



INTERPRETATION, SEMIOTICS AND QUALITATIVE RESEARCH IN HYPNOSIS

Interpretação, Semiótica e Pesquisa Qualitativa em Hipnose

Interpretación, Semiótica e Investigación Cualitativa en Hipnosis

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Abstract – The present work seeks to highlight some relevant references to conceive the interpretation of clinical and qualitative research in hypnosis. Starting from a brief case report, he discusses three important references under a semiotic and complex reading: the universe of experience of the subject, impressions and descriptions, and the problem of form. In the first reference, he emphasizes that the interpretations must contemplate the own semiotic production of the experience of the subject. In the second, that the impressions and description processes need to be integrated into the research. In the third, that the construction of interpretation needs to conceive and deal with problems of form, such as deformation (influence), information (addition of knowledge) and transformation (reconfiguration of experience). The article concludes by pointing out that, although this discussion is still initial, it points out ways to a collective discussion around the subject, as they are pertinent in terms of research and hypnosis.

Keywords: Hypnosis; Interpretation; Qualitative Research; Semiotics.

Resumen - El presente trabajo busca destacar algunas referencias relevantes para concebir la interpretación de la investigación clínica e cualitativa en hipnosis. A partir de un breve relato de caso, discute tres referencias importantes bajo una lectura semiótica y compleja: el universo de experiencia del sujeto, impresiones y descripciones y el problema de la forma. En la primera referencia, destaca que las interpretaciones necesitan contemplar la producción semiótica propia de la experiencia del sujeto. En la segunda, que los procesos de impresión y descripción deben integrarse en la investigación. En la tercera, que la construcción de la interpretación necesita concebir y lidiar con los problemas de forma, como la deformación (influencia), la información (aumento del conocimiento) y la transformación (reconfiguración de la experiencia). El artículo se concluye resaltando que, a pesar de que esta discusión es todavía inicial, ella apunta caminos hacia una discusión colectiva en torno al asunto, pues se muestran pertinentes en términos de investigación e hipnosis.

Palabras clave: Hipnosis; Interpretación; Investigación Cualitativa; Semiótica.

Resumo – O presente trabalho busca destacar algumas referências relevantes para se conceber a interpretação da pesquisa clínica e qualitativa em hipnose. Partindo de um breve relato de caso, discute três referências importantes sob uma leitura semiótica e complexa: o universo de experiência do sujeito, impressões e descrições e o problema da forma. Na primeira referência, destaca que as interpretações precisam contemplar a produção semiótica própria da experiência do sujeito. Na segunda, que os processos de impressão e descrição precisam ser integrados à pesquisa. Na terceira, que a construção da interpretação precisa conceber e lidar com os problemas de forma, como a deformação (influência), a informação (acréscimo de conhecimento) e a transformação (reconfiguração da experiência). O artigo é concluído ressaltando que, apesar dessa discussão ser ainda inicial, ela apontar caminhos para uma discussão coletiva em torno do assunto, pois se mostram pertinentes em termos de pesquisa e hipnose.

Palavras-chave: Hipnose; Interpretação; Pesquisa Qualitativa; Semiótica.

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Introduction

The resumption of interest in hypnosis, especially in the last twenty years, was marked by the sharp opposition between clinic and research (Neubern, 2017a), in which the primacy of quantitative methods over qualitative ones (Jensen & Patterson, 2014). Thus, although such research is relevant in several ways, such as evaluating the effectiveness of hypnosis and its application to various problems, they end up not considering important processes of the relationship and the hypnotic experience, such as emotions, narrative reconstruction, the role of the subject and communication. As for the clinic, there are innovative and pertinent aspects, which favor, at some level, the overcoming of certain criticisms, such as the superficiality of hypnosis or the substitution of symptoms (Roustang, 2015; Zeig, 2014), and a multitude of applications in everyday problems, ranging from chronic pain to medical and dental issues (such as preparing for surgery) and psychological, psychiatric and sporting demands (Bioy, 2018). Despite the considerable production of knowledge present in the clinic of hypnosis, such proposals are generally not recognized as research and are often restricted to schools of hypnotherapy, in which the ideas of a founding master are applied and used as an explanatory axis regarding the challenges faced by the clinical practice in their daily work.

A similar scenario brings up a fundamental research problem for both groups, which is the problem of interpretation, that is, the construction of thought that encompasses elements of the empirical and theoretical concepts through the researcher's action (Creswell, 2013; Gonzalez Rey & Mitjans, 2017). That is where the notion of clinical research can be conceived (Lévy, 1997; Neubern, 2017a), which involves a construction process, part of a relational contract between the protagonists (researcher and subjects), allows different fronts of interpretation (reflexivity about the relationship and the experience of the other) and culminates in change processes pertinent to the subject. It would not be an exaggeration the idea that the clinic itself is, in essence, an important form of research, as it involves the challenge of producing knowledge about the universe of the other (be it a person, group or community) that is not previously known to the researcher, given the multiple facets of its complexity. In this sense, interpretation assumes a central role in clinical research as it favors the construction of legitimate information about an eminently subjective research field that is constituted as an ontological process with its own characteristics, such as singularity, quality, complexity and subject (Morin, 2001), that is, challenging notions for modern science proposals (Demo, 2000).

Thus, although there are few explicit proposals for clinical research in hypnosis, it is possible to highlight some points of considerable relevance to reflect on the role of interpretation in clinical and qualitative research in this field. A first relevant topic would be how to qualify the subject and its different expressions during the hypnotic process. Hypnosis highlights a fundamental concern about the uniqueness of each subject (Erickson & Rossi, 1980), around which the hypnotherapist must create a whole context (with his language, interventions, roles and therapeutic goals) to contemplate his particular needs and characteristics, instead of wanting to adapt or dissolve them in general frameworks. This point is very close to contemporary discussions about the subject in the research, which should be understood in the singularity of its configurations (Gonzalez Rey & Mitjans, 2017) and narratives (Kim, 2015).

Second, there is the problem of qualifying the different expressions that occur in a human (Creswell, 2013) and hypnotic context in particular (Bioy, 2018), which precede the process of interpretation. It is an attempt to answer the question in which one asks how a researcher reaches such readings in a given situation, which touches both the subjective and ideological imposition possibilities, as well as the pertinence as to what is experienced and makes sense for the other. Contrary to the mythical view pointed out by some (Bioy, 2018), the insight through which certain hypnotherapists (Erickson, 1954; Zeig, 2014) seem to capture or read the clinical process refers to the influence of their internal and subjective universe, such as the capturing visible and public expressions (Neubern, 2017b). Third, there are aspects linked to a very particular dimension of hypnosis - its capacity for influence (Roustang, 2015). This theme consists of a thorny problem in terms of research, since it breaks with the proposal of subject - object separation, fundamental to the modern science project (Demo, 2000; Stengers, 2002). If the expressions that seem to emerge from a hypnotic process are reproductions of the therapist's thinking, it is questioned to what extent it would be possible to carry out reliable research in this context (Neubern, 2018).

Thus, the present work aims to highlight, still in an initial way, some relevant references to build possible ways to conceive the interpretation in a qualitative research process, here also taken as a clinic (Lévy, 1997), in hypnosis. To this end, it will address three major references and their respective topics: the subject's universe of experience; the role of impressions and descriptions; and the problem of form, where influence and its role in the construction of information are discussed. As an illustration, it will start from a clinical vignette by Erickson (1954) where he will bring the main elements for his discussion. It is considered here that many of the reflections will be taken in hypothetical aspects, either by the scarcity of elements of clinical



illustration, or by the very space limit for this work. Its theoretical starting points will be the semiotics and phenomenology of Charles Peirce (1998) and his followers (Colapietro, 1989; Jappy, 2013; Nöth, 2015), as well as some topics raised by authors of complexity (Morin, 2001; Neubern, 2016) whose ideas about hypnosis relevant proximity to the ideas of Peirce (1998).

Clinical Illustration

Mr. X, 59, was a factory worker and had been diagnosed with hysterical paralysis due to the immobilization of his arm, with no known organic cause. The company where he worked said it would be enough to have the willpower to get well, since his problem would not be serious. Thus, it was accepted, on the part of the company, only the payment of one week of medical assistance so that he could return to work, so that he would be fired if he did not improve. The situation was quite hopeless, as he was only a year away from retirement and a layoff at that point would be a very difficult problem for him. Erickson agreed to treat him and called in some colleagues to assist him in the process. It was noticed that, during waking, his arm became rigid, but during sleep, relaxed, confirming the diagnosis. He was a man who did not express much verbal resourcefulness to explain his problem and his life story, which hindered a broader investigation of his condition and way of being.

So, Erickson decided to take the following approach: he met with fellow doctors in front of the patient, without addressing him directly and began to discuss his clinical condition. They said, in a pessimistic tone, that he would have a syndrome of inertia, which was a real problem, that would follow a certain prognosis: after 2 or 3 days, he would feel some looser muscles in his shoulder, after 4 or 5 days, most of the arm would be normal and, within a week, he would have only a slight feeling of numbness in the wrist. Then they said that this hypothesis would be confirmed when the patient was in a hypnotic process. Erickson induced him into a trance, confirming the diagnosis and again describing the progress of his improvement. At the end of a week, the patient had followed exactly what was explained about his condition and suppressed the symptom, in order to reintegrate to work and, after a year, to retire as expected, claiming only a slight numbness in the wrist.

Basic Concepts

In the perspective presented here (Neubern, 2016; 2017a), hypnosis is conceived as a semiotic and complex process. On the one hand, it implies the trance that consists of altering the references of the I-world experience, which involve the socially shared notions of space, time, body, matter and cause. These changes are followed by the emergence of a series of processes, generally barely visible during the common state, which involve a phylogenetic dimension (such as anesthesia, analgesia and time distortions) and a sociocultural dimension (such as views of cultural beings and family scenes) that refers to collective processes and knowledge that are subjectified in a unique way by each subject (Morin, 2001). On the other hand, hypnosis also involves specific modes of communication that trigger trance and actively participate in a therapeutic process. They can include repetitions, changes in rhythm, pauses and even figures of speech and role performance (Neubern, 2016).

Regarding the work of Peirce (1998), there are two types of knowledge of great value for this reflection: semiotics and phenomenology. Semiotics, or study of signs, conceives the sign as something that represents an object and produces an effect on the mind of an interlocutor, the interpretant (Jappy, 2013). Signs, when classified according to their objects, can be: icons, which convey qualities of their objects (such as drawings, images and, in grammatical terms, verbs, adjectives and adverbs); the indexes, which are linked to your objects by a physical relationship (such as footprints on the floor, tracks of an animal) or functional (such as the markers on a thermometer); and symbols, which relate to their objects through laws, habits or conventions (such as words and speeches in general). Peirce's phenomenology (1998) alludes to the ways in which the mind captures and experiences the influence of the world, which basically implies three dimensions: firstness (qualitative, potential, typical of feeling), secondness (reactive, of the existing singular and individual) and outsourcing (laws, habits, symbols and thinking). There is a strong approximation between phenomenology and semiotics, mainly in the correspondence between the classification of signs and the dimensions of apprehension of the mind.

Neubern (2016) highlights that one of the possible approaches to hypnotic communication by the work of Peirce (1998) is through the notion of iconicity, that is, the ability of signs to transmit the qualities of their objects (Nöth, 2015). These are three types of signs called hypoicons (Nöth, 2015): in terms of a first-priority, there are images that convey qualities of their objects (such as visual images) very present in the hypnotic experience; in terms of second-priority, there are diagrams, which are linked to their objects, highlighting the functional relations between them, as in the case of repetition of the subject's words or of a description; and third-priority signs, metaphors, which juxtapose two distinct fields of experience in a single sign, as in the case of the expression love is blind, which articulates the human deviations of feeling to a physical limitation.



The Subject's Experience

The richness and complexity of semiotic processes in a clinical situation requires a conception of signs that is beyond linear reading. Thus, even if signs are conceived, in logical terms, in relation to their objects and interpretants (Peirce, 1998), a clinical situation such as that of Mr. X refers to a series of semiotic configurations or forms, that is, systems that they interpenetrate and recreate themselves according to the particular characteristics of the subject's universe of individual and social experience (Neubern, 2016). The interpretation should not be based on the interpretants that can produce an icon or symbol in isolation, but on its insertion within this lived universe, conceived in its entirety. Thus, if a semiotic form like Mr. X's symptom means something to the subject (Gonzalez & Mitjans, 2017; Creswell, 2013), this goes beyond a linear and classificatory perspective of logic, although it does not exclude it, demanding some clinical principles of great relevance for interpretation.

A first principle is that the different semiotic forms of the subject's experience interpenetrate. In the case of Mr. X, this can be conceived in the narratives given by the representatives of the company (having a hysterical picture, his problem is only psychological, being fired if it doesn't improve, losing his retirement), highly related to the subject's feeling of despair in the face of the tragic possibility of losing his retirement. There is a profusion of signs here that intertwine around a symptom and make reference to several objects: the narratives of the company representatives, who represent social exchanges of that society; the signs of sensations and paralysis, which refer to a whole phylogenetic and also symbolic charge of the subject, in his unique way of being and his history; and, further on, the interventions of Erickson and his colleagues, representing medical knowledge and hypnosis itself. Such semiotic forms are constituted as complex processes, representing different systems of experiences that are linked to the symptom and also to society, to biology and to Mr. X's own subjectivity.

However, going beyond the enumeration of the different signs, there is also the dimension of semiotic production - the field of interpretants - developed by the subject himself, who, by no means, is receptive to sociocultural influences (Colapietro, 1989). It is true that, for the vignette described here, Erickson made no mention, for example, of the agency processes that would have led Mr. X to assume the position described - a point that would be essential for a more comprehensive understanding of the process. Perhaps even because of the emergency nature of the intervention, he had not made any major considerations in that direction. However, it would be possible to conceive that the company's aggressive attitude towards him would favor the production of emotions with a high level of negativity, increasing his anxiety about the risk of loss of retirement, as well as his experience of deep paralysis in the face of the problem experienced. The paralysis of the arm, in which there would certainly also be historical processes, referring to the subjectivity of other exchanges and social devices, also implied an experience of paralysis of the whole, either because it blocked the possibilities for Mr. X to develop and dominate a fundamental dimension of his life. life - work - with its own meanings, either because it impeded his future plan - retirement. The disqualification carried out by the company, by imposing a diagnosis of a psychological cause for its problem, in addition to intensifying the weight experienced in such a scenario, possibly also acted negatively on its own self-image, giving it possible interpretants linked to failure, to moral weakness and emotional fragility, something unacceptable to a worker like him.

In this sense, conceiving that the signs interpenetrate and configure themselves in certain forms should not mean something random, as if they were organized at random. Here we have the second relevant topic of this discussion, which is the symbolic character that emanates from these complex forms. An interpretive process needs to be relevant to this general symbolic production that seems to order the whole, with multiple and specific meanings and meanings. This general symbolic content is found in the forms and habits that can involve from specific themes (such as the possibility of unemployment for Mr. X), as well as in deeper identity issues - types of symbolic scripts, developed in the subject's social fabric, which it seems to obey in many moments of life, as if fulfilling the role of a theater script (Neubern, 2016). These scripts, often generated and embodied by the subject as metaphors (Lakoff & Johnson, 2003), commonly have as their object cultural devices and conversations, which can result in legacies, missions and roles that the subject tends to seek to play, not always in a way conscious. Although this process is not mentioned in the case discussed here, it would be interesting to highlight, always hypothetically, the role of apparent inertia played by Mr. X, in face of a critical situation for such important issues in his life. He simply remained silent and seemed to shyly accept the impositions made, whether those of the company, or those conveyed by doctors in his treatment. It would be possible to consider that this type of attitude may refer to certain symbolic scripts developed, mainly, in family and institutional transmissions (Roustang, 2015).

However, the interpretation process must also be relevant to the signs that support the symbol, such as those of secondary (such as indexes and diagrams) and those of primary, mainly due to the dimension of the feeling present there. In the hypothetical exercise developed here, it would be possible to consider that Erickson's interpretation was relevant to Mr. X's experience in different ways. On the one hand, medical authority was used to welcome the subject disqualified by the company, considering that he really had a problem (the inertia syndrome) and not a mere fiction, and at the same time, opposing the discourse of authority from the company. Thus, the configurations of signs present in the doctors' speech before Mr. X referred to scientific knowledge, describing prognostic indexes of a given syndrome that really existed, but that should dissipate in a few days. The conversation itself, carried out between such authorities without addressing him (someone already cor-



nered by the pressure of the company) was also a semiotic form, the main purpose of which was to bring him up to date without pressuring him. Hypnosis, with all the imagery of power and magic it usually evokes (Bioy, 2018), took on a significant role in confirming the favorable medical discourse of that team and promoting not negligible impacts on the body, which was possibly captured by the subject as yet another sign of power that recognized its problem and pointed to a solution.

On the other hand, this set of forms, both in a conversation with scientific terms that supported it, and in the relational game that did not pressure it, also favored important processes of subjectivation. In the face of an aggressive situation that pressured him and did not offer future perspectives, the recognition of his condition was of considerable importance to the subject, as it legitimized his condition as a victim of a disease (and not the producer of a weakness) and predicted prospects of cure. It can be considered that such a context, by mirroring such signs in the subject's world of experience, adding in this mirroring the recognition and therapeutic possibilities, favored the subject's unblocking regarding the pressure he was experiencing and, more than that, provided the plunge into a first dimension, characterized by the new, the potential and the creation, that is, the field of feelings. Such a process became relevant precisely because it mirrored, for moments of iconicity (Neubern, 2016), the problems experienced by the subject and his healing potential, still hidden and marginalized in his own universe.

From the above, it follows that an interpretation of clinical research is relevant because it makes sense as to what happens with the subject (Gonzalez Rey & Mitjans, 2017), but, the complexity and greatness of the forms is so great, that this interpretation can or not to contemplate important moments of this experience. The diagnosis made about Mr. X may have been technically correct, but his simple expression served as a disqualification and threat, without considering that important elements, such as his moment and his future, were not even taken into account. The intervention of Erickson and his colleagues was more pertinent for conceiving the symptom (very organized in terms of secondary), integrating other elements (the importance of Mr. X being recognized and accepted) and highlighting his potential for change. In summary, the pertinence needs to include the aspects experienced that imply the phenomenological dimensions of the experience in a clinical perspective that favors the protagonism of the subject and the creation of alternatives in the face of his problem (Creswell, 2013; Lévy, 1997).

This touches the third point to be raised - the subject and his relations with the trance. As highlighted by Neubern (2018), at the same time that an active and autonomous dimension is incarnated by the subject during the trance, he is also the representative of other collective belongings, realized, for example, in social, institutional, conversations and family legacies. Such duplicity, marked by someone who can create and choose, but who also represents and tends to obey such legacies, is a central point of interpretation in hypnosis, as it points out an infinite number of possible relationships between these two poles. In Mr. X's specific case, at first glance, there was considerable passivity on his part, as he was situated by the company and presented by Erickson as someone who simply suffered the action of a problem without being able to extricate himself from it. From a certain point of view, he could be a kind of depository of an entire collective situation that perhaps pointed to issues such as the worker's position, the class struggle, social security, masculinity, that is, processes that simply imposed themselves him and set up his symptom without doing anything. It would therefore be a considerable mistake on the part of a researcher or therapist to wish that he would assume the idealized and reified role of a proud and talkative subject at that very critical moment, surrounded by fears and threats.

However, it would also be questionable to conceive that his role during the hypnotic process was one of full passivity, as if he were only there to receive and obey orders from authorities. As he was recognized by doctors and realized some kind of solution to his problem (perhaps his greatest need in the whole process) he accepted these processes and generated realities in his own universe, but he did it from the experiences evoked by the intervention of doctors. If it is right to conceive that he did not carry out a deeper and more deliberate process of symbolizing what affected him and therapy in general, it is also consistent to consider that, on some level, there was protagonism on his part, since his subjectivity was appropriated such influences and produced solutions that met the pressing needs of its demand. It would not be an exaggeration to say that, on Mr. X's part, a conscious effort and a deep unconscious disposition were mobilized in this situation.

An interpretive process, therefore, about the trance experience must conceive a wide variety of possibilities, since such an experience is far from homogeneous, nor is it consistent with rigid standards of understanding (Clément, 2011). Sleepwalking, lucidity, stupor, possession, depth and hypnotic sleep are some examples of terms used in the practices of hypnosis (Bioy, 2018) that point to a range of trance modalities, although at the moment there is no comprehensive and consensus on the same. Despite this, the uniqueness of each person's experience, between its deliberate and conscious dimensions that coincide with the notion of subject (Morin, 2001), and the collective processes that make him a representative (Neubern, 2016), need to be recognized as a important reference in the interpretation processes, since they are a particular characteristic of the trance phenomenon. The variation of semiotic forms present in the construction of self and other voices during the trance and the phenomenological dimensions of experience (Perice, 1998) can offer concepts of great value for understanding the process and the diversity of trances experienced by the subject.



Impression & Description

If interpretation, in a way, is the most important moment in the construction of qualitative research (Creswell, 2013; Gonzalez Rey & Mitjans, 2017), it should not be conceived as the only one, at the risk of leading the researcher to conclusions intensely marked by their beliefs, but distant from the empirical. As it consists of a process that par excellence refers to the symbolic plane, it also relies on existing, concrete and reactive processes of secondary, and also on the diaphanous potential of primary. If one considers the researcher's own action towards the subject in a trance, in addition to the symbolic dimension, characterized by interpretation and reflexivity, he enters an interactive game against this other, a complex of mutual reactions typical of indices and diagrams, establishing a bond with the other on the plane of feeling that seems to infiltrate the barriers that divide the subject from the world, marked mainly by firstness (Neubern, 2017a). Therefore, the action of interpreting is based on other semiotic processes - such as impressions and descriptions - that need to explicitly integrate the construction of clinical research in hypnosis.

The impressions refer to a diaphanous field of experience, very pervaded by the sensitive that is not yet symbolized (Brito & Pesce, 2015), which occupies a very important place in qualitative research. Commonly associated by clinicians to terms such as intuition, feeling, daydreaming, fantasy, countertransference and imagination (Neubern, 2017a), impressions are highly permeated by firstness, which, due to their potential and qualitative character, are generally considered as a source of error for claims modern science. At the same time, this field is usually the target of several mechanisms of substantiation, in which its processes are conceived from a material and existing perspective that does not match the diaphanous content of firstness, which can produce several conceptual and clinical errors.

The importance of impressions in a hypnosis research setting is, above all, due to its possibility of relevance regarding the subjective scenario studied. An image that comes to the mind of the researcher, a memory, a scene, an indefinite physical sensation, an intuition, a feeling, in short, a subjective impression that comes from the relationship with this other can constitute a relevant semiotic form of the process relational that is drawn there. This is because the primacy that permeates a hypnotic relationship, at the same time that it is fleeting and potential, happens at a level prior to the organization of the self, involving intimate dispositions of the protagonists that, commonly, they themselves are unaware of. In a similar way, they can also capture, with relative precision, processes of great importance in the world of the interlocutor in a trance that, although not clear at the beginning, present indices of great value for certain research investigation axes. Although such signs are quite treacherous for scientific rationality, they refer to a specific field of perception, known to clinicians, mystics and artists (Clément, 2011), which can lead to important research processes not always triggered by other means, such as observation and quantitative instruments.

Impressions cannot and should not constitute the central axis of a research, because, if a researcher did so, he could easily disconnect from the various empirical signs present there, making his research become the mere reproduction of his beliefs or theories (Stengers, 2002). The impressions, taken exclusively, do not guarantee a coherent legitimation process and can cause the research to become a process of ideological or theoretical reproduction of the researcher, in order to manipulate and impose itself on the different semiotic productions of the subjects. However, impressions are also a central point of the research, as they refer to the fundamentals of the subjectification process (Neubern, 2016; Schore, 2016) and participate intensely in relational exchanges in hypnosis. Even though they are elusive and diaphanous, they need to be guided as an intelligibility field, in order to also be submitted to the processes of legitimation (Creswell, 2013; Ionescu & Blanchet, 2009) and integrated throughout the interpretations.

The need to recognize and integrate them refers to two specific points, the first of which refers to the importance of hypo-icons (Jappy, 2013; Nöth, 2015). Hypoicons, because they have a qualitative logic, allow some level of representation of these experiences, which should not imply a perspective of control over them, but a certain materialization of their influences. Images, diagrams and metaphors, in spite of the risks they entail for a research, allow bringing what is potential of firstness to the existing material of secondaryity, offering some level of materiality to the process of understanding that takes place there. Second, such materialization is of paramount importance for the action of the protagonists, favoring the creation of therapeutic actions and opening the field for new narratives of research, which often seems to run out and stiffen in the face of purely existing signs, such as indexes and symbols.

Mr. X's reported case is very significant in this regard. This is because, on the one hand, the different narrative facets surrounding his situation could lead a researcher to a sensation of paralysis, pressure on the body, bars, chains, injustice, revolt, suffocation and, not to mention, the profound anguish linked to the well-known metaphor of a dead end. Such impressions can be of great relevance for a therapist, as Erickson did, to build a narrative strategy that takes into account the different influences of the problem and possible ways to get rid of them from their own personal and social resources. On the other hand, impressions could also offer an initial point of understanding of what may be at stake in this influence operated on him by different instances (such as the company and social security), his way of subjective it and how to mobilize him to favor of its protagonism (Kim, 2015). The very sensitive dimension of corporeality (Brito & Pesce, 2015) that embodied such symptom, as well as the impact of hypnotic intervention, could become more visible from the exercise of materializing these



processes. In short, both the initial thread of a research field and the clinical concern itself with change and protagonism (Lévy, 1997) find a topic of the highest relevance here.

The second important moment in the construction of the research is due to the description of the signs that are presented to the researcher (Neubern, 2017a). It is predominantly pervaded by the secondary and basically consists of the organization of the explicit signs that appear in the relational context of hypnosis. It may involve a more particular dimension of a given event, as in the case of a hypnotic phenomenon not yet or little known, remaining more linked to the secondary, or also sequences of forms, as in an interactive exchange, bringing it closer to thirdness through the notion of pattern. As it constitutes the material dimension of the research, that is, of the signs themselves, they have great importance for the construction of the same. First, when they make the signs explicit, they make reference both to the objects that precede them and to their logical potential for interpretation, functioning as highly relevant indices to the interpretive process. In the case of Mr. X, the reports of the company representative about him had as their object labor relations, company policy, the labor laws of that country and all the subjectivity that ensued in the social universe of this subject. At the same time, they are also signs that referred to a strong reaction on him to the point of intensifying his symptom and further increasing his suffering. Such materiality offers important references for the interpretations that need to cover fields that are not explicitly expressed, therefore, implying several heuristic risks, but they also cannot disregard the strength or demand of certain forms that are present. It is possible to conceive that this point refers more to the researcher's own action as a subject (Gonzalez Rey & Mitjans, 2017; Morin, 1991) that gives life to the research process through its interpretations, but finds in the description some references so that his constructions have coherence with the empirical.

Second, there is the problem of public control (Colapietro, 1989) of research, that is, the possibility that its concrete signs are discussed by the competent public in order to prevent possible errors, inconsistencies or even misinterpretations (Neubern, 2017b). It is a central point in the process of legitimizing research that favors critical discussion among specialists in a field (Demo, 2000) who can, together, reflect on the complexity of the phenomenon, the strategies used to approach it, the contradictions that arise as challenges to the researcher, the slips, the options made and their possible consequences, as well as the alternatives that can be created for the investigation of certain facets. Public control can be of great relevance as a way of preventing ideological impositions and narratives that are very dear to the researcher, but with little or no meaning for the subject, which can favor the manipulation of research and the violence of an imposition of meanings foreign to your world of experience. The researcher's theories can lead to effects as harmful as those produced by the stigmas imposed on Mr. X, as they consist of concepts about the other that function more as strategies of power than as scientific understanding (Nathan, 2001).

Meetings of experts could discuss, for example, the narratives presented to Erickson about Mr. X, the possible records there (recorded, written, filmed), the ways the therapist interpreted and behaved in the case, the application of his techniques in coherence or not with the patient's universe of experiences, the role of trance and the subject itself in such a process. It is certain that a perfect and complete description would be impossible in a complex phenomenon such as the hypnotic relationship, which forces the researcher and his peers to choose certain focuses of description, such as verbal, sonorous, non-verbal, choreographic and performance. However, when starting from common focuses, defining a certain set of semiotic forms, the researchers have full conditions to raise relevant questions about such descriptions, in order to criticize and reflect on their insertion in the research and on the bases offered for the construction of interpretations.

This community topic of the legitimation of hypnosis is still very precarious, either because of its close proximity to universities and research centers, or due to a form of production that is still very associated with individual thinking, which, despite important contributions, rarely acquire a collective content and, when they do, they distance themselves a lot from clinical and qualitative research (Neubern, 2017b). The very elusive character of semiotic production in hypnosis tends to favor this type of organization centered on individual production and on the figure of founding masters. However, the description can offer subsidies of great importance for the construction of a common language to the specialists, basic point for the exercise of such discussions that should not necessarily aim at a consensus, but favor a perspective of dialogue between different ideas. This questionability is fundamental, whether in the advancement of collective negotiations around a field (Demo, 2000), or for the expression of the differences of individual thought of its protagonists.

Problems of Form

Hypnosis research historically and epistemologically consists of a thorny problem for the modern science project (Stengers, 2002; Neubern, 2017b). The hypnogenic content that runs through it, that is, how the subject ends up reproducing the therapist's beliefs or theories, favors that hypnosis becomes a treacherous process of fabricating reality and not an investigation of it. This is the first problem highlighted in a survey - deformation. On the other hand, despite or thanks to the deformation, research in hypnosis also brings with it the importance of legitimate interpretations, consistent with the empirical and the researcher's conceptual basis. Here is the information problem, which roughly refers to the meaning that shapes things (Nöth, 2012). Another fundamental



point also refers to the clinical dimension of the research, which presupposes the protagonism of the subject in his own change (Ionescu & Blanchet, 2009; Lévy, 1997), that is, the problem of transformation that perhaps constitutes one of the topics most interesting aspects of hypnosis, mainly because of its considerable therapeutic impacts (Erickson & Rossi, 1980; Roustang, 2015).

Regarding deformation, in spite of the risks of error it carries, it implies important epistemological and methodological aspects (Stengers, 2002). It brings up the problem of human influence and its power to fabricate realities, in order to break with the perspective of subject-object separation so dear to the modern science project. In hypnosis, specifically, it becomes difficult to establish a separation between what is revealed and what is manufactured, that is, the extent to which what is brought by the subject can be qualified as a fact or an artifact constructed by the influences of the context and of those involved. Therefore, if the deformation has a constitutive role in human relations, radicalized in hypnosis, it is up to the researcher to ask how this influence can be part of the research and its intentions, despite the risks they involve, or, in a word, what type of deformation can be relevant to the process in question.

He must always ask himself if what he impregnates in the other, with his words, actions, scripts and symbolic contexts, is something merely dear to him and his theories or if this impregnation has something evoking the experience of the other, considering his world and his autonomy in the process. It is important that it happens according to the subject's world experience, his way of being, feeling, thinking, acting and relating to others and, more than that, an attitude of protagonism regarding his own process. In the case of Mr. X, there was something controversial in this regard as Erickson used a false diagnosis - the syndrome of inertia - to legitimize with the subject the reality of his problem. Although this way of intervening is ethically questionable, especially in today's professional parameters, it has a pragmatic dimension in therapeutic terms, since, by attesting the reality of the problem to the subject, the burden of misuse of diagnosis has been removed, which Mr. X was a threat and not a care proposal. It would not be an exaggeration to say that Erickson used a deformation (in this case, a false diagnosis) to fight with the subject another deformation that caused him considerable suffering (a diagnosis that served as injustice and threat).

It should be noted, on the other hand, that, while the deformation brought by the company's diagnosis was paralyzing and reductionist, the one used by Erickson was highly therapeutic, within a specific spectrum - that of making the subject return to his working condition. and could get your retirement. Thus, the deformation cannot be free of parameters, but privilege the subject's universe at different levels, as Erickson did when using a language of authority accessible to him and a context that did not pressure him, but situated him as a patient with prospects for improvement. It is important to highlight here that a central parameter for the creation of such semiotic forms are the subject's emotions configured to the key processes of his demand, such as his problems and needs (Schore, 2016). It can be assumed that, if Erickson maintained a speech that only confirmed the diagnosis of the company and did not contemplate Mr. X's greatest motivations, or inserted any hope for the future, his interventions would hardly be successful.

Another important problem with regard to form is that of information construction. It is, roughly speaking, the perspective according to which the idea or meaning shapes things (Nöth, 2012), organizing them and giving them intelligibility. It implies, on the one hand, an integration between propositions that involve the qualitative and deep aspect of a phenomenon and the propositions that involve its extension, classification and denotative. Information goes through an integration of different elements of a process, which gives it a systemic character, while also articulating the qualitative content that specifies it, considering the richness of its attributes. On the other hand, information needs to bring new elements to an established knowledge, not just explaining the proposition, in order to add something not known about the studied point.

In the specific case of Mr. X, statements of this kind would be possible as carriers of information: Mr. X. was diagnosed with hysteria, which made him suffer even more, intensified his suffering and offered him no future prospects; b) Mr. X's diagnosis did not include important processes of his subjectivity and his relationship with work, such as his needs and prospects for improvement. The diagnosis itself consisted of a proposition, a technical term that presupposed prior knowledge about it and was accompanied by several attributes, some of which were captured, possibly, in the therapist's initial impressions (weight, oppression, injustice) and in the descriptions they obtained when making observations about it.

The term hysteria, in itself, did not present any information, perhaps allowing some explanations about what would happen to Mr. X, which here would not be differentiated in its singularity as to any other person regarding this diagnosis. However, the other attributes associated with it in the aforementioned propositions and throughout the clinical case itself escaped the scope of that term to enter the particular universe of that person's experiences, highlighting, above all, his need for recognition and his motivations regarding that situation. In a word, the propositions started to provide information to the extent that, going beyond the diagnosis, they contemplated and activated their uniqueness, their universe of experiences and their potentialities, in order to bring new knowledge about that particular person. Escaping a merely deductive process very common in clinical readings, in which general rules are applied to the particular universe of subjects (Gonzalez Rey & Mitjans, 2017), the notion of information implies the need to research a series of signs that they say about this universe, expanding their knowledge about it.



In the case of Mr. X, hypnosis participated in the process of building information, exactly through the deformation it provided to what was there until then. From the conversation established between doctors to the very induction of trance, the emphasis of communication was on signs excluded from the diagnosis, that is, on configurations and habits that promote change and the perspective of the future. The hypothesis initially established about such processes, marginalized until then in the dominant narrative of the diagnosis, was confirmed over the days, when Mr. X was able to activate them in his favor and continue his therapeutic process. In short, at the same time that deformation is constitutive of hypnotic phenomena, it can also constitute itself as a producer of information, as long as it is relevant to the subject's universe of experience and involves him as the protagonist of the process.

This leads, finally, to the third problem raised here, which is transformation. Referring to the processes of change or reconfiguration of the experience, the transformation necessarily implies some level of the subject's appropriation of what occurs in hypnosis. Appropriation, as highlighted here, does not refer to the mere repetition of theoretical explanations, but to a process of semiotic production at different levels from the very references of the subject's universe. The significant Peircean notion of conscience (Colapietro, 1989), which involves self-criticism, self-interpretation and self-control, is of great relevance here, as it highlights an active dimension of the subject in the formation of habits, mainly from the experiments created by him in his own world or imaginary. In this sense, there is a dimension of reflexivity in which the subject thinks, analyzes and is prepared for changes that seem fundamental to the therapeutic process as a whole.

However, hypnosis seems to be quite controversial in cases like Mr. X's, in which there does not seem to be a conscious dimension more active in this regard. He simply appears to have made lasting changes without having proceeded to a deliberate and conscious reflective process, at least according to the reports available. It is possible that here, many theorists and clinicians (Kim, 2015; Roustang, 2015) argue that such a change while reconfiguration, in fact, has not occurred, consisting in a mere symptom control or internal rearrangement without major news in terms of symbolic constructions. However, this questioning, although pertinent, is also open to criticism, as it refers to the need for appropriation restricted to the self, which is perhaps a moment of change, but not necessarily as its main point, since many semiotic productions occur far from their deliberations (Colapietro, 1989; Neubern, 2016).

In this sense, if it is considered that the transformation did in fact occur as appropriation, two possibilities can be raised as an explanatory axis. First, since Mr. X was involved as the protagonist of his process, he would certainly have developed new configurations, implying the symbolic level not necessarily as a mediated and conscious process, but as a regularity. For Peirce (cited by Nöth, 2012), the symbolic would not be restricted to the typical human-mediated and conventional language, but would also encompass the typical regularities of habits present in humans and non-humans. This would allow us to conceive that Mr. X may not have presented, in narrative terms, great explanatory news regarding his process, but that he may have developed important reconfigurations regarding his problem, involving the habits that previously led him to the production of these symptoms. Secondly, this dimension linked to the term self highlighted by Peirce (Colapietro, 1989), can perhaps be conceived also involving more complex processes of agency that escape the control and deliberations of the self and intensely influence the subjects' lives. This would also imply other forms of symbolic production, as discussed above, and within organizations other than subjective functioning (Gallagher, 2012), including with regard to the notion of the unconscious (Schore, 2016; Zeig, 2014). This topic, however, is still very controversial and needs further clinical and conceptual research.

Final considerations

The proposal of this article should be conceived as something very initial, either because it is a theme such as hypnosis, in which clinical research is rare, or because of the approximation with Charles Peirce's own work (1998) which, despite the valuable contributions, curiously, does not seem to have aroused the interest of clinical psychologists in general. As it is a proposal that does not find, at least at the moment, similar ones, its appreciation needs to be thought around the pertinence regarding key themes of clinical research in hypnosis, in order to attract the attention of possible interested parties. In short, the collective character of a discussion, which characterizes modern science (Demo, 2000; Neubern, 2017b), needs to be initiated exactly by the pertinence of ideas on important and challenging issues, so much so that the discussion keeps the adventurous spirit alive. It should characterize the research, as if its protagonists are inserted in this relationship as subjects and remain so.

In this sense, taking the subject's universe of experience as a reference is an idea of great relevance, but which requires certain precautions. Here there is a kind of trap, typical of many psychological schools, for which the subject would always be recognized in his singularity, at the same time that his world of experiences is often subjugated to universal concepts and procedures (Neubern, 2017b). As a possible way of dealing with this contradiction, Peirce's phenomenology (1998), when referring to different levels of experience, favors a heterogeneous understanding of the subjective tissue, at the same time that it offers important concepts to avoid mechanisms such as the reification of such processes. The semiotic conception of this universe favors its understanding as a singularity, offering an infinite number of possibilities for configurations as a way of un-



derstanding it (Colapietro, 1989). It can be an interesting way to overcome the aforementioned trap, as it allows a logic of understanding of the processes (that is, they do not occur in a chaotic way, as there is some organization in them that allows their intelligibility) according to the uniqueness of each universe of experiences. Even if something was traced to Mr. X's hysteria, his way of experiencing it, as a subject and in that context, as well as working on it in hypnosis, were quite particular, not totally fitting any classification.

The impressions and descriptions, on the other hand, consist of important moments in the construction of a clinical research that could not go unnoticed by the researchers. This is because impressions constitute special moments in the clinical context, crossed by firstness, and tend to be at the birthplace of a series of conceptions, configurations and narratives that the researcher develops about the other or the relationship itself. Perhaps due to their treacherous nature, in terms of a modern proposal, they are rarely the focus of attention in research in hypnosis (Jensen & Patterson, 2014), except as a source of error, which certainly reinforces the absence of theoretical concepts capable of offer you some intelligibility. The work with the hypoicons (Jappy, 2013; Nöth, 2015), which has a series of implications in this regard, is of the utmost importance here, as it allows some level of intelligibility and places the researcher in the process. The description, in turn, can offer relevant ways for a good interpretation, while preventing the researcher and protagonists from eventual abuses. It is curious to note how this moment of research has been underestimated in several clinical methodologies (Creswell, 2013; Neubern, 2017a), which can constitute a considerable gap, either by obscuring important moments of construction, or by depriving the researcher and his colleagues. public discussion pairs. Mr X's case points to very illustrative aspects of the importance of both, impressions and descriptions, mainly due to the focus on signs present in the specific clinical situation. If the former seem to have been able to sensitize Erickson to the point of mobilizing him for an unconventional intervention, the latter seem to have highlighted signs that pointed to the uniqueness of that subject, running away from the paralyzing perspective of the diagnosis. Through the ways of feeling, which connects the researcher to the diaphanous, and of seeing in the present, which focuses on the freshness of the signs that appear there, the research can systematize important moments for the coherence of interpretations.

Finally, research in clinical hypnosis is, necessarily, a problem in a way that must imply its three different moments: deformation, information and transformation. In the first case, it is about assuming the character of influence and its typical impacts of hypnosis (Roustant, 2015) as an integral process of the research, which needs to contemplate the semiotic singularity of the subject's universe of experiences. In the second case, the information adds new knowledge about the process, in order to escape the mere confirmatory process of general laws or rules that characterize many clinical praxis. The information speaks of this uniqueness and refers the researcher to the need to remain between the poles of what is already known and what is not yet known. The transformation, in turn, refers to a process of appropriation and autonomy on the part of the subject, which implies a construction of experience sealed and legitimized by its own subjectivity.

It is a central perspective in terms of clinical research, especially with regard to its emancipatory character (Lévy, 1997). In the three points mentioned, feelings play a fundamental role, either because they are at the base of relational processes (very associated with deformation), processes of legitimacy for the subject (therefore, of something that says about him, informs him), as well as for his appropriation of his change process, in which he reorganizes himself to meet himself, which characterizes an authentic transformation process (Neubern, 2016). As the case of Mr. X illustrated, although the deformation of the inertia syndrome and the whole scenario set up around it may have approached a lie, she contemplated something important for the subject, that is, the idea that his problem really it existed and deserved to be treated seriously. In a fugitive and diaphanous field, such as that of human exchanges, the objective tenor of a scientific statement does not always say much about the subject's truths, and is therefore not legitimate for him. If the ethical problem does not disappear here due to an invention such as the inertia syndrome, this deformation also brings up the need for the subject's own senses and meanings to also be considered in research. Without this, a legitimate interpretive process would never be possible, especially in terms of information.

References

- Bioy, A. (2018). "O pequeno teatro da hipnose": uma leitura clínica do funcionamento hipnótico. Em M. Neubern (org.). *Clínicas do transe. Etnopsicologia, hipnose e espiritualidade no Brasil*. (pp. 49 – 68). Curitiba: Juruá.
- Brito, O. & Pesce, S. (2015). *De la recherche qualitative à la recherche sensible*. Paris: Champ.
- Clément, C. (2011). *L'appel de la transe*. Paris, Stok.
- Colapietro, V. (1989). *Peirce's approach to the self*. New York: Suny.
- Creswell, J. (2013). *Qualitative inquiry and research design*. New York: Sage.



- Demo, P. (2000). *Metodologia do conhecimento científico*. São Paulo: Atlas.
- Erickson, M. (1954). Special techniques of brief hypnotherapy. *Journal of Clinical and Experimental Hypnosis*, 2, 109 – 129.
- Erickson, M. & Rossi, E. (1980). *The collected papers of Milton H. Erickson, MD*. New York, Irvington.
- Gallagher, S. (2012). Multiple aspects of agency. *New Ideas in Psychology*, 30, 15-31.
- Gonzalez Rey, F. & Mitjans, A. (2017). *Subjetividade: teoria, epistemologia e método*. Campinas: Alínea.
- Ionescu, S. & Blanchet, A. (2009). *Méthodologie de la recherche en psychologie clinique*. Paris: PUF.
- Jappy, T. (2013). *Introduction to peircean visual semiotics*. New York: Bloomsbury.
- Jensen, M. & Patterson, D. (2014). Hypnotic approaches for chronic pain management. *American Psychologist*, 2, 167-177.
- Kim, J. (2015). *Understanding narrative inquiry*. London: Sage Publications.
- Lakoff, G. & Johnson, M. (2003). *Metaphors we live by*. Chicago: University of Chicago Press.
- Lévy, A. (1997). *Sciences cliniques et organisations sociales*. Paris: Puf.
- Morin, E. (2001). *La méthode V. l'Identité humaine*. Paris: Seuil.
- Nathan, T. (2001). *Nous ne sommes pas seuls au monde*. Paris: Seuil.
- Neubern, M. (2016). Iconicidade e complexidade na comunicação hipnótica. *Psicologia: Teoria e Pesquisa*, 32 (esp), 1 – 9.
- Neubern, M. (2017a). Iconicidade como possibilidade de pesquisa qualitativa da hipnose. *Psicologia em Estudo*, 22, 505-515.
- Neubern, M. (2017b). Contribuições epistemológicas da hipnose de Milton Erickson para a Psicologia Moderna. Em D. Amparo; E. Lazzarini; I. Silva; Polejack, L. (eds). *Psicologia Clínica e Cultura Contemporânea 3*. (pp. 684-709). Brasília: Technopolitik.
- Neubern, M. (2018). *Clínicas do transe. Etnopsicologia, hipnose e espiritualidade no Brasil*. Curitiba: Juruá.
- Nöth, W. (2012). Charles S. Peirce's theory of information: a theory of the growth of symbols and of knowledge. *Cybernetics and Human Knowing*, 19 (2), 137 – 161.
- Nöth, W. (2015). The paradigms of iconicity in language and literature. Em M. Hiraga (org). *Iconicity: east meets west*. (pp. 13 – 34). Amsterdam: John Benjamins.
- Peirce, C. (1998). *The essential Peirce*. Indianapolis: Indiana University Press.
- Roustang, F. (2015). *Jamais contre, d'abord: la présence d'un corps*. Paris: Odile Jacob.
- Schore, A. (2016). *Affect regulation and the origin of the self*. New York: Routledge.
- Stengers, I. (2002). *Hypnose: entre magie et science*. Paris: Seuil.
- Zeig, J. (2014). *The induction of hypnosis*. Phoenix: Milton Erickson Foundation Press.

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