Original Papers.

A NOTE ON SUGGESTION.

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In a paper distinguished by clarity of thought and expression, Dr. Bernard Hart has endeavoured to give greater precision to the meaning of the word 'suggestion'. He starts out by examining the definition of the process of suggestion which I had proposed; he finds it not altogether satisfactory, and proposes to amend it. In this short paper I wish to defend my definition against this criticism, and to add some considerations on certain conditions of suggestion and of suggestibility.

My definition runs: "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". Hart's first criticism of this definition is that it is so wide as to be "of little use as a practical weapon of explanation". My answer is that a definition of a phenomenon or process should not aim at embodying an explanation or a theory of the process. The only purpose and function of the definition is to define, to mark off the class in such a way as to include all the phenomena or processes that properly belong to it, and to exclude all other phenomena and processes, especially such as may have some resemblance to those within the class without being of the same essential nature.

Hart objects that my definition would include a vast number of processes of simple communication which have nothing of the nature of 'suggestion'; and he illustrates by saying that, when he is told that dinner is ready, he goes to the dining-room. I submit that such
acceptance of a proposition does not fall under my definition, for the reason that in this instance, and in the countless similar instances for which it stands, the grounds of acceptance of the proposition are logically adequate. That is not to say that the person who by his behaviour shows that he accepts the proposition thinks out or explicates the grounds of his acceptance. These logical grounds or reasons generally remain implicit; but if challenged to state them, the educated man can do so. Thus, when Dr. Hart is told by his servant at his usual dinner hour that dinner is ready, he could, if challenged, set out logically convincing reasons for accepting and acting on the proposition. But if the announcement were made half an hour before the usual time, he would for a moment be thrown into the sceptical attitude, and he would probably reply, "Are you sure?" or would ask for some explanation; thereby showing the presence in his mind of implicit reasons for accepting the proposition when made under the usual circumstances.

Hart goes on to say that "the essential process in suggestion consists in an inhibition of conflicting ideas", and, he adds, this "occurs whenever our stream of consciousness is directed by emotional or instinctive factors". I agree; for it was the main thesis of my Social Psychology that all our thinking is directed by emotional or instinctive factors; and I would maintain that all thinking, all attention, all concentration of the mind upon any object or topic, involves "an inhibition of conflicting ideas". When, then, Hart amends my definition by adding the words, "owing to the fact that conflicting processes which are or should be present are inhibited", I reply that this is already implied in my definition, and that I have no objection to the addition, except that it appears to me to be redundant.

Hart’s discussion of the nature of suggestion leads him to the conclusion that "all the processes ascribed to suggestion are in reality examples of ‘complex thinking’, and how large a section of ‘complex thinking’ is to be included under suggestion is a matter for purely arbitrary selection and limitation. Probably it would be practically advisable to limit the term to processes of communication involving a direct relation between persons, but even here no specific elements are present. In every case the only essential feature is the action of an emotional or instinctive factor, which is the essential feature of all ‘complex thinking’. Processes of this kind are, however, so common in the human mind, that to explain any particular phenomenon by ascribing it to ‘complex thinking’ or to ‘suggestion’ is altogether inadequate. The explanation can only be accepted as satisfying and complete when we have ascertained the particular emotional factors responsible, and the conditions under which they have produced their results.".
Hart's conception of suggestion would thus include all processes of communication between persons in which the reaction of one to the other is of the nature of 'complex thinking'. I submit that this is too wide and loose a notion. When the devoted mother hastens to respond to the cry of her child, to calm its fear, or in any way to comfort or cherish it, her action implies 'complex thinking'; yet it hardly falls under the notion of suggestion. And every response of one person to another for whom he entertains a sentiment of love or hate or dislike or of any other kind would, according to Hart's definition, be an instance of suggestion. To make the denotation of suggestion so wide as this would, I think, practically destroy its usefulness as a technical term, and would be inconsistent with fairly well-established usage. It is necessary, as Hart has said, to ascertain the particular emotional factors involved. I have suggested the nature of the emotional or instinctive factor commonly, perhaps always, involved in 'suggestion', and I have a new argument to advance in support of that view. But first I would say a few words about the use of the term 'complex'.

The word 'complex' was, I believe, given currency in psycho-pathology by Dr. C. G. Jung, and by him, and by most of those who have adopted it, it is used to denote some idea to which is attached some strong 'affect', or emotional or instinctive tendency, and which is inaccessible to the voluntary recollection of the subject by reason of repression or of dissociation. Hart has used it in a wider sense, namely, to denote all ideas which, through the experience of the individual, have become directly connected with emotional or instinctive tendencies, whether they be repressed or dissociated, or under the normal control of the personality. This usage would make it synonymous with what I have proposed to call 'sentiment'. Dr. Percy Nunn, in his excellent Education, its Data and first Principles, uses the word in a still wider sense, namely, to denote every system in the structure of the mind which involves a conjunction of cognitive and conative dispositions. This usage would include in the denotation, not only the normal sentiments and the pathological sentiments which are the complexes in Jung's sense of the word, but also all the instincts; for, as I have repeatedly insisted, the instincts are not only conative-emotional dispositions; the structure of every instinct seems to include some cognitive disposition, whether simple and rudimentary or of considerable complexity. I recognize the advantage of having one comprehensive term to denote all such cognitive-conative systems; but the word 'complex' seems to me to have become usefully specialized and appropriated to denote the morbid or repressed system. Although I have no wish to try to force my usage of the terms on my colleagues, I think it may be
useful to illustrate by the following examples the usage of these three important words that commends itself to my mind.

First, suppose that a stranger suddenly assaults me on the street and I return an angry blow. This would be an *instinctive* response, the immediate and simple working of the instinct of pugnacity.*

Secondly, suppose that the civil greeting of an acquaintance—Smith—excites in me some angry thought or action or a momentary feeling of vexation. That implies an habitual emotional attitude towards him on my part, i.e., the existence in my mind of a cognitive-conative system acquired through previous experiences connected with him. This system may be either a complex or a sentiment. If in our previous intercourse this person has repeatedly thwarted, vexed, or irritated me, and I have in consequence acquired this habitual attitude of incipient anger towards him, and if I remain aware of my attitude, can recollect the incidents which have given rise to it in normal fashion, and understand the relation of my attitude to these incidents, then my attitude and behaviour towards Smith are the expression of a normal sentiment of a simple kind.

Thirdly, suppose that Smith, whose civil greeting provokes on my part some angry or irritable response, is a colleague with whom I have always been on good terms, but who has been recently promoted to a post which I secretly desired to occupy. Suppose that I have disguised my desire and my disappointment from the world and from myself, so that I profess a complete indifference, or perhaps even somewhat noisily announce my pleasure in the appointment of my dear colleague Smith. Then my irritability towards Smith would be the expression of a 'complex', a morbid repressed sentiment. I should not be clearly aware of the peculiarity of my attitude towards him, or of its origin. I might 'rationalize', and declare that my irritability was due to dislike of the shape of his nose or of his manner of speaking or of wearing his collar. Just because I was unwilling to acknowledge, or incapable of recognizing, the origin and nature of my attitude, it would be pathological; there would be some conflict and disorder and lack of reasonableness in all my thoughts and feelings regarding Smith. In an extreme case it might lead me to behaviour which I could in no wise justify, which might be very prejudicial to myself, and out of harmony with my accepted principles and my general character. I urge that the term 'complex' should be reserved for such sentiments as by their nature and origin are of this pathological kind. For it was to such morbid sentiments that

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* It is worth noting that the reaction, especially if the assault and the reply were verbal only, would have to be classed as an instance of 'suggestion', if Hart's definition were accepted.
the word was first applied as a technical term; and by adopting this usage of the two words 'sentiment' and 'complex' we shall enrich our vocabulary and render it more precise.

I return from this digression to the important question of the nature of the conative force at work in suggestion. Hart rightly insists that in all suggestion there is some conative force at work enabling the suggested idea or proposition to prevail over all rival or conflicting ideas; and he rightly adds: "If our knowledge is to be advanced, we require to know what is the particular emotional factor involved, and what are the precise circumstances of its operation." I entirely agree. In my Social Psychology I put forward the view that the conative force at work in the person accepting a 'suggestion' is commonly the instinct of submission. I wish now to say that a considerably enlarged experience of therapeutic suggestion has given me greater confidence in this view, and I wish to adduce some further considerations in its support. I do not wish to exclude the possibility that other instinctive tendencies may co-operate or may even play the chief rôle in certain cases. It is, I think, probable that fear may play this part on certain occasions. But, I am inclined to believe that in both normal waking 'suggestion' and 'hypnotic suggestion' the impulse of submission is commonly the principal conative factor at work.* First, let me insist on the reality and strength of this impulsive force of the 'suggestion'. When the hypnotic subject, either in hypnosis or in the post-hypnotic condition, feels compelled to carry out the 'suggested' action, this impulsion is, or may be, of great strength, so that he may struggle against it and yet fail to prevent its operation. Such impulsion cannot come from the mere presence in the mind of the idea of the action, no matter how clearly and vividly it be present to consciousness. One may suggest an action, and the subject may very clearly conceive it without experiencing the least impulsion towards it, if his attitude towards the suggester is not the appropriate one of 'suggestibility'; and this is true also of subjects who are distinctly in the hypnotic condition. For, as we all know, the hypnotic subject may remain quite uninfluenced by the suggestions of a third person, until the hypnotizer

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* I am aware of the Freudian dogma that in 'suggestion' the impulsive force at work is always that of the sex instinct. I believe that the sex instinct may, and in some instances does, play some part in determining the effects of suggestion. But the assumption that this instinct commonly supplies the conative force in suggestion seems to me to be based merely on the fact that some subjects show signs of erotic excitement when in hypnosis, and on the Freudian prejudice which ascribes almost every form of conation or impulsion to the sex instinct. I would reject with equal confidence Mr. W. Trotter's assumption that all suggestion is the work of the 'herd instinct'. This assumption underlies implicitly and, in my opinion, largely vitiates, the reasoning of his brilliant little book, The Herd Instinct.
transfers or extends the ‘rapport’ to him, that is to say, induces by suggestion the extension to the third person of the subject’s attitude of submissiveness or ‘suggestibility’.

The new consideration I adduce in support of the view that this impulsive force is that of the instinct of submission is the following. Professor Pierre Janet and many other physicians, notably Dr. William Brown, have told us that they can hypnotize only neurotic subjects,* and that, as they cure their patients, those patients became more and more resistant to ‘suggestion’; until, when cured, they can no longer be hypnotized and are insuggestible.

The experience of others, myself included, is different. We find that a large proportion of normal persons can be hypnotized, and that our patients remain hypnotizable when cured. Those whose experience is of the former kind are no doubt inclined to think that our so-called normal subjects are not normal, and that our patients are not cured. I submit that this difference between us is a real fact of observation, and is founded not merely upon error but upon a difference of practice or procedure in inducing hypnosis. I think it will be found that those physicians whose experience agrees with Professor Janet’s are those who, in inducing hypnosis, adopt what I would, without meaning to be offensive, call the domineering attitude. Their tone is that of a man who forces the patient to submit to his will. They say, for example, “Now I am going to hypnotize you, and you will find this and that and the other”; and the subject, vaguely alarmed, is inclined to resent this procedure; that is to say, his self-assertive impulse is called into play. If, then, he is a normal healthy person, this self-assertive impulse carries the day; the physician fails to evoke in him the submissive attitude and impulse, and adds him to his list of normal persons who cannot be hypnotized. If, on the other hand, the patient is in a neurotic condition —that is to say, if his nervous forces are reduced and disordered—he is acutely aware of his weakness and of his inability to assert himself; his submissive impulse is then easily evoked, and he becomes suggestible. As, however, his condition improves, and he feels himself once more strong, his natural resentment towards this domineering attitude of the physician rises again, his impulse of self-assertion regains the upper hand; that is to say, he becomes insuggestible, and can no longer be hypnotized by this method.

Now consider the different effects of the opposite method of inducing hypnosis. Unless the subject is an intelligent educated

* They are inclined to generalize their experience in this matter, and to assert that only neurotic subjects can be hypnotized. This of course is an obviously illegitimate generalization of observations made under particular conditions.
person, one avoids using the word 'hypnotize', which is apt to raise a resistance in so many minds. One invites the co-operation of the subject; one explains to him as far as possible the nature of the operation and of the condition one wishes to induce, and asks him by an act of his own will to resign himself for the time being to one's influence. If this preliminary work is successful, the patient's resentment is not aroused, his good will and voluntary co-operation are secured; that is to say, the impulse of self-assertion, in so far as it becomes operative, works in the same direction as the submissive impulse, re-enforcing it, and the subject feels the satisfaction of successful co-operation with his physician; or, if he be in normal health, he feels no repugnance or resentment, no desire to assert his independence over against his would-be hypnotizer. And as the neurotic patient regains his strength and self-control, the same attitude persists, and he can at will resign himself to be hypnotized again, if good and sufficient reason appears.

In support of this interpretation I may adduce an experiment which I have repeated on several subjects. Choosing a subject who has been several times hypnotized by myself and who has proved what we commonly call a good subject, I say to him—"On this occasion I want you to do whatever I ask you to do in the way of bodily movement, but I want you to make up your mind that you won't be influenced by me". I then go through the procedure by means of which I have previously induced hypnosis, and on applying tests, such as challenging him to open his eyes or make other movements after being told that he cannot do so, I find that he can make all these movements, and I fail to elicit any signs of hypnosis. On being questioned, the subject tells me that he felt no influence from my suggestions or commands, that he felt no drowsiness, no heaviness of limbs or eyelids, and that he opened his eyes or made other movements without difficulty. I am not raising the question of the comparative therapeutical value of these two opposite methods of handling the patient. I am quite prepared to believe that the domineering method is, for some subjects at least, superior in therapeutic efficacy. But I submit that this explanation of the different results of the two methods supports my view of the curative forces brought into play. The disappearance of suggestibility with the disappearance of symptoms is due, I believe, to the suggestible or submissive attitude being replaced by the self-assertive attitude towards the physician. This self-assertive attitude, the dominance of the impulse of self-assertion, is, I submit, the essential condition of contra-suggestion and of contra-suggestibility. In this attitude the patient, instead of yielding himself to the physician's influence, positively rejects it, and, in doing so, is very apt to go beyond the point of mere indifference and to
over-shoot it by executing movements or entertaining opinions or beliefs the opposite of those suggested; for by so doing his self-assertive instinct finds a fuller satisfaction.

I have one other slight contribution to offer to the psychophysiology of suggestion. We are often told in general terms that emotional excitement favours suggestibility. This has been especially insisted upon in respect of crowds; in which the prevalence of a general emotional excitement does seem to be one of the conditions greatly favouring suggestibility. On the other hand, a man fleeing or struggling in terror, or fighting in fierce anger, whether on the intellectual or physical plane, is not amenable to suggestion, unless those suggestions are congruent in tendency with his dominating emotion. There seems, then, to be something of a paradox here. We may, I think, easily resolve this seeming paradox. The emotional excitement which is finding vent in a definite line of action towards the end it seeks, is unfavourable to all but congruent suggestions; because the conative energy of the process is too great to be turned aside or subdued by the energy of the submissive impulse. But a vague diffused emotional excitement that has no clearly envisaged end in view is favourable to the influence of suggestion, because, if the submissive impulse is brought into play in any degree by the person endeavouring to influence the subject by suggestion, this impulse will convert to its own ends the diffused excitement. This may be put physiologically in the following terms. The emotional excitement that has no outlet in any definite line of action involves the liberation of much nervous energy within the brain. This energy, having no outlet through any large system of efferent channels, becomes diffused through the brain, producing a condition of general high tension. As soon as the submissive impulse is brought into play, and directed towards some defined end and line of action, it operates with more force than it would in a condition of calmness, because its efferent channels become channels of outlet for the diffused energy hitherto banked up with increasing tension.

I venture to think that this explanation will be found neither improbable nor far-fetched by many psychopathologists, in spite of the fact that it assumes the truth of the principle of the vicarious usage of nervous energy, the principle that energy liberated in one part of the nervous system may be and often is transmitted to another part, there to co-operate with or reinforce processes which are quite distinct, as regards their anatomical seat and their function, from the parts in which that energy was liberated. This principle I have endeavoured to justify as an indispensable hypothesis in a number of articles. It is steadily ignored by the physiologists of the laboratory;
but the experience of all who are constantly confronted with the problems of disordered action and control of the whole organism inevitably leads them to postulate it more or less explicitly.

In conclusion, I would comment upon a proposal to amend my definition of suggestion recently made by Dr. E. Prideaux.\(^5\) His amendment would consist in changing the words ‘process of communication’ into the words ‘mental process’, so that the definition would run, “Suggestion is a mental process resulting in the acceptance with conviction of a proposition in the absence of logically adequate grounds for its acceptance.” That is to say, Dr. Prideaux wishes to exclude any influence of one person upon another from the essential connotation of ‘suggestion’.

His chief ground for desiring this amendment seems to be the consideration that the definition would then include the processes commonly called ‘auto-suggestive.’ Now ‘auto-suggestion’ has long seemed to me a notion of very questionable validity. The processes commonly so called seem to me to fall into two classes. The type of the one class is the insomnia patient in whom sleep has been induced by the ‘suggestion’ of a physician and who learns to help himself to fall asleep by repeating the formulae used by the physician. In this case it is obvious, I think, that the personal influence of the physician plays its part, though he is not physically present. This interpretation is borne out by the fact that it is often helpful to such patients to imagine visually or in auditory terms the presence of the physician as they practise such ‘auto-suggestion’. If this interpretation is correct, it follows that such so-called ‘auto-suggestion’ is not truly such, but falls under my definition of suggestion as essentially involving a communication from one person to another.

The other class of so-called ‘auto-suggestion’ may be indicated by the following passage from Dr. Prideaux’s article: “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.” That is perfectly true. This suggestibility towards ideas or propositions that flatter our vanity is a case of the general law that we tend to accept or believe whatever proposition is congruent with strong conative tendencies, especially if they are active at the moment, whether organized in sentiments or unorganized. For example, if I am already frightened, I shall more easily accept as a threatening danger any unusual sight or sound; if I am a vain man, I shall interpret every passing glance in my direction as an admiring gaze; if I am a fond parent, I shall be liable to interpret my child’s behaviour unduly favourably. According
to the definition as amended by Dr. Prideaux, all these would be instances not only of specific suggestibility, but of actual 'autosuggestion'. This use of the word seems to me so wide and loose that it threatens to deprive it of all value. The principle that 'the wish is father to the thought' is so generally at work in our minds that almost all our mental processes, except the severest intellectual discipline, would fall under the head of suggestion. I submit, then, that Dr. Prideaux's amendment ought not to be accepted, but that communication of the proposition accepted should remain an essential part of the connotation of 'suggestion'.

Dr. Prideaux, following Dr. Myers, proposes a second amendment of my definition. For the words, "in the absence of logically adequate grounds for its acceptance", he would substitute the phrase, "apart from the intellectual outcome of pure judgement based on logical premises". I appreciate the ground of this proposal. My definition as it stands implies that the suggested proposition is necessarily one which cannot be logically justified. This, of course, I did not mean to imply. The essential feature of the suggestion-process is that the acceptance of the proposition takes place on other than logical grounds; that, even if adequate logical grounds can be adduced, the appreciation of them by the subject does not play the determining rôle in the acceptance of the proposition. I am therefore glad to adopt this proposed amendment, but I prefer other words than those substituted by Dr. Prideaux. My amended definition would run: "Suggestion is a process of communication resulting in the acceptance with conviction of the communicated proposition independently of the subject's appreciation of any logically adequate grounds for its acceptance".

REFERENCES.

Original Papers: A NOTE ON SUGGESTION.

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