CHAPTER VIII

THE LAW OF ABNORMAL SUGGESTIBILITY

A CLOSE examination of the facts of hypnotic suggestion will readily yield us the law of abnormal suggestibility.

I hypnotize Mr. N., and tell him that on awakening, when he will hear me cough, he will go to the table, take the Bible, open it on the first page, and read aloud the first verse of the first chapter. He is then awakened. I cough. He rises, walks up to the table, but stops there and does not budge. I rehypnotize him. He tells me he did not want to carry out the suggestion. "But you must do it!" I insist. "You must go to the table, open the Bible on the first page, and read the first verse of the first chapter. You must do it! You can not help doing it!" He is then awakened, and this time the post-hypnotic suggestion is fully carried out.

I hypnotize Mr. L. "Rise!" I command. He rises. "Walk!" He walks. "You are unable to walk!" He makes a step or two, showing me that he can easily do it. "But it is impossible for you
to walk; you can not walk; you are utterly unable to walk; you must not, and you can not walk; you lost all power of moving; no matter how you try, you find it impossible to take a step; you can not move; your legs; you have lost an control over them; they are stiff, rigid, and firmly fixed to the ground. Oh, no, you can not walk; it is a physical impossibility for you to walk." I go on in this way, pouring forth a torrent of suggestions; and this time my suggestion takes full effect. The subject tries hard to move; he can not do it, his legs are rigid, cataleptic.

I hypnotize Mr. J. F., a strong, powerful, healthy, burly fellow. "Rise!" I command. He rises. "Walk!" He walks. "You can not move!" I command again in a somewhat louder voice. The subject makes a step forward. "But you can not move!" I insist in a still louder voice than before, laying more stress on "can not." He makes a step hesitatingly and with great difficulty, like one dragging a heavy burden on his legs. "You can not move!" I call out in a louder and more commanding tone, putting still more emphasis on the suggestion "can not." The subject comes to a complete standstill. He is fully paralyzed; by no effort of will can he take a step forward.

We may put it down as a rule, that when the suggestion is not taken there is a far higher probability of bringing it into effect by repeating the suggestion over and over again in a louder key and in a more commanding voice. The rule of hypnotic suggestion is, *The more direct we make our suggestion the greater the chance of its success.*

If we examine the facts of suggestion in the deeper states of hypnosis we find that the same rule holds true. The hypnotizer
must make himself perfectly understood by the subject, by the reflex consciousness of the patient.

I hypnotize Mr. L., make passes over his hand, and suggest that it is rigid, stiff. It becomes cataleptic. On a second occasion, when I make the passes, his hand becomes rigid; he knows from previous experiments what it is I want of him.¹

The experiments of Braid, Heidenhein, etc., and the controversy between the Nancy and Salpêtrière school beautifully bring out this general rule of hypnosis. Thus Braid, in his Neurypnology, tells us of some phreno-hypnotic experiments he made with a subject. "This patient, he writes, "being pressed over the phrenologist's organ of time, always expressed a desire 'to write' a letter to her mother or her brother; over the organ of tune, 'to sing'; between this and wit, 'to be judicious'; the boundary between wit and causality, 'to be clever'; causality, 'to have knowledge,' and so on."²

Heidenhein found that in pressing certain regions of the subject's body certain abnormal phenomena appeared; that in pressing the neck echolalia resulted—the patient repeated everything that was said before him with the exactness of a phonograph; that the stimulation of the neck produced vocal sounds, as in Goltz's experiments. Silva, Binet, Féré, and Heidenhein believe that they can move single limbs of the somnambule by stimulating the parts of the head which correspond to the motor centres of the limbs concerned. Chalander even proposed to study the physiology of the brain in this way. Charcot, Dumontpallier, Berillon, Lepine, Strahl, Grützner, and Heidenhein regard hemihypnosis—that is,
hypnosis of one side of the body—as a physiological condition induced by the closing of one eye or by friction of one half of the crown of the head. Binet and Féré claim that a magnet can effect a transfer of anæsthesia, etc., to the opposite side of the body.

Now such experiments invariably fail when made by other observers and on other subjects. Braid himself tells us:³ "I also very soon ascertained that the same points of the cranium when thus excited did not excite the same ideas or emotions in the minds of different patients, which I considered ought to have been the case." He hastens, however, to add: "I have since discovered the cause of this—namely, not having operated at the proper stage of the hypnotic condition." The italics are his own, although Braid meant in quite a different sense from that implied by me. You may press a hump on the head of a fresh subject, and press it as much and as long as you like, and nothing particular will result, or anything might follow. And the reason is, the subject does not know what to expect; he has no suspicion of what the experimenter wants him to do. Charcot and his school maintain that there are three states of what they name "le grande hypnotisme." These states are induced physiologically.

1. The lethargic state is induced by fixation upon an object, or by passing lightly upon the eyeball through the closed eyelids. In this stage suggestion is impossible, but we find in it anæsthesia, a certain muscular hyperexcitability; any muscle excited by pressure or light friction contracts; pressure upon the ulnar nerve provokes the ulnar attitude; and pressure upon the facial nerve is followed by distortion of the features of the corresponding side of the face.
2. A subject in the lethargic condition can be made to pass into the second or cataleptic state by raising his eyelids. If one eye only is opened the corresponding side of the body alone passes into the cataleptic condition, the other side remaining lethargic. Suggestions can be induced through the muscular sense. If the subject's hand is put into a condition as if to give a kiss, his face assumes a smiling expression; if his hands are joined as in prayer, the face becomes grave and the subject kneels down. This condition of catalepsy can also be induced at once without having the subject pass through lethargy, and that is caused by some nervous shock produced by a brilliant point or a violent noise.

3. Lethargy and catalepsy can be transformed into somnambulism by light or repeated friction of the top of the subject's head. Anæsthesia, hyperacute sensibility, and susceptibility to all kinds of suggestion characterize this state.

Now when other observers came to verify these three states they invariably failed to reproduce them without the agency of suggestion. Wetterstrand never found them at all among 3,589 different persons. "I have been as little able," writes Dr. Moll, "as have many others, to observe the stages of Charcot in my experiments. I have, besides, often experimented on several hystero-epileptics, but have failed to observe the stages, in spite of Richet's opinion that everyone who experiments on such persons will obtain the same results as the school of Charcot did." Bernheim finds that these three stages can not be induced without suggestion. Continued suggestion alone has been able to produce them. Liébault, who hypnotized more than six thousand persons, never observed anything that should go to confirm the
hypnotic stages as described by Charcot. "I have never been able," writes Bernheim,4 "to determine without suggestion any phenomena by pressure exercised upon certain points of the cranium. For example, here is one of my somnambulistic cases. I press upon the different points of the cranium; no result. I say, 'Now I am going to touch that put of the cranium which corresponds to the movement of the left arm, and this arm will go into convulsions.' Having said this, I touch an arbitrary part of the head; immediately the left arm is convulsed. I state that I am going to induce aphasia by touching the region corresponding to speech. I touch any part of the head, and the subject no longer replies to my questions. Then I state that I shall touch the head in such a way that irritation of the centres of speech will result. The person then answers my questions in the following manner: 'What is your name?' 'Marie, Marie, Marie.' 'How are you?' 'Well, well, well.' 'You have no pain?' 'None at all, none at all, none at all.' "

I myself made similar experiments on my subjects and with similar results. I pressed different regions of the head of my subject and nothing resulted. I then said, "I am going to press your shoulder and you will be unable to speak." I pressed it, and he could not speak. In my following séances, whenever I pressed that subject's shoulder he lost the power of speech.

I pressed the head of Mr. W. in different places and no result followed. I then said, "I will press the centre of speech and you will be unable to speak." I firmly pressed an arbitrary part of the head, and the subject was unable to speak. Without suggestion, by mere physiological means, we are unable to induce any particular changes in the hypnotic subject. The
subject must know what we require of him.

It is not necessary to make suggestions to each subject separately. If a hypnotizable person is present at a séance, he takes the hint at once, and when he is hypnotized he manifests phenomena similar to the one he has witnessed. He knows exactly what the hypnotizer wants of him.

"Here is an experiment," writes Bernheim, which I made with M. Beaunis. We hypnotized a nurse in our service who was susceptible to somnambulism. She had never been present either as witness or as subject of the kind of experiment which I wanted to try on her. I put the upper left limb into the cataleptic condition in the horizontal position, the thumb and index fingers stretched out, the other fingers bent; the right arm remained relaxed. I applied the magnet to it for eight minutes. Nothing occurred. Then turning to M. Beaunis, I said: 'Now I am going to try an experiment. I shall apply the magnet to the right hand (on the unaffected hand), and in a minute you will see this arm lifted and take the exact attitude of the left one, while the latter relaxes and falls.' I placed the magnet just where it was at first, and in a minute the suggested transfer was realized with perfect precision. If, then, without saying anything more, I put the magnet back against the left hand at the end of a minute the transfer occurred in inverse order, and so on consecutively. Afterward I said, 'I shall change the direction of the magnet, and the transfer will take place from the arm to the leg.' At the end of a minute the arm fell and the leg was raised. I put the magnet against the leg without saying anything, and the transfer took place from the leg to the arm. If, without saying anything to the subject, I replace the magnet by a knife, a pencil, a bottle, a
piece of paper, or use anything in its place, the same phenomenon occurs. The next day I repeated these experiments on another somnambulist who had been present the day before, and without saying anything to her, or to any of the persons present, they succeeded marvellously; the idea of the transfer had been suggested to her mind by the circumstances of which she had been a witness."

In deep hypnosis, on account of the hyperæsthesia of the subject's senses, the slightest hint suffices. But here, too, the subject must be trained by previous experiments as to the interpretation of the hint. In short, we may fully assert that in hypnosis the subject must know what the hypnotizer wants of him, so that the more precise, exact, and frank the suggestion is, the surer will be its success. We may put it down as a rule for practitioners who intend to use hypnotism for therapeutic purposes, In giving the suggestion to the patient, make your language plain, precise, and direct to the point.

The following cases will show the necessity of observing this last rule:

Prof. W. James gave to one of his patients a posthypnotic suggestion to smoke only one pipe of tobacco a day. When the patient came again Prof. James asked him how many pipes he smoked a day? The answer was, "One only." On being hypnotized the patient confessed that he bought a pipe with a bowl of large dimensions, and that it was this one pipe he was smoking the whole day.

Mr. F. suffered from attacks of acute headache. On account of the violent pain he had to discontinue his work. He came to
me to be cured by hypnotism. I have hypnotized him several times and greatly relieved his headache. He could continue his occupation without any inconvenience. At the eighth sitting he told me he had no more violent attacks, but was only suffering from occasional slight headaches. I suggested that he will have no more slight headaches. Next day he came to me complaining of a severe attack.

All the facts discussed in this chapter prove in the clearest way the truth that in hypnosis, in the state of abnormal suggestibility, the more direct a suggestion is the greater is the chance of its being realized, the stronger is its efficacy; and vice-versa, the more indirect a suggestion is the less is the chance of having it realized, the less is its efficacy. The law of abnormal suggestibility may be stated as follows:

Abnormal suggestibility varies as direct suggestion, and inversely as indirect suggestion.
1. Sphygmographic or pulse tracings illustrate well this state of catalepsy (see diagram, Plate I).
2. I must add here that Braid, in his later investigations in hypnosis, became fully aware of the real source of the phenomena.
4. Suggestive Therapeutics.
5. Suggestive Therapeutics.

PLATE I shows the influence of suggestion in the production of catalepsy. The subject was put into a state of hypnosis and a sphygmographic record was taken of him. In the middle of the record the subject was thrown into a cataleptic state. At once the record changed; the characteristic pulse-wave disappeared and was replaced either by a curve full of fine minute vibrations (A and D), or by a series of broken lines (Band E)—traces of the pulse-waves—and sometimes by one rapidly descending straight line passing over into a series of fine minute vibrations as the suggestion of rigidity was more and more enforced (C). Now, at the height of the cataleptic state the subject was suggested that he was "well" again, and immediately the characteristic pulse-wave appeared once more, and very often in a better condition, the ascending limb on the upward stroke was higher, and the secondary or dicrotic wave on the descending limb became more emphasized (A, C and E). The arrow indicates the direction in which the record runs.

[Cf. Chapter V, The Law of Normal Suggestibility.]