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## **Hypnosis and resilience: a metaphilosophic perspective**

### **ABSTRACT**

Resilience is a topic of paramount importance. Coined in physics and engineering, the use of this term has spread to industry, social sciences, biology, psychology, and psychiatry, and is now endowed with a wide range of meanings. Playing a central role in all critical life events, resilience is a topic of paramount importance in medicine as well as psychology and psychotherapy, where it is involved in both psychiatric disorders and physical diseases, especially when facing the specter of chronic pain, suffering, disability and death. The available data suggests the relevance and effectiveness of hypnosis for resilience in a wealth of clinical conditions and candidate it for a central role in palliative care.

Resilience is also endowed with deep philosophical implications, which cannot be neglected in patient's management; in fact, suffering, including the perception of one's doom and the real mystery of life and death, closely depends on philosophical, cultural and ethnic factors. Eastern philosophies, as well as pre-Socratic philosophers, were based on an epistemologically sound, non-dualistic paradigm; they deeply explored the inner-outer world relationship, allowing for so radical a resilience as to have no equal in modern Western culture. Therefore, they should be reappraised and properly understood by a metaphilosophical perspective, in order to make a good use of their wise knowledge. A few examples of Eastern philosophical concepts drawn from Taoism, Yoga and Buddhism, as well as from Heraclitus and Parmenides, and potentially useful in patient's care are provided.

### **RIASSUNTO**

La resilienza è un argomento di fondamentale importanza. Coniato in fisica e ingegneria, l'uso di questo termine si è diffuso nell'industria, nelle scienze sociali, nella biologia, nella psicologia e nella psichiatria, ed è ora dotato di un'ampia gamma di significati. Ricoprendo un ruolo centrale in tutti gli eventi critici della vita, la resilienza è un argomento di fondamentale importanza in medicina, psicologia e psicoterapia, dove è coinvolta sia nei distur-

bi psichiatriche che nelle malattie fisiche, soprattutto quando si affronta lo spettro del dolore cronico, della sofferenza, della disabilità e la morte. I dati disponibili suggeriscono la rilevanza e l'efficacia dell'ipnosi per la resilienza in una vasta gamma di condizioni cliniche e la candidano a un ruolo centrale nelle cure palliative.

La resilienza è anche dotata di profonde implicazioni filosofiche, che non possono essere trascurate nella gestione del paziente; infatti, la sofferenza, compresa la percezione del proprio destino e il vero mistero della vita e della morte, dipende strettamente da fattori filosofici, culturali ed etnici. Le filosofie orientali, così come i filosofi presocratici, si erano basati su un paradigma epistemologicamente valido, non dualistico; avevano esplorato profondamente il rapporto tra mondo interno e esterno, consentendo una capacità di recupero così radicale da non avere eguali nella cultura occidentale moderna. Pertanto, dovrebbero essere rivalutati e adeguatamente compresi da una prospettiva metafilosofica, al fine di fare un buon uso della loro saggezza. Vengono forniti alcuni esempi di concetti filosofici orientali tratti dal taoismo, yoga e buddismo, nonché da Eraclito e Parmenide, e potenzialmente utili nella cura del paziente.

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Resilience plays a central role in all critical life events. The term resilience, from Latin *resilire* (to bounce), in its broadest sense means the capacity of a system to adapt to the changes yielded by external agents, such as the capacity of an object to recover the initial shape following the deformation yielded by elastic forces. In biology, resilience involves both the capacity to recover initial homeostasis following a perturbation, as well as to achieve a new balance through hallowstasis. Psychologically, it corresponds to the capacity of emotional and cognitive adaptation in the flow of sociocultural and environmental interaction and change of living conditions, where the best fit may be realized through an interactive revision of hypotheses and feedbacks (Angeler & Allen, 2016; Angeler, Allen, & Persson, 2018). This also calls for enhanced awareness and capacity of self-transformation to cope with life.

Thus, when related to a person, resilience is the capacity to withstand or quickly recover from difficult conditions, such as role transitions, job loss, financial crash, and severe disease (e.g., cancer). All of these distressing conditions undermine one's worldview, beliefs, false security and habits, putting one in front of one's doom, the specter of poverty, suffering, disability, and death; as a result, resilience is essentially a philosophical topic, since philosophy has investigated the fundamental nature of knowledge, reality, and existence from time immemorial. Resilience also calls for

metacognition, i.e., understanding the meaning of one's mental processes, the limits of one's ideas as well as those of the *Weltanschauung* (view of the world) and *Zeitgeist* (spirit of times) in which all of us are immersed.

The whole evolution of human kind, including culture, art, science and technology, is the result of coping with harms and crises; first of all the fear of death, which is the greatest source of anguish and the greatest stimulus to cultural development at the same time (Facco, 2017a; Testoni, Facco, & Perelda, 2017). Actually, fear and distress are powerful stimuli forcing one to change oneself and grow up in order to cope with life, or fail. Therefore, it is not surprising that resilience is an essential feature of all well-intentioned and successful men, including scientists (e.g., Stephen Hawking) and artists (e.g., Beethoven, Chopin, Dostoevskij, Mussorgsky, Ravel, van Gogh, Messiaen). They are able to turn diseases and disasters into resources and relentlessly continue on their course of life whatever may happen, leading them to outstanding results and beautiful works, while the common man goes under, trapped in his limited horizon (5, pp. 146-152).

According to Husserl, all sciences are branches – i.e., limited technical-professional derivations – of that unique philosophy, meant as the world of reason and knowledge (Husserl, 1970). Furthermore, a metaphilosophical approach is needed to properly understand both inner and outer worlds as well as resilience and its foundation; in fact, both Eastern and Western philosophies stem from a common source – the prehistoric pan-Asiatic shamanism – and the former had already reached outstanding goals in metacognition and resilience over to thousand years ago (Facco, 2014).

The prehistoric pan-Asiatic shamanism migrated to central-southern China and to Shythia, where Taoism and Veda were born, respectively, while in the West it migrated to Pontic Olbia (settlement of Miletus on the coast of the Black Sea). From there, it spread to the Ionian cities where most pre-Socratic philosophers lived (Fig. 1; Facco, 2014; Facco & Tagliagambe, 2020; Fung Yu-Lan, 1958; Izutsu, 1984; Kingsley, 1999; Tonelli, 2009; Ustinova, 2009). The connection between the East and the West was also favoured by trade and exchange of information between ancient Greece and India before the birth of pre-Socratic philosophy (Adorno *et al.* [2004], pp. 7-9).

Metaphilosophy can be defined as the philosophy of philosophy – viz., the investigation of the nature of philosophy (Lazerowitz, 1970), dealing with the nature and possibility of knowledge and understanding (Overgaard, Gilbert, & Burwood, 2013). It is the inquiry into the nature of philosophical questions and proper methods to investigate them, the aim of which is to recognize key concepts and meanings common to different philosophies beyond their formal differences and different modes of theorization. Here, the shared common field of reflection is aimed to find the problem's unity in the multiplicity of forms, allowing for what Bertrand Russell outstandingly defined as enlargement of the

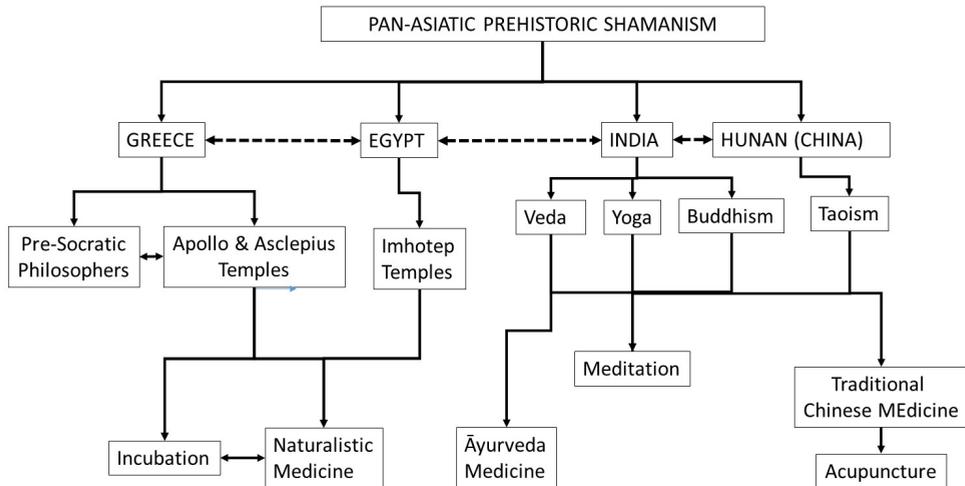


Fig. 1. Origin of philosophy and medicine from pan-Asiatic Shamanism.

Self (Facco & Tagliagambe, 2020, pp. 33-4; Russell, 1912). This is essential on the way to overcome the view of *homo mensura* – “Man is the measure of all things” - probably introduced by Protagoras (Popper, 2012), as well as the limits of the ordinary egocentric perspective and naïve realism. They have been wisely defined with the concept of *original sin* in the Abrahamic monotheist tradition, and *Māyā* (the mask of illusion) in Buddhism (Facco, 2010, pp. 287-91, 2014). The former clearly states that good and evil are inseparable in themselves, being fruit of the same tree, i.e., their separation is the result of the illusory view of the ordinary consciousness. The latter accordingly emphasizes the egocentric illusion of a steady outer world, made of separated and independent objects, fitting one’s perceptions and ideas, inadvertently claiming that it should conform to one’s own desires and expectations, rather than calling for changing oneself to properly cope with reality.

Shamanism may be conceived as a complex knowledge/belief system resulting from the huge human effort to try to understand and control the natural world and disease (etymologically, the term “shaman” means “man of knowledge”). Shamans were medicine-men who probed the whole reality – including both the visible and the invisible – in the attempt to understand the mysterious relationship between the inner and outer worlds, health and disease, life and death. They took care of diseased people with both naturalistic remedies, like plants and surgical procedures, and shamanic journeys to the upper and lower worlds to take care of patients’ soul and help them healing.

Greek philosophy cannot be properly understood without taking into account the concept of wisdom and sagesness, and the initiatic path of mysteries (Colli, 2009). Greek Mysteries, oracles as well as medicine in the temples of Asclepius kept traces of shamanism including incubation for healing, as well as *katábasis* (descent to the underworld) and *anábasis* (ascent to the upper world) in the *órghia* (initiation rites) of Eleusis' Mysteries (Facco, 2018; Tonelli, 2009; Ustinova, 2009). In other words, there is a continuum in the transition from prehistory to history, where the shamanic world survived and was assimilated by ancient philosophy in both the East and the West. What is outstanding, is that their shamanic aspects are related to the extraordinary wisdom of ancient sage men, a wisdom which has been irremediably lost in the transition from *Mythos* to *Logos* and the development of dianoetic reason from Plato and Aristotle on (Colli, 1975).

Ancient medicine was closely connected to the sacred and adopted a psychosomatic approach, which has been skipped or even disparaged in the modern era, ruled by the monist materialist stance of science. It is worth noting that this is the questionable result of a compromise rather than a well-founded epistemological reflection – a political parceling assigning the soul to the exclusive competence of the Church and the Cartesian *body earthen machine* to the science (Facco, Agrillo, & Greyson, 2015; Facco & Fracas, 2018; Facco, Lucangeli, & Tressoldi, 2017; Facco & Tagliagambe, 2020).

### Philosophical implications of resilience

The *Weltanschauung* and *Zeitgeist* one is immersed in define how world is, or is believed to be; the resulting image - which inescapably remains a partial image of the world - engenders the perceived relevance of all problems, including the mother of all problems - i.e., death, the unsolved philosophical-religious mystery of human life. At any rate, the nature of both *Weltanschauung* and *Zeitgeist* is a necessarily partial and mostly conventional view. This has been well defined by Goethe in the Faust as follows (I, 576-85):

“The spirit of the ages, that you find,  
 In the end, is the spirit of Humankind:  
 A mirror where all the ages are revealed.  
 And so often it's all a mere misery  
 Something we run away from at first sight.  
 A pile of sweepings, a lumber room, maybe  
 At best, a puppet show, that's bright  
 With maxims, excellent, pragmatic,  
 Suitable when dolls' mouths wax dramatic!”

The *Weltanschauung* is so powerful as to affect even the preferences and choices about the most difficult challenges of life, like the preferred type of death; this makes the same way of dying the best or the most appalling, turning the same facts upside down. In fact, everyone would like to die as late as possible by sudden death today - i.e., by cardiac arrest in full wellbeing, without suffering and perceiving one's end, rather than from chronic diseases and a long agony. Instead, in the past centuries, when the belief in God and afterlife was generally undoubted, sudden death was the most feared way of dying, since it prevented to properly prepare oneself to the last and most important journey, leading to salvation in the afterlife. In Catholic tradition, this is clearly shown by the figure of St. Andrews (Andrea) Avellino, the patron saint of Naples (together with Saint Gennaro) and Sicily, who was especially invoked against the sudden death. A common prayer was "*A subitanea morte libera nos, Domine*" ("*From sudden death save us, Lord*").

According to Epictetus men do not fear things, but their opinions about things (*The Encheiridion, or Manual, V*):

"Men are disturbed not by the things which happen, but by the opinions about the things; for example, death is nothing terrible, for if it were it would have seemed so to Socrates; for the opinion about death that it is terrible, is the terrible thing".

Likewise, Buddha was right when stating that suffering stems from the 5 *skhanda* (the components of ordinary consciousness). If this is the case, resilience is the main psychological-philosophical problem of humankind stemming from the changeable relationship between inner and outer world, where the Kant's *unavoidable natural illusion* – i.e., taking one's concept, ideas, beliefs and images for phenomena in themselves – is the essential cause of suffering and pain, a concept akin to Buddhist *Māyā* (Facco, Al khafaji, & Tressoldi, 2019; Kant, 1781).

In this regard, it is worth noting that in Chinese culture - based on Taoism, a non-dualistic perspective where there is no opposition between life and death - there has been no need for soteriological doctrines. Indeed, an apparently unattainable level of resilience is that reached by the Taoist *great man*, as defined by Zhuāngzǐ (Facco, 2014, pp. 397-8; Facco, 2017b; see below).

The Western conception of time - with its rational, mathematic partition (past, present, and future) - as well as the ruling materialist monist perspective are at the base of a profound anguish, being constitutionally unable to properly face, comprehend and accept the meaning of life and the mystery of death. In fact, According to Emanuele Severino, the Western culture is imbued with nihilism, stemming from the parricide of Parmenides by Plato and Aristotle and marked by the idea that everything is doomed to become nothing, a questionable, ill-founded concept worth of

being deeply reappraised [17,19]. According to Parmenides, the being

“ is, and that it is impossible for anything not to be, The other, namely, that It is not, and that something must needs not be, - that, I tell thee, is a wholly untrustworthy path. For you cannot know what is not - that is impossible - nor utter it; for it is the same thing that can be thought and that can be” (*Peri Phýseōs*, II, III).

In other words, *ex nihilo nihil* (from nihil, nothing can arise). Nihilism stems from the Plato’s conception of the world of ideas, where a concept of nihil may exist. However, it is an abstract, positive concept of a negative fact; as such, it is self-contradictory, because, by definition, nihil cannot physically exist. As a result, the Parmenides’ parricide as led to wrongly take phenomenal appearance for “being” and what disappears for nihil, a view akin to naïve realism and disproved by modern physics too. In fact, energy cannot be destroyed, but can change in form, while matter is concentration of energy (according to the famous Einstein formula  $E=mc^2$  à  $m=E/C^2$ ): therefore, even matter cannot turn into nothing. Furthermore, in quantum physics matter is no longer considered as the primary manifestation of the world, but arises as a secondary product from quantum vacuum, making the materialist stance based on the classical concept of matter obsolete (Facco & Fracas, 2018; Wilczeck, 2009). It is worth noting that the reciprocal transformation between energy (*Yang*) and matter (*Yin*) had already been well defined by Taoism over two thousand years ago. In line with Taoism and Parmenides’s thought, Hippocrates, the great father of medicine, stated in *De Diaeta* (I, 4, 9) that:

“Nothing arises from nothing, but everything changes due to mixture and separation, while men wrongly think that things come from the Hades and go back to the Hades: thus, they believe to their eyes, rather than reason... What is living cannot die... Is neither possible that what is not may start to be”.

To summarize, the great wisdom of both Eastern philosophies and Western pre-Socratic philosophers and physicians established that life is an inseparable life-death whole – viz., death is nothing more than transformation of life and an essential part of it, despite resembling its awful, irreconcilable opposite from the illusory, naïve egocentric perspective of ordinary consciousness. In this regard, it is worth underscoring that the paradigm of Heraclitus, Parmenides as well as Hippocrates is akin to Taoism and the best way to translate the original Parmenides’ concept of being into Chinese is indeed the term Tao (Facco, Al khafaji, et al., 2019; Facco & Tagliagambe, 2020). Interestingly, the ancient thought is also more compatible with quantum physics than the classical Western post-Aristotelian thought and is also of paramount importance in therapy to improve resilience.

In the modern era – ruled by positivism and materialism – terminal illness and death have been reduced to a conventional matter of biological mechanisms, their technical management and political debate on its bioethical implications and availability of resources. This inclination has been paralleled by the neglect of death in everyday life, a defense mechanism leading to an implicit illusion (or delusion) of immortality coupled to an almost obsessive attention to health and physical efficiency. On the other hand, being death an essential part of life rather than its opposite, the tragedy stems from its refusal engendered by the deceitful egocentric perspective: as Freud wisely stated paraphrasing a famous Latin motto on the war, *si vis vitam para mortem* (if you wish life, set up your death).

One must be aware that also the adopted scientific concepts of health, normality and disease are conventional and statistical in nature; despite pragmatically useful, they are weaker than commonly believed and may turn into each other. According to Woodruff et al. [23], a disease can be defined as follows:

“Any condition associated with discomfort, pain, disability, death, or an increased liability to these states, regarded by physicians and the public as properly the responsibility of the medical profession, may be considered a disease”.

When taking into account that we all are to die, health can be paradoxically defined as an asymptomatic condition inescapably leading one to death and, thus, fulfilling the above-mentioned definition of disease. The only difference between health and disease is in the presence of symptoms and the possibility of a diagnosis. On the other hand, suffering and pain may make one wake up and get aware of one’s real existential condition. According to Le Breton, pain is not a plain symptom of disease; rather, it is an incision of the sacred, ripping one from himself and leading him to face his limits, the transience of life and its cost (Le Breton, 2007, 2010). Thus, pain obliges to metaphysics.

If the above discussion is correct, the problem of life, disease, pain, suffering and death are far from being a plain matter of medical definition from a narrow positivist perspective: they call for a psychological and philosophical approach, where philosophy deserves an important, inescapable place in both psychotherapy and hypnosis, as well as in the patient-doctor relationship. In short, resilience can be regarded as the linchpin of psychotherapy as well as the remedy for all sources of distress in both medicine and everyday life.

## Hypnosis and resilience

The Division 30 of the American Psychological Association has recently defined hypnosis as “A state of consciousness involving focused attention and reduced peripheral awareness characterized by an enhanced capacity for response to suggestion” (G. R. Elkins, Barabasz, Council, & Spiegel, 2015). This definition emphasizes hypnosis as a state of consciousness, highlighting the relevance of subjective experience for both its definition and assessment, rather than taking behavior only into account. Hypnotic ability has been correlated to absorption, dissociation, cognitive and emotional flexibility, imagination, inclination for trust and empathy, response expectancy, emotional contagion, self-transcendence, spontaneity and creativity (Balthazard & Woody, 1992; Cardeña, Jönsson, Terhune, & Marcusson-Clavertz, 2013; Dienes et al., 2009; Facco, Testoni, et al., 2017; Farthing, Venturino, Brown, & Lazar, 1997; Kirsch & Lynn, 1998; Silva & Kirsch, 1992; Testoni, Facco, Ronconi, Alemanno, & D’Amico, 2020). In other words, hypnotic ability is a multifactorial phenomenon calling for a flexible, well-functioning mind, and neither depends on single personality traits nor plain suggestibility (Laurence, Beaulieu-Prévost, & du Chéné, 2008).

A key phenomenon of hypnosis is the so-called plastic monoideism (Edoardo Casiglia et al., 2019; Granone, 1989) – a mental image in condition of full absorption, so intense as to become “plastic”, i.e., yielding both psychological and physical effects in a psychosomatic reunification. This in turn allows to improve one’s intentional control over mind and body, the most outstanding aspect of which is hypnotic analgesia (Casiglia et al., 2020; Facco et al., 2011) and even the possibility of undergoing surgery with hypnosis as sole anesthetic (Facco, Pasquali, Zanette, & Casiglia, 2013).

The plastic imagery of hypnosis makes it a powerful dynamic tool leading the patient to use one’s mind as a sort of mental lab, a simulator by which he/she can face and experience what is needed in order to restructure or overcome his/her problem. On the other hand, the century old rationalist-objectivist stance of western culture as led to imagination being underestimated and considered as unworthy of attention; this helped misunderstanding hypnosis too. In fact, hypnosis was dismissed since the beginning of its history by the prominent panel of experts (including outstanding personalities like Benjamin Franklin and Lavoisier) convened by King Louis XVI in France as “nothing but heated imagination”.

Imagination has been underestimated or even disparaged by positive sciences as well in 19<sup>th</sup> and most of 20<sup>th</sup> centuries; when psychological disorders are concerned, Freud considered the visual images reported by his neurotic patients to be replaced by a verbally mediated rational analysis (Thomas, 2010). In general, imagination

was wrongly considered as a feature of the less developed brain of children, primitive peoples and even inferior races, as a byproduct of the Victorian mythos of the superiority of the Western white man endowed with rational, conceptual thought - a stance leading to imperialism and to the awful ideologies of early 20<sup>th</sup> century.

The power of imagination has been recognized in neuropsychology only in recent years, providing new blood to the interpretation of hypnosis as well. Mental imagery (the “mind eye”) overlaps with cognitive processes, such as attention and memory as well as actual perception. Spatial imagery involves the activation of dorsolateral prefrontal cortex, visual cortex, middle frontal gyrus, premotor cortex and parahippocampal gyrus, while motor imagery facilitates the motor performance by training the related brain areas; this allows for improving the association between process and actions with long lasting effects of training on metacognition as well as relevant implications in rehabilitation (Rademaker & Pearson, 2012; Sack & Schuhmann, 2012; Wondrusch & Schuster-Amft, 2013). Furthermore, hypnosis enhances motor imagery by improving concentration and connection between sensory information and motor output (Muller, Bacht, Schramm, & Seitz, 2012).

Unlike psychotherapies relying on retrospective analysis of the causes of disorders and their rational interpretation (such as psychoanalysis), hypnosis may allow for a direct psychosomatic experience in the “here and now” of what the patient needs through plastic monoideism, living the scenario as if it were almost real with psychosomatic participation. Therefore, it behaves like a sort of simulator - a tool more and more used in the training of pilots and all professionals needing to develop special skills. Furthermore, the use of appropriate metaphors allows to face the same structure of the problem to be solved and find a new light helping to restructure it, without involving the patient in a retrospective analysis of unpleasant memories and traumas, with the related risk of retraumatization. This is akin to the use of parables in Gospel as well as anecdotes and metaphors in Buddhism and Taoism to help people understanding, transforming themselves, and changing behavior accordingly.

As a result, hypnosis has a place in the management of several psychological disorders, including anxiety, depression, posttraumatic stress disorder (PTSD) and dissociative identity disorders (Abramowitz & Lichtenberg, 2010; Cardena, 2000; Fine & Berkowitz, 2001; Lynn, Malakataris, Condon, Maxwell, & Cleere, 2012). Dissociative identity disorders are an intriguing topic, closely linked to epilepsy and possession since the beginning of human history. In fact, the term epilepsy stems from the Greek *epilhyia* (*being possessed*), a condition already known in ancient Babylonia with the name *āšipu* (*possession*). The Gospel clearly mentions the demon-possessed man of Gerasenes (Lu 9, 37-42), while St Paul was probably epileptic (Facco, 2010, pp. 143-5), since in the *Second Letter to the Corinthians* (12:8) he reports to have himself a messenger of Satan in his body:

“By reason of the exceeding greatness of the revelations, that I should not be exalted excessively, there was given to me a thorn in the flesh, a messenger of Satan to buffet me, that I should not be exalted excessively”.

In the DSM-5, the term dissociative identity disorder has replaced the previous one of multiple personality disorder; the dissociative subtype of PTSD has been included in this group of disorders as well, given its relationship and comorbidity with dissociative disorders (APA, 2013; Spiegel et al., 2013). At any rate, the adopted definition of dissociative identity disorder closely depends on cultural and ethnic factors and is endowed with inescapable epistemological implications; thus, the DSM-5 has included possession in this group of disorders, in order to acknowledge culturally diverse situations, where other identities are attributed to an external entity (demon, deity, spirit, or human being).

The history of hypnosis is closely related to the picture of multiple personality, a condition well known in 19<sup>th</sup> century by the so-called *médecin philosophes* (Bodei, 2009) including Janet, who introduced the concept of *désaggregation mentale* as a deficit of integration of components of mental experience and *doublement de la vie*, including the possibility of curing hysteric patients by creating a second healthy personality (Janet, 1888, 1889). Accordingly, William James reported that consciousness may be split into parts which coexist but mutually ignore each other (James, 1890). Similar or at least compatible ideas have been previously conceptualized in hypnosis and psychotherapy with the idea of “hidden observer” (Hilgard, 1984), “co-consciousness” (Beahrs, 1983), “subconscious as therapist” (Anbar, 2008), “inner advisor” (Hammond, 1990), “ego-states” (Watkins, 1993).

Hypnosis is closely connected with dissociative identity disorders and possession since its origin in 18<sup>th</sup> century; Justinus Kerner started explicitly mentioning the concept of multiple personality and in 1836 reported on 11 cases of possession, 5 of which recovered following mesmerism (Peter, 2010). The phenomenology of hypnosis also includes the experience of other identities and alleged previous lives memories during neutral hypnosis in subjects free from any psychiatric disorder (Facco, Mendozzi, et al., 2019).

Multiple identities, or “other selves” and their relationship with hypnosis have been well described by Richeport [16]. According to Milton H. Erickson (Richeport, 1992; Zeig, 1994, Ch. 28) this phenomenon is not necessarily dysfunctional; rather, it provides the unique opportunity to improve the understanding of the physiology of mind and its unconscious processes, where psychiatric cases reflect uncontrolled aggravation of physiological functions. Thus, Erickson treated several cases by managing alien personalities as subject’s collaborators, in order to favor to their fusion and integration in a whole and, in doing so, overcome dissociation.

Over two thousand years ago, the concept of *drashtuh* (*internal witness*) had already been well described in the Patañjali *Yoga-sūtra* (I,3) (Facco, 2014, pp. 76-8) as the seer, the soul, Atman, Self, allowing to see one's nature; in other words, it allows to adopt an internal objective third person perspective on the way of full Self-realization, wisdom and sagesness, up to the level of enlightenment (Facco, Al khafaji, et al., 2019):

“Then the Seer abides in Itself, resting in its own True Nature, which is called Self realization”.

(“*tada drashtuh svarupe avasthanam*”. *Yoga-sūtra*, I,3)

Likewise, in Buddhism the *smriti* (mental presence, mindfulness) is essential to get rid of the Ego and its limited perspective on the way towards *nirvāṇa*, as reported in Ch. 12 of *Dhammapada* (Buddharakkhita, 1985; Facco, Al khafaji, et al., 2019):

“*Difficult, indeed, is self-control. One truly is the protector of oneself; who else could the protector be? With oneself fully controlled, one gains a mastery that is hard to gain. The evil a witless man does by himself, born of himself and produced by himself, grinds him as a diamond grinds a hard gem (156-7)... Purity and impurity depended on oneself; no one can purify another (165)*”.

In short, the Self must be clearly distinguished from the ordinary consciousness and Ego with their illusions, attachments, conditioning and unaware proneness to identify oneself with mental objects. As a whole, this suggests to overcome the psychoanalytic structure of personality classified in three separate instances (Es, Ego and Super-Ego, with the implicit inclination to reify them), and start conceiving the Ego-I-Self as a continuum, a single dynamic, functional attractor, where each component reflects different stages of development embedded in the inseparable mind-brain-body-world unit. In this continuum the Self is the most mature, wise, non-egoic expression of the human mind, while the Ego is the primary one, well-painted in mythology with Narcissus seeing his own reflection in the water, falling in love with it and disdaining other people, including those who loved him. Being the Self-expression of the highest level of awareness, it may allow for Jung's individuation, while its nature is exclusively subjective and can only be and explored through a neurophenomenological approach (Facco, Al khafaji, et al., 2019).

What is worth emphasizing in this context, is that meditation has been for some three thousand year the master way for the liberation from all attachments and reach the enlightenment - as mentioned in the *Kāthopaniṣad* (II) - while hypnosis is closely related to meditation (Facco, 2014, 2017b) leading to “mindful hypnosis” being recently introduced (Alladin, 2014; G. Elkins & Olendzkj, 2019).

From the above data one can draw the following conclusions:

- a) Hypnosis is a powerful tool in both medical and psychological disorders, able to help self transformation – or “trance-formation”, as well-defined by David Spiegel (2013) – with its dynamic plastic imagery;
- b) The neuropsychological components of the hypnotic “simulator” allows one to virtually perform tasks with psychosomatic participation and process information through different perspectives, thus helping to restructure one’s problems with higher-efficiency with respect to ordinary consciousness and a limited rational interpretation;
- c) The deep introspection yielded by hypnosis and its overlapping with meditative techniques, allows for metacognition and improvement of awareness; this process has been outstandingly described by Eastern philosophies on the way towards full realization of the Self and Jung’s individuation, up to the level of superior states of consciousness and enlightenment (Facco, Al khafaji, et al., 2019).
- d) Both the simulator and the delivered metaphors may guide the patient in the present towards the future, updating his/her model of the world without needing a retrospective analysis of past distressing events. The rational interpretation of past events, despite undoubtedly useful, may not be enough for a change: in fact, several patients report that it allowed them to understand the origin of their symptoms, but they anyway failed to recover and overcome their limitations.
- e) The therapeutic process in the “here and now” is in line with the dual aspect monism and neuro-psycho-evolutionary approach introduced by Solms and Panksepp (Fabbro, Aglioti, Bergamasco, Clarici, & Panksepp, 2015; Panksepp, 2005; Solms & Panksepp, 2012); it encompasses both biological and psychological evolution and transition from unconscious to conscious life, up to the development of self-awareness and, auto reflexive thought (fig. 2). According to it, emotions stem from the neurodynamics of innate brain primary circuits yielding an anoetic form of consciousness, the neuroanatomical base of which belongs to deep brain structures (including brainstem, hypothalamus, central thalamic nuclei and limbic circuits). Higher-order, noetic components of consciousness and awareness as well as auto noetic, auto reflexive ones have their neurocorrelates in more rostral structures, viz., the cerebral hemispheres. The final result of this complex circuit is to allow for a bidirectional interplay between anoetic and noetic components, where the bottom-up processing leads to present experiences being affected by past one, while top-down control allows for the effects of the past experiences being changed by present auto reflexive processes. This last property explains why even problem rooted in the past may be at least partially solved working in the present, by restructuring previous experiences, letting them go, and enlarging one’s models and the Self, It also in line with neurolinguistics programming (Bandler & Grindler, 1981), aiming to overcome

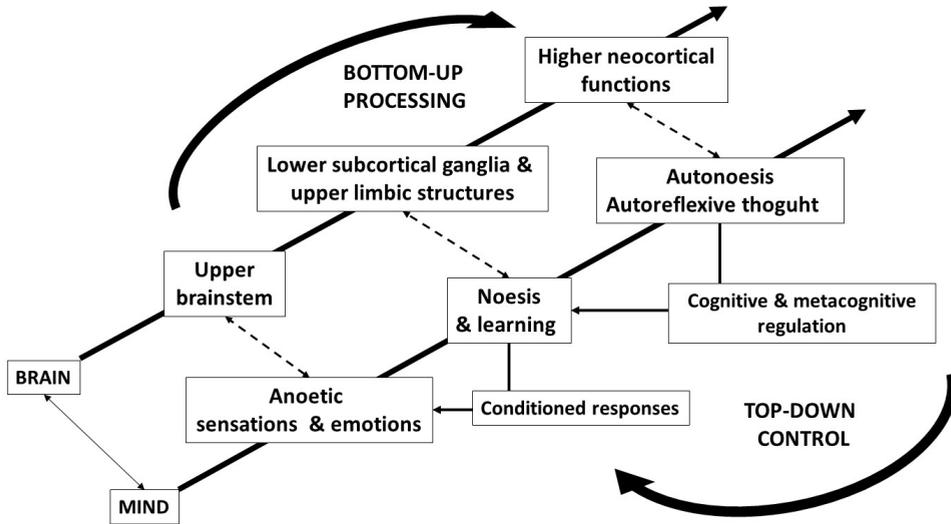


Fig. 2. Bottom-up processing of information and transition from anoetic to noetic consciousness, and top-down, auto reflexive mind control.

the limited model of the world one has developed in order to adopt new options and possibilities.

f) Hypnosis has been misunderstood since its introduction in 18<sup>th</sup> century – when it had been related to an alleged magnetic, then to sleep, dissociation, suggestibility, as well as decrease of awareness, critical capacity and executive. Accordingly, at the beginning of this century the neuropsychological hypothesis of hypofrontality was introduced (Dietrich, 2003). Instead, hypnosis is a method to increase the control on one’s mind and body and its essential feature is an enhanced metacognitive control, enabling one to intentionally suspend the executive control when relevant to one’s goal, rather than a matter of impaired critical capacity and awareness (Facco, Bacci, Casiglia, & Zanette, 2020). The improved metacognition allows for an enhanced fairness and equanimity, enabling one to check disturbing emotions through an internal “objective” third person perspective and let them go, the same goal of Eastern meditation (Facco, 2014, 2017b).

In conclusion, an open-minded approach based on metacognition and the contemplation of the world may strongly help developing resilience. It is a matter of philosophy rather than psychotherapeutical technique only, since it deals with the proper comprehension of human vicissitudes and their meaning; thus, it must be regarded as an essential general rule in facing all fiends of human life and knowl-

edge, including science, philosophy and religion. Resilience plays a central role in real life, since the world is ever changing, leading one to reluctantly face undesired experiences, difficult situations and adverse events, including its very meaning of life and death. Hypnosis may be regarded as a powerful tool helping to improve it, but it also calls for encompassing all the related philosophical issues. This is especially relevant when facing severe diseases and perception of one's doom, rendering hypnosis eligible for a central role in palliative care (Facco, 2020; Facco, Casiglia, Zanette, & Testoni, 2017). Here, one must overcome the limited ethnocentric and chronocentric perspective (expression of the *Zeitgeist*) and adopt an open-minded metaphilosophical approach, encompassing the thought of the sage pre-Socratic and Eastern philosophers, whose wisdom the modern Western culture has lost. In fact, Aristotle introduced a powerful method to achieve rigorous demonstrations, the nature of which, at any rate, remains *dóxa* (relative knowledge, opinion), while the post-Aristotelian thought turned it into a dogmatic undiscussed doctrine (Facco & Fracas, 2018; Popper, 2012; Russell, 1959), taking the relative for absolute, and *dóxa* for an illusory surrogate of truth.

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