable. Techniques in hypnosis that rely heavily on the concept of regression are exemplified by specific age regression, free floating regression and the miscellaneous regressions. From a psychoanalytic view point, regression is an immature defense mechanism. It is an attempt to return to an earlier phase of functioning, which Freud believed it to be an earlier libidinal psychosexual phase, where tension and conflict developed.

The purpose is to reduce these tension and conflict that have emerged in the present time and affect the individual's well being. However, it must be highlighted that some amount of regression is normal, in fact crucial, to achieve relaxation, sleep, orgasm during sexual intercourse and in creative processing. In hypnotherapeutic technique of specific age regression, the patient is induced as deeply as possible using early learning set. He is then regressed to a specific age by counting his age or years backwards. When this is achieved suggestions are given to him to remember his earlier events at that regressed age. He is told to re-live his life as he had lived, thought, felt and behaved at that age. By allowing him to re-visit his past, a window of opportunity is opened to him to re-experience his life and concomitant conflicts, which will ultimately allow him to see it from a matured perspective. The goal is to allow him to better understand and allay his conflicts that are believed to create tension in his present life. It is important to remember to bring him back to his present age, time and place at the end of the therapeutic process. Although this technique may appear straight forward, it may take a few sessions for the patient's treatment to be successful. Similarly this method can be used for symptom manipulation via regression. This is especially useful for symptoms such as blushing, rashes, fears, pain etc which have a psychological etiology.

In psychoanalysis, dissociation is considered a neurotic defense mechanism which temporarily but drastically modifies an individual's personal identity in order to avoid emotional distress. Simply put, it is an attempt 'not to be himself' or 'out of his self' when faced with overwhelming adverse situation beyond his coping ability. It is akin to 'escaping' from the distressing situation as seen in psychiatric conditions such as hysteria, fugue states and dissociative personality disorder. Nevertheless some form of dissociation can be made useful in hypnosis as exemplified by the installation of ideomotor response, part dissociation and glove-anesthesia in treatment of pain disorder. Further illustrating this point are one stage (with one part or multiple parts) and two stage dissociation techniques. The latter involves asking the patient to imagine floating out of his body to a safe place, then he is told to see his image plays out on a screen. The subsequent therapy step is instituted and a unified image from all the dissociated parts are then reintegrated to become 'whole' again. Dissociation is useful in treating the various symptoms of anxiety.

Last but not least is the frequent use of ego strengthening in hypnosis. The very basis of the meaning of ego in hypnosis is laid by all the psychoanalytic schools. The general understanding of ego or self is its constant striving to achieve equilibrium in an individual. Hence ego strengthening is essential to maintain a mentally healthy person. Freud's psychoanalysis, both traditional view and modified view, has huge impact in hypnotherapy as discussed earlier. In fact, it is an understatement that Freud planted the

seed for the development of all other psychoanalytic therapy. His theories provide a relatively simple, though not always fully accepted, way to understand the mind. Like hypnosis, Jung's analytic psychology is more individualised, deriving from his emphasis that everyone is different and unique. His explanation on persona allows a hypnotherapist, or any therapist for that matter, to unmask the 'real self' in a patient so as to transform the patient which is the goal of all therapies. Adler's individual psychology looks at how a patient is influenced by and interacts with his environment. Like a hypnotherapist, he looked at the patient in the context of his surrounding, up bringing and life style, which allows the therapist to better understand the patient. He advocated a more active role in guiding the patient whiles undergoing therapy. This can be reflected in the way a hypnotherapist guides and makes useful suggestions to a patient. The Gestalt therapy by Perls sees the patient as a whole who strives to seek closure. This process can be seen in the use of parts therapy in hypnosis in which the healthy parts of the patient are reintegrated to achieve wholeness. In conclusion, the varied psychoanalytic approaches are successfully incorporated in hypnotherapy to bring about the best outcome for patients.

References:

American Psychiatric Association (1994). *Diagnostic & Statistical Manual of Mental Disorders*. 4th edition. APA.

Eve C. Johnstone, C.P.L. Freeman & A.K. Zealley (1998). *Companion to psychiatric studies*. 6th edition. Churchill Livingstone.

Goodwin, C. James (1999). *A history of modern psychology*. 1st edition. John Wiley & Sons.

Harold I. Kaplan & Benjamin J. Sadock (1997). *Synopsis of psychiatry*. 8th edition. Williams & Wilkins.

John Hartland (1971). *Medical and dental hypnosis and its clinical applications*. 2nd edition. Bailliere Tindall.

Richard P. Halgin & Susan K. Whitbourne (2003). *Abnormal psychology: clinical perspective on psychological disorders*. 4th edition. McGraw Hill.