PRELIMINARY NOTE ON THE PHYSIOGNOMICAL REFLEX

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IN a paper prepared for the New York State Medical Society for the year 1903, I first made use of the term "Physiognomical Reflex," but in a way so hesitant and tentative that even for myself it had but an indifferent interest, more curious than useful, and was subsequently erased as being too inconsequential for further use. However, it proved to be the starting point of an investigation which more recently has become increasingly interesting and useful, and which, seemingly, promises something that will be worth while in the future.

When one thinks of it, everybody makes practical use of the automatic expressions of the face, in all his associations with his fellows. Not only do we thus consciously or unconsciously obtain much of the information on which we base our estimation of character in its entirety, but likewise certain very definite grounds for our specific dealings with people, whether these be merely of temporary significance or more lasting. In this way, too, every item of domestic or social or business, or other experience, gets to be more or less modified by the impressions that we get from people's faces.

Nor does the use of this method of "reading" the mental and allied possibilities of individuals stop with the common affairs of daily life. Every educator, clergyman, lawyer, detective, physician, and likewise every one else who has significantly to do with people in particular ways, knows that to a very great extent success depends upon ability to accurately "read" the revelations of people's faces, almost more than upon any other one qualification. As for the physician, especially, he all along makes so much use of his appreciation of the characteristic "facies" belonging to certain diseases, as well as of many more or less crude or refined appreciations of the variable physiognomies observed in health, to help him both in diagnosis and prognosis, that he is generally convinced that reliance upon

what he perhaps but intuitively gleans in this quiet way often stands him in better stead when he enters upon his course of management of certain cases, than many or perhaps all of the items of knowledge otherwise obtained. Indeed, accurately thus to use the revelations of the patient's physiognomy is a capability so obviously valuable, that it is difficult of comprehension that heretofore little or no attempt to extend and systematize this has not been considered one of the most legitimate of all undertakings conceivable in the psycho-physical.

When the fields of neurology and of abnormal psychology are entered, not only do we find ourselves "naturally" making use of this particular means of gathering information, but often we would undoubtedly esteem it a valuable accession to our other means of investigation, could we probe still deeper with our penetrative glance, be much surer of our interpretation, and come to know much more accurately how to co-ordinate the entire results thus to be obtained, with what we in other ways learn of the history, and character, and diseases of the patient in hand. In respect of this, the ability, for instance, to see the difference between the facial expression of neurasthenia or psychasthenia on the one hand, and of the early stages of Parkinson's Disease, on the other, may be taken as typical of much that in every direction might be of incalculable benefit, if methods of investigation and interpretation were only comprehensive and refined enough for the purpose.

Now, if so much is of use where as yet nearly all is purely automatic and instinctive, what might be the additional uses to which properly directed methods of successfully inducing physiognomical responses at will would lead, if only we knew how best to do this, and likewise, how best to interpretate whatever might thus be intentionally educed. That is, why should it not be a most laudable undertaking to attempt, at any rate, to devise methods by which what is now held to be valuable in our unconscious readings of the human face, may be extended, hopefully, at least, until every case can be read, not only "as a book," but by far more rightly read, so far as diagnostic, prog-

nostic, and curative knowledge is concerned, than has ever been possible heretofore?

It is, then, not to the everyday automatic readings of physiognomies that I would give the term "Physiognomical Reflex," but to the additional changes in expression, which are to be *purposely induced*, by measures *purposely* designed, in order to bring out the definitely needed revelation of contrasts and variabilities of ideational content and emotional tone and volitional power, which will help to characterize and differentiate individual cases, one from the other. This, the true "physiognomical reflex" is such, then, only as such purposely induced response is secured, and subsequently considered to be, if of the same order as the uninduced automatic facial changes, yet distinctively something additional, in that it brings about at the will of the investigator, and by methods that have been thought out beforehand and applied as efficiently as the nature of the case admits, certain revelations which otherwise would have remained hidden, or at least not fully discovered. Of course, this does not imply that the same methods of investigation or interpretation are applicable or most useful in all cases. Skill in selecting the methods best adapted to secure needed results in the case in hand is here as necessary as elsewhere. Only, in all cases the *principle* of the method will remain essentially the same; namely, that the investigator, by using his preconceived notions as to what will work best, proceeds to induce such changes in the physiognomical expression of his patient as will reveal to him whatever he wishes to learn, to every extent possible. As the knee-jerk is induced by the proper mechanical blow, so the physiognomical reflex is thus to be induced by the proper psychical impact of the investigator's exciting sensory or ideational influence.

It should be noted, in passing, that in this description of the physiognomical reflex something more is intended than would be included under the simpler term, "facial reflex." The term "facial reflex" should be definitely restricted to the ordinary reflexes of the facial nerve and its co-ordinates, so far as these may be elicited; and, like the ordinary neuromuscular responses to mechanical impact elsewhere, those of the facial nerve thus restricted are already incorporated

in neurological nomenclature. Yet, as all have known, at least more definitely from the time of Bell, that all sorts of influences including mental and emotional states change the facial expression through the motor activity of this nerve, so its activities must enter extensively into any consideration of the physiognomical reflex whatever. But evidently this latter must include not only the activity of the seventh nerve, but also that of every nerve that has in the least to do with the head and its carriage, as well as with the face and its successive changes in expression. Consequently, the physiognomical reflex is thus made to be one of the most comprehensive in the whole human system.

Interest in this reflex began and has grown with me, in noting the changes in expression which occurred while I was putting questions to my patients. The special ways in which the physiognomical response was made to these, not only by different patients, but by the same patient on different days, or at different hours of the same day, or under varying conditions of distraction, fatigue, well or ill-being, moodiness, previous engagement, differing expectations, being accompanied or alone, and all the rest, became increasingly of interest, and in time this interest began to organize itself into queries as to further possibilities, and, likewise, into desultory efforts to make something further of it. I began to see also much more definitely than before, that even with but undeveloped skill one could thus learn quite a little that was more or less valuable, and which should not be neglected. Hence, in time, almost necessarily there arose the further query, Why not try to work this field more extensively by devising adaptive measures and as opportunity offered by using them much more systematically and to the point?

Legitimate as this seemed, it was not, however, until a much later day that anything like the altogether possible uses of the physiognomical reflex in confirming, or negating, or modifying the results of other methods of investigation, has become apparent. This has come about, more recently, as I have watched the physiognomies of those under various associative tests in psychoanalysis. Here I soon became convinced that often what I saw in people's faces was

of equal or more consequence than what I heard by way of response to the test-words, or the length of time in which the responses varied. Indeed, here seemed to be not only sufficient ground for revival of my former but lagging interest in the physiognomical reflex, but also many a suggestion of some of the uses to which it could be put, as soon as I could devise better measures for its eliciting, and especially for preserving results in permanent records. Before this, the data had all been so evanescent and incommunicable, and attempts at record and comparison so imperfect and vague, that at least half their real value had been irretrievably lost in consequence. When also before this I had attempted to change the attention of patients, by all sorts of expressions — startling, mild, jocular, profane, personal, abstract, or what not — and had attempted to note the resulting changes in expression in consequence, although I had apparently been on the right track and on one that I might continue with increasing profit, yet I could preserve so little of my gleanings by the way that useful results had proved to be out of all proportion to those expected and needed, and doubt as to real values had strongly inhibited further investigation.

More recently, however, in connection with the practice of psychoanalysis, interest in the real importance of the uses of the physiognomical reflex has been revived to an unexpected degree, and has led me to a testing of the whole matter with renewed energy and attention. But here again interest would undoubtedly have flagged had not I hit upon the invaluable camera for making permanent records of disclosures which before had been but fleeting and only half usable. With the uses of this adjunct fully realized, there seems no whit of doubt that the physiognomical reflex skilfully elicited and its results permanently recorded will prove to be one of the most useful helps to the neurologist and psychiatrist, and especially to the borderland psychologist, that have yet been devised. At any rate, results thus far are sufficiently encouraging to provoke still further efforts in developing the method, until at least its practical uses shall be proven, or otherwise.

So far as yet settled upon the best method of procedure in the use of the physiognomical reflex is this:

1. Let the patient first tell his story and as it comes to his mind spontaneously.

2. Let him repose comfortably, and then by quiet suggestion and questioning lead him to amend his former statements as he readily can. Record first and second as usual.

3. Let him arise and sit where his face can be noted, and where the light is regulable as nearly to a common intensity as possible.

4. Proceed with the association tests in psychoanalysis as commonly, watch closely the changes in expression, and record these as well as possible by writing in connection with each test-word used.

5. Select from the list of test-words three to five of those which were evidently the most disturbing: or any other words which seemingly will answer the purpose, perhaps better. At intervals of three or four minutes, pronounce distinctly, but not ostentatiously, one of the select words, and, after counting five or so, photograph the expression. (The camera should occupy a permanent position, and be all ready to use without preliminary focusing or other preparation. The negative should not be retouched.)

6. Repeat the whole proceeding at such intervals as may seem necessary to the clarity and validity of results.

Of course, all this is crude as yet in my own hands; but preliminarily it has been worth while, and quite likely others may devise methods much better and altogether more serviceable. However, the idea of the *physiognomical reflex*, its purposeful eliciting, and its practical interpretation must probably remain as here stated. As thus described and thus far used, it is evident that the physiognomical reflex is one that is elicited, not by mechanical impacts, but by sensational, ideational, or emotional impacts, i.e., it is as truly a psycho-motor reflex, as the ordinary tendon reflexes are physico-motor. But none the less, it may well be considered, seemingly, as a true reflex, and not one that should occupy a very low rank, either.

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