

Habits, Addiction and Unknowable

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Abstract: *Habits like addictions are resulting from tensions between multiple living phenomena, unknowables and unobjectivables ; inside of organs, consciousness, human body, there are subjective language and interhuman relation-sheeps. Being afraid about the possible drift of the game of neuroscientific images, those of algorithms and protocols, we prefer the possibilities emerging from an intersubjectivity, with care-giving target. Take care of somebody else represents, first of all, a meeting-point between two subjects and the quality of this meeting will considerably influence the technicity or the effects of some medicines. The technical healthcare proposed in addictions does not escape the influence of the healthcare relation-sheep and the support of hypnosis for a person called « addict » is a good way between other possible propositions. In the practice of hypnosis, we prefer images founded by the person that we support; in other words, a visualisation of their insight, in the middle of their intimate immensity: an ephemeral space rich in possibilities insight the subjectivity, which remains unobjectivable. The person is not « thrown into the world » but opens a world of a hidden depth and greatness, singular, radically subjective, intimate, constructive. The « elsewhere » and the « once » are stronger than the « here » and « now ».*

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Habit, with the meaning of a permanent, regular, frequent way of behaviour, voluntarily acquired or not, is the « result of a change » and it runs the risk of dependance, impossibility of keeping that kind of behaviour under control despite its possible negative consequences. That has been named addiction starting with the 90's in France (Fortané, 2010, pp. 5-24).

The changes of behaviour, like the addictions of a human being, result in tensions among various living phenomena. They seem to raise no objections to us, but there is the risk of a reduction, of spoiling what is under study.

How can you cure a person who acquires bad habits little by little and who is willing to become « addict » at potential proposals ?

We want to show that all the people, just like all the living beings, have a side unknown to them, which is ready to be revealed, as well as an unknown side which is constantly changing in relation with the others.

This is to be done, in order to foster our modesty in comforting another person and be on our guard concerning the all-powerfull medical technology and in order to enhance the quality of the main, intersubjective intercourse. This intercourse renders all proposal of a therapeutic kind more relevant, just like the therapy required for hypnosis.

1. From the unknown and the unobjectivable

The organ

In his desire to perceive the mysteries of the living world, Felix Ravaisson displays his philosophy thesis supported in 1838. According to it « it is more and more outside the sphere of personality, as well as outside the influence of the central organ of willingness, it is in the organs that certain movements have a tendency of acquiring habits and ideas (...) in the indefinite multiplicity of organisation » (Ravaisson, 2007, p. 47).

Unknown or even unknowable phenomena within the body organs will participate in these changes of behaviour.

The consciousness

According to his pupil, Henry Bergson, the living, vegetal, animal or human world exists only in motion and requires a certain degree of consciousness which allows change, evolution under the influence of predictable or non-predictible phenomena. « Consciousness and materiality are thus revealed as radically different, even opposed forms of existence. They adopt a « modus vivendi » and get on well together to a certain extent » (Bergson, 2011, p. 13). Consciousness is unobjectivable, or can be in a poor

and reduced way, nevertheless, a certain degree of consciousness exists in the whole evolution of a living world and particularly in the human beings and their habits and changings of habits.

The thinking flesh

The founder of the phenomenology, Edmond Husserl, described as intersubjectivity, whatever happens with a human being who encounters another human being. In these descriptions if « my flesh is a thing », meaning an object, an organ, « the flesh also have a feeling », that is « the synthesis of the flesh while it contains in itself the habitual synthesis of a thing, but even more » (Husserl, 2001, p. 53). To put it in a different way, the body of a person, organ, « Körper », but also « Leib », a living and subjective carrier of his history and culture, meets another person making use of his five senses, but also with the help of his own flesh and undeniable vivid and real subjectivity : that is a « thinking », vivid flesh.

Today are all these fundamental notions considered from an objective, restrictive point of view, by the mirror-neurons of the neuroscientists...

The subjective language

« The most powerful forces of the intimate life – the passions, thoughts, pleasures of the senses – live a certain existence of shadows, as long as they are not transform into narrations and in generally by the artistic transposition of individual expériences » (Arendt, 1983, p. 89).

In fact, the human being, allways worrying about the others and taking care of other human beings and things he has to face constantly, expresses himself by the language ; more often than by his artistic activity. The language represents what the person says and the way he puts it, which reveals his presence into the world, his « existence » (Heidegger, 1986).

Is the language the only way in which we could understand and help a person in his changes of behaviour, even his addictions ? In fact, it is the only way at the risk of lapsus, oblivion, errors, even lies, bearing the stamp of his culture, history and circumstances.

The humain being

« *Inter homines esse* ». Living among the people, that is the human state, to which the triade mentionned by the french psychiatrist Claude Olieveinstein, brings to our attention a particular addiction - the drug-addiction : « Drug-addiction is the meeting-point of a product, a personality and a socio-cultural moment » (Blaise & Rossé, 2011, pp. 57-82). There are

essential elements in accompanying and curing people suffering from an addiction. At the same time, we should be careful about what we may research, distinguish, analyse, quantify because the study of the human behaviour allways involves the observer's behaviour (Devereux, 2012, p. 48). In other words, the observer and the person under study observe each other, and thus they influence each other, that is called unobjectivable intersubjectivity.

2. How can we cure with the unobjectivable and the unknowable ?

Being aware that all these changes of habits are to be found simultaneously in the organs of mobility, in a certain consciousness, in a thinking flesh, in the middle of the uncertainty of the human language and in the constant human relations in the society, it must be taken into consideration that nothing is really objectivable more than in a reductive, dehumanizing way.

Today, when our so-called modern world is ready to turn into a digital world, the phenomenon which draws our attention is no longer a drug but the fact that anybody can feel, thanks to « the tool of tools », his own hand : his finger, digitally, easily making virtual images appear on the screen ; at the risk of a Wifi access. It is neither the virtual which is all-powerful, or possible, nor feelings of our heart, but often the games easily activated on the screens of the computer by a few clicks : « click and watch ! ».

Moreover, a man loves playing, entertaining, especially in order to forget about his end-of-life, to get rid of his own misery : the interest in the Pascal entertainment ! That takes us back to the human state and the importance of taking into account the personality of each of us, the social-cultural context and attachment to images, games at hand.

Fearing the possible traps set by the games of neuroscientific images, of algorithmes and protocols, we prefer the possibilities with a curing aim.

Without denying or putting aside the concern about the medical techniques and experts' reports, we prefer to cure by intersubjective meetings between a patient and a person entitled to cure.

Looking after somebody else is an intercourse between two persons and the quality of this intercourse, particularly the first one, will certainly influence the technique or the effects awaited of a medecine. The proposed curing techniques in addictions are influenced by the curer. Accompanying an addict by hypnosis is a possible cure, side by side with the others.

Conclusion

We prefer the images seen by someone led through hypnosis ; in other words to offer an inner-self visualisation, to the heart of our intimate immensity (Bachelard, 1994, p. 168), an ephemeral space filled with possibilities. A subjective treasure, admittedly impossible to grasp objectively, if not through the subject's account.

This exploration of subjectivity allows one to make sense of their experiences, whatever they may be. Through one simple memory, which one may reminisce on multiple times (though it will never be twice the same), images appear, where the details disappear, the picturesque fades out, the clock stops ticking, space expands limitlessly.

By closing or opening the eyes, sounds change.

The subject is not thrown into the world but makes his way towards a deep one, with a hidden, singular, radically subjective, intimate and constructive greatness.

The « elsewhere » and the « once » are stronger than the « here » and « now ».

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