Doi: 10.4025/psicolestud.v21i2.30820

CLINICAL HYPNOSIS AND CHRONICLE PAIN: TOWARD A COMPLEX PERSPECTIVE[1]

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ABSTRACT. This paper seeks to build initial theoretical notions on complex thought of Edgar Morin as an alternative to understanding of the relationship between hypnosis and chronic pain. Starting with a critique of the dominant instrumentalist thinking in the field, which is often too simplistic, this paper will focuse on two main axes: a) subjectivity and animality as possible fields for qualifying chronic pain and b) the relationship between subject, unconscious processes and change during hypnosis. The work is completed highlighting the relevance of some complex concepts to the topic : the hologram, which highlights the multiple socio-cultural and biological influences, in contrast to the individualistic perspective on pain and hypnosis; the configurational organization, highlighting the singular aspect of the semiotic production of the subject and the particular logic of the fields subjectivity and animality ; and awareness that, as an emerging quality in trance, the subject is located in mediating condition and not chronic pain experience driver.
Keywords: Hypnosis; chronic pain; complexity.

HIPNOSE CLÍNICA E DORES CRÔNICAS: RUMO A UMA PERSPECTIVA COMPLEXA

RESUMO. O presente trabalho busca construir noções teóricas iniciais baseadas no pensamento complexo de Edgar Morin para uma compreensão alternativa das relações entre hipnose e dores crônicas. Partindo de uma crítica ao pensamento instrumentalista dominante no campo, marcado pela simplificação, foca dois eixos principais: a) subjetividade e animalidade como campos possíveis e distintos para a qualificação das dores crônicas e b) as relações entre sujeito, processos inconscientes e mudança durante a hipnose. O trabalho é concluído destacando a pertinência de algumas noções complexas para o tema: o holograma, que destaca as múltiplas influências socioculturais e biológicas, contrapondo-se à perspectiva individualista sobre a dor e a hipnose; que a organização configuracional, destacando o aspecto singular da produção semiótica do sujeito e as lógicas particulares dos campos subjetividade e animalidade; e consciência que, enquanto qualidade emergente no transe, situa o sujeito na condição de mediador e não de controlador da experiência de dores crônicas.
Palavras-chave: Hipnose; dores crônicas; complexidade.

HIPNOSIS CLÍNICA Y DOLORES CRÓNICOS: RUMBO A UNA PERSPECTIVA COMPLEJA

RESUMEN. En este estudio se busca construir nociones teóricas iniciales basadas en el pensamiento complejo de Edgar Morín a una comprensión alternativa de la relación entre la hipnosis y dolor crónico. A partir de una crítica del pensamiento instrumentista dominante en el campo, marcado por la simplificación, se centra en dos áreas principales: a) la subjetividad y la animalidad como posibles campos y diferente para la calificación del dolor crónico y b) la relación entre sujetos,

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procesos inconscientes y el cambio durante la hipnosis. La obra se completa destacando la relevancia de algunos conceptos complejos a este tema: el holograma, lo que pone de relieve las múltiples influencias socio-culturales y biológicas, en contraste con la perspectiva individualista sobre el dolor y la hipnosis; la organización configuracional , destacando el aspecto único de la producción semiótica del sujeto y la lógica particular de la subjetividad campos y la animalidad; y la conciencia de que, como una cualidad emergente en trance, el sujeto se encuentra en condición de mediación y no la experiencia de controlador de dolor crónico.

Palabras-clave: Hipnosis, dolor crónico; complejida

Although the relationship between hypnosis and chronic pain is not new to scientific interest, it is understood that contemporary researches, in most of its publications, consider this relationship under an instrumentalist and a biomedical point of view (Jensen & Patterson, 2014). In this perspective, while pain is understood as a response obtained from an instrument (such as questionnaires and inventory), hypnosis is situated as a tool for controlling these responses, a tool supposed to be used by someone other than the person experiencing it (health professional) who stands for a specialized knowledge, scientific, and, therefore, superior to the individual and to their world. In th midst of modern effort of prediction, qualification, and control (Stengers, 2001), sustained, above all, by the perspective of measuring the efficacy of hypnosis to satisfy such demand, similar studies establish a point of view that strives to attend to the rigorousness of medical sciences, at the same time in which they produce highly mutilated and reductionist new perspective in dealing with the processes that constitute such relationship (Neubern, 2014).

A first consequence, in this sense, is a conception of chronic pains as hermetic and finished biological entities, completely isolated from the social-cultural world, as a diversified exchange that constitute people's ordinary lives (Gonzalez Rey, 2011; Holanda, 2012). Thus, since the answers to the questionnaires are usually centered around kinesthetic aspects isolated from each other, if not related to specific statistical patterns, common themes in clinics for chronic pains, which are markedly symbolic and subjective, seems to be situated as undesirable or secondary face these evaluations. Difficulties with employment and finances, sexual problems, spirituality, a past of mistreats, sense of belonging, and identity, lack of sheltering in healthy services, being on the verge of dying, social isolation, that is, ordinary problems people who suffer from chronic pain experience (Breton, 2012) are not considered in the senses they exhibit to people with chronic pain. What seems to matter is a classification of the answers inside a statistical point of view aiming at establishing a reading of patterns that, not rarely, form a way of comprehension distanced from the subjective and social scenario of such people. What is more, situating the pain with a biological entity, which cannot be attacked, it is conceive as a field of exclusive access to medical knowledge and its arsenal, a dimension how much a person suffers or protagonists and knowledge of its cultural world cannot influence or modify. It assumes an automate role, someone who cannot do anything on their own unless to provide leads to the questions doctors present and obey to their prescriptions, pretentiously the only ones able to help them regarding the suffering imposed by their pains (Neubern, 2013). In case they decline such research protocols, these patients could be dismissed, given that they become a non-reliable source of information.

On the other hand, the same rationality present in such researches places hypnosis as a control tool, whose main function must be that of altering indexes collected in the respective instruments of evaluation. Eminent hypnosis clinicians (Benhaeim & Roustang, 2012; Bioy, 2011; Erickson, 1986; Michaux, 2012) have pointed out processes with respect to mutual influences, contextual constructions, symbolization, emotional attachment, the use of language as suggestion, hypnotic phenomenon, embodiment, trance in its varied forms of expression, the different roles subjects take, and unconscious processes are rarely acknowledged and considered to be relevant in the process of change in experience of these people. In some studies, such as those that make reference to the use of verbal suggestions (Dillworth & Jensen, 2010), the processes are reduced to variable conditions that maintain a linear relation to the responses of chronic pain, which does not addresses the systemic tenet, complex and process that characterizes them in clinical setting and relational where the hypnosis happens (Erickson, 1986; Neubern, 2014).

This scenario presents, unarguably, a comprehension highly permeated by an oversimplifying viewpoint (Morin, 1996, 2001) that imposes many separations between different processes, which are understood as isolated entities that maintain linear relations with each other in order to favor an instrumentalist perspective to its conception. Thus, while chronic pain is separated from the person, from their dialectic with sociocultural world and is considered a biological reified hermetic entity; hypnosis is characterized as a procedure extraneous to the subject and reduced to a controlled instrumentalist practice highly impoverished with respect to the theoretical production (Neubern, 2013). Similar degradation detaches hypnosis from its humane and subjective aspects permeated by the complexity of important processes to their comprehension. The conception of and the approach to chronic pain may be particularly harmed by such perspectives, which refer to a serious socio-political matter regarding health, if their estimates reach about 20% of world population (WHO, 2014).

Given this scenario, the present paper aims at constructing some initial theoretical notions based on complex thinking in order to reach an alternative relation between hypnosis and chronic pain. The main axes in which this goal will be developed is: a) two possible fields of qualification of chronic pain – subjectivity and animacy; relations between subject, unconscious processes, and changes during hypnotic process. In order to do so, these axes will be discussed based on important topics. First, animacy consists in the dimension that evokes vital aspects of the subject's experience (sensations, reflexes, sounds, perceptions, sweatiness, odor, temperature), which are processes connected to embodiment, in line with Roustang (2015), and to phylogenetic inheritance (Morin, 2001); subjectivity (Morin, 2001; Neubern, 2013, 2014) implies symbolic articulation, dominant symbolic-emotional quality of these systems (Gonzales Rey, 2011) and also of other semiotic orders (Neubern, 2013).

Second, both field are organized in configurations (Neubern, 2013, 2014) that are constituted in complex systems of human experience that involves different semiotic processes (Peirce, 1998), that is, systemic processes formed by different sings. Signs consist of what an object represents and produce an effect (interpretant) in the interlocutor's mind (Jappy, 2013). Regarding its objects, thye may be: icons, that represent by qualitative resemblance, such as an image or a draw, connected to sentiment); indexes, which represent by physical connection of functionality, such as reactivity; and symbols, which represent by law or convention, such as arguments, that is, reasoning and thought)[3].

In the context of the present paper, it is possible to establish more broadly a connection between reactive character of indexes and animacy, and the mediator character of symbols and subjectivity. Both fields are organized in configurations from where dominant diverse qualities emerge (sensations, images, subjective feelings, emotions) throughout different moments in the dialectic relationship between the individual and the world. The proposal of a configuring optic addresses the comprehension in which each expression of pain be qualified in the center of the system, with their respective ways of organization, where they are inserted and acquire proper meaning.

The configurations, while they allow a dialogic relation between dichotomic notions by Western thinking (Neubern, 2014), such as current vs. historic, essence vs. existence, individual vs. society, autonomy vs. determinism, among others, allows one to conceive a person's experience in terms of a hologram, in which the whole is represented in parts, just as the part is contained in the whole (Morin, 1996). Thus, while one person's experience, such as trance, does not obey a pre-defined relation between these poles, it is also influenced by ample processes of culture (social belonging, class, gender, economy, spirituality, family, politics), and biology. However, given the fact that these are singular processes, these systems integrate them in a particular and creative way so that the world of experience of a person becomes a whole and the ample influences acting upon it become parts of this system.

[3] In what concerns this paper, it is considered that, given the extension and the conceptual difficulty of semiotic theory, complexity, and hypnosis, not until in later sections will be presented a more deep and consistent approximation between these areas.

Chronic pains: subjectivity and animacy

The qualification of chronic pains, in terms of a singular comprehension about these qualifications, could be conceive based on what they mean to the subject with respect to two big fields (Morin, 2001): animacy, characterized by one vital dimension, and phylogenetic, with the predominance of indexes; and subjectivity, formed of subjectivity and culture, where symbols predominate. This meaningfulness, which finds different semiotic manifestations, addresses the variety of forms of relations that the subject develops with themselves, and with the world.

Chronic pains are not independent entities or classified in their own criteria, detached from past and subjective experiences in ordinary life. In this sense, the typical questions deal with the description of the pain, such as tightens, cuts, pulls, heats, irradiates (Michaux, 2012) should not aim at merely classifying, but at reaching an understanding of the way the pain is formed in the systems of configurations that address to its animacy. These words have a semiotic function, even though they are inserted in a chain of symbols, because they refer to the real circuitry of reactions, movements, cycles of sensations that build the experience of the pain configured at this level. In the same perspective, in spite the occurrence of a same word in the description of the factors, the experienced configurations are described as being unique by different subjects interviewed for this research, given that the relation between its different constituents, such as the emergent semiotic production, are not exactly replicated by two different subjects.

This dimension of animacy, extensively studied by authors who deal with hypnosis (Benhaeim & Roustang, 2012), presents other important characteristics that should be pointed out. Firstly, Roustang (2015) qualifies this filed as prior to consciousness and language, something from or animal embodiment that flourishes in hypnosis: having been suspended conscious social expectations and control, there would be spontaneous possibilities of acting and of being legitimates for the subject, who would become more connected to their body and able to follow the wisdom from such guidelines more faithfully. Overall, animacy implies kinesthetic abilities, but also it is the dimension of subliminal perception, intuition, and “instinct” (Morin, 2011), processes that could become more available during trance. This field of experience should not be reduced to an objectivist point of view, such as medical examination, that often and again do not detect or diagnose pain in the subjects, or as placebo effects or mere imagination. This field consists of more than what is experienced by the subject (Merleau-Ponty, 2008), an experience with energetic characteristics of sensibility, and of totality that involve the organism as a whole and thrusts it in its movement in the world.

From this there is the fact that the experience of irradiation of a wound in one’s leg is not restricted to an objectivist viewpoint of lesion on a tissue, but a process that affects the subject as a whole, altering their movement systems, and posture – corporal schema (Gallagher, 2012), where the whole organism faces the world differently. This irradiation is inserted in the core of systemic and unique processes experienced by the subject, the configurations, have their own logic, that must be captured from internal references to these systems, and, necessarily, from the subject that experiences them. In a word, this is a proposal that aims at reaching a comprehension that prioritizes what is experienced “from inside out” by the subject (Neubern, 2013), that is, starting from the subject’s world of experience and the specific configurational systems that constitute the subject.

Second, this dimension does not bear any linear relation with a symbolic production, considering that there are systems in which there is no process of symbolization. In the case of the wound in one’s leg, described above, it could mean something to the animacy of the subject (Morin, 2001) as a semiotic production of relations and sensitivities that alter one’s corporal schema, but that has not been accessed yet (an may never be accessed in various parts of the system) by the subject’s symbolization processes. When the symbolization happens, it does not entail a linear relation at the animal level, but a complex circuitry of configurations that interact in a network of subjective processes experienced. Among these dimensions there are barriers of self-regulation, in which their systems are organized by their own laws, by distinct exchange among their elements, by systems that attend primarily to their internal organization and not to external influences from other systems.

Thus the anthropomorphic and moralist proposal put forward by some professional as an alternative to the medical model. This lacks in meaning, because the configuration of vital dimensions do not think, feel or symbolize as the *self* does. Put in another way, emotions do not think nor do they act as people, and they do not bear any linear relation with the organs in the body that enables them to create diseases, such as different oncologic diagnoses that, often and again are considered to be the patient's emotional discharger on their body. These approach to the problem not only denies the various processes that precede the disease, but also put the patient under blame of creating diseases, and of not undoing them if the treatment is not successful.

Third, chronic pains refer, in some level, to a stance that the organism as a whole takes with respect to the world due to a wound, malfunction, or threat. The ordinary notion of a survival instinct makes sense here, given that, at an unconscious level, the animal dimension creates different phylogenetic strategies for the subject, as an individual organism, to deal with the pains and their implications (Erickson, 1986). Thus forgetfulness, kinesthetic dislocations, weight compensation, modification in the perception of time may be some of the strategies that need to be captured by the therapist, since these are configured resources ready to be used in the hypnotherapeutic process (). Such strategies, which are mostly unconscious, are the base for some effectively hypnotic phenomena in the therapy against chronic pain, such as amnesia, dissociation, time distortions, anesthesia, age regression, and hypnotic visualizations.

On the other hand, subjectivity is one of the main fields of configuration of chronic pain (Neubern, 2013), since it implies a symbolic production integrated with the subject's emotional states, which are the subjective senses (Gonzalez Rey, 2011) in the dialogic relation that involves different modes of insertion in the sociocultural world. Daily themes of these people () do not consist in signs to be cataloged in statistical patterns about a potential profile of the patient with chronic pain, but in sociocultural logs that are made subjective by a subject, generating unique subjective senses to each of them, of fundamental importance of their world of experience.

Characterized mainly by symbolization, the subjective dimension exposes some important considerations about chronic pains. In principle, here is a therapeutic aspect of paramount relevance when the investigation about these experiences happens in a context in which the subject can attribute meanings using different expressions, to what is brought forth in their experience with pain in their day-to-day (Erickson, 1986). In these processes what seems to be unattainable, such as the pain that does not respond to medication, becomes something more malleable in the reach of the subject that needs to discover that is able to influence them by using symbols. Despite the fact that such process does not mean a definite reduction of the pain, the subject learns how to modify the comprehension about them with symbolization that allows one to modify the relation with what seemed to be a hopeless cause.

Thus, the pain that seemed irrational and unattainable could become a symbolization very different, such as a "strict teacher" that lead the subject to reflect upon deep matters of life and, without the teacher, the subject would never reach this reflection (Breton, 2012). What the subject feels and puts into words is of paramount importance for therapeutic practice, because it can have shared configurations with vital subjective processes, even if they do not have a linear relationship with bodily animal. This is what leads some authors to affirm that symbols penetrate the flesh, turning the animal body into human (Johson, 2007; Merleau-Ponty, 2008).

The second important matter regarding subjectivity is that of chronic pains leading the subject to the construction of senses that offers specific places in in the symbolic network, be it with respect to the subject, to the social world, to his path, or destiny. This is not a simple mapping of patterns of varied relations about the self and others, but of the existential places the subject occupies due to the pains, places governed by a plot formed of different social exchanges and historic journey, but also the active roles the subject take in the world (Neubern, 2013). These places take symbolic form in metaphors and analogies, and the subjective senses inputted in these forms refer to a logic form connected to these pains that needs to be considered for research and therapeutic purposes.

Thus acute fibromyalgia pains in top of the spine, shoulder and arms reported by the patient as "carrying the world on the shoulders" could point to important directions in symbolic processes configured in her every day life (Neubern, 2013), a relationship characterized by religious values of submission, a failed attempt to fulfill family legacy, which costs the patient her own projects. In this sense, the pain embodies sociocultural logs, belonging relations, affective exchanges with other, significant fields in life,

which leads to the establishment of the identity. The patient can take over an existential perspective that says who this subject is to herself and how she should stand facing life.

Subject, trance, and change

The problem of the subject in hypnosis, including in the treatment for chronic pain, is pervaded by a contradiction: while there is the consensus among various authors on the active role of the subject (Erickson, 1992; Michaux, 2012), there is a considerable gap in the explanations given for such participation (Stengers, 2001). The problem, then, is to determine whether the original *self* is eclipsed (Clément, 2011) or whether it would remain as the central source of control of unconscious processes and of the pain itself, as is suggested by contemporary researches (Dillworth & Jensen, 2010).

Here it is considered the perspective according to which the *self*, the *we*, the *this*, and the *they*, among others are constituted of emergent qualities of processes of the subject's experience in world, in fields configured in vital and subjective terms that constitute the subject's system of identity, highly polyphonic (Morin, 1996, 2001). The *self* is somewhat active during the trance, but, at the same time in which it is not null, it is neither the unique nor the most important point of reference of action in hypnotic trance (Neubern, 2014). A new guise in the relation with the *we* tied to the family, for example, can allow the access to important memories and past learnings from childhood, such as plays with relatives and friends, that can re-configure the generalized pain in the body, caused by lupus disease. Anchored in the body and in the cognitive unconscious, thus something of the animacy of *this*, these scenes from the subject's childhood past can move vital processes and displacements of feelings, dissociations, and analgesia with the high potential of re-configuring for pains, that become less intense and disabling.

In spite the considerable complexity of these processes, each entailing a myriad of questions, two aspects should be considered. First, taking the example given above, a subject's hypnotic regression to pleasant scenes from childhood should not lead a priori to a conversational attempt of translating them into words to the world of the self with its references, but should lead to an experienced process in which sensitivity is maximized in order to favor the subject (Célestin-Lhopiteaux, 2011). The subject re-learns how to feel, to live, and to move in the flesh the processes that were asleep until that moment, to access memories and unconscious experiences that impacted the subject's body. The subject is able, then, to modify its configurations. Even though the journey starts with symbolic commands in hypnotic induction, initiated by the therapist and later taken over by the subject in self-hypnosis, trance educates the patient into taking his vital senses as a guide, that is, a dimension prior to the conscious *self*, in such a way to own the paths that lead to the access to vital processes of great value to therapeutic practice.

Although such process may involve reflection, it does not entail translation or reasoning, since it allows the subject to be open to processes that are generated in the experienced dimension. This state, not far from meditation (Brugnolli, 2014), is of great therapeutic relevance because it enables the emergence of new systems of configuration previously inhibited that may act as resources to the clinical demands of the subject, altering the relation parto-whole that characterizes the hologram (Morin, 1996) through which the subject's experience is organized: different biological and sociocultural influences present in these configuration may be rearranged leading them to produce new semiotic processes.

When the hypnotic process situates such processes, such as memory, in another place in the set of configurations of that more broad organization, such as the pain and the negative identity, there is a general alteration in its dominant logic of production of subjective senses and of experienced senses. It is as if a span of a narrative told by a subject were taken from a marginal place and erased to be re-placed in a more central and influential place in the whole narrative, altering the general senses of its logic about important matters of life (White, 2007). This change in the organizational set usually implies new autonomous experience, not only because it leads to the access to resources of animacy previously inactive, but also because it favors radical changes in the subject's emotional and symbolic production. In different clinical situations, the subjects' narratives after a successful therapeutic process report a liberation from slavering processes (relational, historic, biological, economics, familiar) and a flexibility in the comprehension of important life themes, which coincides with new quality relations with themselves

and with others (Breton, 2012; Holanda, 2012; Neubern, 2014), mainly in terms of production of subjective senses.

Second, such changes bring forth another principle, that of the problem of the emergent conscience in trance, that is, of a new knowledge condition existing in configurational systems beyond rational knowledge and conscious *self* (Morin, 2001). The hypnotic process favors a new way of integration between different places of reference besides the self, which leads to the emergence of a semiotic network capable of surpassing some of the fragmented experience produced by the reference self-world, and also of managing processes to deal with different orders of vital and symbolic necessity. The subject commonly is conceived separated from social world, from their body, and pains, and these experiences usually lead the subject to a feeling of impotence facing suffering. Thus, instead of a fragmented relation between the sore parts of the body, and of a precise intervention, such as a suggestion or medication, this network of signs created when the subject is in hypnotic trance propitiates forms of reflection, intentionality, creation, and agentivity that define the subject's stance in world as a whole. The subject reconnects to their animal senses and with their cultural bonds (ethos) in such a way to possess new possibilities of place (Morin, 2005) in the precedent generational transmission (family, groups of reference) and also in the circles of current social relations.

The problem of a conscience in trance does not consist neither in an obligatory translation of unconscious content to the world of the *self*, such as the search of insights, nor in a computation treatment of information, such as cognitive metaphors (Johnson, 2007), but in a construction of a new semiotic network that allows for a more qualitative integration between the different dimensions of the being in such a way to lead it to take amore integrated stance with respect to the flow of its own existence. In other words, in experiencing regression, such as the one aforementioned, it is not the memory of the *self* that guarantees neither the modification of the pain, of identity and relational processes, nor a pretentious control of the self over the diversity of unconscious processes. On the contrary, new forms of semiotic connection between different processes, systems and instances, collective and individual, previously fragmented promote the emergence of a new way of conscience qualitatively distinct that propitiates a more intense exchange of latent potentials inhibited in every day life and in ordinary conscience.

Thus during the trance experience, anesthetic, kinesthetic and dissociative resources configured in the animacy of this can easily be accessed, since the fragmentation body-mind, typical of culture in which the self is instituted (Breton, 2012), are partially suspended and altered. In a similar fashion, this new network manages the emergence of cultural processes that were previously not accessible due to limitation imposed by the niche in which there is a *we* familiar and a *they* ancestral, that separates the living from the dead, humans from gods (Clément, 2011; Nathan, 2014), working more intensely towards their identity, such as possible missions. Such conscience therefore consists of a field of new network of signs that forms a new wholeness reflective of the being, thus the wisdom mentioned by Erickson (1986), granting special access to previously isolated resources, and also different stances of the subject facing the world.

It is from there that the *self* may acquire an active role, as pointed out by different authors (Erickson, 1992; Michaux, 2012), but not as a dominant instance: its role is more of a mediator with other places of reference and of an enabler of processes, than as a control agent. Therefore there is not a proposal of pain management, commonly pointed out (Jensen & Patterson, 2014), but a process in which the self uses these new forms of facilitated relations by the trance with other systems and instances that, on its own, may make resources, learnings and creations available capable of promoting a re-configuration of the experience of chronic pain. The self is more of an interlocutor that seeks to negotiate with other interlocutors in a horizontal process than a foreman commanding subordinates.

Final considerations

The ideas developed here are very incipient. They can be summarized in three different topics. First, the hologram perspective (Morin, 1996) is relevant to the conception of complex experience with chronic pain, because they debunk the view according to which the subject is isolated: it situates the subject in the dynamic of more broad sociocultural processes, as well as the animal inheritance that plays a central role in the organization of the subjects' system. There is a body of influence and systems that pervades people's lives and debunks the perspective of pain as an external finished entity, detached from social exchange and constituted as a static, reified biological nucleus. In this sense, the refinement of the semiotic (Pierce, 1988) and configurational (Neubern, 2013) comprehension offers more visibility to the exchange network, allowing one to conceive more clearly that, in deed, the whole (the cultural and the biological) may be in the part (the subject), just as the parte may contain the whole, given that the subject with their configurational singular organization becomes a totality that qualifies what receives from those influences.

In what concerns hypnotic trance, the notion of hologram could be conceived as an opening that propitiates an exchange between the subject's subjective experience production and the cultural and biological universes of these experiences. In altering central references in the relation self-world, trance may propitiate the subject a new possibility of negation of processes (rituals, and laws), legacies (family inheritances, missions), and representative beings (spirits, *daemones*, gods, ancestrals) proper to their cultural niche (Nathan, 2014) that involve matters of the highest pertinence configured in the subject's chronic pain (Breton, 2010). In a similar fashion, chronic pains may allow the access to phylogenetic resources configured in the subject's embodiment that, in spite of inhibit, or latent in vigil periods, propitiate a production of hypnotic phenomena (dissociations, regressions, visualizations, analgesia, anesthesia) of high impact in the re-configuration of chronic pain. The complexity inherent to hypnotic trance could be, therefore, notably in more complex bonds and universes that the subject may access using this gadget.

Second, the proposal of the organization of the experience in terms of subjective configurations (Neubern, 2013, 2014) makes significant contributions regarding chronic pain. Initially, it embraces a body of clinical and qualitative research considering the subject's scenario as the main stage (Gonzalez Rey, 2011), given that each information must be qualified not in external criteria and external patterns, but according to what they mean in the particular configurations in which they are inserted. At this point there are clinical implications of basic theoretical and methodological natural that might make a difference to the subjects that experience chronic pain, since their needs, sensations and viewpoints take place mostly in questions and observations made by the therapist. If the report of these pains are to be taken seriously, especially when they are not detected in medical diagnoses, it might be one of the main claims of this population, commonly disregarded by professionals and relatives (Breton, 2012; Neubern, 2013).

The animal and subjective dimensions bring further contributions because they invite a comprehension that the universe and the system of chronic pain are governed by distinct logics that need to be understood in their own specificity. If chronic pains have a distinct field of organization – subjectivity, and animacy – with its specific logic and its own systems, the therapist must work aiming at attending the need and the particular demands from the subjects, considering the particular organizational logic of its configurations. This implies an important direction in the sense of avoiding theoretical and methodological errors, such as translating vital processes to the symbolization of the *self*, or as proposing to the subjects a moralist and anthropomorphic interpretation that subtly accuses the subject of creating pains, by means of emotional unbalance, and puts the subject in a position of powerlessness to modify their present conditions.

Third, the problem of emergent consciousness in hypnotic trance brings considerations of great relevance to a broader comprehension about the condition of the subject in the re-configuration of their chronic pains. In situating this form of consciousness as an emergent quality (Morin, 2001,; 2005) this proposal steers away from dimensional dichotomies (conscious vs. unconscious), situating this process as a field that is not subjugated to the self that emerges from connections between processes previously fragmented and distant from each other. Even though this remains a polemic issue (Gallagher, 2012) such proposal presents itself significant n the sense that it is qualified as an emergent and complex

system (Morin, 2005) that enables reflexivity, intentionality, agentivity, and creation, that is, pervasive qualities in clinics for chronic pain pointed out as forms of wisdom by hypnotherapists (Benhaim & Roustang, 2012; Erickson, 1986). Trance, thus, does not open the door to an interaction with mechanical conscience – the pain – to be controlled linearly by the therapist and then by the subject, but open a new possibility of distinct consciousness that integrated different processes in a new totality, capable of producing alternatives of great persistence to therapeutic process.

In this perspective, in situating the *self* as the measurer among distinct processes and systems, this proposal opens up important possibilities of theoretical comprehension regarding a central theme in clinics of chronic pain: self-knowledge (Brugnolli, 2014; Breton, 2010). Emergent consciousness in trance – an integrated network of sings – is considered to be pertinent, in this proposal, since the questions made by an external agent and by changed brought with chronic pain refer to a deep possibility of returning to the origins, and of re-constructing new places in the world – processes experienced in the flesh not restricted to cognitive matters, nor obedient narratives to the world of the *self* and its references. The process of self-knowledge passes by new relationship configuration of the self with an emergent form of consciousness, in the path of a reconciliation that establishes new connection with what had ben lost in terms of individual and collective wisdom (Morin, 2005).

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Received: Feb. 02, 2016
Approved: May. 21, 2016

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