Critical Review.

SUGGESTION, AUTOSUGGESTION, AND MENTAL ANALYSIS.

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AT the present day there are two well-defined lines of thought, with corresponding modes of practice, to be detected within the domain of psychopathology and psychotherapy: these are suggestion and autosuggestion on the one hand, and mental analysis on the other. It is somewhat unfortunate that those who follow these two lines show a tendency to exclusiveness and to antagonism. There is urgent need of a process of synthesis whereby their claims may be harmonized with one another.

According to the general theories of mental analysis the symptoms of psychoneurosis are due to mental conflict and repression, the symptoms being 'compromise formations', satisfying, as well as may be, both the repressed tendencies and also the main personality which has endeavoured to disown them. And a cure, in general terms, is by the method of 'free association' and by other methods devised to evade or to overcome resistance between the repressing and the repressed material, between the ordinary conscious mind and the repressed mind, to allow the repressed material to come up again, and then to encourage the process of 'sublimation' whereby these tendencies are diverted along other paths and towards other objects. There is also the factor of 'transference' which occurs in the course of analysis; but this we will consider again later.

The other line of thought—that of suggestion—is of more ancient origin, and is probably best summed up at the present day in Charles Baudouin's recent book, *Suggestion and Autosuggestion*.¹ In this book Baudouin defines suggestion as the subconscious realization of an idea. This definition involves the assumption of a subconscious mind, the possibility of acceptance of an idea by that subconscious, and the realization of the idea by subconscious mental activity, a certain latent period elapsing between the acceptance and the realization of the suggestion. In accordance with this technical definition of suggestion, one may explain the causation of certain forms of mental illness in terms of bad autosuggestion, and one may

explain their cure as the result of the working of good counter-suggestion, either heterosuggestion or autosuggestion, or both.

One may harmonize these two lines of thought in the following way. As a result of mental conflict the mind is weakened; there is a weakening of mental synthesis, with the resultant tendency to be more readily overwhelmed by emotion and more readily carried away by certain ideas if supported by certain feelings. In this way our subconscious is more ready to accept fortuitous bad suggestion coming down from consciousness. Thus, in etiology one has both general factors at work: mental conflict and bad autosuggestion. Similarly, as regards cure, one may by analysis help a patient to see the relationship between the systems of ideas which have been in conflict, and to make up his mind as to what line he should take to overcome the physiological and psycho-physiological effects of repression. One may also apply counter-suggestion to overcome bad habits of mind and body arising through bad autosuggestion at the time of the original mental conflicts. This suggestion may be given in two ways. It may come in an informal way in the course of the mental analysis itself: this is the unconscious suggestion which springs from the emotional relation of patient to physician which Freud calls transference. But suggestion treatment may be given in a more formal way. This is most conveniently done by asking the patient to lie on a couch with muscles relaxed, in the posture in which he usually sleeps, and to think of sleep in a passive way. His aim should be to avoid voluntary attention to the idea of sleep, and yet to get concentration upon it. His mental state is that of attention minus effort, a state to which Baudouin gives the name *contention*. In this state there is an outcrop of the subconscious, and suggestions can be accepted by the subconscious. The absence of all feeling of effort is a most important condition for the success of the treatment. It has been realized by most people who have specialized in the use of suggestion in recent years; but M. Coué, to whom Baudouin dedicates his book, has emphasized it in the form of his so-called 'law of reversed effort'. Coué sums up this law of reversed effort in the following words: "When the will and the imagination are in conflict, the imagination always wins".² He is here using the terms 'will' and 'imagination' in no clearly defined sense; but, put roughly, he pictures a struggle between the active, conscious striving of the will on the one hand, and imagination in the shape of a suggestion on the other hand, which suggestion, having been accepted by the subconscious, tends to realize itself through subconscious mental activity. He had observed that over-anxiety counteracts the effects of suggestion. Thus, in seeking sleep, if one is over-anxious to go to sleep one becomes wider and wider awake; or, again, in the case of

momentary lapse of memory, with greater and greater effort of will to recover the memory one seems to drive it farther and farther away ; but if one changes one's attitude to a state of waiting, the lost memory will often come up. By avoiding effort one has created the condition under which the subconscious can work and give results.

It is doubtful if this formulation of Coué's is a thoroughly satisfactory statement of the mental situation. The facts of the case are real, and have long been recognized ; it is the point of view that Coué emphasizes in his law that I would criticize. Let us consider how the will and imagination do come into conflict with one another. Supposing you are anxious to remember a name, you make an effort of will and find the name disappears. Then you adopt the attitude of autosuggestion and the name comes up once more. Perhaps you want to introduce the person to another friend of yours, and you want to avoid appearing foolish, but the name will not come. You make an effort of will to secure it, *but your effort of will is a special kind of will, a rather weak, fitful form of will, because it carries with it fear of failure.* Just as a weak swimmer, suddenly seized with fear, strikes out irregularly and rapidly and sinks, so your will under the influence of fear becomes a spasmodic, useless will that must be abandoned before the lost memory will float up. The fear of failure is a very prominent part of your total mental state. Inability to remember the name arouses fear of a continued inability to recover it. This added emotion wins the day, and your spasmodic will is vanquished. Really, however, the conflict is not between your will and the suggestion, but between one suggestion and another : the suggestion or idea that the name will come to you, and the suggested opposite. By willing in that spasmodic way you have produced the counter-suggestion. This is reinforced by the emotion of fear, and makes your will the kind of will that is inferior to suggestion. The complete form of will is never in conflict with suggestion. This will works, not through an effort of determination, but with a calm assumption that, of course, it is going to succeed. This kind of will is not inferior to suggestion. In dealing with patients we find that if the law of reversed effort is explained to mean that entire passivity will secure a certain result, there is often improvement at first, but the patients are mystified, and find that eventually they have to use their wills in one form or another. It becomes necessary to explain that spasmodic, impulsive will is not an expression of the full personality ; that what they should cultivate is a will based upon a quiet, calm, firm belief in the reality of health and the innate tendency of body and mind towards health. Such a form of will is not in opposition in any way to suggestion for their good ; in fact, their individual suggestions are merely aspects or parts of that will. Hence

I cannot help feeling some doubt about this formulation of the law of reversed effort. You must avoid strain in carrying out heterosuggestion or autosuggestion, but it is a dangerous doctrine to say that you must avoid will. Obviously you must avoid spasmodic will, but you need the steady determination to retain a real belief in the power within that works towards full health of body and mind. You must will to be well, your efforts of will being of the nature of a studied resolution coupled with a set calm faith that we are in harmony with, and not unimportant parts of, a much wider spiritual system.³

In his practical technique, M. Coué employs certain preliminary tests of automatism, e.g., the production of inability in the patient to unclasp his two hands, which are definite dissociations characteristic of the hypnotic state. In this respect, too, he is open to criticism. Equally beneficial results can be obtained by suggestion and autosuggestion without any employment of such artificial dissociations. In other words, suggestion may be practised to the complete exclusion of hypnotic suggestion.⁴

In his *Hypnotism and Treatment by Suggestion*,⁵ Dr. A. E. Davis has produced a concise and very readable elementary account of the theory and practice of suggestion, with numerous examples of recoveries produced by this form of treatment. He also has a short chapter on psycho-analysis, and two fresh chapters on "Mental Accidents" and "Fear" are additions in the third edition. He makes it clear that analysis is needed, in conjunction with suggestion, for the treatment of mental disorders, and although he has little to say that is new on the theoretical side, he can be followed as a thoroughly reliable guide by those who come new to the subject.

The problem of the relation of the subconscious or unconscious mind to the vegetative and other functions of the body is badly in need of stringently scientific investigation. It should be noted that neither Coué nor Baudouin is a medical man, and that the views they hold as to the great power that suggestion has in producing improvement in, or cure of, purely physical ailments need thorough confirmation from medical men of wide clinical experience before they can be accepted by the medical profession.

REFERENCES.

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