

FOUR APPROACHES TO THE UNCONSCIOUS

Olivier Le Bon

Laboratoire de psychologie médicale, Université Libre de Bruxelles, Brussels, Belgium

SUMMARY

Background: The concept of the unconscious has evolved across disciplines, originating in philosophy, hypnosis, and psychoanalysis, and later redefined through modern neuroscience and cognitive science. Whereas early models primarily regarded it as a repository of repressed content, contemporary perspectives emphasize its adaptive, dynamic, multi-layered, and often non-pathological functions.

Subjects and methods: This article provides a conceptual review of four major frameworks - psychoanalysis, Ericksonian hypnosis, cognitive sciences, and neuroscience. Through comparative analysis, it examines how each tradition conceptualizes unconscious processes and their relationship with conscious awareness.

Results: Despite divergent epistemologies, these approaches converge on several points: unconscious processes are real, influential, and often operate independently of conscious control. Each discipline contributes unique mechanisms - symbolic repression (psychoanalysis), therapeutic suggestion (hypnosis), automatic heuristics (cognitive science), and subcortical emotional circuits (neuroscience). Integration across these models reveals a layered topology of mind, encompassing dynamic, pre-reflective, and subliminal forms of unconscious activity.

Conclusions: A comprehensive understanding of the unconscious requires interdisciplinary synthesis. Such integration offers not only theoretical coherence but also practical value in clinical settings, where unconscious processes manifest as symptoms, biases, or somatic expressions. The unconscious is no longer merely a hidden domain - it is central to mental functioning and human experience.

Key words: unconscious – consciousness – psychoanalysis – hypnosis - cognitive science – neuroscience - repression

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INTRODUCTION

Not all thinkers agree that unconscious processes shape conscious life. Jacques Monod famously claimed full transparency of his motivations (Monod 1971). Earlier still, Wilhelm Wundt defined psychology as the study of conscious states, omitting the unconscious entirely (Wundt 1874). Behaviorism, dominant for much of the 20th century, ignored the conscious–unconscious distinction altogether. Even today, many psychotherapeutic models avoid invoking the unconscious.

Yet the term "unconscious" refers to a broad array of mental operations occurring outside awareness. This in turn raises the elusive question of what consciousness itself is. But as Freud remarked, "we all have direct knowledge of conscious experience, and no description can better acquaint us with it" (Freud 1923).

Modern psychology describes several layers of consciousness. Tulving distinguished between anoetic (automatic, non-reflective), noetic (self-aware cognition), and auto-noetic (reflexive, autobiographical) levels (Tulving 1972). Crucially, unconscious activity may accompany or bypass these strata. It persists in sleep, altered states, and hallucinatory experiences.

The idea of a psychological unconscious has deep roots. Leibniz described "minute perceptions", subtle mental states that shape behavior without entering consciousness (Leibniz 1704). Kant acknowledged unconscious representations whose presence we infer but cannot directly perceive (Kant 1781). Janet's "mental

automatisms" - discrete affective and cognitive modules dissociated from conscious control - anticipated hypnosis theory (Janet 1907). Schopenhauer posited that irrational drives such as sexuality and self-preservation dominate human behavior (Schopenhauer 1818). Freud synthesized many of these threads into a vision of the unconscious as a dynamic repository of conflict, wish, and memory.

Contemporary neuroscience confirms that much of our perception, action, and decision-making occurs outside awareness. Implicit biases, emotional memory, and environmental cues strongly shape our social interactions, even as we believe ourselves to be acting deliberately (LeDoux 1996).

Theoretical divergences reflect methodological divides. Psychoanalysis and hypnosis emerge from clinical experience; cognitive science and neuroscience from empirical experimentation. Yet these traditions may be more complementary than contradictory. By weaving their insights together, we can approach a more integrative understanding of the unconscious and its influence on human experience.

FOUR THEORETICAL PERSPECTIVES

Psychoanalysis

Freud first encountered the unconscious through hypnosis. He observed that unconscious mental mechanisms could surface when patients entered altered states. Yet he soon abandoned hypnosis, citing ethical concerns over suggestion and theoretical limitations.

Freud encouraged free expression to access the unconscious. He built psychoanalysis around the analysis of transference between patient and analyst (Freud 1923).

Freud and his followers revised key ideas, making psychoanalysis more diverse than unified. In Freud's first topography, mental life was spatially divided. The psyche comprised the conscious, preconscious, and unconscious systems. Consciousness contained current thoughts; the preconscious held easily retrievable content; and the unconscious stored repressed material - memories and drives too threatening for awareness. Unconscious impulses operated via the "primary process": timeless, illogical, and contradictory. The conscious-preconscious system used the "secondary process" to regulate these impulses through repression. When repression fails, slips, symptoms, or behavioral errors can emerge.

Freud later proposed a second, functional model. This "structural" theory distinguished the Id (source of instinctual drives), the Superego (internalized norms), and the Ego (the mediator). These entities had both conscious and unconscious components, making the system more dynamic and less linear. The Ego must manage conflicts between the irrational Id and the moralistic Superego. Freud retained elements of his first model, but this second framework allowed a richer clinical reading of intrapsychic tensions (Freud 1923).

In borderline states, classical boundaries seem less clear. Freud observed "splitting" in patients whose unconscious material emerged into awareness more readily than expected. In such cases, the boundary between Ego and Id appears porous. Kernberg later formalized this as a hallmark of borderline personality structure, where the Ego's structural integrity is compromised (Kernberg 1975).

Fairbairn and others argued that drives are not abstract forces but always directed toward people - internalized as affect-laden object representations. These inner figures, often repressed, reside in the Id, which appears more organized than Freud originally posited (Fairbairn 1952).

For Jung, the unconscious is not merely a repository of repressed material. It comprises both personal and collective dimensions and plays an active role in individuation - the lifelong process of becoming one's authentic self. Confronting repressed content is essential for psychological growth; avoidance results in stagnation or neurosis (Jung 1959).

Rejecting what he thought were romanticized notions of the unconscious, Lacan viewed it as structured like a language. It appears not in raw feelings, but through speech - slips, repetitions, metaphors. The unconscious is not hidden in depth but embedded in everyday discourse, returning as symptoms or failed actions. For Lacan, repression involves signifiers more than drives; what is repressed is not what is hidden, but what is missed (Lacan 1977).

Despite divergences, psychoanalytic schools share a foundation. All variants - except some Ego psychology strands - acknowledge the unconscious as a potent influence on thought and behavior. They agree on several key ideas: unconscious processes are often irrational; early life events leave deep psychological imprints; traumatic experiences may disconnect memory from affect; and therapy seeks to reconnect these elements through free association or interpretation (Freud 1940).

While many 19th-century concepts - like psychic energy and dream-protection theory - are now outdated, and psychoanalysis does not meet standards of empirical falsifiability, its clinical insights arguably still hold value. Its strength lies in its nuanced understanding of the unconscious and the therapeutic relationship (Freud 1940).

A clinical example illustrates these concepts. A young, gifted violinist develops right-hand paralysis, making performance impossible. Neurological exams find no physical explanation: the hand's three nerves are unlikely to fail simultaneously. In therapy, unconscious conflicts emerge. Her mother, a frustrated artist, had projected her dreams onto her daughter, who never freely chose music. Repressed anger and desire for autonomy became intolerable to her conscious identity. The paralysis provided an unconscious "solution": it released her from performing - without forcing her to make a conscious, and emotionally fraught, decision.

Ericksonian Hypnosis

Milton Erickson described himself as an "anti-theorist," leaving behind few theoretical writings. Yet his extensive clinical work allows us to infer the principles behind his approach. These ideas underpin many systemic therapies and provide an alternative understanding of the unconscious (Erickson 1980).

Erickson viewed symptoms as remnants of defenses once essential for survival. These adaptations, originally protective, may persist long after they outlive their usefulness, becoming sources of rigidity or suffering. Though they shield the individual from repeating traumatic experiences, they may also hinder growth by reinforcing excessive fear or avoidance.

While the facts of past experiences cannot be changed, their emotional and cognitive imprint can be. Erickson proposed that memory itself is modifiable and that by reshaping how an experience is remembered, its influence can shift. In this view, defenses are both protection and prison - effective once, limiting now.

For Erickson, the conscious and unconscious interact fluidly, each shaping and informing the other. The conscious gathers perceptions, which the unconscious archives by forming personal categories based on individual patterns and emotional resonances. These categories differ across people and are essential to how experience is stored and retrieved.

The Ericksonian unconscious has distinct properties. It is particularly responsive to metaphors, analogies, and repetition, and unconstrained by linear time or space. Therapy seeks to bypass conscious resistance, often by loosening logical control and willpower. Altering the state of consciousness - through trance or deep relaxation - can facilitate this by quieting analytical processes and enhancing receptivity to suggestion.

Each therapeutic intervention introduces new elements or removes existing ones, prompting a reorganization of the mind's internal "files." This can set off a cascade of changes, as interconnected aspects of the psyche adjust to a newly emerging internal logic. Healing occurs organically when a person is able to reassemble past experiences in a more adaptive and coherent way. Difficulty with change is not viewed as resistance, but rather as the unconscious working to reconfigure its internal structure. Therapy doesn't impose solutions; instead, it facilitates access to the person's innate capacity for transformation. Conscious insight alone is insufficient - true change stems from behavioral shifts grounded in new, lived experiences.

Though not structurally different from Freud's, its image is more positive. The unconscious is not a reservoir of conflict alone but a negotiable, dynamic force. It strives to protect the individual by selecting the best solution available at each stage of development, even if this solution appears dysfunctional from a conscious perspective. Erickson trusted in the "wisdom" of the unconscious and saw the therapeutic relationship as the means to unlock this internal intelligence.

A clinical vignette illustrates this process. A woman with intense aquaphobia sought Ericksonian hypnotherapy. Rather than confronting the fear directly, the therapist used storytelling and metaphor. He told of a river that had forgotten its course due to an obstruction - a symbol for her lost connection to water. This image resonated emotionally, helping her access repressed memories and reinterpret her fear. Through continued metaphorical work, her perception of water shifted. She progressed from avoidance to swimming, demonstrating how indirect techniques can activate unconscious processes and enable meaningful change (Erickson 1980).

Cognitive sciences

After decades of behaviorist dominance, during which internal mental states were largely ignored, cognitive science has reestablished the importance of unconscious processes in shaping behavior. Research now shows that much of our activity is guided by automatic mechanisms outside conscious awareness (Bargh & Chartrand 1999).

This "new" cognitive unconscious differs fundamentally from its Freudian predecessor. It is not a repository of repressed desires, but a parallel, fast, and adaptive system that processes information to enable

efficient action without conscious deliberation. Leonard Mlodinow illustrates how our perceptions, judgments, and decisions are deeply influenced by this hidden system (Mlodinow 2012).

Daniel Kahneman's dual-system theory captures this dynamic. System 1 is fast, intuitive, automatic, emotional, and unconscious - it shapes most of our perception and behavior. System 2, in contrast, is slow, deliberate, analytical, and conscious. It engages when tasks are complex or unfamiliar, but it is effortful and easily fatigued (Kahneman 2011).

The unconscious processing operates across multiple levels of cognition

Perception is an unconscious construction. Although our senses gather fragmented data, the brain seamlessly integrates them to create a coherent experience. Visual stability, for example, is preserved despite frequent disruptions such as saccades and blind spots (Gregory 1997).

Memory is not an exact record of experience but a reconstructive process. Daniel Schacter outlines the "seven sins" of memory, grouped into forgetting (e.g., transience and absent-mindedness), distortion (e.g., misattribution, suggestibility, and bias), and intrusion (e.g., persistence of unwanted memories). These mechanisms reveal the malleability of memory and its continuous shaping by unconscious forces (Schacter 2001).

Communication is largely unconscious. Nonverbal signals - facial expressions, tone of voice, posture - are automatically interpreted and regulate social interactions without deliberate thought. This implicit language plays a central role in interpersonal behavior (Bargh & Chartrand 1999).

Judgment and decision-making rely on unconscious shortcuts. To navigate complexity, the mind uses heuristics - efficient but error-prone strategies. Tversky and Kahneman showed that while heuristics allow for quick decisions, they often lead to predictable biases, such as stereotyping or poor risk assessment (Tversky & Kahneman 1974).

Self-perception is biased by unconscious optimism. The overconfidence effect reveals our tendency to overestimate our abilities and moral character. Kahneman links this to System 1's preference for simplicity and self-enhancing interpretations (Kahneman 2011).

Environmental influences often act unconsciously. Subtle stimuli such as lighting, temperature, or background music can alter mood, generosity, or aggression without our awareness. Research shows that external cues can trigger complex social behaviors without conscious intention (Bargh & Chartrand 1999).

Despite believing we act rationally, many of our decisions are made unconsciously. Post hoc justifications conceal the fact that we often act first and rationalize later (Mlodinow 2012).

This contemporary understanding redefines the unconscious not as a hidden threat, but as an essential force in cognition. It guides attention, shapes perception, influences social behavior, and directs decision-making. Recognizing its role allows us to reflect more critically on our judgments and interactions, even if its influence cannot be fully controlled (Kahneman 2011; Damasio 1994).

A striking real-world example illustrates the power of unconscious distortion. In 1984, Jennifer Thompson was sexually assaulted and later confidently identified Ronald Cotton as her attacker based on facial features she had carefully memorized. Her testimony led to his conviction. Years later, DNA evidence proved that another man, Bobby Poole, was the real perpetrator. Thompson had no intention to deceive - her memory had been unconsciously altered (Loftus 2005). This case highlights how deeply the unconscious can distort even the most serious recollections, with life-altering consequences.

Neurosciences

In neuroscience, the focus is not on proving the existence of the unconscious, but on understanding the nature of consciousness itself. Consciousness is now seen as a rare and fragile phenomenon, while unconscious processes dominate neural activity. Most animal behaviors - and many human actions - occur adaptively without the need for conscious control, suggesting that unconscious mechanisms are the primary drivers of perception, decision-making, and behavior (Dehaene & Naccache 2001).

Cognitive neuroscience has shown that most mental functions operate outside of awareness. Sensory and emotional processing involve distributed, interacting neural circuits throughout the brain. There is no central “command center”; instead, cognition emerges from parallel and bidirectional neural activity. Consciousness arises not from a single brain region, but from the synchronization of these dynamic networks (Baars 1988).

Antonio Damasio emphasized that mental representations - visual, emotional, or auditory - are produced by the same neural systems that process corresponding external stimuli. For example, damage to the visual cortex impairs not only sight but also the ability to imagine or recall visual scenes. This suggests that consciousness is a systemic property, like a musical ensemble in which no single instrument leads, but all contribute to a coherent whole (Damasio 1999).

Current models propose that conscious experience is the surface projection of deeper unconscious activity. Even simple thoughts - such as wanting an apple - result from layered neural processes involving bodily signals, sensory memory, and environmental context. What we experience as a deliberate decision is often the product of subliminal coordination between systems (Dehaene & Naccache 2001; Baars 1988).

One key hypothesis is that neural synchronization underlies the unity of conscious experience. When distributed brain regions oscillate in synchrony - typically in the 40–70 Hz gamma range - fragmented signals are bound into a coherent perceptual experience. However, while this synchronization correlates with awareness, it is not always a necessary or sufficient condition. Disruptions in these rhythms may leave perceptions or memories active but inaccessible to consciousness. This may explain how emotionally charged or traumatic events influence behavior despite remaining unconscious (Varela et al. 2001).

The contrast between explicit and implicit memory further illustrates this divide. Explicit memory - dependent on the hippocampus and prefrontal cortex - is prone to distortion and forgetting. In contrast, implicit memory, which includes motor skills and emotional conditioning, is more robust and typically operates outside awareness. This explains how behavior can be guided by past experience, even in the absence of conscious recollection (Squire & Zola-Morgan 1991).

Joseph LeDoux’s concept of the “low road” describes a fast, automatic neural pathway - centered on the amygdala - that triggers emotional responses before the slower, reflective “high road” through the cortex can intervene. Studies of split-brain patients further support the idea that emotion can be processed independently of conscious thought. Although this rapid response system is evolutionarily advantageous, it can also lead to exaggerated emotional reactions in situations that are objectively non-threatening (LeDoux 1996). Daniel Kahneman’s later framework of System 1 and System 2 (see preceding section) echoes LeDoux’s model: fast, intuitive, unconscious processing contrasts with slower, deliberative, conscious thought (Kahneman 2011).

Trauma provides a powerful example of unconscious emotion overriding conscious memory. Emotional memories - encoded by the amygdala - can remain vivid, while contextual details - typically processed by the hippocampus - are fragmented or lost. This dissociation explains why individuals with PTSD may react intensely to certain triggers without recalling the original trauma. The emotional imprint is stored in deeper, subcortical structures, bypassing conscious awareness and contributing to persistent symptoms (van der Kolk 2014).

Recent research into psychedelic-assisted therapy offers new insights into how unconscious material may be accessed and integrated. Substances like psilocybin and LSD, when used in controlled therapeutic settings, appear to increase neural entropy and reduce activity in the default mode network (DMN) - a system associated with self-referential thought. This disruption, often described as ego “dissolution”, increases neural flexibility and weakens rigid patterns of thought, allowing suppressed memories and emotions to surface. This process mirrors Jung’s concept of individuation, where unconscious aspects of the psyche are reintegrated into a more cohesive sense of self. Psychedelic therapy thus

holds promise for facilitating personal growth, alleviating psychological suffering, and restoring internal coherence (Carhart-Harris & Friston 2019).

A case vignette illustrates unconscious emotional dominance. Following a nighttime car accident, a woman developed an acute fear triggered by car horns, especially in the dark. Despite her conscious understanding that she was safe, the sound evoked overwhelming distress. Years later, the same sound continued to provoke fear, even though she could not recall specific details of the crash.

DISCUSSION

Commonalities and Divergences

The four models described here - psychoanalysis, hypnosis, cognitive science, and neuroscience - recognize unconscious processes operating alongside, and often independently from, conscious thought. These processes are typically automatic, emotionally driven, and less malleable than conscious reasoning. In cognitive sciences, this recognition has only emerged recently (Gazzaniga 2011).

In psychoanalysis, the unconscious is largely pathogenic: a repository of repressed conflict, trauma, and desire. By contrast, Ericksonian hypnosis views the unconscious more optimistically - as a reservoir of adaptive potential and creativity (Erickson 1980). While acknowledging pathology, it also assigns the unconscious a reparative function, trusting it to guide positive change when approached correctly.

Psychodynamic theories conceptualize the unconscious as a structured psychic entity, integrating drives and expressed through symbolic language. Cognitive science, in contrast, focuses on unconscious information processing - automatic, efficient, but largely affect neutral. Emotions in cognitive models are often treated as post hoc evaluations of physiological states, far removed from the intense passions described in analytic literature (Kahneman 2011; Gregory 1997).

Reflections on the Psyche's Hidden Logic

Who needs whom - consciousness or the unconscious? Consciousness relies on the unconscious to filter overwhelming complexity and maintain mental stability. Were humans fully aware of every internal conflict, psychological functioning might become intolerable. Freud's notion that certain experiences manifest through symptoms rather than awareness is fully consistent with this view (Freud 1940). Yet, as Eccles (1994) provocatively asked: Why is consciousness needed at all? While the unconscious excels at rapid, efficient processing, perhaps only consciousness enables temporality, narrative coherence, and abstraction beyond the present moment. The Freudian and Ericksonian unconscious collapse time - rendering early memories as immediate and vivid as recent ones (Freud 1923; Erickson 1980).

What is the true center of the psyche? The conscious and unconscious systems are deeply interdependent. Without the unconscious, consciousness risks becoming disoriented and overwhelmed by unfiltered input. Conversely, the unconscious - without conscious mediation - may lack symbolic integration and reflective processing. The boundary between them is porous, dynamic, and context-dependent. Rather than opposing forces, they form a dialogical system essential to the full expression of human potential (Dehaene & Naccache 2001; Baars 1988).

Why does trauma sometimes lead to hypermemory and other times to amnesia? Clinical experience shows striking variability: some individuals retain vivid, detailed recollections of trauma, while others experience partial or complete amnesia. This divergence may hinge on factors such as stress intensity or personality structure, though the mechanisms remain uncertain. Experimental findings indicate that implicit memories often persist even in cases of explicit amnesia. This dissociation reflects Freud's model of the split between affect and representation (Freud 1923; LeDoux 1996; van der Kolk 2014). Yet critical questions remain: Were certain traumatic experiences encoded and later repressed, or were they never encoded at all due to stress-induced disruption? If the latter is correct, attempts to recover such memories may be inherently futile, raising significant methodological and ethical concerns (Carhart-Harris & Friston 2019).

Can a pathogenic unconscious still promote healing? Although Freud primarily portrayed the unconscious as a reservoir of conflict and neurosis, therapeutic practices like free association may lead to relief and transformation. This suggests the unconscious may also harbor a reparative drive - a tendency toward resolution and integration. Through language, emotional reliving, and safe relational containment, the unconscious can participate in its own healing, seeking to unburden itself from repression and restore psychological coherence (Freud 1940; Erickson 1980).

Does the "new Unconscious" replace the psychoanalytic or hypnotic Unconscious, as some have suggested (Mlodinow 2012)? Neurocognitive research - often regarded as a "harder" science - is grounded in experimental methods and falsifiability. The new unconscious it describes is well-supported and likely to evolve with increasing empirical precision. In contrast, psychoanalysis and hypnosis belong to the "softer" sciences, relying more heavily on subjectivity and interpretive frameworks that are harder to test empirically. Yet, the enduring concept of the unconscious as a reservoir of repressed emotions and experiences - with a dynamic, self-healing potential - should not be dismissed. Rather than opposing one another, these perspectives may be seen as complementary, offering different but potentially convergent insights into the workings of the mind.

Toward an Integrative Topology of the Mind

Due to fundamentally different epistemologies, theoretical models of the mind resist full integration. However, a topological approach - organized around varying degrees of accessibility to consciousness - may offer a comparative framework that bridges disciplines. It is important to note that psychoanalysis, hypnosis, and cognitive science typically begin their inquiry from the standpoint of conscious experience, whereas neuroscience often approaches the mind from the domain of the unconscious.

The primary focus of this paper is the *Unconscious*. However, to better distinguish and articulate its various components, the term will not be used in isolation within the proposed symbolic topography. Instead, more specific and functionally precise terms will be employed to avoid the ambiguity and generality commonly associated with it. For similar reasons, the term Subconscious will also be avoided.

Symbolic Topography

Conscious, as spotlight, not a control center

Though difficult to define, *Consciousness* is intuitively understood. It includes both a linguistic mode - enabling abstraction, self-reflection, and temporal reasoning - and a non-verbal mode shared with other species. Consciousness operates sequentially and processes only a limited amount of information at a time. Neurobiologically, it has no fixed location; rather, it functions like a spotlight, illuminating synchronized regions of brain activity in a constantly shifting pattern (Dehaene & Naccache 2001; Baars 1988; Varela et al. 2001).

Preconscious, a mechanism of cognitive Economy

The *Preconscious* encompass stored memories and automated routines that no longer require conscious attention. This process can be reactivated when anomalies arise or when learned tasks are deliberately recalled. Readily accessible to awareness, they play a vital role in conserving mental energy and ensuring efficient cognitive function (Kahneman 2011; Gregory 1997).

The Repressed Unconscious, as a Dynamic Emotional Zone

In hypnosis and psychoanalysis, the *Repressed Unconscious* contains emotionally significant material that was once conscious but has been actively repressed. The boundary between the conscious and the unconscious is shaped by personal history, learning, and defensive structures. Under certain conditions - such as hypnosis, transference, or psychedelic states - this boundary may become permeable, allowing repressed content to emerge (Freud 1940; Erickson 1980; Carhart-Harris & Friston 2019).

Subliminal Unconscious, as Influence Without Awareness

The *Subliminal Unconscious* refers to stimuli that do not reach conscious awareness yet leave neural traces. Weak, fleeting, or ambiguous sensory inputs may still subtly influence perception, judgment, and behavior, despite remaining below the threshold of awareness. However, their effects are generally limited compared to more explicit or consciously processed stimuli (Bargh & Chartrand 1999; Kahneman 2011).

Emotional Unconscious, as Ancient Circuits and Primary Affects

Many emotional responses originate in evolutionarily ancient neural circuits. Systems identified by LeDoux in the context of fear - such as those involving the amygdala - likely have counterparts for other core emotions. This *Emotional Unconscious* generates rapid, automatic responses that have historically enhanced survival (LeDoux 1996).

Radical Unconscious, At the Core of the Biological

At the deepest level lies the *Radical Unconscious*: brain functions that are entirely inaccessible to introspection. These include foundational operations such as language structuring, autonomic regulation, and basic neural signaling. Although essential for cognition and behavior, they cannot be altered through reflection or therapeutic intervention (Baars 1988, Varela et al. 2001).

CONCLUSIONS

The unconscious is central across disciplines, though defined differently.

Despite originating from distinct epistemologies, the various approaches to the unconscious converge on a key point: unconscious processes are fundamental to human cognition and behavior. Whether described as automatic neural activity (Baars 1988), symbolic structures (Freud 1940), or emotional memories (LeDoux 1996), the unconscious is increasingly recognized as a core feature of mental life.

Neuroscience has traced unconscious influence to deep, evolutionarily ancient circuits responsible for emotion and survival (LeDoux 1996; van der Kolk 2014). Cognitive science highlights the automatic, heuristic driven mechanisms shaping perception, memory, and judgment (Bargh & Chartrand 1999; Kahneman 2011; Tversky & Kahneman 1974). Psychoanalysis and hypnosis offer nuanced models of unconscious motivation, repression, and symbolic meaning, with clinical tools to explore and integrate these hidden layers of experience (Freud 1940; Erickson 1980).

A unified understanding of the unconscious requires a synthesis of these perspectives. Neuroscience can clarify the biological substrates of unconscious drives

(Baars 1988), cognitive science can map how information is unconsciously processed (Kahneman 2011), psychoanalysis and hypnosis can reveal how unconscious content manifests in symptoms, narratives, and therapeutic change (Freud 1940; Erickson 1980; Carhart-Harris & Friston 2019).

Bridging these domains demands interdisciplinary collaboration and methodological openness. Such integration promises not only a richer model of the mind, but also improved clinical approaches for addressing psychological suffering rooted in unconscious processes (Solms 2021).

Acknowledgements: None.

Ethical Standards: The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008.

Conflict of interest: None to declare.

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Correspondence:

Olivier Le Bon, MD, PhD

Laboratoire de psychologie médicale, Université Libre de Bruxelles

Route de Lennik 808, 1070 Brussels, Belgium

E-mail: lebono@skynet.be