

# Self-developing and finding the Self. Self-consciousness, modified consciousness and the process of becoming a person

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■ *The author describes personality problems by defining them as mainly and commonly characterized by the presence of identity problems and of the symbolic function, and only on a secondary level by the various specific problems which identify the various types and clusters. He believes therefore that hypnosis is the best psychotherapeutic treatment in order to resolve this kind of problems since: 1) it strengthens the symbolic functions because of its reference to metaphor and to primary thought; 2) it allows a deep, shared and empathic relation between the patient and the therapist; 3) it strengthens the patient's perception of his self-consciousness thanks to the variation between the two different consciousness states (normal and during hypnosis). This variation makes the characteristics of both the patient and the therapist more deeply perceptible to the personal subjectiveness.*

## 1. Identity and borderline

Borderline problems. Behind the banality of the definition "borderline syndrome" we find a restlessness which is made evident by the difficulty in getting out of the all-glossia only to a certain extent: even Freud wrote that he had seen "matrem nudam" in his dreams, mother in Latin but not in his own language. Therefore we cannot reduce the concept "borderline" to the simple uncertainty of classification. The latter is obviously included, but a slight uneasiness warns us that we are approaching a borderline - the borderline - including all the things it involves in terms of risk and adventure. The ammunition from an unsolved political archaeology "You are leaving the western sector ..." still resounds. Borderline: a thin line, a precise boundary line between what it is and what is else; or a slow passage without problems between two countries which are not really different from each other; or even no one's land, a death isle distant from civilization and from which men are barred?

Hypnosis, which is a borderline between consciousness and the unconscious, between sleeping and waking, but above all between the Self and the non-Self, is a treat-

ment method or relation method, together with all psychiatry, as Foucault claims, tied up to a threshold. Which kind of spaces does the wall separate? Which kind of passage does the threshold lead to? What about if the awareness that our consciousness has about itself would not be possible except for in its being unconscious and in its recreating itself, that is in its changing and not in its being unchanging background?

Child consciousness, which we regard as the root of identity, finds itself within the sleeping-waking child rhythm; or maybe within the sleeping-waking rhythms by which the child is taken care for and begins to perceive it. What does the child, who doesn't have consciousness of himself yet, do? He sucks and sleeps. If he sleeps long he will grow up well; in his mother's mind - in her imagination - and therefore in what mothers tell to each other, which is true, while the child sleeps his body solidifies itself, takes a morbid shape, which however will become, or already is, unchangeable.

He has to understand that sleeping and waking exist, he has to go through one state and the other, he has to realize the existence of both light and darkness, he has to understand that while sleeping one is more with himself, whereas in waking one is more with others, in order to be introduced to sociality and therefore to self-consciousness and in particular to that part of himself which arises from others' thoughts.

The child falling asleep, as in any adult change of consciousness, includes the rhythms as well as its opposites and the scansion of time. The first life periods are characterized by rhythms, by the exaltation of rhythms and by strong routines, which tend to encourage sleeping: as for instance the cradle rocking, which gives the baby the feeling of being complete, here and there, forward and backward. As supposed above, the significance of routines and the varied repetition (it doesn't matter which fable you tell the baby as long as it is a famous fable) reassure the baby and stand for a sure base from which motion has to start from and to which it has to arrive.

In the original Italian language, i.e. the *volgare* from Certaldo and from Florence, people said the expression "move to another place" - and we say so still today - "go back to a new home": it is a strange movement since it involves going to a place from which you leave, which is "new", unknown, however linear and sure.

It is from the adult regressive function that self-consciousness can arise; therefore, the regressive hypnosis can form identity within the treatments for identity problems and weaknesses, if the therapist learns to transform his mind into a cradle rocking.

Rosaspina was rocked into a walnut-shell in order to become real; Moses was the first among many children who had, in a particular period of his life, to be received into a cradle on the river in order to survive and to become a man: i.e. in order to become adult through water.

## 2. Problems concerning one's personality and the antinomy treatment

Psychiatry and clinical psychology have only recently reconsidered the complex identity problems as part of their interest areas as a consequence of those above mentioned

and of further forms of uneasiness: problems concerning one's personality in their taxonomical articulation. This has led to a relevant attention on the problem as well as to the redefinition of some of the main theoretical principles; the realization that problems with one's personality's organization correspond to identity problems or problems with its perception has led to the recognition that good reasons exist to claim that hypnotic psychotherapy stands for the best treatment for the whole syndrome group.

First of all identity problems are clinical entities, whose boundaries can be fixed scarcely and with difficulty and in most cases this delimitation is fixed "in negative" in comparison to other taxonomical categories. Moreover they are clinical entities which are linked to the social-cultural context stronger than others, the latter interfering with both their emergency and their course; what's more they are clinical entities towards which people have always had a relevant treatment pessimism because of their refractoriness to medications and of the always asserted egosintonicity and alloplasticity of symptoms, which would lead them outside the psychotherapy area towards the analytical treatment. Even though we presume, as we will try to demonstrate, that this egosintonicity is after all a prejudice, it is true that it is extremely difficult to establish a conventional psychotherapy relation, i.e. one based on word, on symbol and on interpretation with a patient suffering from problems concerning his personality. On the contrary, the characteristics of the hypnotic psychotherapy, where the dimensions of empathy, of sharing, of the perceptive attention and of the therapeutic use of some aspects of the primary thought prevail, make this technique not only suitable for beginning a treatment relation, but also for finishing it in a positive way (Sarteschi and Maggini, 1990).

In a laic dimension, the philosophy of mind which we will follow, problems concerning one's personality stand for a condition in which the person, remaining himself/herself, is harmed and offended in his/her mundane life and sees his/her project put into crisis by the prevarication of some elements of his/her personality on others, and/or by the conditioning of very frequent or subfrequent environmental vexations. By taking into account what Minkowski says about the illness (... "a mental syndrome has not to be considered as an association of symptoms, but as the expression of a more or less important change in the whole human personality ..."), we can raise the question of which can be considered as basic etiopathological elements for problems with the organization of one's own personality and also of which can be the so called additional elements which determine the evolution of one and the other possible problems with personality. From these etiological researches our mind about hypnosis as the best treatment for identity problems will result.

## 3. Hypnosis and problems concerning one's personality: the reasons for a treatment choice

First of all, we claim that at the basis of any problem of organization of one's personality there is an identity problem, in the sense of ability at perceiving and being perceived

ved frequently and at distinguishing a Self which has fixed unmistakable boundaries in comparison to the non-Self, with which remain possible non-vague exchanges. In this respect perceiving and being perceived are very important since one of the make-up possibilities with which hypnosis is endowed with as far as this area is concerned is that, by means of trance, the therapist can reach a strong elaborate perception of the presence of the patient and of his identity, make it his own and then give it back; which means that he can give back the patient the reassurance of being real in a firm and determined way to his perception. In spite of the possibility of a bad initial relationship, the therapist can always rebuild a sleeping space, in which the singing rhythm-movement, the cradle rocking movement, the forward and reverse movement give the identity's borderline back, even if in the form of a tremor.

Lalla Romano, among many episodes of difficulty in her relationship with her son, writes that "... clasping her child in her arms and singing him sing-songs ..."

Therefore the model is the one of the motherly rêverie within a strictly dyadic, symbiotic/anaclitical relationship, which is very regressive but controlled exactly as hypnosis is. We are obviously referring to a dynamically oriented use of hypnosis, based also, from a technical point of view, on a frequent use of exchanged hypnosis, or in any case of the autosuggestion regression put into practice and controlled by the therapist in order to form a specific dimension of sleeping relation with his own patient (therefore related to the forms of the primary thought).

The psychodynamic psychopathology gives us many interpretation keys as regards the events which can be at the basis for the formation of a problem concerning one's personality by revealing themselves as premature disorganization traumas, (however not premature enough to determine a psychosis evolution); we will therefore hereafter follow the basic intuitions of M. Klein and of H. Segal as far as the various evolution phases are regarded; those of Bion as far as the relation between primary thought and dreaming, the processes of symbolization and the acquisition of the secondary thought are concerned; those of J. Bergeret as regards the class-relation between problems concerning one's personality, seen as common organized section, and the psychosis, neurotic and perverse evolutions; on a phenomenological level, Gaston Bachelard's opinion on the importance of rêverie as main element for the creation of identity, thought and experience (Liotti, 1994).

The way in which nowadays the teenager uneasiness manifests itself stands for the prototype of this organization borderline and of the creation of a social identity which has also become culturally precarious: pathology of severe personalities linked to a strong, characterized and unvarying definition of the self. This might be an identity in which the dream on the body as well as the cradle were absent, since by the latter rocking (as the cradle is a welcoming concavity in motion) the baby can dream of himself as full, solid and complete. Clinical experience provides many examples of the above mentioned situation; the most evident among them is perhaps the hypnotic treatment for the drug addicted personalities.

Let's assume therefore, by following what we have defined "syndrome of secondary ontological uncertainty" or "syndrome of presence" in a previous work, that we can give the concept of borderline in the organization of one's personality an importance much more significant and phenomenologically based in comparison to the one of hydraulic-beating nature, which usually is in Freud's topic organization. Our aim is to discuss about the problems with the organization of one's personality from a realistic identity sample, where the main setback would be identified, not in etiological terms, but in phenomenological terms, by means of a problem in approaching other people (in the sense of progressive approach given by Franco Cassano) (Cassano, 1989); a problem which reveals itself in the primary distress for a possible self-indeterminateness towards any kind of emotionally significant approach to any "Other"; it is no longer a psychotic problem as it supposes the existence of a Self who is able to feel the anguish of his own borderline, but a problem which is so archaic as far as its arising space is concerned that it leads to almost unchanging defensive answers and, therefore, to an overpowered problem against the Other, who is considered as dual, dislocated, ambiguous. The paranoiac, perverse, obsessive or hysterical nature of the symptom has not, within this context, a structural meaning and is therefore stable, but rather a dramatic representation, which changes according to the characters who, now and then, go on stage.

The immediacy of the sharing, which is not conditioned by the word separated from experience and above all by the assumption that the word has to mean something different from its plain meaning, leads us back to aspects of primary thought. After all, the hypnotic treatment is common to the latter and to its ways, since it uses magic and creative elements as usual instruments, providing a correlation between the elements of communication - not words yet - more linked to the rules of resemblance, of contaminating effects and of closeness rather than to the rules of Aristotle's communication logic.

Absolute sharing and the separation between the two personalities, that of the therapist and that of the patient, according to a rare or very rare modality within the classic analytical technique, which is however typical for the dynamic use of hypnosis, where the change in the patient's state of consciousness, usually shared with the therapist, and in the perceptive setting within which he moves, allow rapid regressive movements, even those archaic but rich in make-up possibilities, by means of revived pieces of experience, taken in their emotionally weighty significance and not in the ability to describe them.

It is however still necessary to emphasize that even the paradoxical use of the language, in order to obtain an emotionally significant communication rather than an intellectual one, doesn't stand for an exceptional event in a hypnotic treatment, but the ordinary way of working. As a consequence you can obtain, in brief periods of time, an exceptionally strong emphatic relation, which might need - we do not want to give the method an absolute value - a further secondary formulation in order to make the

events happened during the hypnotic session become utterable and begin the progressive formulation of transference (Granone, 1983).

#### 4. Hypnosis and the reconstruction of the patient's life

It seems so far clear what kind of potency extent has the treatment by encouraging the fast regressive and subsequently evolutionary change of archaic forms of thought with regard to the identity meaning of the Self before the organization of the desire and its expression in relation to reality.

The hypnosis' specific effect is the creation of an area shared with the patient, which is both oniric and real, where the "possibility of reverie" corresponds to a kind of definition of what is unbearable and cannot be expressed in words, whereas it can be expressed while sleeping as original emphatic resonance or as primary process. By putting this strategy into practice patients give up telling their stories about a too weak Oedipus in their theatrical and imagery way. It is, on the contrary, fundamental the experience of the threshold: i.e. of a staying which is also leaving; of a staying which leads to infinite streets which begin from that threshold; of getting lost and then being found again. Identity and anguish: the body which exits from its skin in order to see itself and to be seen and then goes back into it and recognizes it as its own measure and right abode.

I would like to call this state of freedom and of shared stillness, which allows the patient to put his distress apart, "oniric comparticulation", oasis, place for the word unspoken to the psychoanalyst and place for the revelation of the secret in his experience, far away from scenes, scenery and veils at the same time.

Oniric comparticulation or shared reverie. But the reverie, which is a movement made by the spirit which has freedom of dreaming but the waking phenomena's reality, is on its own part - poeitics, poetical - of the patient's personality, allowing him to be a being who realizes the amazement of the being.

The differences between reverie and dreaming are important. First of all, no identity exists between the person who tells about the dream and the subject of his dream, whereas, on the contrary, the reverie is a fundamental element of one's identity. As a consequence, the therapeutic treatment which accompanies the patient first through the reverie and afterwards through the shared reality, is an important support for the creation of an identity which is no longer uncertain.

The reverie is usually included among the psyche's relaxation phenomena. One experiences it during a relaxing moment, within a period of time which is not pressing; it is often a moment deprived of any attention as well as of memory; it's an escape from reality, which however doesn't provide a consistent unreal world. By following the stream of the reverie - which is always a descending stream - our consciousness relaxes, disperses and consequently becomes obscured.

However, within the reverie is a powerfully organizing and creative function, the one which Schlegel defines "function of the language or of the effortlessly creation", a func-

tion able to start a phenomenology of the imaginary, where imagination is at its proper place; at the first place, as beginning of a direct excitement of the psychic becoming.

The imagination, during the reverie and therefore during hypnosis, defines and tries a continuity. In this sense the reverie becomes poetical, in its original sense of creative and active; during the patient's reverie, shared with the therapist, a world is created: one which really belongs to him, finally endowed with motion, development and - above all - relevance ability.

The third phase which comes after the entrance and the stay within the reverie is the exit. During this phase the reverie absorbs reality and acquires, as Shelley claims, the ability and the power "for creating what we see". The main element for the therapist's assistance during this reawakening consists in allowing the creative imagination to become also a self-creative imagination, which is able to strengthen the dreamer's identity and to tie him by means of a strong emotional link to an already known world at the same time.

The reverie puts us into the state of the borning soul, as Bachelard reminds us; the exit from the hypnotic trance, with the support due to the certainty of being himself at least for the hypnotist, corresponds to the already born identity consolidation (Liotti, 1994).

The second result obtained through the hypnotic treatment, together with the comprehension, is the possibility to satisfy the unsolved beating needs, which had caused the pathology, and the distress' reduction due to the fact that they remained unsolved. The course of the therapeutic path allows the patient to perceive of being seen by me and being recognized in his own identity, taken into his regressive tendencies, let fluctuating in his approaching methods, now and then being welcomed in his need for warmth, sometimes penetrated by my voice or by my affirmative presence, freely satisfying his need for passivity.

We have to linger over this aspect of passivity, which has to be intended as primary condition and not as sexualized condition, as the last general heuristic element.

As Jean Luc Nancy (Nancy, 1995) claims in "Identity and anguish", passivity "is" only the following: that something happens to identity, from somewhere else, from the other, something different. That is passivity is not the characteristic of being passive and for instance of letting others calm ourself or transmit to us this or that sign. Passivity does nothing, not even in the way in which it would mean letting others do something on ourself. In this sense, identity becomes itself only as it can be affected from the outside. Its passivity - and therefore its existence - is given to it by affection; in this context, which is made possible by hypnosis, the soul is affected since it is affected by its identity.

#### 5. The conclusion about hypnosis

We have tried to apply hypnosis within an unusual area of clinic psychology, an area which we consider very important because of many reasons.

The first reason is structural: in spite of the fact that the removal imposed by society

on themes linked to sexuality has been deeply reduced, the intensity of the removal has not changed, but its content has and therefore nowadays sociality and the world have become the removal's subject.

The meaning of the psychopathology's phenomenology has deeply changed as its axis is no longer the structural neurosis, for which the classic analytical treatment had been chosen as the right treatment, but the problems with one's identity's organization, which require, as we have already noticed, a different psychotherapeutic approach.

The second reason is linked to our assumption that problems with one's personality basically correspond to identity problems. If we take into account the complexity of the mechanisms which allow the creation of identity, it is clear that a make-up treatment cannot be based on the interference of symbolic chains, but has to use the deeply empathic sharing of hypnosis, which lets the primary thought come back and allows to revisit directly and therapeutically the failed experience.

The relationship between identity's creation and hypnosis can also be considered in terms of the phenomenology of the Self's consciousness dynamics. Despite the fact that the development or the exit from a hypnotic trance are usually defined changes in one's state of consciousness, it is also true that the consciousness which changes is first of all Self-awareness. Nevertheless it is a consciousness which can strengthen one's representation of reality being aware of the Self but only by a temporal decrease: i.e. consciousness seen as the process of becoming aware of the Self which happens at waking (emergency of hypnosis in alternate conditions) but for which the simple fact of being awake is not enough. Waking, seen as Self-awareness, derives from waking up but during the waking reawakening has neither course nor end. This means that in that peculiar form of consciousness born from and supported by another consciousness, i.e. hypnosis, the possibility of self-awareness, which goes through the possibility of being affected by the presence of the other, is reduced.

In this context the peculiar form that the therapeutic relationship has during hypnotic treatment finds its place. As a matter of fact what is suspended in the hypnotized patient is the present of his own being there. Of course he is there, he exists, he is Dasein, but he is somewhere else as well, in the Other's subjective consciousness, he subjects himself to the other's representation, which is the only element that allows him to be the representation's subject.

The idea of hypnosis as self-awareness, which takes place because the patient is affected by the presence of the Other (Hegel claims that hypnosis is the baby's state within his mother's body), makes necessary the harmony between the two self-awarenesses which are in comparison: that is the patient's self-awareness during the hypnotic treatment, when the Self does strengthen itself by being understood; the therapist's one, which might be equal to the former's during the hypnotic treatment, who can understand another Self which touches his own consciousness thanks to the patient's Self. This implies that the hypnoterapist, during his training, has to understand what is experienced during the trance so that he can consciously restart the patient's and his

own primary thought processes. The patient's identity he acquires by means of rhythm, its becoming hesitating and precarious, vital of an uncertain Self's borderline at the same time. This anguish allows the deposition of rigid identities; it allows hollow identities to express themselves at the hypnotist's eye, which becomes their holder and cradle or their nutshell; it even allows the patient to exit from the vacuum of his identity's structure and be born again as a childish patient rather than a masochist one.

Thanks to this crucial movement the change in the experienced subjective temporal events, which belongs to hypnosis, takes place. As a matter of fact, the regression to the past, apart from the already known possibilities, allows also the present's breaking, which is also a foreseeing of the future from a regressive position. The temporal motion becomes a sort of topology of the patient's state of mind: time becomes topos, i.e. the patient's mental geographical forms, which are iso-morphic to his discussion. It also becomes topologic possibility for a closed form to change inside, as Matté Blanco would say: so that the patient himself changes by being changed within in his visible constant and unchangeable surface.

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