

# SUGGESTION AND SUGGESTIBILITY<sup>1</sup>.

BY E. PRIDEAUX.

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## § 1. DEFINITIONS OF SUGGESTION.

THE controversies between psychologists and neurologists as to the nature and treatment of the psycho-neuroses are largely due to the employment by both parties of the same words in different senses, and as a striking instance of this, the word 'suggestion' has been responsible for considerable confusion. For many neurologists suggestion is the beginning and the end of all diseases of psychogenetic origin, both as an aetiological factor and as a method of treatment. Even amongst psychologists there seems to be no real agreement as to the meaning of the word, and it is often used as if it were an explanation for a mechanism which is not understood.

The various definitions which have been given of the term 'suggestion' make it obvious that different degrees of the same process are being referred to. These definitions can be divided roughly into two classes according as they refer to (a) *Normal Suggestion*, which takes place in every-day life in all of us, or (b) *Abnormal Suggestion*, which takes place in psychoneurotic patients, and in normal persons under abnormal conditions. It is difficult to draw any hard and fast line between the two for the difference is only one of degree, and appears to depend on the individual tendencies of the subject, whereas the mechanism remains the same in both classes. The term 'suggestion' as used by Janet, Dejerine, Grasset, and Babinski refers to abnormal suggestion only. Janet defines it as "the complete and automatic development of an idea which takes place outside the will and personal perception of

<sup>1</sup> Read before the Medical Section of the British Psychological Society, 29 October, 1919.

the subject<sup>1</sup>," and Dejerine and Grasset hold a similar view. For Babinski the process is one of suggestion only when the idea conveyed is unreasonable<sup>2</sup>. The broadest definition is that of Bernheim, who defines it as "the process by which an idea is awakened in the mind of a subject and accepted<sup>3</sup>." This definition includes all varieties of suggestion, but does not clearly mark it off from other mental processes. The definition which is now often accepted by the English School of Psychologists is that of Dr McDougall given in his *Social Psychology*, viz.: "Suggestion is a process of communication resulting in the acceptance with conviction of the communicated proposition in the absence of logically adequate grounds for its acceptance<sup>4</sup>." This definition includes both normal and abnormal suggestion, but does not make it clear whether the action is limited to processes in which there is a relationship between two persons only, a limitation which seems to be unnecessary, as it excludes auto-suggestion. Dr McDougall could improve his definition and make it include every variety by making it read "suggestion is a mental process resulting in the acceptance with conviction of a proposition in the absence of logically adequate grounds for its acceptance<sup>5</sup>," and this is the definition which I put forward for the purposes of this discussion. Dr McDougall classifies suggestion amongst his general innate tendencies as a pseudo-instinct<sup>6</sup>, and I think it would be profitable to discuss whether it is necessary to maintain this view or whether the process of suggestion cannot be explained in some other way.

We have then to explain why it is that we accept with conviction and act upon propositions made or occurring to us without any adequately logical grounds for so doing.

If there are logical grounds for accepting the proposition the idea is generally called *persuasion*, but it is difficult to separate this from suggestion, and it seems better to include it, at any rate when used in psychotherapy, as a form of normal suggestion, for there are often no logical grounds for accepting the proposition, but only logical grounds

<sup>1</sup> Janet. *Mental State of Hystericals*, 240.

<sup>2</sup> Quoted by Bernheim in *Automatisme et Suggestion*, Alcan, 1917, 55.

<sup>3</sup> Bernheim. *Hypnotisme, Suggestion, Psychothérapie*, 2<sup>e</sup> éd. 1903, 24.

<sup>4</sup> W. McDougall. *An Introduction to Social Psychology*, 12th ed. 1917, 95.

<sup>5</sup> Dr C. S. Myers in a communication to the discussion asks, "Do not inadequate logical grounds often act suggestively, i.e. induce a conviction far above their intrinsic merit?" He suggests a further improvement by substituting "apart from the intellectual outcome of pure judgment based on logical premises" for "in the absence of logically adequate grounds for its acceptance." With this I fully agree and would like to accept this improvement, for it at once removes the difficulty of separating persuasion from suggestion.

<sup>6</sup> *Op. cit.* 90.

on the part of the physician for persuading the patient to accept it; moreover to obtain conviction affective processes must come into play, for the way of saying a thing is more important than what is said, which is expressed in the statement "Manner is more important than matter."

There can be no doubt that *suggestibility* is the chief factor in the process of suggestion, and that the process is a subjective one; we have learnt as the result of psycho-analytical investigation that this state is not a passive state of receptivity, and that the mind cannot be compared to a vacant seat waiting for someone to fill it, as was originally held, but that it is the result of active mental processes going on in the mind of the subject and particularly of affective processes.

Dr Ernest Jones has called attention to the distinction between verbal suggestion on the one hand and affective suggestion on the other<sup>1</sup>, and maintains that the latter is the more fundamental, and is the necessary basis for the former, which view accords with Bleuler's statement, quoted by Dr Jones, "Suggestion is an affective process<sup>2</sup>." This view seems to be by no means generally accepted, but a consideration of the facts with which we are familiar concerning suggestibility compels us to admit its truth, and an examination of those facts shows more clearly the general nature of the whole process of suggestion.

## § 2. VARIETIES OF SUGGESTIBILITY.

The chief facts are that (a) Suggestibility varies in different persons irrespective of the nature of the suggestion, and of the suggestor, (b) Suggestibility varies in the same person at different times and under different conditions, (c) Suggestibility may have reference to a particular system of ideas only, (d) A person may be suggestible towards one person and not towards another. I call these four distinct states of suggestibility: (a) Individual, (b) Conditional, (c) Specific, (d) Personal.

(a) *Individual Suggestibility*. The fact that suggestibility varies in different persons irrespective of the nature of the suggestion makes it important in psycho-therapy to be able to recognise what other characteristics are associated with exaggerated suggestibility. It is exaggerated in the child and diminished in old age; it is exaggerated in those whose egoistic instinctive tendencies are excessively developed and who make little attempt at self-control and so act on impulse, the class of persons originally described as having a sanguine temperament. This

<sup>1</sup> *Papers on Psycho-analysis*, 2nd ed. 1918, 319.

<sup>2</sup> *Op. cit.* 320.

class corresponds to the 'extrovert' of Jung, the 'motor' type of Baldwin, the 'objective' type of Bain, and the 'tough-minded' of James. Suggestibility is also exaggerated in crowds whose other characteristics are impulsiveness and incapacity to reason with absence of judgment and of the critical spirit. Le Bon points out that "the decisions affecting matters of general interest come to by an assembly of men of distinction, but specialists in different walks of life, are not sensibly superior to the decisions that would be adopted by a gathering of imbeciles<sup>1</sup>."

I think also that suggestibility is more marked in those who live in the South and warm climates than in those who live in the North and cold climates, and that those, whose associations of ideas take place by contiguity, are more suggestible than those who associate by similarity.

It is less marked in those who hold strong principles and ideals, in methodical thinkers, whose critical powers have been well developed, and in those with the so-called 'bilious' temperament, who correspond to the 'introvert,' the 'sensory' type, the 'subjective' type, and the 'tender-minded.' Suggestibility is very much exaggerated in the patient with 'conversion hysteria' and this has led Babinski to enunciate his conception that hysteria is due to suggestion. This conception has been accepted by many neurologists in this country, who have little knowledge of the mental processes at work in the process of suggestion and use the term in a very limited sense. When we recognise suggestion as an affective process, then we can agree with Babinski that hysterical symptoms are produced by suggestion, but we shall not be able to accept his view that hysteria be limited to the symptoms of 'conversion hysteria.' I therefore think it is unfortunate that Dr Rivers should have proposed the use of the term 'suggestion neurosis' as a substitute for 'conversion hysteria' in his paper "War Neurosis and Military Training<sup>2</sup>." Moreover so long as the present confusion exists in the meaning of the term suggestion the less we use it the better.

Investigations which I have been carrying out during the past year on the 'psycho-galvanic reflex' point to the fact that exaggerated suggestibility is always associated with a low 'emotive response,' and Dr Snowden informs me that similar results have been obtained by Dr Golla and himself at the Maudsley Hospital. If it could be shown that the converse is true, that a low emotive response is always associated with exaggerated suggestibility, then we should have a means of measuring suggestibility. More work needs to be done on this subject, for apart

<sup>1</sup> *The Crowd*, 11th impression, 1917, 32.

<sup>2</sup> *Mental Hygiene*, II, 519.

from the fact that we are not yet decided as to the physiological nature of the reflex, it seems certain from the psychological standpoint that two factors must be taken into account, the liberation of emotion on the one hand, and the stimulation of 'contrary' forces on the other.

I use the term 'contrary' forces in order to avoid the words 'repressing,' 'inhibiting,' and 'controlling.' I mean the forces which are brought into action by stimulation of mental processes on a higher level: they are 'contrary' as applied to suggestion, and act in opposition to the instinctive processes on the perceptual level. Physiologically they are the forces set free by stimulation of the cerebral cortex; following Dr Rivers in the symposium on 'Instinct and the Unconscious<sup>1</sup>,' I might perhaps use Dr Head's term and call them 'epicritic.' It is possible that the psychogalvanic reflex may be an indication of the strength of the 'contrary' or 'epicritic' forces stimulated by the liberated emotion, and that it is not merely an emotive response.

From a consideration of these facts we can explain individual suggestibility as being due to the varying degree in which the egoistic instinctive tendencies are developed and the manner in which the sentiments have become organized to form ideals and act as contrary forces.

(b) *Conditional Suggestibility.* The variation of suggestibility in the same person at different times and under different conditions seems to depend upon the affective state in which the person happens to be, and the relation of the suggested idea to that state. I have found that even patients, who generally go into a deep state of hypnosis, are resistant to hypnosis on one day and will go off into their usual state on the next. Suggestibility is increased during hypnosis, fatigue, illness and prolonged emotional states, and by the effect of alcohol and certain drugs, conditions in which the 'contrary' forces are weakened. A wife, for example, recognises that a husband is more suggestible after a good dinner and chooses this time to get her propositions accepted.

(c) *Specific Suggestibility.* That suggestibility may refer to a particular system of ideas only is also an important fact pointing to the affective nature of the process. A person is specially suggestible to ideas that are pleasing to him and which satisfy his egoistic instinctive tendencies; according as those specific tendencies are developed so does his suggestibility vary towards ideas which evoke them, and we recognise that in the same family these tendencies are developed in each of the children in varying degree.

With the growth of sentiments and the appearance of complexes and

<sup>1</sup> This *Journal*, 1919, x. 4.

interests, both actual and dispositional, as the result of experience, so does the suggestibility vary according as the suggestions harmonize with the affective states induced by them. Thus each person has his own particular sphere of suggestibility, and even under hypnosis the suggestibility is not the same for all suggestions. This is more clearly explained by a quotation from a paper by Dr Jones on "Psycho-analysis and Education," "A desire that arises in a person's mind for the first time is not likely to be very effective or significant unless it becomes attached to others that are already present; in other words a motive appeals more readily to him if it is linked, by resemblance, to earlier ones that are already operative in him<sup>1</sup>."

(d) *Personal Suggestibility.* Suggestibility towards one person and not towards another depends on the affective processes operating between the two persons. Sympathy, respect, and confidence between the subject and the suggestor favour suggestibility. I have found it more difficult to hypnotize the patient of a colleague than one of my own.

Anything which tends to increase the authority and prestige, either personal or acquired, of the suggestor, increases suggestibility in the subject; thus a parent can produce suggestibility in a child, a teacher in a pupil, and a physician in a patient.

Dr McDougall has pointed out that the personality comes into play in virtue of the relative strengths of the two instincts of 'self-assertion' and 'subjection.' "Personal contact with any of our fellows seems regularly to bring one or other, or both of these instincts into play<sup>2</sup>," so that suggestibility is only evoked in us by persons who make upon us an impression of superiority of any kind in the particular situation of the moment. Dr McDougall relies on the strength of these two instincts to explain individual suggestibility; but although they are important—especially the instinct of self-assertion in virtue of the part it plays in the organization of the sentiments on a higher level—other instincts play an equally important part. It is probable that prestige owes its power to the complex emotions of admiration and awe, and often of gratitude and reverence, which are evoked by the instincts of curiosity, subjection, self-preservation, and the parental instinct. Whether we accept Freud's view, that the above tendencies are but sublimations of the sexual instinct, or not, we are bound to admit the influence of the sexual instinct, for we know that a sentiment of love or affection favours the sympathetic induction of emotion between two persons. According

<sup>1</sup> *Op. cit.* 583.

<sup>2</sup> *Op. cit.* 99.

to Ferenczi: "Everything points to the conclusion that an unconscious sexual element is at the basis of every sympathetic emotion, and that when two people meet, whether of the same or the opposite sex, the unconscious always makes an effort towards transference<sup>1</sup>," and that this transference has its deepest roots in the repressed parental complexes. It is also significant that in the two classes of homo-sexuals, described by Ferenczi<sup>2</sup>, the 'subject' and 'object homo-erotics,' the 'subject-homo-erotic' has an increased suggestibility, and although my experience of these cases is small, it is that the 'object-homo-erotic' is not at all amenable to suggestion.

It is outside the scope of this discussion to go further into the psycho-analytical standpoint, and Dr Jones has already set forth the Freudian point of view in his paper on the "Action of Suggestion in Psychotherapy<sup>3</sup>," to the effect that 'suggestion' is a special variety of transference, namely, that concerned with the transference of positive affects to the physician, and that suggestibility takes its root in the masochistic component of the sexual instinct. It is impossible for anyone to discover the truth of Freud's theories without psycho-analytical investigation: my own position is that I accept the greater part of Freud's theories in so far as the fate of the 'pleasure-principle' is concerned, and his theory of sexual development and sublimation has been confirmed by my experience in psycho-analysis, but I think that the development and sensitivity of the 'reality principle' is of much more importance than Freud seems to allow and that Janet is right in so far as he emphasizes its significance.

A consideration then of facts shows that all four forms of suggestibility, which I have described as individual, conditional, specific, and personal, come into play in the process of suggestion, and that these are affective states evoked by the stimulation of different instinctive tendencies, sentiments, interests and complexes.

<sup>1</sup> Ferenczi. *Contributions to Psycho-analysis*, 1916, 55.

<sup>2</sup> *Op. cit.* 253. Ferenczi uses the word 'homo-erotism' as being preferable to the ambiguous expression 'homosexuality,' since it makes prominent the psychical aspect of the impulse in contradistinction to the biological term 'sexuality.' He holds that of the two types of homosexuality, the passive form alone is one of true inversion, when homo-erotism occurs through subject-inversion, and therefore he calls this type the 'subject-homo-erotic.' In the 'active homosexual' the object alone is exchanged, and so Ferenczi refers to this type as the 'object-homo-erotic'; he regards this latter form of homo-erotism as being an obsessional neurosis.

<sup>3</sup> *Op. cit.* 318 *et seq.*

## § 3. CLASSIFICATION OF THE RESPONSES TO SUGGESTION.

Any explanation of suggestion must explain not only why suggestions are accepted, but also the circumstances under which they are refused, and even strongly opposed. If we take the results of attempts at suggestion in everyday life we can classify them into three groups:

- (a) Positive response when the suggestion is accepted.
- (b) Negative response when the suggestion is opposed.
- (c) Neutral response when the suggestion is refused.

These results depend on the relationship of the suggested idea to the different states of suggestibility already described.

(a) *Positive Response* may be immediate or delayed; the immediate response gives us the most typical example of the process of suggestion, for in the delayed response there are also at work other factors which I shall describe under 'neutral response.'

Most writers are inclined to the view that if a suggestion is accepted it is due to the inhibition of other ideas opposing its acceptance and that realisation of the idea takes place simply by *ideo-motor* action. This view involves the difficulty that it depends on the meaning of inhibition, and that we do not understand the nature of *ideo-motor* action.

Dr Hart, in his paper "*Methods of Psychotherapy*<sup>1</sup>," attaches great importance to inhibition, but recognises that it is brought about by affective processes; for him 'suggestion' is 'complex thinking,' by which he means thinking due to the action of a complex; using the term complex in a very wide sense. He speaks of the capacity of suggestion 'for inhibiting conflicting ideas and tendencies.' This seems to be an inadmissible use of the word 'inhibition': the verb 'to inhibit' is an active and transitive verb, and the word 'inhibition' thus conveys the idea of an active process. If I go downstairs, it might be true to say that by so doing I was inhibited from going upstairs, but it would hardly be a correct usage of the word; the idea of going up would never arise and would not require inhibition. Suggestion has no capacity for inhibiting ideas, but, if we speak in terms of inhibition, is rather the consequence of the inhibition of inhibiting forces normally involved in volition.

Moreover, the term 'complex thinking' lays too much stress on the cognitive aspect of the process of suggestion, and though this is the first stage in the process, more than this seems to be involved; for example, if, during a railway strike I merely thought of an engine as the means of transport for getting me to town, nothing further would result, but

<sup>1</sup> *Proc. R. Soc. of Med.* March, 1919.



if forces were aroused in me sufficiently strong to make me 'tip' the engine-driver, then I should be acting under the influence of suggestion. No other ideas would arise if the response was immediate, and no ideas would be inhibited.

The term 'ideo-motor action' is a relic of the old psychology of ideas; for example, for Hegel, "an idea is a force and is only inactive in so far as it is held in check by other ideas<sup>1</sup>." If the process of ideo-motor action be analysed it is found that the action depends entirely on the affective forces aroused by the idea and that no idea will realise itself, unless it is reinforced by some affective force. Ideo-motor action is thus equivalent to the expression of emotion. We know that emotion is expressed normally through the autonomic nervous system, and when excessive, through the central nervous system<sup>2</sup>. It is evident that persons, whose instinctive tendencies are highly developed, and whose sentiments have not been well organized to act as 'contrary forces,' will realise their ideas in action through the central nervous system without opposition, and I have shown elsewhere that this may be an explanation why a patient with conversion hysteria develops symptoms attributable to the central nervous system and a patient with anxiety hysteria develops symptoms attributable to the autonomic nervous system.

It follows from what I have already said that I here maintain the view that an idea is accepted because it harmonizes with some preformed interest, sentiment, or complex, that the affective forces involved give it the necessary reinforcing power to realise itself in opposition to all 'contrary forces,' and that it is these affective forces which produce conviction. Any condition which tends to weaken the 'contrary forces' on the one hand or strengthen the compatible affective forces on the other favours the process of suggestion, and we have noted that the conditions which cause 'conditional suggestibility' are those which weaken the volitional forces, and that individual suggestibility is exaggerated in those who are endowed with strong emotional tendencies and have a poor development of self-control.

<sup>1</sup> Hegel's *Philosophy of Mind*, 1894, 167.

<sup>2</sup> That emotions gain expression through discharges along the autonomic nervous system has been shown by the work of Pawlov, Cannon, Elliott and others, who have demonstrated the connexion between emotion and the physiological reflex reactions of the glandular secretions. In healthy adult individuals emotion may be experienced without any expression through the muscles supplied by the central nervous system, though as the emotion increases it requires a distinct effort to prevent it from being so expressed; when the emotion becomes more intense the control breaks down and at first only the facial and voice muscles are affected; finally, if the emotion becomes excessive, the muscles of the limbs and trunk are brought into action.

Dr McDougall has shown that it is the organization and strength of the self-regarding sentiment in relation to the other sentiments, which determines our line of action and constitutes our self-control; as this higher control, though it relies for its strength on the self-regarding sentiment, involves the formation of ideals and is perhaps influenced by the herd instinct, I have called it elsewhere the 'social ideal self' as a contrast to the 'individual self'.<sup>1</sup> Individual suggestibility then depends very largely on the strength of the social ideal self, and the weaker the social ideal self, the greater the number of complexes that remain unsublimated, and the greater are the states of specific and personal suggestibility.

Mr Trotter has pointed out how one form of suggestion, 'herd suggestion,' is due to the action of herd instinct, and that "Anything which dissociates a suggestion from the herd will tend to ensure such a suggestion being rejected<sup>2</sup>." It is owing to the influence of the herd instinct that we may accept propositions in regard to religion, politics, and education. Such beliefs are non-rational and are accepted by us as the result of accumulated suggestions.

The exaggerated suggestibility of children, occurring when they have reached the age of paying attention, which is in its turn dependent on the interest aroused, is due to the evocation of the instinct of submission, the weakness of the social ideal self and the absence of resistance complexes. For opposite reasons old people are less suggestible.

(b) *Negative Response* is the response obtained when not only is the suggested idea incompatible with pre-formed sentiments and interests, but it arouses contrary emotions and sentiments. This is the process which is called 'contra-suggestion.' The mechanism is the same as for the positive response, but an opposing set of forces are set in action with the production of a state of 'negativism,' a state which is the direct counterpart to suggestibility. This state like suggestibility may have individual, conditional, specific or personal tendencies. It seems to be a form of overdetermination due to the presence of antagonistic complexes, which more than counterbalance the forces of a weak social ideal self.

Like suggestibility, negativism may be exaggerated and become pathological; it is most marked in dementia praecox.

Some people appear to adopt 'negativism' as a habit; such are the people we call 'cranks.' I look upon the action of these people as being

<sup>1</sup> Article on "Mechanism of Hysteria" in *Functional Nervous Disease*, 1920, iv.

<sup>2</sup> *Instincts of the Herd in Peace and War*, 3rd impression, 1917, 33.

that of overdetermination, owing to the formation of complexes associated with painful experiences in the past.

In psycho-therapy, when we have established an atmosphere of cure, negativism signifies an unconscious resistance to recovery, and when exaggerated, it must make us suspect dementia praecox, or malingering if it seems likely that the resistance is a conscious one.

(c) *Neutral Response.* It is hard to draw the line between the lower forms of volition and suggestion. If the idea is incompatible with the social ideal self and the social ideal self is strong, then the process is one of volition and we get a neutral response: this is what happens in those who hold strong principles and ideals.

If the social ideal is too weak, and the affective forces aroused are strong, the idea is accepted and the process is one of suggestion.

If the idea has not made sufficient impression, we get a neutral response, and this is due to the fact that there are no pre-formed interests or complexes to which it can attach itself: in this case the suggestion is ignored. This is seen most markedly in certain imbeciles. The suggestion may need repetition to give it the necessary amount of prestige for acceptance, a fact which is taken into consideration as a basis for all advertisements. The suggestion may be incompatible with such interests and complexes as exist, and the forces involved simply neutralise each other, which is one of the reasons for the fact that the suggestions of the younger generation are not easily accepted by the elder.

A neutral response may also be the result of a conflict of motives due to the incompatibility of the interests aroused, with the production of a state of doubt, which is seen in an exaggerated form in cases of anxiety hysteria: in such cases the suggestion may be accepted after deliberation either to relieve tension, or when a decision is brought about by the reinforcement of one side of the conflict by further affective forces; or the conflict may be forgotten and only at some later period will one side of the conflict materialise by the stimulation of affective forces which harmonize with it. A neutral response will also occur in cases of 'dementia.'

#### § 4. ABNORMAL SUGGESTION.

The process in abnormal suggestion is the same as in normal suggestion, and depends on the factors already discussed, which increase the various states of suggestibility. The difference is only one of degree, and in abnormal suggestion the affective forces are stronger, and the 'contrary forces' are weaker, so that the person is less or not at all

aware of their action and has little or no control over them. This is best seen in persons suffering from hysteria; when their affective states are dominated by the desire to escape from some irksome duty or future danger, to astonish, or to attract attention or sympathy, any idea harmonizing with this state becomes reinforced and realises itself.

We also know that hysterical patients can temporarily put aside their hysteria by a change in their affective state when the situation requires particular concentration on some interesting function or amusement. I think that the disappearance of hysterical symptoms as if by magic in the presence of danger and the sudden recoveries reported in the newspapers are explained by the fact that one affective state is substituted for another by the re-direction of attention under the influence of surprise. I regard hypnosis, in accordance with Bernheim's view, as an exaggerated form of suggestion. I cannot accept Dr Rivers's statement in *War Neurosis and Military Training* that "In the hypnotic state the individual responds immediately and without question or hesitation, not merely to the command of his hypnotizer, but even to a desire or impulse of the hypnotizer's mind which is not expressed by speech or obvious gesture<sup>1</sup>."

It implies the presence of some mysterious force, an idea which we are only just beginning to uproot from the popular mind; my own experience and I think that of all other observers of recent times are entirely opposed to it.

The explanation of suggestion I have given seems to make it incorrect to classify suggestion as an innate tendency. We have seen that there is no one single state which we can call suggestibility, but that there are several states of suggestibility, and that these are induced by the stimulation of different instinctive tendencies, sentiments, interests, and complexes.

We have seen that a suggestion is accepted because it harmonizes with these states, and that the affective forces aroused give it the necessary reinforcing power to realise itself, and that it is these affective forces which produce conviction. We have now to consider briefly how we can apply this conception to suggestion as a method of treatment.

#### § 5. SUGGESTION AS A METHOD OF TREATMENT.

The object to be attained in treatment by suggestion is to produce a condition of mind in the patient which will set in action the right affective forces for the induction of those states of suggestibility, which

<sup>1</sup> *Op. cit.* 529.

will harmonize with and reinforce the ideas to be suggested and so get them accepted with conviction.

The first step in the process is for the physician to induce a state of personal suggestibility in the patient, and this he does by arousing in him the necessary instinctive tendencies, showing him sympathy and impressing him with a knowledge of and interest in his condition, so that the patient has respect for and confidence in the physician. In neurasthenic hospitals, where an atmosphere of cure is present, this state is induced in him on admission by the patients, who have been already relieved of their symptoms, for success is the greatest creator of prestige.

The physician then proceeds according to the type of patient he has to deal with and to the amount of personal suggestibility already induced; if the states of individual and conditional suggestibility are exaggerated then it will not matter what form the suggestion takes; but if there is only specific suggestibility then it is necessary, if possible, to find out its nature by therapeutic conversations and superficial analysis and so to arrange the suggestions as to be compatible with it.

In one form of abnormal suggestion advantage is taken of the effects of some emotional reaction to alter the affective state. An emotion frequently used is that of surprise, which "tends to free the mind from what before occupied it, and to increase the intensity of every emotion with which it blends, or by which it is rapidly followed<sup>1</sup>." If the affective state be that dominated by fear it may be counter-balanced by inducing a state of anger for "the emotions of fear and anger tend to exclude one another from simultaneous activity<sup>2</sup>." I think also that painful electricity, the use of which has done considerable harm, and isolation, depend largely for their results on the change of affective states induced by them.

Other methods depend on the fact that the suggestion will not be accepted with conviction unless it is associated with some specific treatment to account for the cure. This form of suggestion is 'indirect suggestion' and is often used quite unconsciously by the medical profession. It is used either by insinuation with the help of massage, drugs, electricity, or by deliberate deception, for example, the use of water without morphia as an injection, and the use of bread pills for functional vomiting. Hypnosis is in most cases unnecessary, and al-

<sup>1</sup> Shand, *Foundations of Character*, 1914, 422.

<sup>2</sup> Shand, *op. cit.* 260.

though at one time I used it very extensively, I now only use it to clear up an extensive amnesia.

Of the methods of 'suggestion treatment' there is no question that the method of normal suggestion by explanation and appeals to feelings is the best as the patient then realises that he himself is responsible for the removal of symptoms and he will know what to do in case of a relapse. In the other methods he relies entirely on the physician, does not understand his condition, and is much more likely to relapse.

But in any case it must be noted that the patient relies on the explanation given to him, and that the real cause of the condition may never have been discovered. Treatment by suggestion does not therefore conform to our ideal method of treatment, and is not here advocated as such, but it is very useful in practice as a method of removing symptoms in certain cases.

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