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**Autosuggestion
and its
Personal Application**

Autosuggestion and its Personal Application

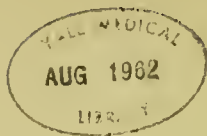
By J. Herbert Duckworth

*Member of the Lorraine Society
of Applied Psychology, Nancy, France*

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To
Frederick M. Kerby

AUTHOR'S PREFACE

THE most significant and far-reaching discovery in the field of psychology in recent years is that of Emile Coué, of Nancy, France. M. Coué has demonstrated that the *subconscious*, or, as he prefers to call it, the *unconscious mind*, may be persuaded to receive a voluntary idea as a fact, thus making it possible to effect any desired physical reaction. He has, moreover, shown—and this is the most revolutionary part of his discovery—that, when the *imagination (thought)* and the *will* are opposed, *thought* invariably prevails. This M. Coué calls *The Law of Reversed Effort*.

In his free clinic at Nancy, M. Coué can be seen daily applying his discovery to the amelioration, and often complete cure, of imperfections of both mind and body. Recently I travelled as far from Nancy as Stockholm, Moscow, Vienna and New York, and I know that the Coué methods of self-healing are being followed in places very distant from the spot where they originated.

Autosuggestion, as taught at the new Nancy School, is a science by which is put to practical purposes logical lessons learned from the study

of the *subconscious mind*—that great, and, until comparatively recently, uncharted ocean whose fascinating mysteries have been so thoroughly explored by Freud, Jung and other psychoanalysts. M. Coué conducted *his* expedition independently.

There is a story that, at a banquet during one of the annual conferences of The British Association, an eminent savant offered the toast: "Here's to pure science; may it never become practical!" M. Coué does not approach the science and art of psychotherapy in the spirit of this jest. Having ascertained experimentally that *thought* controls the *subconscious* which, as is already known, is the seat of many of our mental and physical ills, he proceeded, with his characteristically logical French mind, to put his discovery to practical use—to make it possible for mankind to heal itself by making the *unconscious* operate for good instead of evil. X M. Coué has shown that we have in ourselves the power to heal through *imagination*. Our canon of conduct must henceforth be changed from "Who wills can" to "Who thinks can."

The methods of *autosuggestion* as taught at Nancy are particularly simple. Thousands of peasants in France have with ease comprehended *autosuggestion*, and have been able to heal themselves by its means. Since M. Coué's visit to London many people in England, from all stations of life, have, with amazing results, availed them-

selves of these methods. The practice of *autosuggestion* is now spreading to the United States, thanks, partly, to the interest taken in M. Coué's work by the American Ambassador, Col. Harvey, and his wife.

M. Coué has exerted little effort to make known through the written word the benefits which everyone can share by the study of *autosuggestion*. The only available pamphlet by M. Coué, "Self Mastery," is obtainable at the Institute for the Practice of Autosuggestion, 20 Grosvenor Gardens, London, S. W. I. For those who may desire to make a technical study of the subject there is no more excellent work than that of Professor Charles Baudouin, "Suggestion and Autosuggestion."

It was for the purpose of explaining in non-technical terms, as far as that was possible, the means by which the average person may relieve himself or herself of mental and physical ills by the practice of *autosuggestion* that the preparation of this book was undertaken. The chapters dealing with psychology, on earlier psychotherapeutic practice, and particularly those on psychoanalysis, give an outline of the field of knowledge upon which *autosuggestion* is primarily based, and should help the reader to accept more readily M. Coué's doctrine. I have also attempted to make it clear that there is nothing in *autosuggestion* fundamentally antagonistic to the orthodox teach-

ings of medicine and surgery, or even of religion.

Instead of generalizing on things that can be accomplished by *autosuggestion*, it has rather been my aim to signify specific uses to which *autosuggestion* may be put. Who of us is perfect? Most of us have little kinks and taints and imperfections in our personality, if not physical derangements of a more serious nature.

It is my sincere hope that readers of the following pages may succeed in acquiring the exceedingly simple Coué technique, and, by using it themselves, thereby approach perfect health and happiness in both body and mind.

J. HERBERT DUCKWORTH

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INTRODUCTION

Autosuggestion Founded on Psychology—The Two-Mind (the Conscious and the Unconscious) Theory—The Unconscious, Which Can Be Made to Obey the Imagination, Regulates All Our Actions and Bodily Functions—Think Health and You Will Be Healthy.

WITH nothing but a first impression as a guide for reasoning, the assertion of M. Coué that we can “think away” a sickness seems almost too ridiculous to be further considered.

The idea is reminiscent of the old days of miracle workers, charlatans, soothsayers and other practitioners of hocus-pocus, and also of their modern prototype, the quack doctor. It is too preposterous a declaration for this enlightened age!

Yet, as a matter of fact, *autosuggestion*, as taught and practiced by M. Coué—which is neither more nor less than simply “thinking” ourselves well—is founded on a most respectable and well-established science—the science of psychology. When M. Coué says that if we repeat many times his formula: “Every day, in every way, I am getting better and better,” we will inevitably improve in

both mental and physical health, he has sound psychological and physiological reasons upon which to base his assertion.

Psychologists have proved that we have two distinct minds—the *conscious* and the *unconscious*, or *subconscious*. The existence of the *unconscious* mind is indicated, for instance, in sleep walking. Here one who is asleep—whose *conscious* mind is in a state of inaction—gets out of bed, walks about the house, or even goes out into the street. He makes many complicated motions, even talks to his relatives, or to the policeman he encounters on his nocturnal promenade. Yet in the morning he has not, very often, the slightest recollection of anything that happened from the time he laid his head on the pillow till the breakfast bell rang.

It is the *unconscious* mind that guides the footsteps and directs the speech of the somnambulist.

M. Coué declares that it is the *unconscious*—through the imagination—that regulates *all* our actions. This imagination is even stronger than the will. M. Coué points out that in many common, everyday situations the more we *will* to do a thing, the more difficult becomes the performance of the operation. We forget a telephone number. The harder we endeavor to recall the elusive figures the further away they seem from recollection. They have entirely “slipped our memory,” and, the more angrily we thrash our will into

action, the more confused and helpless we become over this particular thing.

And have you not noticed that, not until we have calmed ourselves, have ceased trying,—have left it to the *unconscious*—does the forgotten number loom up in our consciousness?

Perhaps we play golf. During an important tournament, when we have set our *will* working to observe religiously the all-important injunction, "Keep your eye on the ball," we fozzle every other shot. The more we *will* to keep our eyes riveted on the ball, the more utterly impossible it is to do so. We *will* to do the right thing, but *imagine* that we will do just the opposite—and the imagination invariably wins.

Now many ills are purely imaginary. And those that really exist are, very often, the direct results of morbid imaginings. Others, trivial in origin, are exaggerated by these same imaginings. And, it being the very essence of M. Coué's teachings that it is the *unconscious* that controls every function of our bodies, it must necessarily follow that, if we can learn consciously to employ *auto-suggestion*—in this case "think" health instead of sickness—we shall become well.

In other words, it is the claim of the new Nancy School that it is the *unconscious*, via the brain, that controls, for good or for evil, all *organs* of our body. Therefore, *think* that a particular

part of the body is in good working order, and it will proceed to function normally.

This may seem a revolutionary doctrine, but it is not really so. It is simply an old truth grown up, matured, and developed, and now masquerading in habiliments furnished by that most modern and instructively entertaining scientist—the psychologist, the man whose hobby is to probe into the mysterious workings of the mind.

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PART I
PSYCHOLOGY

CHAPTER I

CONSCIOUS AND UNCONSCIOUS MIND

Simplicity of Autosuggestion a Handicap to Immediate Acceptance—Psychologist's Definition of Mind—Inspection and Introspection—Mental Processes Divided Into "Consciousnesses"—Complexity of a Consciousness—Emotion of Happiness Analyzed—Perception, Idea—Inquisitiveness, Anger, Revenge.

AUTOSUGGESTION need not be taken on faith alone. In fact, a realization of its scientific foundation may disarm the natural suspicion one may have of it on account of its very simplicity.

Anything like a thorough knowledge of psychology is not at all necessary in order to be able to take full advantage of Coué's discovery. But a more intelligent comprehension of the scientific reasons upon which the teachings of the new Nancy School are based is possible if some consideration be given to the relation between autosuggestion and psychology—perhaps the greatest of all sciences in that it deals with something which itself is the instrument of all knowledge, the mind.

Most of us are so accustomed in the treatment of our ills to an elaborate medical ritual, that any-

thing so simple as Coué's *autosuggestion* is inclined to arouse misgivings, antagonism and a feeling of scepticism. (I shall have something to say later on of the autosuggestive value of medicines.) A psychological background, therefore, will help us more easily to approach *autosuggestion* with understanding and enthusiasm.

Coué tells us that the *conscious* can put the *unconscious* mind over the hurdles. But what is mind? What grounds have psychologists for their confident assumptions that they have succeeded in sticking mind on a needle, or have squashed it between two pieces of glass, as the entomologist has his beetles, and have submitted it to close scrutiny under the microscope? We cannot intelligently comprehend Coué's theory of the relation of the *conscious* to the *unconscious* mind unless we know what is meant by mind. The definition of what mind is must be left to the philosopher. By mind, the psychologist means all the mental processes of living man.

The object of psychology is to bring order out of the chaos of all the mental phenomena that occur between birth and death and which is expressed in such terms as thought, memory, fancy, feeling, emotion, resolve, desire, inspiration, etc., and reduce it to a system.

The material upon which psychologists experiment differs vastly from the material with which,

say, the chemist and entomologist occupy themselves. The two latter (dealing with common scientific property) *inspect*; the psychologist (dealing with such inalienable private property as the mind) *introspects*.

Naturally, experimental *introspection*, like experimental *inspection*, may yield conflicting results. But where differences of opinion arise in psychology, further experiment, as in the case of the other more familiar sciences, tends to bring about an agreement.

But these differences of opinion in psychology need not give grounds for feelings of doubt as to its really scientific nature. Does the knowledge that The British Association indulge in disputes and arguments over the Einstein Theory and that The Royal College of Physicians and Surgeons wrangle over the mechanics of life excite contempt for mathematics and physiology?

Taking *mind*, as I have said, to mean all the mental processes that occur between birth and death, we find that they are divided up into "Consciousnesses"—mental "presents."

When the alarm clock goes off in the morning we start the day with a *getting-up consciousness*. This is followed by a *breakfast consciousness*, the *getting-to-the-city consciousness*, the *lunch consciousness*, the *going-to-the-club consciousness*.

A grouping can be made of these conscious-

nesses. When we are aroused by a subject occupying our consciousness, we are peevish, petulant, suspicious, angry, grouchy, have "a chip on the shoulder," are happy or relieved, etc. When we are unable to concentrate, we become loquacious, reminiscent, dreamy. In turn, we bend all our energies towards completing a task on hand, or become lazy, passively inactive.

And each of these consciousnesses, it may be observed by a little examination of them, is really complex in character. In the emotion of happiness, say, we conjure up the *vision* of a friend we are about to meet for whom we entertain much *respect*, for whom, perhaps, we have much *affection*; we *anticipate* the evening's little tête-à-tête at dinner; we *recall* incidents of previous evenings spent with this friend; we may be *anxious* to know whether she really has much regard for us.

We also experience at the same time certain definite bodily feelings—the *anticipation* of the promised dishes warms the cockles of our heart; the *anxiety* gives us a queer feeling in the abdominal regions; the mental *vision* of our friend sends the blood coursing through our veins and brings a flush of colour to our cheeks.

These readily distinguished part-processes help us more easily to distinguish the concrete processes, technically known as *perception* and *idea*, feeling and desire, etc. Finally, we realize that

these processes are in fact complex—that they are themselves composed of simpler elements. For instance, *anxiety* in the situation above might comprise *inquisitiveness* (as to our friend's recent movements), *anger* (at the possibility of being repulsed), *revenge* (for the insult).

In this way does the psychologist commence to analyse the mind. He numbers, tabulates, classifies and files away the different mental elements—reduces them to their irreducible elements.

CHAPTER II

PSYCHOLOGICAL PRINCIPLES

All Acts of Will Consist of Sensations and Affections in Conjunction—Attention and Inattention the Most Vital States of Consciousness—Consciousness Fluctuates Like the Stock Market—Structural and Functional Psychology—Relation of Mind and Body—The Mechanistic, the Separate Existence and the Soul Theories.

THERE are as many different opinions in psychology as there are in theology or horse racing. I shall not attempt to appraise these, often conflicting, views. As a study preliminary to an examination of autosuggestion it is not necessary to consider more than the broad principles over which the majority of psychologists do not quarrel.

Psychologists are practically agreed that the mental elements may be classified into two groups—*sensations* and *affections*. All acts of will are made up of sensations and affections in *conjunction*. Mind, however, has not been proved to be either a resultant or derivative of the two elements. As we find the elementary processes of a consciousness differ either in intensity (strong, weak; loud, soft)

or in distinctness, we may speak of a "state of consciousness" in much the same way as we refer to the "state of the stock market." Consciousness fluctuates (its tendency is clear or obscure, is strong or weak, etc.) just like the market.

Attention and *inattention* are the two most vital states of consciousness. We thus see that analysis, the first part of the programme of psychology, gives us two elementary processes, *sensation* and *affection*, with the elementary states of *attention* and *inattention*.

The entire realm of the mind has been experimented upon by the psychologist. He has gone over the frontiers of *sensation*, *affection* and *attention*, and has invaded the spheres of perception and idea, memory, imagination, and even the intellectual fields of judgment and reasoning.

The two most important departments of psychology at the present time are *analytical psychology* (which examines the mind as it is) and *genetic psychology* (whose aim is to find the origin of mind and to explain the present in the light of mental history). Further subtleties of the mind may be discerned in the consideration of the terms *qualitative* and *quantitative standpoints*.

Psychology may also be divided into the science of mental function and the science of mental structures. *Structural psychology* tries to solve such problems as: "What really takes place mentally

when I 'imagine'?" *Functional psychology* seeks to classify the functions of consciousness—for instance, reduce the root-functions of mind to those of cognition and interest.

Psychology, we may say, is built on two great pillars:

(1) Mind, as embodies mind and its relation to the physical organism; and so we find growing up a psycho-biology which is thoroughly scientific, and which is linked up with the general body of physical and physiological knowledge, which has been advanced in our country, particularly, by such eminent men as Lloyd Morgan, McDougall, C. S. Myers and Rivers.

(2) The other pillar is that of philosophical psychology, important and absolutely essential to the science. Philosophical psychology deals with such problems as those that arise when we ask how we appreciate the beautiful as distinct from the ugly, or good as distinct from evil. On this side we have a solid system of knowledge in which, with but slight differences, the works of James Ward, Stout and William James are in harmony. The difficulty in medical psychology has been to build a bridge between these two pillars.

The relation of the mind and body is an old and thorny subject of debate and controversy. In view of Coué's decided opinion on the subject let

us see further what psychologists have to say about it. There are three theories:

(1) The *mechanistic* view is that mind is a direct product of the brain. It does not exist by itself. Every conscious act or thought is the result of chemical or mechanical changes in the brain. But as these actions have never been demonstrated, *mechanism* must be regarded as a mere hypothesis.

(2) Mind to others is a *separate existence*—mind and body, while operating along parallel lines, are independent of each other. This theory is as unsatisfactory as the first one.

(3) Thirdly we have *Animism*, or Soul-theory, which holds that there is an individual mind in each living animal body, and that there is a vital relationship between the mind and the body in which it dwells.

CHAPTER III

HOW THE MIND FUNCTIONS

*Philosophical and Psychological Concepts of Mind—
Ideas Always Grouped—Without Associations of
Ideas Man Would Starve to Death—The Sex, Ego
and Herd Complexes—Psychic Conflicts Settled by
Rationalization or Repression—Three-Phase Theory
of Mind.*

DIFFICULT to define as mind may be—philosophers calling it the conscious factor of the universe; the psychologists, that which feels, perceives, wills, thinks—we have, at any rate, advanced from the archaic notion that the will resides here, the conscience there, and the reason somewhere else. We know that it functions as a whole.

Dr. William McDougall describes mental activity in this way. Every idea is

capable of existing in two conditions, or forms; on the one hand, it might be a conscious idea, or exist in consciousness; consciousness being spoken of as an illuminated chamber into which ideas enter in turn, to be lit up and active for a short period; and on the other

hand, it might exist as an unconscious idea in the memory, a sort of Hades or dim underworld to which each idea, or its ghost, returns after its brief exposure to the light of consciousness, there to await and to seize any opportunity of emerging again into light and life. Within this underworld ideas remain linked together in complex groupings. The whole assembly of ideas, thus linked in the obscurity of memory, constitutes the structure of the mind; and mental activity consists in each idea dragging up after it into the light whatever ideas are linked or associated with it.¹

Ideas never happen singly. They occur in groups—in *associations of ideas*. But for this we would be most sorry and helpless creatures. When, for instance, food was placed before us, we would not know what to do with it—to *associate* it with hunger, knives and forks, our mouth. We would starve to death. When the rain came down we would not have the sense to put up the umbrella, and would not know, later, why we had got wet, or had caught cold—there would be no *association of ideas* between these things.

When these *associations of ideas* remind us of other experiences, or things,—a piece of music, of a certain delightful evening at a Viennese café be-

¹ Wm. McDougall, Psychology.

fore the war; the smell of frying fish, of the White-chapel High Road; a golden sunset, of the Great Hereafter,—then these associations are called *complexes*.

The three great universal *complexes* are: the *Sex Complex*, the *Ego Complex*, and the *Herd Complex*.

Of these, the one that perhaps exerts the most profound influence on our behaviour is the *Ego Complex*. While man's love of "self" often leads to acts of aggression, greed and selfishness, it is also associated with the primary instincts of food and self-preservation, and also the desire for *construction* (achievement). Most of the factors of the *Ego Complex* lie below the level of consciousness.

The *Herd Complex* depends upon the gregarious instinct of man—his desire to live in companionship with his fellow human beings. This instinct makes man *suggestible* to the influence of the herd—to the ideas, habits, prejudices, customs and conventions of society.

According to Freud it is the *Sex Complex* that is man's driving force, that is the most important *association of ideas* in our life. When repression occurs here, as in the other complexes, there is a conflict, and Freud maintains it is these repressed desires that are at the bottom of most of man's woes.

However, whichever of these *complexes* fail to agree there is inevitably a *conflict*.

Thus it may often happen that a man's "selfish" desires, those springing perhaps from his *Ego Complex* or his *Sex Complex*, conflict with the moral code of the community, a code which has great weight with him because it is associated with the *Herd Complex*. Such conflicts are favourable themes for novelists: the father torn between patriotism and the love for his son; the intending monk torn between his religion and his love of his family; the man torn between an illicit love passion and his sense of morality. Conflict plays a prominent part in the psychic life of most people, and it leads to very important consequences. For the conflict must be settled.²

There are two important ways of settling it. When one of the disagreeing complexes is allowed to have its own way—unconsciously—this solution of the problem is called *Rationalisation*. Excuses are made for the often unpleasant consequences—to "save our face." Revenge is called justice; greed of money the "need of capital in the providing of work for the workers."

Repression of one of the warring complexes is another way of disposing of the unpleasant con-

²The Outline of Science, Vol. II, p. 555.

flict. This is the method around which so much of Freud's work has been done.

It is impossible to dispose completely of undesirable complexes. These things will not simply vanish away because we decide to ignore or forget them. They sink down into the unconscious and hide. Later, in fantastic, weird and sometimes horrible disguises, they furtively emerge to plague our lives. We then suffer from the strange phenomena of forgetting, of hysteria, or insanity.

While most schools speak of but two states of mind, the *conscious* and the *unconscious*, there is another that prefers to consider the mind as being made up of three distinct kinds.

"When we come to mind proper," says Professor Thomson, "we may, using a purely pictorial analogy, regard it as consisting of three layers. The top layer we may call the region of the conscious life. It is, as it were, a vividly illuminated region, where everything that goes on is clearly seen. It is to this region that we normally refer when we seek the explanation of our conduct, and, . . . the explanations we obtain in that way are often wrong.

"A little below this clear region is a semi-conscious region, a region which can become accessible to us by effort. It is in this region, for instance, that the information which is not present to our minds, but which we *can* remember, may be

considered to be stored. Sometimes the contents of this region can be exhumed only by considerable effort, sometimes a very slight stimulus is sufficient.

“Beneath this layer, again, lies the region of the unconscious, and this region is, normally, quite inaccessible to our conscious mind.

“The description we have given is, of course, figurative, since we cannot suppose that the mind occupies space. But this division into layers is helpful in enabling us to understand the modern theories of the mind. The unconscious is the seat of the mental elements associated with the great primary instincts, and it is the great source of psychic energy. Of the activities going on in it we have no direct knowledge; we can infer something, however, . . . from observation, and more especially, according to some authorities, from *dreams*.”³

Coué holds that he has proved, as we shall see later, that disturbances in the *unconscious* mind (*complexes*) that play such an important part in our well-being, both physical and mental, may be controlled by the *imagination*.

³ The Outline of Science, Vol. II, pp. 550-551.

PART II
PSYCHOTHERAPY

CHAPTER IV

PERSUASION

Treatment of Disease by Acting on the Mind Ancient Branch of Medicine—Quacks and Fakirs—Moral Suasion, Suggestion, Autosuggestion and Psychoanalysis—Treatment of Imaginary Ills by Persuasion—Why Both Pill Vendors and Harley Street Specialists Use Moral Suasion.

HAVING reviewed briefly the science of the phenomena of the mind we will now pass on to an examination of psychotherapy—that branch of medicine that has to deal with the treatment of symptoms due to abnormally functioning workings of the mind.

When these evidences that something is wrong are of a mental nature they manifest themselves as muddled mind, delusions, obsessions, hallucinations,¹ or insanity. We all know that very fre-

¹Hallucinations often are of the most extraordinary character. Dr. Leroy, of the Maison Blanche, Asile du Department de la Seine, reports the following two typical cases of "Lilliputian Hallucinations":

"The first, a young woman, escaped from the house of her friends in order to visit the curé of the village. On her way she found herself surrounded by a crowd of small persons, gaily dressed, and frolicking along the road and the walls of the houses bordering the road. When she reached the presbytery the figures even attempted to pre-

quently these symptoms are present in patients whose physical condition is a perfectly healthy one. Symptoms of a bodily nature, on the other hand, need not necessarily be associated with any but the most trifling mental disturbances.

We know that the ancients practiced psychotherapy in one form or another and under other names. Abnormalities of both a mental and moral nature, and troubles of a physical character, were alike treated by psychotherapy in the olden times.

It must be admitted, however, that in the latter category (the physical) more attention was paid by the ancient psychotherapists to maladies that indicated the presence of a morbid organic condition, but which had, undoubtedly, been augmented in both extent and intensity by abnormal working of the mind, or brain.

Modern research and experiment has shown, as we have seen in the previous chapters, that there are two kinds of mind—the *conscious* and the *unconscious* (treating the *subconscious* as part of the *unconscious*). And this important discovery led

vent her ringing the bell. This patient was not afraid, and exhibited these hallucinations frequently during her illness. The appearance of the Lilliputians followed a period of acute alcoholic delirium in which the typical fearful visual hallucinations had occurred.

"The second case is that of an elderly man. This man described a procession of little figures, from 15 to 20 cm. in height, who, dressed in their best clothes, marched in procession through his room, entering by the window and leaving by the wall paper. The patient was amused by them, laughed at them, and occasionally pursued them with his stick."

to the far more important one that the *unconscious* can be stimulated to action by the *conscious* mind. It is upon this latter discovery that the whole structure and technique of modern psychotherapy, psychoanalysis, and autosuggestion as practiced by Coué, are founded.

We can see, therefore, that though in earlier days, psychotherapy, as we now call it, was basely tangled up with, and discredited by, the activities of quacks and fakirs, it had, nevertheless, a soundly scientific, if rather inadequately understood, basis for its existence.

The term *psychotherapy*, as I have indicated, is one of comparatively recent coinage. Founded upon the discoveries of psychology, this practical application of the science is undertaken in four distinct ways—by *moral suasion*, *suggestion*, *autosuggestion* and *psychoanalysis*.

In the order of seniority, *moral suasion* comes first. This oldest form of the application of what today is known as psychotherapy was developed into a fine art by the Stoic philosophers.

We all know that, whether they be of the mind or the body, infirmities inevitably bring in their train *feelings*, such as pain, discomfort, horror, and fear of consequences (death or incapacity). It was in the sphere of mental suffering, induced by physical sickness, that the ancients met with the most success in the use of *moral suasion*.

Consider the nature, for a moment, of so-called imaginary ills. We visit a friend very sick, perhaps, with heart disease. We return home to discover, or rather imagine, that our own heart is affected. We are sure that something is the matter. We have palpitation and pains. Or the dreaded symptoms may have become noticeable after reading something about the disease. At the worst, and it is ten to one that this will prove to be the case, our heart disease is just flatulence, and nothing else.

Or, perhaps, after having observed an unusual turgidity in our urine we excitedly jump to the conclusion that we have kidney trouble, and immediately commence to suffer from all the mental and physical symptoms of that disease. And, if the truth were known, we would find that the strangely changed condition of the urine was the direct result of an indiscretion in either eating or drinking the day before.

These mythical maladies very readily lend themselves to treatment by persuasion. We persuade ourselves first that we are ill, and then somebody comes along and persuades us that we are really in the pink of condition.

Of course, it is obvious that the mental attitude of the patient himself is the really benevolent factor in the cure of cases like this. As soon as the "invalid" can be *persuaded* that a certain physician

is a specialist in such diseases, and can cure him, or that a certain remedy is an infallible specific for his particular malady, or that certain springs, waters, or even images, have miraculous powers of healing—then that man is on the fair way to recovery from his fantastic plague.²

As Galen says: "When the imagination of a sick man has been struck with an idea of a remedy, which of itself is without efficacy, it becomes endowed with beneficent power."

It is upon this knowledge that the quack medicine vendor waxes rich. He profiteers on our imagination. Pills made of bread, it cannot be denied, have undoubtedly "cured" many a sick man—sick of an imaginary complaint.

It is, however, only with people of rather a low grade of intellect that this bread pill trick works.

But do not imagine for a moment that persons of education are too clever and sophisticated to permit themselves to be treated, or hoaxed, if you will, in this way. While the quack doctor, or the wise practitioner in Bermondsey, may dispense bread pills to the ignorant, the shrewd specialist

² "The idea of having taken medicaments (e. g., laxatives) often acts just as well as the medicaments themselves. The imagination of having been poisoned actually produces the symptoms of poisoning. The surest way to be taken with an infectious disease is to be afraid of it, whilst the physician under like circumstances is very rarely attacked."—*Philosophy of the Unconscious*, Evon Hartman, translated by W. C. Coupland, Paul, Trench & Coy, London, 1893, Vol. I, pp. 181-2.

on Harley Street prescribes concoctions costing ten shillings or a guinea a bottle to his patients in Grosvenor Square. The expensively dispensed aperient, stained perhaps a wicked and potent looking purple, works the same as a bread pill either as a "remedy" for a purely imaginary ill, or as a "corrective" for an unhealthy mental condition resulting from a real morbid physical state, a mental condition that is an insurmountable handicap to all efforts to combat the basic trouble.

In the practice of psychotherapy, the experiment of trying to force the patient to accept at its face value the physician's beliefs is never tried. The patient is induced to see for himself that his illness is really not of a serious nature, and that the normal thing is recovery. With his mind at ease the patient can concentrate his physical energies on the task of grappling with the disease.

Moral suasion (persuasion) can only be used on the so-called higher types of mind. The neuro-pathic, the one most likely to be seriously reduced in strength, moral and physical, by the onset of sickness, being, as a rule, poorly endowed and fortified intellectually, is an unpromising subject on which to practice *moral suasion*.

It can readily be seen how persuasion or *moral suasion* merges into *suggestion*. By the very nature of the situation the doctor is obliged to take advantage of the ignorance of the patient and to urge

the acceptance of, to suggest with all his eloquence the advisability of resorting to, things that in themselves alone perhaps he has not much real faith. Reasoning on the part of the patient plays a small part in cases like these.

CHAPTER V

SUGGESTION

*Mesmer the First to Use Suggestion Systematically—
Suggestion Used with Hypnotism—Extraction of
Teeth and Childbirth Made Easier by Suggestion.*

THOUGH a somewhat more modern science than *persuasion*, the practice of *suggestion* has a long, if not strictly a spotless, record. Its career has been a checkered one, for, from remote ages, unfortunately, it has been the chief stock in trade of unscrupulous magicians and other itinerant professional healers.

Suggestion, under many different names, has frequently been the sole means of healing. Mostly, however, it has been utilized in combination with material agents or elaborate rites and ceremonies.

Mesmer, towards the end of the 18th century, was the first to use *suggestion* systematically as a regular method of therapeutics. *Suggestion* for nearly a hundred years, as a consequence, was almost synonymous with *hypnotism* in the popular mind.

It was found that the hypnotic state, that artificially induced resemblance to sleep, put the patient

in a frame of mind in which he became particularly amenable to suggestion. It has never been seriously contended, however, that the benefits of hypnotic treatment could be used in any cases but those in which a specific malady had been aggravated by pronounced functional symptoms. It is to be seen, therefore, that *persuasion* is applied to the higher levels of mind; *suggestion* to the mind in a semi-conscious state.

Dr. W. Thomson Brown tells of two interesting cases in which he used *suggestion* on patients.¹ He has found it curative in many conditions, and also useful in promoting anæsthesia for minor operations, dental extractions and obstetric cases, as the following instances will show:

(1) *Dental Anæsthesia.*

Patient, Mrs. A. In March, 1920, I sent her to hospital for extraction of the teeth. She fainted in the hospital waiting room. Her heart was examined, and she was recommended for immediate admission. Dental extractions, with or without anæsthetics, were definitely refused as "her heart was too bad." She was told that she might drop dead at any time! She went home and to bed for a week, and feared a sudden death until I disabused her of this notion. On April 24 and 29 I gave her preliminary interviews, suggesting calmness of

¹ Psychotherapy in General Practice, W. Thomson Brown, M.C., M.B., Ch. B. Edin., The Lancet, Jan. 15, 1921.

mind, painless and almost bloodless extractions, and rapid painless healing of the gums, and on the 30th I attended the patient at the dentist's. Twenty-five teeth were extracted in the one sitting. The patient remained placid throughout, except for catching her breath at two specially difficult extractions. When all were out she laughed at the sensation of total absence of teeth. Bleeding stopped immediately, and five minutes later she walked out and left for home. I saw her next day; the gums were very clean, not at all swollen, not at all painful. The minimal pain felt with the two extractions above mentioned amounted to mere discomfort. "I would go through it again any day. I felt I could make a joke of it," the patient said to me.

(2) *Obstetrics.*

I was called by the nurse to see the patient, Mrs. C., primipara, at 5.50 a. m. on account of her pain, as the nurse had had much difficulty in examining. I began induction. The patient complained of "feeling sick." This passed off under suggestion. After perfect analgesia was secured I told her it did not matter whether she went to sleep or not, but I suggested that as she had nothing to do she might just as well go to sleep. At 6.15 a. m. the patient was snoring. I left her, promising to return in two hours. At 8.15 a. m. I called again to find that the baby had been born at 8.2 a. m., the patient

having been perfectly quiet. I expressed the after-birth and left. On my later visit the patient said she remembered relaxation and the pain getting easier, and she had heard my talking of going away. She then slept till near the end. She was aware of the last three or four contractions, and remembered bearing down for these pains. She described them as violent, but as giving her no sensation of pain. She also felt the head coming out, but had no pain. She had apparently had natural sleep (with, of course, amnesia) for over an hour, analgesia being perfect.

Such uses of suggestion, as is shown in these two cases, for the alleviation of pain and suffering, is a growing practice among physicians and surgeons.

Of course, it might be said that the above evidence of the power of *suggestion* in the complicated mechanism of childbirth points to the conclusion that it was not a transference of an idea from the *suggester* to the subject that brought about the organic modification. It was the thought of the patient that produced the phenomenon.

Not only was the idea transferred into action, but *it was transformed by subconscious activity*. Suggestion, according to Baudouin's definition, is *the subconscious realization of an idea*.

However, it is often very difficult to say just when *suggestion* really borders on *autosuggestion*.

CHAPTER VI

AUTOSUGGESTION

Preliminary Survey of Autosuggestion—Man's Demand for External and Visible Aid During Illness a Difficulty to the Acceptance of Autosuggestion—Bad Autosuggestion as a Cause of Shellshock.

WE now come to a preliminary survey of *autosuggestion*. Autosuggestion may be briefly defined at this stage of our study as the process by which a patient, by concentrating his mind upon the cure of, or disappearance of the symptoms of, disease, procures the desired reaction.

This process is not as easy of performance as might appear after but a casual consideration of the above definition. And this for a very good reason: it seems to be in the very nature of man (whether it is from instinct, or from inherited or acquired habit we will not discuss here) to seek external aid in the hour of his affliction. He wants to call for a doctor, to insist upon a diagnosis and to see something for his money.

It is the almost invariable demand to be told just what the trouble is—no easy matter very often—

that has driven doctors to wander off from conventional lines of investigation and the beaten paths to inquire more closely into those mysterious processes of the mind, which, it is now almost universally accepted, exert so profound an influence on matters of the body.

Autosuggestion may cause, as well as cure, maladies. A single instance will serve to illustrate this fact. It is taken from the report of the inquiry into shell-shock by a Special Committee of the War Office:

“A well-known doctor said: ‘If the neurotic element had been kept out of the army instead of forced in, there would have been very much less shell-shock. A tremendous number of neurotics resented having been passed, and they had never the slightest intention of trying to make soldiers of themselves. An enormous proportion among the men who broke down had been neurotics previously. . . . A large number of fellows broke down long before they had finished their training. . . . The patients’ attitude of mind was wrong prior to service. They had never taken exercise, they had not been prepared for muscular exercise, they had always led a sedentary life. They knew they could not stand the long marches, and they never intended to.’”

Commenting on this in *The Times*, September 25, 1922, Lord Southborough, G. C. B., said: “He

had a hundred to two hundred of these neurotic men at a certain place. They were marched out with non-commissioned officers, and before they had gone one hundred yards some of them turned giddy and faint, and *he was sure it was due to autosuggestion.*"

This will serve to show the maleficent phase of autosuggestion.

Before proceeding to a detailed study of Coué's practical application of autosuggestion as a beneficent force (which has merely here been defined), it will be necessary to give some consideration to the subject of psychoanalysis, since it is out of his study of this branch of psychotherapy that Coué developed his methods of self-healing.

CHAPTER VII

PSYCHOANALYSIS

Freud's Revolutionary Theory of the Sex Complex and Repression—Psychoanalysis Based on Acceptance of the Theory of the Conscious and the Subconscious—Mental Health Follows Release of Repressions.

COMPARATIVELY little popular interest was taken in psychological matters with its, what were considered, weird notions of the *conscious* and the *unconscious*, until Professor Sigmund Freud, of Vienna, startled the scientific world with his psychoanalytical method of getting to the root of organic, nervous and mental disorders.

Freud's theories as to the significance of the sex complex, of the baneful effect on mental health of repressions hidden away in the unconscious, and his insistence upon the importance of interpreting dreams in the search for the origin of these repressions, were of a revolutionary nature.

Ridiculed and bitterly assailed at first, psychoanalysis, opening up as it did a vast and unexplored field, was not long in winning almost universal acceptance—though, as might be expected, there

are still many differences of opinion over the details of the practice.

While both the psychoanalysts and the advocates of the new Nancy School of healing attack sickness by obtaining beneficial action through the *unconscious* [the former specializing in mental troubles], the methods of the two are radically different. Fundamentally, however, these two schools of thought start from a common basis—the *unconscious*.

It is obvious, therefore, that some study and thought must be given to the work of the psychoanalysts in any attempt to make clear the scientific foundation upon which the fabric of the new Nancy School of healing has been erected.

Freud's psychoanalysis grew out of his study in Vienna of hysteria and other psychoneuroses. Freud observed during his experiments in hypnotic treatment that certain mental "experiences," or "impressions," continued to dwell in the *unconscious* mind long after they had become "forgotten" (*unconscious*) experiences, and when they were recalled to "memory" (*consciousness*), and the patient made to respond emotionally to them, the greatest physical and mental improvement followed.

But Freud in course of time was forced to admit that hypnosis had its limitations. Certain people could not be hypnotized. Others, after they had

been hypnotized, were unable to retain, after they had been awakened, the memories and emotions that had been stirred while they were in the hypnotic state.

Freud found it more efficient to utilize the assistance of the patient—to get the patient to use his own brain in the task of solving the particular problem being attacked. He noticed that he could, in the course of a number of interviews with a patient, get the patient to tell the whole story of his emotional life.

Psychoanalysis is based on the unequivocal acknowledgment of the truth of the theory of the *conscious* and the *unconscious*. A brief explanation of this theory is made to the patient. The patient is invited, coaxed, persuaded to talk with absolute freedom. He is asked to put himself in a state of “free association” with his physician, or, in other words, to tell the physician *everything* that came up into his mind. In this way the physician finally discovers the clue to the trouble.

Of course, a certain amount, or perhaps kind, of repression is necessary, natural. Were it not for this control our brains would be in a state of perpetual commotion, would-be chambers filled with a whirling mass of incoherent thoughts, ideas and emotions.

The *unconscious* may be regarded as a storehouse of past experiences that may be called up at will,

or made to reappear voluntarily by the suggestion of happenings of the moment.

When certain ideas or feelings become unduly emphasized there is what is called a neurosis. This, according to Freud, is most frequently caused by a repression in childhood of some wish or desire that was not given full expression at the time.

Freudian psychoanalysts, in searching for these repressions, probe, as I have said, deep into the unconscious, using the method of "free association" and dream interpretation.¹ When the *unconscious* emotional nature is freed of control by the *conscious*, it expresses itself readily.

In the interpretation of dreams the patient is asked whether the details of the dream remind him of any actual experiences; whether they bring up other thoughts, and what they are; and whether any further pictures are brought to his mind in turn by these thoughts and recollections, and so on, and so on. Step by step the psychologist arrives at the root of the trouble, and it is often found to be some repressed desire of infancy.

Day dreams, though they are more under the control of waking thought, are also productive of

¹ The technique and the results of his research by means of free association and the interpretation of dreams are explained by Freud in his most important works: *Die Traumdeutung* (6th ed. 1921), *Psychopathologie des Alltags* (7th ed. 1920), and *Drei Abhandlungen zur Sexualtheorie* (4th ed. 1920).

significant material when dealt with interpretatively.

It is amazing how a patient, when once he is made to see what a vital rôle the *unconscious* plays in his life—in his case to his harm—pulls himself together, banishes from his mind all morbid thoughts, and starts life again with optimism and enthusiasm.

CHAPTER VIII

THE SEX COMPLEX

Mental Disease the Result of Repressed Sex Desires of Infancy—Doctrines of Freud, Jung and Adler—The Œdipus and Electra Complexes—The Father Image and the Mother Image.

IT is on the assumption that there are definite reasons for all normal and abnormal mental activities, that there are always unconscious underlying causes for all "border-line" cases of mental disease, and above all that these causes most frequently are of a repressed sex nature, that Freud rests his psychoanalytical edifice.

In brief, the essence of Freudism is that mental disease is the breaking out of repressed sexual desires of childhood. In an admirable summary of the Freud, Jung and Adler doctrines, Tridon says of the former:

"In infancy, erotic impulses have no object outside the body. The child is autoerotic, that is, gives himself pleasurable sensations, for instance, by sucking his thumb (which gratifies thumb and mouth). Later he loves an object like himself

(homosexualism), then other beings of both sexes (bisexualism). After puberty, his preferences become heterosexual, that is, male seeks female, female seeks male. . . .

"In their object choice, boys favor the mother, girls the father. When that preference is exaggerated it becomes a fixation which has as one of its consequences hatred on the part of the child for the parent of the same sex. This is designated as the *Œdipus situation* or the *Œdipus complex*, in the case of boys, and the *Electra complex*¹ in the case of girls. This is the centre complex of the neurosis.

"The neurosis is an escape from reality by way of a regression to a lower grade of erotic development."

To Jung the influence of the parents is vastly more far-reaching to the child than is its erotic development. Discussing Jung's views, Tridon says:

"But it is not so much the actual parents as 'The Father Image' and 'The Mother Image,' distorted or idealized by the child, which moulds the child's mind.² The parents are not the object of the

¹Œdipus, King of Thebes, married his mother and killed his father without knowing at the time who they were. Electra made her brother Orestes kill their mother Clytemnestra.

²Flügel says in his psychoanalytic study of the family that the primitive emotions centre around the home: in the child's relations towards its parents, love is the first emotion evoked; with brothers and sisters hate, through envy and jealousy, is often the primary

child's sexual desire, but a symbol of safety, comfort, affection. To be normal, the child must, at puberty, renounce all that, and go *through the stage of self-sacrifice*.

"To Jung, dreams are not so much the fulfillment of wishes as they are a true picture of the situation as viewed unconsciously by the patient.

"Nor are repressed childhood cravings the actual cause of the neurose. The neurose is due to the fact that the patient finds himself in a *conflict which he is trying not to solve for himself*.

"The analysis is not, therefore, a reduction of morbid phenomena to childish erotic cravings, but a high moral task of immense educational value."

Jung says the cure for the conflicts must be found on a higher plane where animal desires do not conflict with ethical duties. It does not seem possible, however, to discover a case in which Freudism does not somewhere overlap Jungism, and vice versa.

Adler, points out Tridon, "links more closely reaction. These primitive tendencies soon become controlled—by repression, displacement and sublimation of the early love and hate—and changes wrought in the emotional attitudes and objects. The Freudian school regards these early conflicts as founded upon incestuous fancies and desires. (See a Psycho-analytic Study of the Family, by J. C. Flügel, The International Psycho-Analytic Press, 1921.)

mental and physical phenomena through his *theory of organ inferiority and compensation*. Adler does not favor the term *psychoanalysis*, and prefers to speak of individual psychology.

"While Freud considers the *libido* as a striving towards pleasure, and Jung as the life force itself, Adler says that all human activities and effort tend toward a goal which is the *completeness of existence and function*. . . .

"The neurotic views the world as made up of some people who are *above* and others who are *below*. His safety demands that he shall be *above*. To that antithesis he soon adds another one: *masculine* and *feminine*.

"Male or female, the neurotic wishes to be a *complete man* for to his mind *masculine* means *superior*.

"The morbid infantilism of neurotic sexuality is not due to the emerging of old repressions. It is being dragged into the neurotic picture by the neurotic who finds in it a convenient weapon and *excuse for unsocial behaviour*.

"The neurosis, to Adler, is a morbid life plan. Freud stressed the past, Jung the present. Adler stressed the future.

"The essential aim of the Adlerian treatment is to lead the neurotic back to social ways and to inject into him the *community sense* he lacks, after

interpreting his unsocial ways as forms of attempted aggression.”³

In view of the fact that modern science has practically discarded the traditional distinction between the mind and the body, as Tridon points out, Adler's views in one way, at any rate, come nearer than do those of Freud and Jung to the essence of Coué's teachings that the mind, or rather that part of it called the *unconscious*, has a direct effect on the functions of the body as well as those of the mind. Neither Freud nor Jung explain how mental abnormalities are *converted* into such physical phenomena as paralysis, blindness, etc.

Coué, refusing to divorce mind from the body, tackles disease by putting the *unconscious* to work, doing this by stimulating the *imagination*, or *thought*, which he maintains can be made to control the *unconscious*.

³ André Tridon, *Easy Lessons in Psychoanalysis*, McCann, New York, 1921.

CHAPTER IX

FREUDIAN ANALYSIS

How Repressions are Formed in Childhood—Why Conflicts “Explode” in Later Life—Emotional Affects Dissipated by Sublimation—“Lust of the Flesh”—Cranks, Eccentrics, Hermits, the Product of Mental Warfare.

IN view of the great importance attached by Freudian psychoanalysts to the *sex complex*, let us follow the argument by means of which they reached their conclusion.

In the first place, they point out that the earliest indications of the existence of a mind in the infant are in the nature of reflexes. A certain definite stimulus excites a certain definite reaction.

For instance, the mother clasps the baby to her breast, and the baby suckles. Things like this we are rather lazily inclined to dispose of with such a remark as:

“Oh! but that is simply instinct.”

That may be so, but we seldom bother to inquire into the nature of instinct. We never stop to wonder as to the how and why of these, very often, complicated movements that happen without previous experience, tuition, or external management.

However, whatever their origin may be, the "instincts" of childhood are not permitted to be freely indulged in and developed. Almost before a child can recognize the voice of its mother it is put in clamps. At every stage of its development obstacles are placed in the way of the free play of wishes and desires, instinctive or otherwise.

Civilized society demands that the child shall be cast in the mould of the majority. The child is absolutely forbidden to grow up naturally. He is made to believe that the performance of certain things, that in themselves perhaps give him happiness, are wrong, unconventional, disgraceful or immodest.

It is thus, of course, that the regulations that govern the workings of our mind and behaviour are formulated. It is by these rules, too, that society, civilization, has been developed.

Every thought and action is associated with the idea of either pain or happiness. It is either agreeable, or just the opposite. These mental agitations sometimes have us in their complete control; sometimes, owing to their weakness, they fail even to be noted.

In the course of its education a child's action may be separated from the *emotional affect*. If, for instance, it has been taught to believe that a certain pleasant act is wrong, and no longer indulges in that action, then the desire, or inclina-

tion, which had been in unity with that action, may be shifted to something of a far different nature.

One of the fundamental hypotheses of psychoanalysis, we have seen, is that a divorced, or orphaned, inclination, if it does not break out at once, or does not find satisfaction in something of a nature as "improper" as its original attachment, may, in the event that it does not find means to express itself in something that is more vital and correct, continue as an arsenal of suppressed psychic energy. The explosion may come at any time. This is how neuroses are caused.

When *affects* are transferred from, what might be called, unworthy to nobler fields—when vulgar bodily wants give way to æsthetic mental exercises, such as indulgence in art, literature or music,—then the process is called *sublimation*.

When an *affect* fails to become associated with an alternate (or exchange), the emotional disturbance that follows is frequently of a distinctly morbid nature. The victim is in turn, without any apparent reason, in good humor, or miserable, excited or apathetic. Often the *affects* become inordinately attached to what are in the circumstances ridiculous and comparatively valueless objects and activities,—such as cats, canaries, the collecting of foreign postage stamps, or frivolous and puerile society affairs and functions.

When the *affect* persists in its attachment to its

original love there ensues a mighty battle between the primitive and personal wishes on the one side, and, on the other, inclinations that have in later life been developed but which are taboo for ethical, moral, legal or religious reasons.

We are sometimes aware of these conflicts, especially those expressed in "the lust of the flesh against the spirit." Others are not so noticeable. They betray themselves in queer prejudices, strange and unconventional habits. They make us cranks, eccentrics, hermits, as mad as a March hare. At the worst come signs of functional nervous disorders, and finally Bedlam.

Physicians can handle those conflicts where the patient is conscious of the symptoms. The mere recital by the patient to another of the details of his mental conflict often has a curative effect. He "gets it off his mind." Further improvement may follow a free and frank discussion of the whole trouble by patient and doctor.

But when these conflicts are deep seated, the case is different. Hidden in the dark regions of the mind, their causes are by no means obvious. These conflicts in the *unconscious* are due to repressed desires. These repressions originated in infancy and early life, when the primitive desires of the growing child were put under restraint by the parents, or by the laws of propriety, of conventionality, or of the community.

CHAPTER X

EXPLORING THE SUBCONSCIOUS

Deepest Recesses of Mind Illuminated by Psychoanalytic Searchlight—An Anxiety Psychoneurosis Traced to Airman's War Experiences—Fear of Primitive Desires.

NOTHING is more wonderful than the way in which the skilful psychoanalyst projects the searchlight of his brain deep into the innermost recesses of our *subconscious*.

That the existence of repressions, and their morbid reactions on the body, is not a mere theory, but an actual, proved fact could hardly be disputed by anyone before whom the mass of evidence in its favor had been laid.

What proof more is needed, for instance, than the following story of the overcoming by psychoanalysis of resistances and the bringing out of dissociated repressed experiences in a case of morbid anxiety?

The gradual revelation, step by step, of what lay in the patient's *unconscious*, is as fascinating and as exciting as a detective story. It has, too,

many of the tragic elements of a great drama. This case is reported by Dr. Alfred Carver, and is retold here in practically his own words.

A soldier, in the Royal Flying Corps at the outbreak of the war, developed in 1917 an anxiety psychoneurosis after crashing near his aerodrome in France. He described the actual accident without much difficulty, but, although he had been conscious after the fall, he showed an amnesia from that time until he found himself in the aerodrome again. This might easily have escaped notice, yet it contained an important clue to the cause of his morbid anxiety. Great pressure was needed before he could fill in the gap, but eventually the following story came to light.

As he was being carried to the aerodrome he had to pass a spot where a great friend of his had previously crashed with fatal results. A rescue party, which included the patient, had set out on that occasion, but as they neared the spot the bombs on the crashed, and now flaming, aeroplane had detonated, killing several of the party.

The intolerable idea, from the recollection of which he shrank, was thus not his own crash. One might have been satisfied that in uncovering the second experience, which recalled the death of his friend, one had reached the root of his trouble. But the full story was not yet told.

It appeared, later, that when the bombs on

the burning aeroplane had detonated and killed some of the would-be rescuers, one of the party, mortally wounded, was hurled against the patient, knocking him down and falling on top of him. Lying upon the patient, this man died, a convulsive tremor shaking his body.

It was the idea of this experience, seeking to return to his mind as he passed the spot, which was to the patient so intolerable that he "forgot" all about it. It is this "forgetting" of experiences, with an unbearable affective tone, which Freud terms as repression, and repression is the very foundation-stone of Freudian psychology and psychoanalysis.

The development of symptoms is not an immediate result of repression, but is due to what Freud terms "the return of the repressed material," which can take place only when certain conditions are fulfilled.

The aim of repression is to keep from the consciousness the unpleasant affective element of an experience. With this intent the whole experience is repressed. So long as it can be maintained fully the repression may be described as successful, but, if only the ideational element of the complex is excluded from consciousness, while its affective element disturbs consciousness in the form of morbid anxiety or other symptoms, there is partial failure of repression.

The anxiety properly appertaining to the dis-

sociated idea now manifests itself in connection with a suitably associated idea. That is to say, another idea is *substituted* for the repressed one, and the disagreeable affect is displaced on to the former. Displacement continues to spread, for it does not matter what is feared so long as it is something other than the original excitant of the emotion.

Thus, in course of time, almost any disagreeable stimulus becomes capable of stimulating the complex, through *substitution*, and so affording an outlet for what was emphasized as the cardinal symptom in morbid anxiety—viz., “being easily upset.”

If a suitable symbolic idea is substituted for the ideational element of the complex, a phobia for the object of this idea is developed. Morbid anxiety may then arise, either through the spontaneous activity of the complex, or through its stimulation, symbolically, by the object for which the phobia had developed.

For effective treatment of the condition, the repressed idea, which is symbolized by the object, must be brought to consciousness. No amount of commonsense reassurance is adequate to free the patient from his phobia, which, indeed, he himself recognizes as irrational. When, however, he can be brought to overcome the resistances determining the repression which motivated the development of

his phobia, the latter soon loses its morbid power over him.

The soldier, of whose history a fragment has already been given, had a phobia for long narrow passages. Naturally he avoided such places, but if ever he did attempt to force himself to go into one a condition of panic ensued.

We see, therefore, that the phobia is in a sense protective, its function being to keep the patient away from situations or objects which, by stimulating his repressed complex, produce in him a state of acute morbid anxiety or panic.

Superficial analysis of the phobia of long narrow passages showed it to be connected, via the incidents already recorded, with repressed experiences which had occurred in some caves on the retreat from Mons, although, be it remembered, the patient had been a fit flying man during three years after these experiences.

Great resistance was encountered in overcoming this repression, which finally was only cleared up by the aid of analysis of a recurrent dream. Into this there is no need to go; it is sufficient to indicate, in passing, the great help which in some cases may be derived from dream-analysis.

A legitimate question which obtrudes itself here is as to whether a superficial analysis, such as that fragmentarily reported above, which, neverthe-

less, sufficed to remove the patient's symptoms—is all that ought to be attempted. Can it be said that the patient is cured when his symptoms have been removed in this way? Is not the condition upon which they were enabled to develop left untouched?

From the practical point of view we must generally rest satisfied when the symptoms have been relieved; yet, during the course of an analysis even so superficial as that recorded above, glimpses are caught of deeper-lying repressed material, and we are compelled to inquire whether the repressions of later life can come about *de novo* in an individual whose previous development has proceeded harmoniously.

Freud, by tracing the psychic *ontogeny* both of neurotic and of apparently normal individuals, has answered this question in a very emphatic manner; though, needless to say, his answer has not met with anything like general accord.

As a result of his studies Freud has come to the conclusion that “the repressions of later life are only possible in regard to the derivatives, or other connections, of the primordial repressions which take place in infancy.”

Had Freud stopped here it is possible that few would have contradicted him, but after going on to show that morbid fear is only the obverse aspect

of desire, he argued that in ultimate analysis all desire is "sexual" in origin.

It must be borne in mind that Freud's conception of sexuality is much wider than the current connotation of the word, so that even the admissibility of the term "infantile sexuality" has been hotly disputed.

The individual's primitive "sexual" wishes undergo repressions in the course of his development because they are repugnant to the standards of his later developing ego-ideal. According to Freud, it is upon the primordial basis alone that the repressions of later life are buildable and built.

In any case, it is always a failure of adaptation to existing circumstances which leads to regression, and thus revives former modes of reaction. The later events which are commonly regarded as casual, only play the rôle of favouring, through regression, a return of repressed material.

What the subject of morbid anxiety really fears is, therefore, in ultimate analysis, his own primitive desires, or, more tersely, a part of himself.

In conclusion I would add that, so far as my experience goes, it is rarely necessary in the true war anxiety-psychoneuroses, where the factors determining regression are quite unusually severe, that mental exploration should proceed so far as the deepest levels; but in some of them, as in most

civilian cases, it is therapeutically needful, as well as scientifically interesting, to reach the level of primordial repressions.¹

¹ Alfred Carver, M.D., D.P.M. Camb. From the Birmingham Clinic for Functional Nervous Disorders. The Lancet, Jan. 22, 1921.

CHAPTER XI

FREE ASSOCIATION

*A Case of "Forgetting" Solved by Free Association—
Devious Routes Followed by Emerging Repressions—
Mental Distress Relieved by Exposure of Hidden
Painful Memories.*

IN previous chapters I have briefly reviewed the causes of *conflicts* and the method of reducing them by psychoanalysis. Let us now see how a repression was found to be at the bottom of a very simple case of "forgetting."

This very interesting case graphically illustrates the reality of the separate existences of the *conscious* and the *unconscious* minds, and how each acts and re-acts upon the other.

Most of us have at times found ourselves "forgetting" things which we have felt we should not forget. Or we have experienced that tantalizing sensation of having a word "on the tip of the tongue." These conditions are capable of examination by psychoanalysis. The case here described is reported by Dr. C. Davies-Jones.¹

¹"Forgetting," a paper read at the Quarterly Meeting of the Medico-Psychological Association of Great Britain and Ireland held in London, Nov. 22, 1921, by C. Davies-Jones, M.B., Ch. B. Edin., Ashurst Hospital, Littlemore, Oxford.

“This form of forgetting is an active process; we forget because we do not wish to remember. It would, therefore, be expected that we should wish to forget what is unpleasant, or what clashes with our innate tendencies. This is a broad statement, but it is borne out in practice, though at times the ‘wish’ is somewhat difficult to discover.

“In forgetting, an active force is brought to bear—i.e., the unpleasant element is repressed, or pushed into oblivion. Every time that a resuscitation of the painful memory occurs, or is likely to occur, an attempt is made to thwart its expression.

“Eventually the repression becomes a part of the *unconscious* itself. It ceases to find its outlet by being remembered. Nevertheless, it has a latent energy which can never be destroyed. Expression in *consciousness* will be found in some way or other—most frequently by routes so devious that the patient is unable to discern for himself whence the trouble arises, and yet feels a sense of dissatisfaction frequently amounting to great distress in relation thereto.

“If we trace back, step by step, by the psychoanalytic method, we will arrive at this source once more—it can be brought to *consciousness*, and a new and better adjustment made for the condition causing trouble.

“Freud employs the method of ‘free association’ to achieve this. The person under examination is

instructed to say freely whatever comes into his mind without let or hindrance. The analyst collects this information and prevents the patient from leaving the main channel, etc.” In the case now quoted Dr. Davies-Jones shows clearly what he has in mind.

“A friend of mine forgot for two hours how to tie his necktie one morning. At this time he was the transport officer in a battalion, and wore a stock. I allowed him to go on talking, and it was as well that I did, for a curious *lapsus linguae* helped to connect up his associations later. He said the following:

“‘After trying, I went and had my dinner—I mean breakfast.’

“It was evident that the word ‘dinner’ was what one calls a *complex indicator*. I inquired whether he slept well or had any dreams. His reply was:

“‘I never dream; when I go to bed I die till the morning.’

“Then, as an afterthought:

“‘Of course, I sleep; I don’t die.’

“This last utterance led me to ask him to associate upon death. He said that death reminded him of his brother’s death, which had just recently occurred. The news created a profound impression upon him. He thought of Christmas and New Year’s dinners his family kept during his brother’s lifetime; then of the fact that his family were con-

gratulating themselves by a toast at dinner over the fact that all the boys were safe when the news of the brother's death arrived, changing their joy to sorrow.

"His brother's kit arrived home in driblets, keeping the wound open. Then in a flash he remembered that on the previous morning he had had half a mind to wear an ordinary stiff khaki collar. He was fitting a tie into it when he noticed his brother's name marked on the collar.

"Memories flooded to his mind of the day some time ago when his brother, home on leave with him, was getting rid of collars and gave him these. My friend spoke as follows, showing another *lapsus*:

"'He was hunting all through his ties, and gave me fifteen or more, all different shapes and sizes, saying, 'Here, old chap, you can have these ties.'

"I then remarked to my friend: 'But wasn't it collars?' He replied:

"'Of course—I've got ties on the brain this morning.'

"We then proceeded a little further, and he remembered that he finally decided not to put on the collar because it reminded him of his brother's death.

"We are now in a position to sum up. To wear his brother's collar needed an unusual tie (a stock).

This meant that he must exercise care in tying it. Moreover, to wear the collar recalled his brother's death, which was a painful memory. Next morning he forgot how to tie a tie at all, so that the collar used might not remind him of his sorrow. The effort at repression was unsuccessful, however, as he suffered great distress.

"The analysis brought much more to light out of this apparently trivial matter. The dead brother, for instance, was the youngest—the baby of the family.

"'He even couldn't tie his tie,' said my friend, and, in following this train, we discovered that the wish was not only to forget the death, but to replace the dead brother; to do so it became necessary to be unable to tie his own tie."

CHAPTER XII

ANALYSIS AND SUGGESTION

Illness Follows Bad Autosuggestion—Heterosuggestion—Conflicts Resolved by Freudian Transference—Suggestion in the Half-Waking State—The Emotional Rapport.

NOW let us examine the way the up-to-date psychoanalyst uses *suggestion* in his practice. We have already seen how psychoanalysts proceed to effect a cure. They resort to "free association," and other methods devised to evade the resistance between the repressing and the repressed material, between the ordinary conscious 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 to other objects.

But in the ideas of *autosuggestion* and *heterosuggestion* there is another line of thought. Even to go back as far as F. W. H. Myers, points out Dr. William Brown, of Oxford, we have the conception of the *subconscious* mind as that part of the mind below the threshold, which possesses

faculties in an intimacy of relation to the physical organism which is denied to the *conscious* mind.

Myers gives as his definition of *suggestion* "a successful appeal to the subliminal." Baudouin in his book "Suggestion and Autosuggestion" defines *suggestion* as "the subconscious realization of an idea." This definition contains two parts: (1) Acceptation—an idea from the outside accepted by the subconscious; (2) The idea is accepted by the subconscious in secret, to crop out later in the conscious.

Here is a technical definition of *suggestion* that explains mental illness, and also points to the cure. Illness follows bad autosuggestion. The treatment is to endeavour, by good *heterosuggestion*, to neutralize the bad *autosuggestion*.

These two lines of thought, it is contended, may be harmonized. We can by analysis resolve the mental conflicts, and then use suggestion. Dr. William Brown says that this *suggestion* may come in two ways:

It may come in an informal way in the course of the psychoanalysis itself. This is the unconscious suggestion which springs from the emotional relation of patient to physician which Freud calls *transference*. But suggestion treatment may then be given in a more formal way. This is most conveniently done

by asking the patient to lie on a couch with the muscles relaxed, in a posture in which he usually sleeps, either on the back or on the side, and to think of sleep in a passive way, not in an active way—to avoid voluntary attention, and yet to get concentration.

The mental state must be one of attention, but it must be attention *minus* effort, because voluntary attention means the mind moving from one thing to another on the conscious plane. If we can encourage the patient to relax all his muscles he cannot attend voluntarily, yet can get conscious concentration, or “collection,” in which his conscious mind is in a state of minimal activity, where there is an outcrop of the subconscious, and he can accept suggestion.

It is not necessary for him to sleep; there is no question of hypnosis. You are not producing an artificial dissociation. You are merely producing artificially a normal form of dissociation, such as occurs every night when we go to sleep: it is a half waking state.

It is because these suggestions do take effect that one theorizes about the matter; it is not that the theory came first. The results came first, and in looking for a theory we have to assume the subconscious and the way in which this subconscious reacts to appeal.

We find by experience that it is essential that the will, at least in its less spasmodic and impulsive form, should be in abeyance. The patient must not have in mind the idea, "I have a certain time which I am paying for; I must go to sleep."

If he feels that way he will not go to sleep. And if he is too determined and spasmodic, you will get no results, or there will be an opposite result; he will get worse, not better.

Coué, of the new Nancy School, has been the first to enunciate this in the form of a law, the Law of Reversed Effort, and it has been insisted by British investigators that the patient must avoid voluntary activity, that suggestion is something which is passively accepted.

It is this attitude of acceptance and feeling of belief, free from effort and from over-anxiety, which is essential. Any element of fear neutralises the result. Coué sums up this law of reversed effort in the words:

"When will and imagination are in conflict, imagination always wins." By imagination he means what is ordinarily known as suggestion. Coué says that in this conflict between will and imagination the imagination varies roughly as the square of the will; so that if we increase the effort of the will two-fold, we have

increased the opposing power of imagination four-fold.

If we suggest, in the hypnotic state, that a man cannot open his eyes, he may not try. If we say, "Try as hard as you like, you will be unable to open your eyes," the more he tries the more tightly closed the eyelids become. That is a process which well illustrates this law of reversed effort.

Another illustration is the effort to remember a name. If you are over-anxious to remember it, you find the name has disappeared. But if you say, "It will come in a moment," and you relax the intensity with which you try to remember it, it does come to you.

Another is when you carry out a skilled action such as swimming, or riding a bicycle; when you can just ride a bicycle you say, "I will not go over that stone," and the more determined you are to avoid the stone, the more surely you will steer your bicycle towards it.

That point needs emphasis, because ignorance of it accounts for much failure in suggestion treatment.

Those of us who have spent much time on suggestion treatment, and look back on our partial failures, can see that much of our failure was due to our not being on the look-out for this law of reversed effort.

How is it explained psychologically? In this way. When you will to do a thing in an over-anxious, spasmodic way, your mind becomes acutely conscious of what you are aiming at, with the result that the idea of possible failure is aroused, and that brings with it the emotion of fear. The emotion of fear may be *subconscious*, or it may be clearly *conscious*. So that there is a suggestion-effect in an opposition direction; this is reinforced by the emotion of fear, and there is an unsatisfactory result.

As long as one takes into account the law of reversed effort and does not do violence to it, one gets extraordinary results by suggestion treatment, following upon psychological analysis, if one uses the cumulative method.

I take a patient an hour at a time, and I give suggestions every five or ten minutes during that hour. They are general suggestions as well as particular ones; I do not make him over-suggestible in the ordinary sense, I simply make use of the ordinary suggestibility which becomes prominent as he falls to sleep, owing to the greater accessibility of his subconscious.

After the first five or ten minutes I leave him to himself, with the instruction that he should go on thinking of sleep, though

whether he actually sleeps or not does not matter. At intervals of five or ten minutes throughout the hour I return and give the requisite suggestions as to the disappearance of his symptoms, and of their underlying causes, where known or suspected. I also suggest general improvement of health, and state that he will be able to use autosuggestion, and so complete the cure by himself.

This is one way of applying suggestion, and I think it is psychologically sound, and involves no drawbacks. As long as we avoid hypnosis, and so long as we explain to the patient how it differs from hypnosis, it is successful; though the Nancy School talk about hypnosis and suggestibility being interchangeable, they differ, in my opinion, from one another.

Shell-shock patients seen immediately after the shock were easily hypnotized, but were not always very suggestible in the hypnotic state; hypnotisability was, however, found to be completely correlated with disassociatedness; the more disassociated a person was, the more hypnotisable he was.

. . . And now with regard to the other way of applying suggestion to analysis. This is partly unconscious, where the patient is analysed hour after hour, and is given to under-

stand that the analysis will be a protracted one, and will involve re-arousal of early memories and fantasies of childhood, after which recovery will occur.

The result may be that the patient is resistant until deeper and deeper analysis occurs, when the symptoms may clear up. But when they do clear up you cannot say suggestion has been absent. Although in test cases you can prove that the overcoming of repression, the liberating of "bottled-up" emotion, etc., do get rid of the symptoms, apart from suggestion, yet in psychoanalysis there must be much suggestion all the time.

There is suggestion in the form of what Freud calls "transference" or "emotional *rappo*rt" between the patient and the doctor. According to Freud the patient feels towards the doctor a second edition of the feelings which he felt towards his father, mother, or other near relatives in earlier life.

Freud admits that this emotional *rappo*rt is essential in cure; because, without it, after the temporary adjustment and overcoming of the mental conflicts, the repressed material would fall back into the unconscious once more, and the patient would be where he was before.

But, according to Freud, this transference

may be, and should be, resolved by being traced back to the Ædipus Complex.

It is, however, doubtful whether this theory of transference applies at all. In different analyses there are all degrees of emotional *rapport*, every degree of emotional attachment. Certain emotions are excited more and more, and so, sooner or later, you are bound to get one thing or another occurring: either the patient likes you more and more, or he dislikes you. And, as far as one goes, it seems that is sufficient to help us.

But this emotional *rapport*, which has always been recognized, is of great suggestive power, because it provides the emotion which is the great auxiliary in the actualising of suggestion. And, even if the doctor is preserving silence as much as possible in his consulting room, just letting the patient talk, unconscious suggestion is going on, and it is the more potent the more unconscious it is.

And patients, who have been analysed by others, have said how they felt more and more influenced by the course the analysis was taking. Patients have said afterwards:

“Although you said nothing, I am always guessing what you are thinking, and if you say a word I dwell upon it until the next hour

arrives, and generally I take a particular word in a particular sense."

That is suggestion in the course of treating by psychoanalysis. You can, without formal suggestion, produce much effect on the subconscious mind, and alter the patient's general outlook.¹

This is the method of treatment by psychotherapy at the Oxford Clinic for Nervous Disorders:

(1) Persuasion, in which the cause of the neurosis is explained to the patient, combined with a stimulation of his interest and determination to recover, and a re-education of his mental and physical processes. (2) Suggestion, which includes (a) waking suggestion, (b) suggestion under hypnosis. (3) Hypnosis. (4) Analysis.

¹ Psychology and Psychotherapy, by Wm. Brown, M.A., M.D. Oxon., D.Sc., M.R.C.P. Lond., Wilde Reader in Mental Philosophy in the University of Oxford. Paper read at the annual meeting of the Medico-Psychological Association of Great Britain and Ireland, held in London, July 15, 1921.

CHAPTER XIII

BURIED MEMORIES

“Instinctive” Personal Dislikes—Recollection of Unpleasant Persons Repressed—Collapse at Sight of a One-Eyed Beggar Traced to a Bolshevik Prison Horror.

MEMORIES of an unpleasant nature that have been buried in the *unconscious* sometimes have a queer way of afflicting us.

We instinctively take a dislike to a person on sight. We cannot explain why, but we simply do not like him. The reason often is, though we don't know it, that this person recalls to the *unconscious* some other person with whom, years before, we had had a disagreeable experience—perhaps a brutal schoolmaster, or a bully who had cheated us at marbles. This memory has been suppressed because, if brought into the conscious mind, it would remind us of the humiliation, or fear, we had felt at the time of the experience.

I was able without analysis, on one occasion, to diagnose at once the cause of the sudden collapse of a man by being able, through a curious coincidence, to put my finger on his complex.

In 1920 I was imprisoned by the Bolsheviki in the Chresvetchaika in Moscow, the main prison of the Extraordinary Commission for the Suppression of Counter Revolution. I was held in solitary confinement. In the centre of the door of the cell was a small hole, with a sliding panel on the outside, through which my guards peeped every hour. A previous inmate had drawn, with a crude hand, around this peephole, a particularly hideous picture of a man's head with one eye, the solitary eye coinciding with the small aperture.

I knew when I was being spied upon; the moving of the panel made a faint clicking sound. I could not clearly see my soldier-warder's eye on account of the darkness of the cell; but I could "feel" it every time. The picture on the door haunted, fascinated me. I could not keep my eye off it, day or night. In my troubled dreams the face made grimaces at me, grinned, mocked me, took on weird, fantastic and horrible shapes. This peephole was the refinement of cruelty.

Some months later, after I was safely out of Soviet Russia, I happened to be drinking tea with some Englishmen and Russians (most of whom had been imprisoned by the Bolsheviki) at the Hotel du Nord in Reval. An old beggar, selling newspapers, came in. He had only one eye.

At the sight of the old fellow one of my Russian companions, a man who had always seemed

particularly depressed, and who, unlike his companions, had steadfastly refused, whenever invited to do so, to talk of his experiences with the Bolsheviks, turned deathly pale, and completely collapsed. When he had recovered I asked him what was the matter. He said that the tea had made him sick; it must have been poisoned by a spy.

But I knew that that was not the real cause of his sudden illness.

“You were imprisoned in Moscow?” I asked.

“Yes,” he replied.

“In the Chresvetchaika?”

“That’s so.”

“And you were in cell No. 8, on the third floor of Number 2, Bolshoye Lubianka?”

“How do you know?”

Then I told him that I had been a tenant of that particular cell, and recalled to his mind the Cyclopean face on the door. And I made him see that it was not poisoned tea, but an outcropping of the unconscious—the recollection of the mental torture suffered in the prison and called up by the one-eyed newspaper vendor—that was at the bottom of his sudden indisposition.

CHAPTER XIV

MIND AND MATTER

Close Inter-Relation Between Mental Factors and Physical Manifestations—Sex Repression the Cause of a Phobia of Cats and of Physical Trouble—Cure Effected by a Long Analysis.

NEW information is being discovered every day, by both psychoanalysts and physiologists, that very clearly demonstrates the close inter-relation between mental factors and physical manifestations.

Dr. Culpin gives the history of a typical treatment of a phobia by psychoanalysis.¹ This particular case pictures, in a most graphic manner, how sex repressions, buried far down in the *sub-conscious*, forgotten memories, the existence of which we have not the slightest suspicion, may, and do, break out and become the cause of physical undoing.

Dr. Culpin tells how a phobia of cats appeared during some indefinite illness, following immediately upon a difference of opinion with a medical

¹ Millais Culpin, M.D. London, F.R.C.S. Eng., Lecturer on Psychoneuroses to the London Hospital Medical College. The Lancet, Sept. 23, 1922.

man who was annoyed with the patient, a woman, and forcibly expressed his annoyance.

"Truly," says Dr. Culpin, "the psychoneurotic symptom never stands alone." The phobia was one among a mass of hysterical manifestations, and only the impossibility of viewing it as organic disease had driven the patient to psychotherapy.

The phobia was so severe that a sight of the animal produced a state of collapse lasting over three days, but when Dr. Culpin took over the case, the effect had tended to be a repetition of an old spinal trouble. As the patient put it:

"The sight of a cat affects the nerves of my spine."

The husband assured Dr. Culpin that he kept three dogs trained to hunt cats, and that the proximity of a cat produced such a state of terror in his wife that he believed she would die or become insane if one ever jumped upon her.

During sleep this woman would start and groan if a cat made music outside the home, and on waking would suffer just as if she had met the animal. The phobia had been treated by many physicians, and as a last resource it had been proposed to inject cat serum in the hope that it might help her "by suggestion."

As for the treatment—I am using Dr. Culpin's own words—the deafness, whatever its basis, was largely mental, as shown by her reproducing

sounds with alterations that could not depend upon interference with the intrinsic organs of hearing; a sharply interrupted "ah, ah," for example, was reproduced as a long-drawn single sound, though if it were heard at all the interruption must have been heard. Such changes in reproduction are characteristic of hysterical deafness, but do not exclude an organic defect.

I decided, purely for facility in subsequent treatment, to try methods of persuasion for the deafness, but I failed to influence it, and was obliged to undertake an analysis under very difficult conditions. The patient, however, proved reasonable, and did her share of the work with a determination to rid herself of this terror that made her life a constant apprehension.

She showed a typical hysterical personality—shrewd and practical in many respects, and honestly desirous of being cured at any cost to herself or her feelings, and, on the other hand, full of evasions and ready at any time to take refuge in her symptoms. On the whole she applied herself in earnest to the painful task of unravelling the cause of her troubles.²

² The unreasonableness of a phobia is beautifully pictured in Shylock's words:

"Some men there are love not a gaping pig;
Some, that are mad if they behold a cat;
And others, when the bagpipe sings i' the nose;
Cannot contain their urine: for affection,
Mistress of passion, sways it to the mood

An outstanding feature of her memories was an episode with her father, alone with her in a closed carriage and excited by drink, when he behaved violently because she refused to meet a woman with whom he had an intrigue. Later on there came an episode involving sexual stimulation, followed by the first attack of spinal trouble.

Marriage took place at about 23, and conjugal life was apparently successful, though interrupted by separations through business reasons, by hysterical illnesses, and by a period of unexplained *dyspareuma*.

She revealed herself as possessed of a strong but normal sex instinct, and repeatedly dwelt upon the type of man who attracted her—big men of masterful ways, of whom her husband and father were examples, though only of recent years had she been friendly to her father.

The only cat that appeared in the story belonged to him, but there were no emotional associations with it. She dwelt upon her symptoms, and it

Of what it likes or loathes. Now, for your answer:

As there is no firm reason to be render'd

Why he cannot abide a gaping pig;

Why he, a wauling bagpipe; but of force

Must yield to such inevitable shame

As to offend, himself being offended;

So can I give no reason, nor I will not,

More than a lodg'd hate and a certain loathing

I bear Antonio, that I follow thus

A losing suit against him."

Shakespeare uses the word "affection" in the sense in which psychologists use the word "affect."

gradually transpired that there were two phobias: one towards tabby cats, was accompanied by sheer terror and collapse, whilst towards black cats there was an attraction with fear of "giving way to it."

Cats now appeared in her dreams, and the eyes of the cats recalled the eyes of her father and of the man concerned in the episode before marriage. Concerning this she had hitherto denied emotion, but now she came to admit it, and also that the attraction to the black cat had a sexual significance; she recalled caressing such a cat at the time of the episode, and admitted now that the spinal pain had always coincided with periods of sex disturbance.

This last admission was for a long time avoided, whenever she seemed to be approaching it, by the defence that an eminent physician had told her the pain was due to "exhaustion of the nerves of the spine." Such a diagnosis is full of comfort to the hysteric, and as her own talking led her to the disagreeable truth she developed a resentment towards me that led her to break off treatment; it needed the persuasion of her medical attendant to induce her to return to me.

The black cat phobia was now coming under control, but the other terror was as strong as ever; still, a good deal of material had been brought up, and the fear of the cat was seen to be related to her father and to indefinite sex ideas.

Then one day she appeared with a beaming face

and announced that she had sent a telegram to her husband saying, "I stroked a cat to-day." She had dreamed of a fire two days before, and woke up in a fright; by *associating* on this dream, in the way she had learnt, she brought up a whole series of incidents into consciousness.

When she was about eight years old a brother had set light to some curtains; her mother was in a bathroom, and the girl beat upon the door and cried out that the house was on fire. The mother rushed out unclothed, and the sight of the naked adult made a great impression upon the girl. Soon afterwards she asked that she might no longer be bathed with her brothers, and arrangements were made for her to bathe alone.

The patient talked at great length about her reasons for this request, which had not been clear to her at the time, and recognized that it was motivated by sexual fears, in which speculation and phantasy played a great part. One day, when she was undressed in the bathroom, a tabby cat jumped in at the window and approached her; she shrieked in terror, but had to unlock the door before any one could come to her help.

Here was the incident underlying the phobia; the previous work had, however, already helped to the understanding of what significance underlay the incident.

Fear of her sex thoughts had already linked up

to fear of her father, and her preference for men of the same type as the father showed that in this fear there was an ambivalence—fear and desire are again two sides of the same coin. The tabby cat was a symbol of fear; the black more nearly symbolised desire.

How the incident with the medical man renewed the fear was clear; he was a big man of the bluff and hearty type, and when a cat appeared in her room, just after a stormy scene with him, the associations were sufficient to start the symptom.

The phobia has gone, and patient and husband are grateful. . . .

We can see in this particular case why an incident which would have been insignificant to most girls was repressed to become the foundation of one symptom in a hysterical syndrome, adds Dr. Culpin.

Nothing could show plainer than the above case the effect of the *unconscious* mind on our physical body. The thought then naturally arises:

“If the *unconscious* can so affect bodily functions then the thing to do is get action out of the *unconscious* when bodily ills assail us.”

This, of course, is just what the new Nancy School of psychotherapy is doing.

PART III
AUTOSUGGESTION

CHAPTER XV

COUE'S CONTRIBUTION

Difference Between Autosuggestion and Faith-Healing—New Nancy School Practice Based on Effects of Mind on Matter—Suggestion and Advertising.

HAVING reviewed the field of psychotherapy the question naturally presents itself: "What is M. Coué's contribution to the art?"

Though the visit of Coué to England aroused widespread interest in the work of the new Nancy School, there are still many people, who have not thoroughly looked into the subject, who cannot see in what way conscious autosuggestion differs from other methods of "faith healing."

It is true, that on the face of it, there does not seem to be a vast difference between Coué's formulæ "ça passe" and "Every day, in every way, I am getting better and better," and the instructions of other schools that tell us that "there is no such thing as pain—that we only imagine it."

But the outward resemblance of the methods of these two schools—that of Nancy on the one hand, and of the faith healers on the other,—is more ap-

parent than real. As a writer in "Psyche" points out, "M. Coué has raised the art of self-cure to a truly scientific level."

Coué's "*Autosuggestion*" differs from other methods of faith-healing chiefly because "faith" does not enter into its philosophy. This seems to be a logical corollary to his great "Law of Reversed Effort," upon which his whole science is built. Coué maintains that the greater the "effort" we put forth to do, or think, or believe anything, the greater is the implication that the particular thing is particularly hard to do. "Voluntary effort," as Baudouin says, "essentially presupposes the idea of a resistance to be overcome."

Say to yourself "I *will* get well," and the declaration naturally implies that you must be ill. The "willing" automatically defeats its own ends. It is obvious, therefore, that suggestions to become effective must be made with the least possible expenditure of energy.

To Coué must be given the entire credit for the discovery of this—what now seems—most obvious thing. In other schools of faith-healing the patient is undoubtedly called upon to put forth considerable effort in his attempt to accept without cavil the things in which he is told to believe. For instance, the contention that "there is no such thing as pain" is so ridiculous on the face of it that the patient needs must do some hard mental

labor before he can even begin seriously to consider the statement.

“M. Coué, on the other hand, makes no such demands on his patients. His claims are not extravagant or contrary to reason; he does not say that broken legs or gun-shot wounds could be instantly healed ‘if only we had faith enough.’ He merely relies on the universally accepted fact that the processes of the mind profoundly affect those of the body—a proposition which no one would feel any inclination to dispute.

“In so far as ailment is of mental origin, it will prove amenable to mental treatment, and even where organic lesions are concerned a suitable state of mind is likely to assist the recuperative powers of the body.

“We do not think that M. Coué would ever wish to claim more than this, but it is amply sufficient to put an immense healing power into the hands of all who care to use it, for it is clear that, if only we can induce the proper state of mind in ourselves, our resistance to all maladies and our power of recovery from them will, at least, be much increased.

“The question then arises of how, without involving *effort* which we know to be fatal to success, we can influence our own minds in the right way. M. Coué’s answer is very interesting and curious. He tells us merely to repeat a formula,

to repeat it passively—almost casually—to gabble it, and not to think about it.

“This may sound absurd, but really it is far from being so. We must repeat the formula passively, because if we don’t the fatal *effort* will result; we must gabble it, or not think about it, for otherwise we may think that it is not true. The principle may be recognized, perhaps, in the old-age use of incantations, *muntras* and spells; it is certainly the same as that involved in modern advertising.

“The constant reiteration of a statement as that ‘Pear’s Soap is the Best,’ does ultimately induce some measure of acceptance of the proposition, and the particular way in which the statement is made seems to make no difference whatever to the result. Our own voice seems to be just as effective as that of some one else, or as the written words, and is perfectly competent to produce the required effect, provided that no counteracting factors are at work. After all, any force, however small, will move any mass, however large, if there is no opposing force, and although M. Coué’s formula may seem slight and inconsiderable forces, their effect may well be great if the opposition to them be made small enough.

“These, we believe, are the simple secrets of M. Coué’s success, and their very simplicity marks them as the work of genius. Any charlatan can

evolve an elaborate doctrine couched in high-sounding terms, and any one can claim that, if we do not understand it, the fault lies in our lack of faith and our worldly outlook: but only a great psychologist could have grasped the simple laws of mental life and have applied them as M. Coué has done.”¹

¹ *Psyche*, Vol. III, No. I, July, 1922.

CHAPTER XVI

ACTIVE HEALING

Germ of Coué's Theory Discovered One Hundred Years Ago—Suggestion the Recovery of a Faculty Lost During Evolution?—Autosuggestion an Active Method of Healing.

WE find the germ of Coué's theory of *Autosuggestion* in the works of Alexandre Bertrand, who maintained that the hypnotic state was brought about by the patient's own imagination.¹

Also, as long ago as 1844, Braid described how he had hypnotised himself, and, on returning to consciousness discovered that he was free from the excruciating pains of muscular rheumatism. But in the light of present day knowledge, it seems more than likely that it was *Autosuggestion*, and not *Hypnotism*, that cured this early experimenter. *Autosuggestion*, remember, operates in the field of the *unconscious*.

Suggestion cannot be included in either "instinct," "habit" or the "will," the three kinds of mental activity into which psychologists have di-

¹ Bertrand (*Traité du somnambulisme*, Paris, 1823; *Du magnétisme animal en France*, Paris, 1826).

vided the workings of the mind. It stands by itself, a fourth class, on a par with the other classifications. *Suggestion* controls the *unconscious* without recourse to the *will*.

There is an interesting theory that tells us that, in an earlier stage of evolution, man had control of the operations of his inner mechanism, and knew what was going on within him, and that somewhere on his upward march he lost this power, and that it became delegated to the subconscious. So, perhaps, after all, *suggestion* simply enables us to recover a long-lost faculty. And *suggestion* not only gives us the power to direct and guide all our physical functions and psychic faculties, but develops the *will* itself.

Autosuggestion, as understood at Nancy, while in agreement with other schools of psychological opinion (the *complexes* and *conflicts* of the Freudians and others, and the *intuition* of the Bergson philosophy) as to the importance of the unconscious in our lives, is essentially an active method of healing. As Baudouin expresses it:

"*Suggestion (autosuggestion)* is to the *will* what the *complex* is to sentiment and what *intuition* is to the *intelligence*."² *Psychoanalysis, intuitionism* and *autosuggestion* all contribute to the general fund of knowledge of the *unconscious*.

² Baudouin defines intuition as "the primitive mode of knowledge, from which intelligence is derived by adaptation."

As *suggestion* enables us to redevelop the power to control the workings of our inner body (a power lost we are told in the process of evolution) so intelligence takes the place of *intuition*, another human characteristic that gradually became atrophied as man, in the struggle for survival against the forces of nature and the beasts of the field, was compelled to band in groups and organize for self-protection, and, therefore, to concentrate more and more upon outward things.

Will acts on these "things," while *suggestion* gives us dominion over ourselves as human beings. "Therefore," says Baudouin, "the saying, 'Who wills the end wills the means,' is no longer valid. It suffices to think the end."

Everything then ensues as if our *subconscious* were familiar with all the details of our physical and mental organism, and as if it could deduce from this knowledge the means necessary for realizing the proposed end. Here the end which has to be attained appears to find its own means, just as the poem which is to be born gives rise in the mind of the poet to the words fit for its expression.³

³ Suggestion and Autosuggestion, Baudouin, p. 331.

CHAPTER XVII

SPONTANEOUS SUGGESTION (REPRESENTATIVE)

Representative, Affective and Active Suggestion Defined—How "Opinion" is Formed—Suggestions from Newspapers and Magazines.

THERE is nothing startlingly new in Coué's method of using *suggestion*, as I remarked in an earlier chapter. So let us now give a little more detailed thought to the subject of *suggestion* than we have so far done, and note how frequently it enters into our everyday life.

We are often swayed by *suggestion* without being aware of the fact. The act, in this case, is spontaneous. For instance, in the night a breeze enters our bedroom, and makes the venetian blind tap monotonously against the window pane. The noise awakens us. And then we imagine that we cannot go to sleep again; the regular tapping will keep us awake. The suggestion worries us, and the more we will to go to sleep the more difficult is it for us to do so. The spontaneous suggestion of our helplessness has us in its power. Here we may observe Coué's Law of Reversed Effort at work. But of this, more later.

Suggestion has been separated into the three following divisions: (1) *Spontaneous Suggestion*, (2) *Reflective or Voluntary Suggestion*, (3) *Induced Suggestion*. The first two may be combined under the general heading of *autosuggestion*; the latter is the same as *heterosuggestion*—suggestion from the outside.

Spontaneous suggestions are either *Representative*, *Affective* or *Active*. In the first category come dreams, sensations, images, thoughts, etc., (intellectual phenomena); in the second, happiness, sorrow, anger, sympathy, passions, etc.; in the third, actions, both functional and organic.

Baudouin's formula for suggestion in the representative domain is, "The idea of an idea gives birth to an idea," and in the active sphere, "The idea of a movement gives birth to this movement." The first formula is readily acceptable; it is not difficult, for instance, to conceive how one idea may be developed into another. But the conception of an idea being transformed into an organic modification is not easy to mentally digest. Incidentally, and *apropos* of the first of these formulas of Baudouin, Spinoza thought he could differentiate between "I think" and "I think that I think." He even talked of "the idea of an idea, of the idea, of the idea of an idea,"¹

¹ Spinoza, *Tractatus de intellectus emendatione*, English translation by Hale White, Duckworth, London, 1899, p. 17.

but this does not get most of us very far.

Here is a typical example of *suggestion* in the sphere of *sensation*:

“If I merely think of a slate pencil squeaking on a slate,” said Herbert Spencer, “my teeth are set on edge just as if I actually heard the sound.”

At other times actual sensations become partial hallucinations in order to make them agree to an existing idea, such as when an unidentified noise, at a time when we are expectantly waiting for an important letter, deceives us into the belief that the postman rat-tatted at the door.

Spontaneous suggestion frequently plays queer pranks with our judgments and opinions. We may believe we are forming an opinion ourself, but only too often we are but repeating, parrot-like, something somebody else has previously told us, something (very likely untruths) we have read some time before in the evening newspaper, or a popular magazine, or on the cinema screen. These “somethings” have been but hidden in the unconscious, ready to emerge as established, well-considered opinions at the instigation of suggestion.² Propaganda would be ineffectual but for this mental phenomena.

² The eye-witness stories of the passage of Russian troops through England in the early months of the war is now a classical example of hallucinatory suggestion.

CHAPTER XVIII

SPONTANEOUS SUGGESTION (AFFECTIVE AND ACTIVE)

Cinema Peril—Love—"Blowing Away" Baby's Pains—Bridge Party Dangers.

WE have considered the first category of *Spontaneous Suggestion*, namely, *Representative Suggestions*. The second category—*Affective Suggestions*—includes, as pointed out, *Sensations*, as, for example, happiness, sorrow, passions, etc.

Almost invariably the origin of a passion (subjection to an external influence) is *imitative suggestion*. The ignorant read "pink pill" advertisements, and find they have every complaint from fashionable neurasthenia to painter's colic; the flapper impersonates herself as the heroine of a romantic novel; the hooligan becomes such from watching scenes on the cinema of highway robbery and murder.

Even older people, especially women, become the victims of false standards of life and conduct, become suspicious and jealous of those they hold dear, as a result of the perverse suggestions of the

so-called domestic triangle dramas at the cinema—one of the greatest social dangers of the day.

No doubt others, suffering from conflicts, arising either from the *sex complex* or the *ego complex*, may be seeking to solve them at the theatre—the love-repressed with the so-called stories of romance; the youth with repressed constructive tendencies (the desire to express his *ego* by doing big things) with tales of deering-do.

But all passions are not of this ephemeral nature. Great passions sometimes envelop us in their grasp. Then we find that the harder we struggle against them the more entangled do we become. Therefore, never trifle even with the idea of love.

“By talking of love we fall in love. It’s the easiest thing in the world. . . . One can hardly feign love without being very near to being in love, or at least to being in love somewhere; for this simulation is not possible without having the mind and the thoughts of love. . . . You would not have sought me had you not already found me.”¹

Affective suggestions may work both ways—for good or evil—as Coué shows in this case:

“Consider, for example, a little child. He has pinched his finger or scratched his hand. Instinctively he begins to cry, for the pain is more or less

¹ Pascal, Discours sur les passions de l’amour.

sharp. His mother runs to him, blows on his hand, rubs the sore place gently, tells him it is all over now, and that it doesn't hurt any more. Thereupon the child stops crying and begins to smile.

"Wherefore? The child hears his mother say, 'It doesn't hurt now.' His unconscious believes it. He imagines that there is no pain, and actually he ceases to feel the pain.

"But if the mother, greatly alarmed, exclaims: 'Poor little darling, how you have hurt yourself!' the child redoubles his outcries. In this case likewise, the child's unconscious believes the mother's words. The idea that the suffering is great, increases the suffering."²

The American writer on autosuggestion, Herbert Parkyn, tells this amusing story to illustrate an *affective suggestion*:

"A New York visitor to Chicago looks at his watch, which is set an hour ahead of Chicago time, and tells a Chicago friend that it is twelve o'clock. The Chicago friend, not considering the difference in time between Chicago and New York, tells the New Yorker that he is hungry and that he must go to lunch. Twelve o'clock is the Chicago man's regular lunch hour, and the mere mention of twelve o'clock is sufficient to arouse his appetite."³

² Baudouin, *Suggestion and Autosuggestion*, pp. 68-9.

³ Herbert Parkyn, *Autosuggestion*, Fowler, London, 1913.

Suggestion has an extraordinary effect on *tendencies*, especially those of children. A child hates porridge because a favourite uncle hates it. A man cannot eat fried steak; it gives him indigestion. His wife has it fried but tells him that it has been grilled, and he eats it without a murmur, or fatal results.

We are tired of familiar dishes at home. Camouflaged under pleasant-sounding names at the restaurant, we eat these same creations with the air of a gourmet. The rose by any other name smells even sweeter!

In the third class of spontaneous suggestions are active (or motor) suggestions—functional and organic actions.

To illustrate what I mean by *motor*, or *active suggestion* (under which are classed habits, spiritualistic phenomena, etc.) I have space for but one exhibit. Gillet, one of Coué's pupils tells it. It is about an old asthmatic gentleman who on a holiday suddenly woke up at night with a violent fit of coughing.

"Greatly distressed for breath, he got out of bed and hunted for the matches. He had a craving for fresh air, but could not find the window. 'Confound these third-rate hotels, where one gropes vainly in the dark!' He is suffocating, and he clamours for air. Feeling about, he at length finds a pane of glass. 'Damn it all, where's the

window-bolt? . . . Never mind, this will do!' and he breaks the pane. The fragments fall to the floor. Now he can breathe; again and again he fills his chest with the fresh air; the throbbing at his temples passes, and he goes back to bed. Saved! . . . Next morning, one of the items in his bill was, 'Broken clockcase, fr. 4.35.'"⁴

Now, what knowledge of a practical nature have we acquired as a result of our inquiry into *spontaneous suggestion*?

We might say that there are three distinct phases to *suggestion*, the first that of *Concentrated Attention*, the second that of *Auxiliary Emotion*, the third that of *Reversed Effort*.

In *spontaneous suggestion* the desired wish is one upon which spontaneous attention is concentrated—the first phase.

In *spontaneous suggestion* the desired wish, being as a rule in pretty close relation to our tendencies, the emotion of the particular tendency becomes a valuable aid to the realization of the idea—the second phase.

In *spontaneous suggestion* we have seen that the more we try to do a particular thing the further away do we become from attainment—the third phase.

We have realised, also, some of the dangers of *spontaneous suggestion*. We are aware of the im-

⁴ Gillet, L'auto-suggestion, Bulletin Ecole de Nancy, 1913.

portance of always being on guard against those of a harmful nature. We have learned how to recognise their symptoms, and how, when they appear, to drive them away.

We have seen how easily evil ideas are transformed into harmful suggestions. We should get into the habit of never thinking of these undesirable possibilities.

The careless way many of us have of dwelling upon such matters as the possibility that we may be reduced to a state of poverty, that we may be suddenly stricken down with illness, that some unknown tragedy is about to befall us, is a most dangerous habit to indulge in.

We are advised, therefore, to forswear intercourse with clairvoyants and consulting mediums as we would the plague. It should not be forgotten that any dark prophecy of these charlatans, may, through worrying about it, become realised through the power of suggestion. Ideas have an uncanny knack of finding means to secure the end suggested.

To complain about one's physical condition is bad psychology. It is far better, in answering a conventional inquiry as to one's health, to reply, "Fine!" or "I'm getting along tip-top, thanks," than to answer in our characteristically pessimistic English way, "Pretty fair," or "Just so-so," or "Rotten!"

Afternoon bridge parties at which the common topics of conversation are usually of a medical nature—headaches, backaches, nerves and operations—should be studiously avoided. Such conversation only gives opportunity for the implantation of noxious suggestions that may bear fruit in the very ills discussed.

The opposite practice—that is the practice of good Reflective Suggestion (autosuggestion)—is the only way to counteract the after-effects of bad suggestion.

CHAPTER XIX

LAW OF REVERSED EFFORT

Difference Between Spontaneous Suggestion and Autosuggestion—How Coué Avoids Effort and Conflict—Autosuggestion Calls for the Reëducation of the Imagination.

WE have now reached the stage where we can critically estimate *Autosuggestion*, as practiced nowadays at Nancy, with confidence in our ability to tell, psychologically speaking, the difference between black and white.

First we must get the fine distinction between *Spontaneous Suggestion* and *Autosuggestion*. The briefest reflection on the meaning of the ideas expressed in the terms *Spontaneous Suggestion* and *Voluntary Suggestion* (*Autosuggestion*) confronts us with this fact:

While emotion is an important factor in the former (assisting as it does the realization of an idea), it must, on the very face of things, be absent in the latter, because we cannot conceive of an emotion being aroused voluntarily. We may feign, of course, anger, happiness and love, but it is impossible to turn out the genuine article like sausages from a machine.

The object aimed at in *voluntary suggestion* is, primarily, *the counteracting of the undesired effects of bad suggestion*. We are left, however, as we have seen above, with only two phases, or laws if you like, to *autosuggestion*—those of *concentrated attention* and *reversed effort*. The emotional phase of spontaneous suggestion is absent.

Now the term *voluntary suggestion* also carries with it the implication that an effort is being made to *do* something—that there is an obstacle to be overcome. We are, therefore, thinking of two things at the same time—the desired end and the effort we are expending to accomplish it. Thus there is a conflict. And if the notion of effort is the stronger, there will probably be a negative result. By the law of reversed effort, the thing desired is denied us.

“Coué’s most original contribution, his stroke of genius, was, I consider,” says Baudouin, “his discovery of the law of reversed effort.” Coué’s formula, in his own words, is:

“When the will and the imagination are at war, the imagination *invariably* gains the day.

“In the conflict between the will and the imagination, the force of the imagination is in *direct ratio to the square of the will*”¹ (metaphorically speaking, as Coué carefully points out).

¹ Baudouin, *Suggestion and Autosuggestion*, p. 148.

It is of vital importance in the practice of auto-suggestion to understand thoroughly this law of reversed effort. If we succeed in doing so we shall never be heard complaining: "I have been *trying my hardest* to will myself well, but so far I have seen no improvement."

One of the very first things Coué tells his patients and pupils is that it is not the *re-education of the will*² but the *education of the imagination* that must be sought for.

In order to be able to materialize the desired suggestion, *the opposing thought must be eliminated*, or, rather the path must be made as easy as possible for the desired suggestion. This can be done, as Coué shows us, by calling upon the *unconscious* to aid us.

We have seen that the unconscious is like a deep,

² It is only right to mention that Coué's conception of "will" does not meet with universal acceptance by psychologists. Speaking of Coué, Dr. William Brown, Wilde Reader in Mental Philosophy at Oxford, says: "He does not define either will or imagination. Modern psychology's definition of the former definitely removes it from any such inferiority (that it can be dominated by the imagination), and, on the other hand, had Coué endeavored to define his imagination in detail it would perhaps have led him to make acquaintance with the enormous complexity of the mental processes that go on in the shadowy domain of the subconscious. The conflict he refers to is not between completed will and imagination, but between the suggestion of failure brought along by the incomplete will of the weakling, and the imagined result suggested by desire. It is a conflict of two suggestions, one of which is reinforced by the emotion of fear, and which, therefore, wins. But because we know that a thing has happened it does not follow that we know what brought it about."

and, in most cases, an abandoned well, at the bottom of which are impressions, wishes and desires. Some of these, the "repressions," we might almost liken to decaying matter, and these, we know are focal points of infection that can seriously affect our well-being.

And we know—we have seen it in our study of analysis—that this unconscious part of our mind can be brought to the surface, and that when it is, great mental relief is experienced.

And Coué has demonstrated that the *unconscious* can be controlled by the imagination, and made to do its bidding; this *unconscious*, that may be the cause of our shattered health can be made to behave itself.

The method is interesting. Coué has provided a substitute for *voluntary attention* which enables us to avoid the effort and conflict which we see, obviously, must be present in *voluntary suggestion*, for the mere idea of a proposed accomplishment carries with it the inference that there is something to be overcome. The key to this most welcome acquisition is the *education of outcropping of the unconscious*.

By practicing mental and physical relaxation we can put ourselves into such a complete condition of composure that our mental mood will be akin to that of dreaming, in fact almost of hypnosis. *And in this state, as we have seen in our study of psycho-*

analysis, there is an outcropping of the unconscious.

And, finally, as it has been shown that thoughts of illness make us ill, it must obviously follow that, if we can gain mastery of the unconscious and implant in it thoughts of health instead of sickness, health must necessarily result.

CHAPTER XX

RELAXATION

Sleep is Perfect Relaxation—Dreams an Outcropping of the Unconscious—Speed of Dreams—Reverie—Imagination Developed by Music and Art.

BEFORE we attempt to carry out Coué's instructions for putting ourselves into this half-relaxed half-hypnotic state, let us bend our minds for a while to a study of this mental condition we call *relaxation*.

Sleep is a perfect state of relaxation. And our dreams illustrate what I mean when I say that in the relaxed state there is an *outcropping of the unconscious*.

When we settle our heads comfortably into the pillow at night, and gradually pass off the plane of consciousness it seems as though the brake on our unconscious had at the same time been released. Freed from all effort of inhibition, the unconscious wanders away into strange fields. And, to change the metaphor, the flood of the *unconscious* that is set in action seems to submerge completely the *conscious*.

The unconscious mind works at tremendous speed. Dreams are swift. It has been proved by experiment that a dream, whose phantom activities occupied perhaps several hours, lasted, as a matter of fact, but a few seconds. A distant noise may be conducted to our unconscious and, in a flash, we live through a whole battle or a terrific thunderstorm at sea.

Most of us, I suppose, have at some time or other had dreams in which, within the course of one night, we have "lived" weeks or perhaps months. It is doubtful, however, whether the longest dream takes more than a few minutes of what the conscious calls "time." In the dream state the unconscious can carry us thousands of miles, transport us to distant lands, and give us endless adventure and excitement, all in a fraction of a minute.

This same phenomenon is also noticed in anæsthesia. A friend of mine had an extraordinarily vivid and terrible dream while under gas at the dentist's.

"The last thing I remember before going off," he says, "was the sound of a barrel organ out on the street playing a familiar tune. My experience after this I shall never forget till my dying day. I was in hell, not the hell of the Sunday School, but one in which I was being put to the most excruciating torture on some kind of rack.

I was tied down, and every once in a while, with the regularity of the striking hours, I would feel somebody or something tearing at the bottommost roots of my nervous system, attempting to wring my very life from me.

"I was able to think, and I am now almost ashamed to confess what my thoughts were. I said to myself as I writhed in agony: 'So, I am in hell, after all. They taught me all wrong when I was a child for I am here *alone*, and my sufferings are far greater than I thought they could possibly be, even in Hades.'

"The torture I underwent is indescribable. And I seemed so helpless. I struggled to free myself, but I could not escape. For what sins I was being made to suffer was not clear.

"But the most curious thing about the dream was this: My punishment seemed to be lasting forever. Weeks rolled into months, months into years, years into centuries, centuries into æons. At last, I thought, I had a conception of what was meant by eternity.

"Another dreadful thing was that I cursed my God, and I cursed my parents for having brought me into the world. Why had I ever been born? I could not understand why a human being who had not asked to be brought into the world should be subjected to so much pain and suffering. A million years rolled by, and then billions and bil-

lions more. I finally lost count of the passing ages.

"Then I woke up. The same old organ outside was playing the same old tune!

"When I had pulled myself together I asked the dentist how long I had 'been under.' He looked at his watch and replied:

" 'Oh! about one minute and ten seconds! ' "

The foregoing is perhaps the most striking illustration on record of the speed of dreams.

In our day reveries we slide off into relaxation and experience phenomena similar to that in sleep. Here, too, all restrictions appear to be lifted from our unconscious mind, and freed from all restraint we sail away into kingdoms far remote from those of our humdrum daily life. We build castles in the air, we catch that will-o'-the-wisp fortune we have for so long chased, we attain that particular form of happiness for which we have so deeply yearned.

It is in this mental state that the artist conceives his pictures, the musician his great symphonies, the poet his most passionate sonnets. "Inspiration" these creators of the beautiful call it. *The outcropping of the unconscious* is the psychologist's description of this mental condition.

"In most of these cases (dreams and reveries), if we subject them to psychoanalysis, we can prove that the presiding energy is that of the *subconscious*. The revelatory character of art is doubt-

less due to the fact that the artist gives expression to that which every one conceals and dissimulates—and yet to that which every one feels the need of expressing.”¹

So in slumber, and in our deep brown reveries, we attain the condition most propitious for this outcropping of the unconscious—the alternative for *voluntary attention* and the key to *reflective suggestion*. How can we put this knowledge to use in the practice of autosuggestion?

We can avoid effort, as we have seen, and get the subconscious in the right condition for suggestion by educating the outcropping. Therefore get into the habit of relaxing.

How can we cultivate this habit of *relaxation* which is so favorable for the outcropping of the unconscious, and which makes our unconscious mind with the minimum of effort so susceptible to suggestion? This is one way to proceed:

Make yourself perfectly comfortable in an arm chair, preferably before the flickering flames of the fire (which have a recognized hypnotic influence), and, perhaps, with the lights turned low. Or lie down on the sofa. Remove all strain from your muscles. Cast away all thoughts of business, and other troubles, and let yourself doze off into a day dream.

If you are of a high-strung, nervous tempera-

¹ Baudouin, *Suggestion and Autosuggestion*, p. 155.

ment this may not be easy to do at first. But be patient and persistent. With practice you will soon find that you will be able to assume a state of reverie whenever you wish.

Devote more time to music, art and poetry, because there is not a better or pleasanter way to cultivate the imagination than this. The contemplation of beauty in any form stimulates the imagination.

Have you ever sat on the brow of the Chiltern Hills at sunset, and gazed over the peaceful Vale of Aylesbury, like Rupert Brooke, the poet, so often did? I can easily imagine Brooke on that particularly beautiful knoll of turf, with its crown of beech woods, at the foot of which nestles Princes Risborough, dreamily watching the sun go down to disappear in a gorgeous red and golden mass of rolling and fantastically entangled clouds.

Then comes the mellow twilight with its green and pink soft lights, gradually darkening and transforming the valley into a vast and deep bowl of mysterious purple shadows. Finally the world below is plunged in utter darkness save for a few small starlike farmhouse lights.

The contemplation of such masterpieces of nature plunges us into a state of semi-hypnosis that is ideal for the arousing of the subconscious. That frame of mind we must learn to acquire.

CHAPTER XXI

PRACTICE OF RELAXATION

Collectedness—Attention, Contention—“Twilight Moments.”

PRACTICE relaxation whenever you have a few minutes to spare, and you will soon discover that you are able to put yourself into the half-sleeping half-consciousness state at any time you desire.

This particular outcropping that is brought about when we deliberately throw ourselves into a condition of relaxation is called “collectedness.” Attention is withdrawn, allowing the wandering and *vagrant thoughts* of our subconscious to *collect* and flow together.

We started out originally in our study of *relaxation* to find something to take the place of *voluntary attention* (one of the laws of suggestion) because this *attention* calls for *effort*, and means a conflict between the idea that we want realized and the idea that there is a difficulty to be overcome (see Chap. XX). But have we discovered it in *relaxation*, which would seem to be the very antithesis of *attention*? We have; as further examination of *relaxation* will show.

We have observed that in reverie our ideas are scattered. But suppose while day dreaming our attention should be rudely disturbed by a noise—what then? We start up and the dream fades away, leaving in its place, what? For a few seconds practically nothing. We hardly know just where we are, especially if we happen to be in a strange room. All we are conscious of is the *idea of noise*. Then suddenly we recover our wits. We are back again in the world of work, war, strikes, income taxes and cold mutton!

Now this is vastly interesting and important if we analyse it from a psychological point of view. Usually it is quite impossible to dissociate the present from the past. Everything we cast our eyes upon reminds us of something else—the dog of long tramps, fidelity, and the hated cat in the next house; our fountain pen of the letters we wrote yesterday and the ones we must send away to-day; the milkman's call of our breakfast, the morning paper, the trip to town and the office.

If we consider the matter for a moment we realize that it is absolutely impossible for us, as a rule, to think solely and exclusively of one solitary thing. We cannot, in other words, detach a single state of consciousness by our own volition.

But in the case of a startled awakening from sleep by a sudden noise, one lone, unaccompanied thought *is* isolated—the one *idea of the noise*. For

a brief space of time we do not associate the sound that disturbed us with anything else we have previously experienced. We cannot even recognize the nature of the disturbance.

In this situation, at any rate, we find a condition of *complete mental immobility* with but *one idea in existence*. The *idea of noise* is all that saves our mind from being an absolute vacuum. We have a mental state wherein *attention*, with practically no effort, attains *isolation* which under ordinary conditions could only be approached with the expenditure of a very appreciable amount of effort. This state Baudouin calls *Concentration* or *Contention*.

At last we discover in *contention*, that spontaneously secured intensity of thought we require. "Contention is a psychological equivalent of attention, minus effort," says Baudouin.

We can take advantage of this condition, in which the mind can be made to concentrate on one single, isolated, and dissociated idea, either when we have deliberately gone off into a reverie or during those psychologically valuable occasions when we are either about to drop off to sleep or to emerge from slumber.

During these "twilight moments," we can, with a minimum of effort, implant suggestions in our subconscious mind.

Slumber, meditation and outcropping can also

be produced by autohypnosis. This explains why we become drowsy, under certain conditions favorable to sleep, by listening to falling rain, the ticking of a clock, the beating of waves on the shore, or, when we are travelling by train, by the regularity of the noise made as the wheels pass from one section of the rails to the next. Perhaps too that is why the monotonous delivery of a particularly dry sermon sends us to sleep!

It should not be difficult for us to improvise ways and means to apply this method of autohypnosis.

But, as Baudouin points out, "the outcropping thus produced (by autohypnosis) seems to differ to some extent from the forms of outcropping hitherto described. We are, in fact, aware that an *obsessive idea*, or *impression*, which is in the mind when we fall asleep, dominates the whole period of slumber."

This seems to be proved by the familiar experience in which after a good night's rest we wake up to find that we have found the way to overcome a particular obstacle that the night before seemed to be insurmountable. Sleep brings counsel, says the poet wisely.

It is also demonstrated in the ability most of us have to wake up in the morning at any hour decided upon before we turned in the night before. I knew a busy London barrister who lived to the

ripe old age of ninety-four and, who, in his later years, attributed rightly his extraordinary health and strength (he walked from London to South-end-on-Sea on his eighty-fourth birthday) to the fact that between his appearances at the Law Courts he could drop into any nook or corner and take "forty winks." He could make it five, nine, eleven, twenty-two minutes—anything he wished. He would wake up on the dot.

It is also possible to assume this semi-hypnotic frame of mind by using mental images. This is what occurs when we successfully court slumber by counting numbers or sheep coming out of a fold. This is why Coué recommends the counting of knots on a piece of string while his formula is being repeated. The mere repetition of the formula has a hypnotic influence; the knot counting reinforces the tendency. In throwing ourselves into this condition of autohypnosis we must be careful, however, not to allow ourselves to become completely dormant.

We have now seen how a state of autohypnosis can be attained, and how "an impression which is in the mind when we fall asleep dominates the whole period of slumber."

Why not repeat aloud a phrase suggestive of health when we relax? Would not the monotonous, regular repetition of the sentence lull us to sleep, as the sound of a waterfall does, and would

not this thought of health, implanted *without effort* in the *subconscious*, at the same time react favorably on the body and conscious mind?

It would. And this is just what Coué is doing.

CHAPTER XXII

THE NANCY CLINIC

*The Master's Self-Mastery—No Miracles Performed
—Coué a Great Smoker and a Humorist.*

A SUFFERER from insomnia, who journeyed to Nancy, has given this exceedingly picturesque and sympathetic description of what he saw at Coué's clinic :

We were among the first to reach the little cottage of two rooms, where Coué usually sees his patients, or may we not say his friends. The meetings are held in the upper room, which is quite small. In addition there is a half passage, half anteroom. The door *must* be open, so that those in the anteroom may not be excluded; consequently, to avoid a draught, the window is ruthlessly shut.

M. Coué himself is, thanks to self-mastery, almost indifferent to any atmosphere. Some of us were actually surprised at our success in not minding very much the worse than airlessness of the room. At least we could say of the discomfort: "It is passing"; and before we had gabbled this

many times it had actually passed. It must be gabbled because it is essential to give no time to the ambushed opposite thought "It is not passing," to intrude itself and do the Devil's work.

A more strangely assorted company it would have been difficult to find. I remember hearing an English soldier in France say once (it was in January 1919), "Every one helps every one else out here; one would never think of doing it in England." It was just so in Nancy in 1922; every one in M. Coué's preserve took a genuine interest in every one else.

In describing my own experiences at Nancy, let me say, at once, that I witnessed no miraculous cures. There were not a few instantaneous cures which might be, and probably were, regarded as miracles by the majority of those present at the time. But M. Coué was never tired of affirming that he worked no miracles.

"I cannot help you," he would say, "if you have broken an arm or a leg; in that case you will go, if you are sensible, to a surgeon. But I may be able to help you recover the use of a limb or an eye which, from the mere fact of long disuse, has ceased to act as a limb or an eye in being."

At times he seemed to achieve much more than this; a helpless cripple, carried into the room left M. Coué's presence on his own feet, cured, and triumphant. But the explanation is simple: the

cripple had long since ceased to believe in the possibility of walking, and, therefore, the disbelief translated itself into a real inability. The moment that he believed Coué, who assured him that he had the power of walking instantaneously, he was able to walk.

To Coué he presented only one more startling example of the truth that what you think, in the sphere of possibility, of course, tends irresistibly to become true for you.

At the first conference we were an oddly assorted audience—about a dozen English of the upper and middle class, and about the same number of French, of whom the majority were poor. M. Coué went his round, and questioned each of those present, one by one. There was plenty of evidence of human suffering, but, almost invariably, the prevailing tone was one of hopefulness.

Something important took place before our eyes. One old man, who at first could not raise his arm, ended, thanks to much encouragement, by raining blows on M. Coué's shoulder, though not, I must admit, as vigorously as M. Coué himself would have desired.

Another man with rheumatism in both knees, after a little rubbing by M. Coué and many repetitions of the "ça passe" formula, found himself able to walk with comparative ease. Any such

visibly important happenings was infectious, and we all took courage. When M. Coué had made his round he told us to close our eyes and recite his gospel of health.

We were just to listen, without effort; a wise passiveness was best; indeed we might sleep if we cared, for our subconscious mind sleeps but never forgets. And so his words sank in, golden words, and ever so simple.

We were to be very careful to eat slowly, and turn our food into a kind of paste before we swallowed it; we should sleep soundly, our dreams, if we dreamt would be pleasant; trouble and worries would melt away, and we should awake and sing! There would be no more fears, no more thoughts of unkindness; shyness and self-consciousness would pass. As soon as we nestled on the pillow we were to close our eyes and recite, without stress, but just audibly, the well-known formula some twenty times, "Every day, in every way, I am getting better and better."

It seems childish, does it not? It is really child-like; and that is a very different thing. Whenever, in his little sermon, M. Coué mentioned a disability or sickness from which any particular person was suffering, he usually approached and touched the part affected.

Yet always Coué was careful to assure the audi-

ence, "*Je ne guéri personne*" ("I do not cure any one"): all that he offered was help in teaching others to cure themselves.

On another day Coué's friend and follower, M. René de Brabois, spoke of sleeplessness. How was sleep to be recovered? "*Si vous faites un mouvement pour l'attraper, il vous échappera comme un oiseau*" ("If you make a movement to catch it, it will escape you like a bird").

It was fatal to call on our will to make an effort to determine to go to sleep. If we say "I will go to sleep," imagination will answer "No, you won't," and, by the law that knows no varying, the will yields to the imagination. You may say "I am going to sleep," or, better in French, "*Je vais dormir*," repeat it very clearly, making the sound of a humming bee, "*comme une abeille qui bourdonne*" ("Like a bee which buzzes"), over and over again, but "*surtout sans effort*."

The next day the conference was at Coué's own house which was not more than one hundred yards from his two-story cottage. M. Coué does not try to be funny but he *is* funny. Everything sounds wittier in French, but there is really humour in such a question as "*Eh! bien, qu'est ce qu'il dit, votre jambre aujourd'hui?*" ("Oh! well, what does it say, your leg to-day?").

A girl was present who for eighteen years had been blind in one eye, the result of a blow when

she was two years old. For a time the eye was really blind; when it recovered, this little mistress had learned to do without it, and, therefore, never thought of using it, though it was ready to be used. After eighteen years, some six weeks before our visit to Nancy, she had come to M. Coué, and had learned to see.

I think if I had been told that M. Coué would smoke little cigarettes while he was talking I should have been prepared (I hate smoking) to take offence. But on finding he did smoke a good deal, it made no earthly difference.

Some one remarked to me: "M. Coué likes us a good deal considering that we are foreigners; but those whom he really loves are the poor."

I do not think that he distinguishes between poor and rich in that way. He seemed hardly less helpful to age than to youth, and no one was sent empty away.

M. Coué makes no secret of his own 65 years, and hopes to work even harder in the next ten years than he has ever worked before.

It is difficult for those who marvel at his unerring cheerfulness and wit, his boundless sympathy, and the triumphant repartees which sweep away the querulous objections of those who seem almost unwilling to be cured—it is difficult even for those who have often lectured, who preach themselves,—to realize how much it costs oneself

to give up lavishly to others. And M. Coué is daily spending himself on each of his audience, asking, as his only reward, that after their own cure they give him such assistance as they can.

Riches are to him simply negligible as a factor in wellbeing. I will not say that praise leaves him cold, but even the worldwide tribute of praise which he has lately won has been utterly powerless to affect his utter simplicity.

CHAPTER XXIII

OBITER DICTA

*Coué's London Clinic—Insomnia, Stammering—
Experiment on Lady Arthur Pearson.*

PERSONALITY undoubtedly has a lot to do with the success met with at Coué's clinics. Coué radiates optimism and confidence. His extreme modesty adds to the charm of his presence. At Wigmore Hall, London, he said:

"Autosuggestion is not a new thing. There is nothing new under the sun, and I do not pretend to have invented it. It has existed since the day when first there were people on the earth.

"From our very infancy we practised autosuggestion unconsciously; everything we said and did was, by way, unconsciously, of autosuggestion.

"When papa got tired of walking up and down the bedroom comforting the baby and the baby was left to cry for a quarter of an hour, for an hour, for two hours, at the end of that time the infant began to see that its crying availed it nothing, and so responded to autosuggestion.

"Autosuggestion is the most beneficent thing in the world when well applied—practising which

people called performing "miracles"—but, when badly applied, it resulted only in evil leading to disaster, physical and moral.

"Learn autosuggestion properly, therefore, and it was no longer dangerous; in the hands of the ignorant it was most decidedly dangerous.

"The first principle of my doctrine is that every idea, good or bad, that possesses one's mind tended to become a reality—within the domain of possibility. There was always the latter restriction. We were not like the crab, which, having lost a claw in battle, made another to grow.

"What is insomnia? It is the idea one has in the mind that one goes to bed *not to sleep*. What is sleep? It is the idea that one goes to bed *to sleep*.

"It will help to explain my theory when I tell you, in the conflict between the imagination and the will, it is always the former which gets the upper hand.

"To those who habitually do not sleep well, I would say to them that the more they wanted to sleep, and the more they turned and tossed in the effort to sleep, the more they became excited and could not sleep. They were doing exactly the opposite of what they willed.

"The more the stammerer desired not to stammer, the more he stammered, but, if I tell him he is going to talk without stammering, he does so.

“Extremely important is it to know that in each of us are two individuals—the conscious and the subconscious self. The subconscious is the imaginative, and it is this that is the principal.

“If we govern it we can govern ourselves. Instead of being a weathercock turned by all the winds, we would be the wind turning the weathercock.”

* * *

The whole point of Coué's remarks in his private treatments is his insistence on the power which men and women have to cure themselves, not in the flash of a second, but by continued and intelligent use of autosuggestion.

* * *

M. Coué predicted the happiest of futures for all who used his familiar formula. The formula must be said night and morning, twenty times, slowly and almost automatically, with moving lips. They would always sleep well, be cheerful, and active, have good appetites, and be able to perform their duties easily and without fatigue.

* * *

Never pronounce the word “cannot,” is one of Coué's axioms. If you pronounce it you think it, and it becomes a reality.

* * *

An interesting case in which relief was given

was that of an old lady who climbed on the lecture platform and stated that glandular swellings, from which she had suffered for fourteen years, had completely disappeared after she had followed the suggestions of M. Coué.—From report of M. Coué's London Clinic.

* * *

During the clinic at St. Dunstan's a blind ex-trooper of the late 5th Royal Irish Lancers, who was formerly an engineer officer in the Royal Navy, was introduced under his hospital nickname "Michael Cassidy," and submitted himself as a subject for a demonstration by M. Coué. As instructed he clasped his hands tightly at arms-length in front of him, and tried to unclasp them while repeating "I cannot" to himself, M. Coué repeating the words aloud. The ex-trooper was unable to move his hands until told to say "I can," when they came apart at once. The experiment was repeated by Lady Arthur Pearson.

CHAPTER XXIV

PRACTICAL APPLICATION

Constructive and Destructive Thought—Particular Suggestions—Special Formulas Not Essential.

WE have now arrived at the point where it is possible to consider the practical application of *autosuggestion* by the individual in his own home, to his own case of illness or maladjustment, mental or physical.

We have learned something about the "mental universe" within, how the activities of the brain divide themselves into our *conscious* or waking life, and our *unconscious*, or buried mental state. And we have seen, too, how the unconscious, or subconscious, acts and re-acts upon conscious bodily and mental states.

There is, as we have seen, indisputable proof that the unconscious affects the everyday life of every individual for better or worse, continuously and certainly. Coué's whole method is built upon this well-established scientific, psychological fact. It follows, therefore, that every thought affects, for good or ill, every physical condition of every individual.

And, if this is true, it is merely necessary in order to acquire health that there shall be planted continuously in the subconscious mind thoughts of well-being rather than thoughts of ill-being; that the thought shall be constructive instead of destructive; that, through some method that is effective (that agrees with the laws by which the *subconscious* is controlled) suggestions shall be made to the subconscious as to the road it should take—the right instead of the wrong road.

What is the most effective method? First, let us take up the method that should be pursued for *particular suggestions*—suggestions, that is, for particular bodily illnesses.

The Alpha and Omega of Coué's method is the preparatory state—the state of reverie, dreamy contemplation, relaxation, autohypnosis. We have already seen how we may induce this state of semi-hypnosis characteristic of day-dreaming and of those moments which immediately precede dropping off to sleep, or awakening from slumber.

The first essential for placing oneself in such a state, we know, is complete and perfect relaxation—physical and mental. The body muscles should be relaxed, the eyes may, if desired, be closed. One should be alone where interruption is not likely to occur. The mind should be *allowed*—not urged or forced—to rest, to relax. After several minutes, a feeling of semi-detachment from

the surroundings should follow. The patient is then ready to make to himself the particular suggestions to suit his individual case.

The form of words used is not important. The method is important. One should seek, not concentration, or effort of the will, but rather the opposite state of mind. The suggestion should be made aloud—certainly at first.

When one is practiced in the method, the suggestions may be made either audibly or mentally, but the audible repetition of the words seems to be more helpful in most instances.

The suggestion should be positive rather than negative. It should not dwell upon the illness, bodily or mental infirmity, or maladjustment, but rather upon the *disappearance*, or *gradual amelioration* of the condition.

As stated, the form of words used is not so important as the proper attainment of the mental state in which the implantation of the idea of betterment of the condition is suggested.

There must be no suggestion made that carries with it the idea of an obstacle to be overcome. The suggestion, in whatever form of words, must carry with it the positive idea that health, happiness, and normal functioning of the body and mind is the natural, normal state of being, and one which will rapidly return; that health has, in fact, already begun, and is destined to continue until full

health is a fact. It must carry the positive consciousness that there is full power in the subconscious dynamo of our being to so direct the healing, curative, constructive forces of nature that the results aimed at will be attained.

The form of words selected may be any that come naturally, without effort, and carry out this idea. It will not be out of place, however, to give here some illustrations of appropriate forms of suggestion for particular cases, it being understood that these are illustrations merely, and are not intended as any form of "ritual," for strict observance.

One suffering from deafness, for example, might suggest cure and return to health in this way:

"There is no reason whatever why I should not be able to hear. My general health is perfect, therefore I am going to hear better and better every day."

Indigestion might be handled by such a formula as this:

"I have always been well, and I am going to be perfectly well again. My digestion is going to improve steadily from now on."

CHAPTER XXV

PRACTICAL APPLICATION (*Continued*)

Applying the Method of General Suggestion—Significance of Formula, "Every Day, in Every Way, I Am Getting Better and Better"—Coué's Fundamental Rules—Danger of the Thought "Cannot."

HAVING considered in the previous chapter particular suggestions for specific and definite cases, it must now be said that the value of such suggestions is regarded by Coué himself, and his pupils and followers, as being wholly secondary to the method of *general suggestion*.

This is obvious from a consideration of the following facts: The treatment of a particular illness or disorder always involves, in spite of the perfection of semi-autohypnosis in which the subject has placed himself, an inevitable contemplation and realization of the illness itself. Therefore, the patient or subject is constantly liable to have his consciousness shifted from the process of cure to the cause of the illness. Thus he is constantly likely to suggest to himself the *difficulty* rather than the *ease* of cure.

But in giving himself general suggestion, rather than particular suggestions, no such cause of possible conflict is likely to arise. Coué's general suggestion takes the well-known form:

"Day by day, in every way, I am getting better and better."

The second phrase—in *every* way—is the key to the general suggestion method.

If one is, day by day, and each and every day, growing better in *every* way, it follows, of course, that one is also growing better in the *particular* way through which illness has caused pain or unhappiness.

As indicated, this method of general suggestion, of continued betterment, is best put into operation at times when the semi-conscious condition is most likely to be present—just before falling off to sleep, when body and mind are relaxed, when a comfortable feeling of drowsiness is stealing upon one, and when one is thinking in a half-dreamy way of sleep, rest, relaxation, physical and mental rebuilding and re-juvenation. Effortless dwelling upon these thoughts will help to place the mind in the proper condition to begin general suggestion.

Coué suggests the use of a piece of string with twenty knots in it while repeating his formula, using it as the Catholic does his beads. This may sound childish, but there is a real psychological reason for it. If you were to start to repeat the

formula without the string you would be trying to think of two things at the same time. You would be see-sawing between the thought of the formula and the thought of counting. There would be a conflict. The knotted string enables one to repeat the formula mechanically. There is nothing particularly "occult" in the number "twenty." Make it forty knots if you like.

While, as Baudouin points out, the mechanism of autosuggestion is complex, the operation of this machine is simple enough, as the following summary of fundamental rules will show:

1. *Every morning and every evening, betwixt sleep and waking, practise concentration upon the formula of general suggestion. ("Day by day, in every way, I am getting better and better.")*

2. *When, during waking hours, you are unexpectedly assailed by some mental or physical trouble, have recourse to the particular suggestion, "This is passing off." Should the trouble persist, repeat this in the evening before going to sleep.*

3. *As opportunity offers, attain the state of contention, either through simple collectedness or through autohypnosis. Then call up as vividly as possible the image of the desired bodily and mental ameliorations.*

4. *Cultivate the faculty of relaxation and the practice of collectedness (art, imagination, the habit of collectedness.) Cultivate also the faculty of sustained attention (bodily and mental exercises, regular exercises in learning by heart).*¹

Faithful adherence to this method will bring the results aimed at. The constant, effortless repetition to the subconscious of the definite general suggestion that it shall direct the bodily and mental functions to the task of well-being, instead of ill-being, will, we are told, bring to anyone the same results that have been attained in the remarkable cures effected at Nancy.

It is necessary to make clear a very important point about autosuggestion. It is this:

The subconscious mind must never have suggested to it a task which the conscious mind would regard as impossible. It would be foolish and hopelessly imbecilic to suggest, for example, that a broken leg is not broken; that an eye blinded by a gunshot wound is whole, and can perform the function of sight; or that an amputated finger can grow again.

Autosuggestion is not miracle-working, nor has it any connection with the miraculous. Tasks which the body *can* perform, can be successfully

¹ Baudouin, *Suggestion and Autosuggestion*, pp. 195-6.

suggested to the subconscious mind, and like a willing slave, that mysterious agency of the mind will proceed to carry out the suggestion. But it is ridiculous to make to the subconscious a suggestion which the rational thinking consciousness itself regards as impossible or too difficult of performance.

There is nothing of faith-healing in autosuggestion, but there must be *belief*-healing—belief based on rational grounds for belief—belief, in other words, based on reason.

Abandoning the extreme cases cited above, it is equally inadvisable to suggest any task to the subconscious which the conscious mind is likely to reject as improbable. For example, it is, on the face of it, useless to attempt the suggestion, in a case of deafness, that "I can now hear perfectly." To do so is to invite the entrance of an immediate contrary thought based on the refusal of the mind to accept such an improbable suggestion. But if the suggestion, "I am beginning to hear better and I will each day hear better and better," is made, the subconscious mind can be induced to accept the suggestion and act upon it.

Similarly, if one is suffering from a severe toothache, it would be better, instead of making the suggestion, "There is no toothache," to suggest that "The pain is going, going, going; soon it will be gone," and to repeat this suggestion, under the

proper conditions, until relief is actually experienced.

And further than this, it is useless to suggest more than can reasonably be expected to occur. If a nasal obstruction exists, for example, which could only be removed by a surgical operation, autosuggestion could certainly assist one to prepare for such an operation, could aid in preventing pain while undergoing the operation (see Chapter V), and could assist in rapid recovery and complete restoration of normal health, but no one—least of all Coué—would claim for autosuggestion that it could wield the surgeon's knife and remove the obstruction itself.

In other words, autosuggestion, according to its proponents, can stimulate the unconscious mind to any task *within reason*. It cannot perform miracles.

No one is advised to cease from having medical attention, to throw away all other methods of cure, and to accept autosuggestion as a magical cure-all. That the physician can oftentimes be dispensed with; that, in fact, in cases where perfect general suggestion has been followed over a long course of treatment, the physician will not be needed, is claimed for autosuggestion. In other words, autosuggestion is not so much a nostrum for cure, as it is a method of improving general bodily and mental health and well-being.

But autosuggestion has only begun its usefulness

to the individual when he applies it merely to keeping a healthy body and mind. The psychological laws upon which it is based make it obvious, after a little consideration, how the practice of autosuggestion can be used in everyday life.

One cannot, of course, repeat the formula, "I shall make a thousand pounds in my business to-day," and expect that result to follow. But it is equally certain that if one continually implants in his subconscious mind, "I shall never in the world be able to make a thousand pounds," his suggestion to himself is quite likely to be realized.

Thus there appears the reason for the definite rule that Coué has laid down: "Never use the word 'cannot.'"

What, for example, is likely to be the result to the effectiveness of a commercial traveller, let us say, who starts out in the morning with the definite suggestion implanted in his subconscious mind, "I know I shall have no luck today; I was not cut out for a business man, and I cannot make a success of it."

Is it not certain that this pernicious idea is likely to foil every effort that he consciously makes to carry out his work? Is it possible for him to convince a customer that his wares should be purchased, when he has persistently suggested to himself the thought that he *cannot* convince a customer of the worth of them? The law of reversed effort

is at work. His imagination having convinced his subconscious mind that success is impossible, the more he *wills* to have a successful interview, the greater his failure is likely to be. Again have the will and the imagination come into conflict, and the imagination wins.

A realization of these facts will readily suggest the value of autosuggestion in every walk of life. The man or woman who thoroughly grasps Coué's method, and the laws upon which it is based, is in a fair way to turn any failure into success. Using the same method that he uses to convince his subconscious mind that its effort shall be directed to bodily health, he can equally suggest the realization of other possible ideals. The end aimed at, must, of course, be a possible one.

If one attempts to make the suggestion of such an impossible thing as that "I shall sprout wings and be able to fly over the rooftops," the conscious mind rejects the idea as absurd.

But if he suggests, "I shall enjoy and profit from my trip in an aeroplane across the Channel, without fear, and without illness," the subconscious set to a task which it *can* perform, is likely to carry through the task, and the passenger will alight in Paris after a delightful trip in which nausea or other ill-effects were not even thought of, much less experienced, and will be successful in the particular business for which he made the hurried journey.

As Schopenhauer finely said: "Thus, even empirically, every being stands before itself as its own handiwork; but the language of Nature is not understood, because it is too simple."

CHAPTER XXVI

CAUSE OF SICKNESS

*Morbid Physical States Not Normal Bodily Conditions
—Removal of Mental Worry First Essential to
Restoration.*

IF it be objected to Coué's method that, "It is all very well to talk of autosuggestion as being effective with purely mental troubles, but how can an attitude of mind, or a suggestion dropped in the subconscious remove, for example, an abscess at the root of an aching tooth?" A little consideration of the matter will remove this objection quite rationally.

Why has an abscess formed at the root of a tooth? Obviously because a temporary weakness developing at that particular point in the body tissues has made possible the attacking of that particular point by disease. But the normal, natural condition underlying the dental process is one of health, normal blood and nerve supply, and normal functioning.

It is obvious, therefore, as Coué's followers point out, that the point attacked by disease has been

subjected to attack because either a weakened bodily or mental condition has made it possible.

Billions of bacilli enter the body daily. The hope of exterminating disease by banishing the existence of micro-organisms has long ago been given up as hopeless. The multiplication of such organisms is so rapid, their entrance into and upon the body is so constant a part of every-day life, that the complete isolation of the human body from such potential bearers of disease seems impossible.

But the body normally and naturally suffers no damage from such invasions. Microbes live in the body and pass through it without doing damage if the body is healthy. If, however, worry, overstrain, over-exertion, overwork, lessen the normal bodily resistance, then, perhaps, at some weak spot in the body's defenses, unnatural conditions develop, and disease and pain result.

If, now, autosuggestion has the power to remove the mental strain, to suggest to the subconscious that health is a state to be taken for granted, to be regained certainly and surely; if it can suggest that the body is normally healthy and happy; why is it not possible by this method—in the case of the abscess mentioned—first to alleviate and even remove the pain accompanying the outbreak of rebellion in the affected part, and then, to bring back this part to normal functioning? There is no magic or mystery attached to this.

And if it is also pointed out that the physical cause, or focal point, as it may be called, of this insurrection called disease and pain, is oftentimes an infinitesimal part of the cause of our illnesses—if the sometimes small derangement has been merely instrumental in suggesting to the subconscious that pain and disease at that point are inevitable and must continue—then it is the mental condition more than the physical which is responsible for the continuation of the derangement which, except for this continued pernicious suggestion to the subconscious, might have removed itself long ago in the natural course of the bodily functioning.

CHAPTER XXVII

LAW OF MENTAL HABIT

*Analogy Between Physical and Mental Processes—
Ease of Autosuggestive Technique Increased by
Practice.*

THUS, then, we see how the formula, "Day by day in every way, I am getting better and better," once put into operation, becomes more effective as the subject continues to implant in his subconscious mind the impulses that result in cure. The first attempts may be unsuccessful, or may be only partially successful. But if the method is correct, as Leon Dumont puts it, "the currents, once in, must find a way out."

The important thing—the thing which Coué has brought to perfection in his method of treatment—is that the impulses shall be implanted in the right way.

And this way, curiously enough, turns out to be the simplest possible way: the repetition of a formula, without conscious *effort*—passively, casually, without thinking about it. This, which, at first sight, seems remarkable, is, on examination, the profoundest common sense. For Coué has demon-

strated the fundamental fact that *effort* exerted in an attempt to cure defeats itself.

It defeats itself for the very plain reason that the mind inevitably concludes that, where *effort* is required, there is something serious to be overcome, and immediately there enters the *doubt* of success.

On the other hand, effortless repetition of a formula—simply, easily, almost unconsciously, implies to the mind that the result is really easy; that there is no obstacle to be overcome, and that the result desired will follow naturally, and as a matter of course.

Now, a most encouraging point to the layman who desires to help himself by Coué's method of autosuggestion is the tremendously important fact that its personal application becomes easier and easier as the subject practices the method from day to day.

Once the method has been learned, well recognized mental and physical laws make the task easier the longer the patient keeps at it. To make this clear, it is only necessary to point out, what we all know to be the fact, that habits once acquired are not easily broken. The reason for this lies in what has been termed "the law of mental habit." Dumont has stated this law in perhaps the clearest manner in which it has yet been formulated.

"Every one knows," he says,¹ "how a garment

¹ William James' Principles of Psychology, Vol. I, pp. 105-109.

after having been worn a certain time, clings to the shape of the body better than when it was new; there has been a change in the tissue, and this change is a new habit of cohesion.

“A lock works better after being used some time; at the outset more force was required to overcome certain roughnesses in the mechanism. The overcoming of their resistance is a phenomenon of habituation. It costs less trouble to fold a paper when it has been folded already. This saving of trouble is due to the essential nature of habit, which brings it about that to reproduce the effect, a less amount of the outward cause is required. The sounds of a violin improve by use in the hands of an able artist, because the fibres of the wood at last contract habits of vibration conformed to harmonic relations. This is what gives such inestimable value to instruments that have belonged to great masters. Water, in flowing, hollows out for itself a channel, which grows broader and deeper, and, after having ceased to flow, it resumes, when it flows again, the path traced by itself before. Just so, the impressions of outer objects fashion for themselves in the nervous system more and more appropriate paths, and these vital phenomena recur under similar excitements from without, when they have been interrupted a certain time. . . .

“Can we now form a notion of what the inward physical changes may be like, in organs whose

habits have thus struck into new paths? In other words, can we say just what mechanical facts the expression 'change of habit' covers when it is applied to a nervous system? Certainly we cannot in anything like a minute or definite way.

"But our usual scientific custom of interpreting hidden molecular events after the analogy of visible massive ones enables us to frame easily an abstract and general scheme of processes which the physical changes in question *may* be like. And when once the possibility of *some* kind of mechanical interpretation is established, Mechanical Science, in her present mood, will not hesitate to set her brand of ownership upon the matter, feeling sure that it is only a question of time when the exact mechanical explanation of the case shall be found out.

"If habits are due to the plasticity of materials to outward agents, we can immediately see to what outward influences, if to any, the brain-matter is plastic. Not to mechanical pressures, not to thermal changes, not to any of the forces to which all the other organs of our body are exposed; for nature has carefully shut up our brain and spinal cord in bony boxes, where no influences of this sort can get at them. She has floated them in fluid so that only the severest shocks can give them a concussion, and blanketed and wrapped them about in an altogether exceptional way.

“The only impressions that can be made upon them are through the blood, on the one hand, and through the sensory nerve-roots, on the other; and it is to the infinitely attenuated currents that pour in through these latter channels that the hemispherical cortex shows itself to be so peculiarly susceptible. The currents, once in, must find a way out. In getting out, they leave their traces in the paths which they take. The only thing they *can* do in short, is to deepen old paths or to make new ones; and the whole plasticity of the brain sums itself up in two words when we call it an organ in which currents pouring in from the sense-organs make with extreme facility paths which do not easily disappear. For, of course, a simple habit, like every other nervous event—the habit of snuffing, for example, or of putting one’s hands into one’s pockets, or of biting one’s nails—is, mechanically, nothing but a reflex discharge; and its anatomical substratum must be a path in the system. . . .

“For the entire nervous system is nothing but a system of paths between a sensory terminus *a quo* and a muscular, glandular, or other terminus *ad quem*. A path once traversed by a nerve-current might be expected to follow the law of most of the paths we know, and to be scooped out and made more permeable than before; and this ought to be repeated with each new passage of the current. Whatever obstructions may have kept it at first

from being a path should then, little by little, and more and more, be swept out of the way, until at last it might become a natural drainage-channel.

"This is what happens when either solids or liquids pass over a path; there seems no reason why it should not happen where the thing that passes is a mere wave of rearrangement in matter that does not displace itself, but merely changes chemically or turns itself around in place, or vibrates across the line.

"The most plausible view of the nerve-current makes it out to be the passage of some such wave of rearrangement as this. If only a part of the matter of the path were to 'rearrange' itself, the neighboring parts remaining inert, it is easy to see how their inertness might oppose a friction which it would take many waves of rearrangement to break down and overcome. If we call the path itself the 'organ,' and the wave of rearrangement the 'function,' then it is obviously a case for repeating the celebrated French formula of '*La fonction fait l'organe.*'

"So nothing is easier than to imagine how, when a current once has traversed a path, it should traverse it more readily still a second time."

CHAPTER XXVIII

AUTOSUGGESTION AND MEDICAL PRACTICE

*No Necessary Conflict Between Old and New
Methods of Healing.*

FOR those who may be inclined to think that Coué's healing methods are contrary to the teachings of medicine I might say that, in order to believe in the value of *autosuggestion*, it is not necessary to deny the value of surgery or drugs or vaccine. That would be as ridiculous as holding, as a medical writer points out, that in order to believe in anti-diphtheria serum it is necessary to deprecate a good draining system.

Each of these methods is but a different way of approach to the same goal—securing of increased powers of self-defence. Psychological medicine is only one aspect of general medicine. Unhappily it is, or has been till recently, a neglected aspect, says this writer, for we are still inclined to grant a monopoly of "science" to laboratory workers.

"Various circumstances have, in confirmation of this idea, been found to influence the body towards disease—as soil is prepared by ploughing

for the reception of seed. One disease, too, may prepare the way for another, influenza for pneumonia, measles for bronchitis, rheumatic fever for heart disease.

“But not all these ‘sleeping partners’ are material in character; some, as we have seen, are mental. The picture so dear to a past generation of the girl, disappointed in love, falling into a ‘decline’ is by no means to be passed over as ridiculous. It is still to be seen—only we are too ‘scientific’ to recognize it. Depression fertilizes the soil for disease; the body of the man or woman whose mind is full of darkness is incapable of adequate defence.

“It has been customary to ‘explain’ all ‘faith cures’ by saying that the ailments treated were ‘functional.’ This seemed to leave ‘organic’ ailments well out of the picture, and also out of reach of the psychologist. But that line of argument and defence is far less secure than it used to be.

“It is now recognized that disorganization of ‘function’ may very well be the influence requisite to the onset of organic disease—the water falling on the sands of health and enabling the fatal seed to grow there.

“Here again, evidence of the most modern kind is not wanting in support of the contention. It is a matter of experience, for instance, that disorganization of nervous balance, however caused, is productive of far reaching effects. The action, or

function, of important organs such as the heart is upset. The victims may even become more liable to various forms of infection.

“Again a severe burn is sometimes followed by a duodenal ulceration—the shock apparently affecting the resistance of tissues far removed from, but in nervous connection with, the seat of the injury.

“No one will dispute that mental factors must be included in the list of causes of disorganization of function. The mere receipt of bad news will often rob a man of his accustomed dexterity or even of his physical strength; it will affect his pulse-rate, his rate of breathing, his digestion and so on. A mental factor operating over a prolonged period may disturb these organs permanently.”

CHAPTER XXIX

AUTOSUGGESTION AND RELIGION

*Nothing Supernatural in Nancy Cures—Coué
Answers Critics.*

WHAT is the relation of Coué's *autosuggestion* to religion and prayer? And what is its relation to Christian Science? Coué's answer is that his system is based on a right use of reason.

There is nothing supernatural, Coué says, in the cures which have been effected by his method of autosuggestion. It is a simple natural process. Says Coué:

"If you ask me the difference between *autosuggestion* and Christian Science I should say that while the two are based on the same fundamental principle, Christian Science starts from religious faith and *autosuggestion* from the observance of physical and mental laws.

"On the other hand, there is no conflict, as my religious critics imagine, between *autosuggestion* and prayer. I should have thought it obvious that autosuggestion is rather a form of prayer.

"I want to make it clear above all that there is

nothing surprising or ununderstandable in what I do. I can best explain this by an example or two of the cures that have been made under my system.

“Neurasthenics, for instance, are cured after a few seconds of autosuggestion. There is no doubt that neurasthenia is a real disease with a physical as well as a mental incidence. But neurasthenia is a clearer example than almost any other disease of the soundness of my diagnosis that there are two factors in every case of illness. One is purely physical, the other is moral or imaginative.

“The latter is by far the more important in the sense that it is capable of making the former a hundred times worse than it ought to be. The subconscious in illness can be removed at once, and the startling result in many cases—whereby the blind can see, the deaf hear, the neurasthenic become robust—is merely the proof that the physical element is often infinitesimally small.

“Mind is stronger than matter. A subconscious influence is often, indeed, generally stronger than a physical influence.”

Coué referred to the case of a girl with one blind eye who came to him to be cured.¹ It appeared that when this girl was a young child she met with an accident that temporarily blinded her. For several weeks it was physically impossible for her to open the eye. Finally, when there was no

¹ This case is also referred to in Chapter XXII.

reason why she should not use the eye, she found it impossible to do so. She had imagined that she could not open the eye, and was, therefore, unable to do so.

"Hence," said Coué, "the girl was indeed blind in one eye for eighteen years. I applied autosuggestion, removed the effect of warped imagination, and the girl could at once see again.

"Similar cures have been effected with deaf people—people who are deaf by persuasion. A man came to me who was deaf. I had at first to shout in his ear quite close to make him hear my instructions. In three days his deafness had completely gone. The cure had been merely a process of reversing the use of his imagination. Before, imagination had produced deafness by persuasion, and under my system took it away again.

"It is a perfectly simple principle. You have it in games. In golf your imagination controls your muscles. Let your mind become obsessed by the bunker in front of you, and into it your muscles will drive the ball.

"Why is the end of your swing important? The ball has already been hit. Because *your imagination controls the end of the swing at the beginning of it*, and your muscles obey.

"It is a matter of common experience that the imagination, the subconscious element, the mind, are potentially stronger than the body and can have

an effect, good or bad, on the body. As a rule people allow their imagination to have a bad effect on their body. I teach people to use their imagination for their good. That is the beginning and end of autosuggestion.”

CHAPTER XXX

AUTOSUGGESTION AND CHRISTIANITY

Jesus the Founder of Psychology—Difficulty in Acceptance of the "Miracles"—The Difficulty Resolved—What Jesus Meant by "The Kingdom"—"As a Man Thinketh So Is He."

WHATEVER else may be the effect of Coué's work, he has taken pains to make assurance doubly sure that he shall by no means be regarded as a "miracle worker."

By making so plain to the least acute intelligence the psychological basis on which his work rests, he has incidentally raised a question which is of tremendous interest to that large portion of humanity which calls itself "Christian." That question is this:

Has not Coué supplied a logical, scientific, and meaningful explanation of the so-called healing "miracles" as recounted in the Four Gospels?

The conception of Jesus of Nazareth as the founder of the science of psychology may come as something of a mental shock to those who have never considered the question; yet it is by no means a new conception.

Those who have had occasion to study Rousseau's "Letters Written From the Mountain" are familiar with the contention that the "miracles" portrayed in the gospels are the main obstacle to the acceptance of Christianity by many, because the incredibility of the miracles arouses scepticism, and scepticism regarding the miracles reacts upon the teachings of the man with whom "miracle-working" is associated.

A miracle is merely something which is incredible—if it were not incredible it would not be miraculous.

But the testimony of those familiar with the clinic of Nancy records cures exactly as "miraculous" as those recorded in the gospels. Indeed, the accounts of the scientific work of Coué and of the healings recorded in the New Testament are so startlingly similar, when one takes the trouble to compare them, as to be little short of astonishing.¹

Is it, therefore, outside the province of the modern writer, to attempt some analysis of this similar-

¹We shall do well to reflect carefully on how far Christianity embodies all that is true in self-suggestion, but to beware of the timid indolence of mind which has so often in the past constrained Churchmen to oppose any advance in science, especially if they do not happen to feel the need of it themselves. Rather let religious people welcome this movement and interpret the teaching so as to show that the cardinal message is essentially not a therapeutic novelty, but an echo of the New Testament, and in startling agreement with its tenor, its cautions, and its hopes.—The Rev. The Hon. Edward Lytton, D.D.

ity? Jesus as the founder of psychology is not necessarily a new idea. Indeed, that conception of him has been advanced by several writers. "The Kingdom of Heaven is within you" is a fundamental teaching of the Nazarene. And an examination of his teachings seems to show that Jesus had a solid conception of the mental universe, was familiar with the workings of the human mind, and continually endeavored to impress upon his followers that the "kingdom" which he planned, and for which he worked and taught, was something entirely different from the overthrow of the Roman dominion and the restoration of a physical rule in Israel.

"When he was demanded, when the kingdom of God should come, he answered them and said, the kingdom of God cometh not with outward show; neither shall they say, Lo here! or lo there! for behold, the kingdom of God is within you."

"As a man thinketh in his heart, so is he." What is this but autosuggestion? And if it turns out to be true that the Great Teacher, with his profound knowledge of the human mind, had discovered that man is controlled from within and not from without, does not this help to solve an enormous array of difficulties for the modern man whose respect for Jesus is tempered by unwillingness to accept the "miracles?"

"Get rid of the miracles," said Rousseau, "and

the whole world will fall at the feet of Jesus Christ." Jesus as a great psychologist effectively gets rid of the "miracles," or at least of the healing miracles. For they then appear in their true guise and are no longer miracles, but actual demonstrations of the power of the human mind—the subconscious mind—to bring to bear its tremendous power in healing the ills of the human body. Jesus then appears as a teacher who made use of *suggestion*, *autosuggestion* and perhaps of *hypnosis* in the treatment of human ills.

The significance of this theory that Jesus was merely using suggestion and autosuggestion in the so-called miracles, is that it removes from consideration a vast subject of conflict in the mind of the average man or woman to whom doubt as to the authenticity of the miracle stories implies doubt of the entire message of Jesus.

It seems clear from a study of the Gospels, as G. B. Shaw points out, that the healing work of Jesus was not a part of his real mission. The gospel narratives make Jesus rather ashamed of his "abnormal" powers, and inclined to conceal them: he abjures those whom he has cured to say nothing about it. Says Shaw:

There are two obvious reasons for his dislike of being known as a worker of miracles. One is the natural objection of all men who possess such powers, but have far more im-

portant business in the world than to exhibit them, to be regarded primarily as charlatans, besides being pestered to give exhibitions to satisfy curiosity. The other is that his view of the effect of miracles upon his mission is that he perceives that they will discredit him and divert attention from his doctrine by raising an entirely irrelevant issue between his disciples and his opponents.²

That this issue has risen is only too well known. That it can be cleared away easily by the mere assumption that the healings reported (of course there are adequate reasons for believing that the reported occurrences have been exaggerated, added to, and even invented) are based on sound scientific principles of psychology, will be welcome to many.

The point need not be overstressed: it is sufficient merely to suggest that there is nothing in the accounts of the healing miracles in the Gospels which can not, and has not, been duplicated by actual scientific observation of cures reported under auto-suggestion.

To many people, at any rate, Jesus as a psychologist will be more understandable than Jesus as a Miracle Worker. And aside from the healing miracles—if we eliminate the very considerable element of fiction and exaggeration undoubtedly present—the other so-called miraculous occur-

² Shaw, Preface to *Androcles and the Lion*.

rences reported may be accounted for on the basis of mass-hypnosis; the same mass-hypnosis that has been advanced to explain the tricks of the Indian Fakirs.

However this may be, there is no necessary conflict between church and science on the score of M. Coué's method of cure. The Church has, as a matter of fact, given Coué a great deal of consideration. While it is to be expected that some of the criticism from Churchmen is hostile, yet a surprisingly large body of Church opinion is, if not warmly commendatory, at least not bitterly hostile.

But whether one desires to go as far as the implications here stated might lead, or not, is, as a matter of fact, not profoundly important.

It can be said, I think, that Coué would certainly agree with the words of the Great Teacher and would be content to accept them as a summing up of the principles of Autosuggestion:

“As a Man Thinketh In His Heart, So Is He!”



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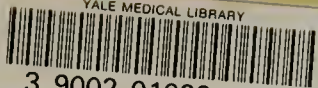
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