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Contributors

Williams, Tom A. 1870-
Royal College of Surgeons of England

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THE DIFFERENCE BETWEEN SUGGESTION AND
 PERSUASION—THE IMPORTANCE OF
 THE DISTINCTION.

BY TOM A. WILLIAMS, M. B., C. M. (Edin.)
 of Washington, D. C.

IN the literature of psychotherapy, much is spoken of the methods of persuasion and suggestion respectively. But no very clear idea seems to have emanated from the experience of the different schools.

Déjérine¹ has reached the belief that even the most cogent reasoning only convinces through the hearer's faith in the superiority of the reasoner. In spite of this, he believes himself to be using the method of persuasion in the treatment of the patients in the Salle Pinel of the Salpêtrière.² Bernheim³ under the name of suggestion has long used a method quite similar, with equal success.

The treatment which Dubois⁴ calls moral is also largely suggestive, although theoretically he lays much stress on re-education. Of course, re-education, like the education of the child, in whom reasoning faculties are in embryo, must be largely a matter of suggestion; but what the psychotherapist usually has to meet is an adult whose psyche has not transcended the childlike. Not, however, until his suggestibility has been replaced by reasonableness can re-education be said to have occurred. Of course the patient must feel that his teacher is superior to himself, and in a good many more ways than medically. But this feeling is needed only for the beginning, and indeed is connoted by the patient coming to consult. Later, superiority must show itself in clear reason, and not by unspoken "personality," as it is vaguely called, which too often means a merely brutal beating down of opposing ideas.

The patient will not be cured by a mere negation of his notions, however authoritative: this method does not foster mental growth. A trend of hurtful tendencies must not be violently broken, but must be rebent, often slowly, to what the psychotherapist's experience tells him is the best direction for the given patient. This is the antithesis of the method of suggestion, is truly the method of re-education, and fulfills the indication, which I cannot put better than in the words of Duprat,⁵ "to implant the habit of attention and study, to restrict the domain of credulity by developing the critical sense, to give practice to individual and independent reflection, to fortify the will, to create the habit of comparing disinterestedly one's motives for judging and believing; in a word to teach a child to doubt and to will, to master himself, and hence to be free." The failure to accomplish this by the present scholastic education is most striking, as any one may learn by talking with a teacher of the young.

It is most important then to clearly distinguish the one method from the other, in order to know which we are applying, as well as to understand the indications for each. So unsatisfactory have been the distinctions proposed that Babinski⁶ has recourse to teleology upon which to found the difference between suggestion and persuasion. He is dissatisfied with the psychologic distinctions, and therefore calls suggestion that which is *pejorative*, that is to say, which imposes an unreasonable or evil idea somewhat in the sense of insinuation. By persuasion he means the imposition by *any means* of an idea which *he* believes to be reasonable and benign. As Babinski's ideas upon hysteria are now becoming accepted so widely, and as so many patients requiring psychotherapy are hysterical, it is very important that before yielding to his despair of finding in psychology a criterion to distinguish suggestion from persuasion, that we should make every effort to demarcate the two processes one from the other, more especially as I hope to show that the distinction of Babinski is unsound from the clinical and psychological point of view as well as less practical than the one I venture to propose, which depends not upon the truth, validity, reasonable-

ness or tendency of the idea presented, but is founded upon the manner in which it is accepted or rejected by the subject. It is in order to incite a discussion which may bring light where confusion now reigns that I venture to offer the following considerations.

Truth and validity have no absolute criteria: they have to be judged by consensus. While no one accepts opinions without critique, yet it is a fact that most current fundamental so called truths have been imposed upon us before our critical power had developed. Most of our acts are founded upon beliefs of this kind, and the extinction of such a belief connotes a change of individuality against which the instinctive psychic defense reactions are constantly on guard. When such beliefs are at variance with the environmental doctrines (and the patient or friends realize this), a cure is sometimes sought. Thus in the middle ages, when the doctrine of possession by devils made the possessed behave in the manner they conceived to be devilish, thaumaturgists flourished. In our own day, spinal commotion has produced psychic paralysis, with its characteristic clinical picture, and has been profitable both to its victim and his medical and legal advisers, until it was rudely shaken by more accurate clinico-pathological research.⁷ The false belief that he has a weak stomach still produces many a chronic invalid.⁸ The want of information of the doctors of the passing generation about the psychic mechanism of these disorders is responsible for the vogue of the Christian Science, Mental Healing, Ecclesiastical and other cults, and also of many remedies, physical, electrical and pharmaceutical, and even whole schools of therapy, which after a period of notoriety, more or less brief, fall into deserved desuetude, their active agent the psychic factor on the contrary coming more and more into prominence.

The difficulty of these cures has two sources, firstly, the tenaciousness of ideas absorbed unreasoningly, and secondly, the doctor's ignorance of their role in the production of disease,⁹ and his lack of taste for the kind of study which would teach him their pathogenesis and direct an intelligent treatment.

The psychogenesis of many medical and surgical conditions is now being very forcibly and unpleasantly brought home to the medical profession by the Christian Scientist; and this economic argument will strongly aid in terminating medical ignorance. The tenaciousness of such ideas has been well-known by the students of traumatic neurosis, and may be illustrated by such a case as that of the gastropath who, after being cured by Déjérine,¹⁰ said, "I don't feel myself at all, it is like another person." The convulsive seizures of hystericals are often merely the emotional reactions against the assault of their cherished fixed ideas, as in the case of a hysterical patient who, after maintaining a digital contracture for five years, reacted by an attack of nerves when a gentle attempt was made to relax his fingers, Brissaud¹¹ pertinently remarking "his contracture is his life." A psychasthenic of my own declared, in speaking of the obsessions which tormented her, "the thoughts are me; I could not pull them up without everything else in my mind, the machinery stops if—"

These are all manifestly unreasonable ideas; but many a person whose ideas conform to general opinion has acquired them in an unreasoning way; and he may, at the instigation of a skillful operator, as readily absorb the most unreasonable ideas. The process by which this is done is *suggestion*, which no one disputes; so that an idea imposed by suggestion may be either reasonable or the contrary. Hence between suggestibility and apparent reasonableness, there is no disaccord.

On the other hand, a person of the most painstaking criticality may have a knowledge of facts not generally known or be unaware of an incident well known to his neighbors, which may cause him to profoundly dissent from recognized standards, and to appear utterly unreasonable. His unreasonable ideas, however, are based upon a capacity for independent judgment, and not upon suggestibility by the environment: it is the process which would be called persuasion did it derive from another person. Hence there is disaccord between unreasonable ideas and susceptibility to persuasion. We must therefore conclude that the distinction between suggestion and persuasion does not depend upon the result.

For instance, the indisposition of the man who became ill on account of the reiteration of his friends who for a joke plotted against him is an example of *pejorative suggestion*; but must we not call meliorative the suggestion which induces a child to get up and continue to walk, although he has fallen and hurt himself, because he is made to believe by certain distractions that he is very little hurt.¹² The medical literature teems with cases of psychotherapy by meliorative suggestion similar in principle to the preceding example.

Our daily life furnishes numerous examples of *meliorative persuasion*, even though the majority of men are not rationalists. For example: When a person resolves to sleep with the windows open after having learned that a consumptive takes less catarrh, suffers less from the cold, and enjoys better health on account of living in the open air, it being taken for granted that he understands the physical properties of the atmosphere, which make the access of a sufficient quantity of oxygen impossible without a draught more or less severe, it is right to say that he makes his decision because of persuasion.

As for *pejorative persuasion* the best examples are the eccentrics, who for lack of education can not see the defects in the bizarre ideas they have adopted after a long period of reflection upon the facts. Were they suggestible, such eccentric ideas would be substituted with great facility by any new idea; but it is not so. The persons who do change their ideas so easily are merely the imitators of eccentricity; and these are no more truly eccentric than are truly decadent the followers of the cult of decadence. One cannot judge the psychology of a class by a study of its camp followers.

If suggestion cannot be distinguished from persuasion by results, it follows that its difference depends upon the process; but before examining this it is necessary to eliminate those properties possessed in common in both suggestion and persuasion. For example: The act of substituting a newly imposed idea for an antecedent belief belongs both to suggestion and persuasion; in either, the subject may make an effort to oppose the incoming idea. Here it is possible to make a distinction regarding the criticism used by the sub-

ject; but any difference depends fundamentally upon the number of facts he valued in order to resist persuasion as against suggestion. In the latter, there is a mere brute resistance against the imposing.

When this opposition is overcome by stating that it vanishes, and also when it is overcome by stratagem or by surprise, it is equally so by suggestion. This suggestion is *indirect* when the opposition of the subject is disposed of through turning its flanks, so to speak, while the subject is occupied with some irrelevant matter. The suggestion is *direct* when a mere affirmation suffices to destroy an adverse idea.

Now, on the contrary, an idea is imposed by *persuasion* in virtue of the fact that the subject reaches the new conviction while all the time fully aware of the whole process, practically speaking, which takes place in the minds, both of himself and his persuader. An orthodox believer in the cosmogony of the book of Genesis who becomes convinced of the truth of the Darwinian theory of natural selection by reading books of Christian apologetics must have become so by persuasion, contrary suggestion being put aside. The distinction then is one of awareness of the subject. The popular mind has grasped this distinction in the current notion voiced by the saying: "I don't know how I was tempted to do that, the man hypnotized me."

From these considerations it follows that there is a fundamental distinction between suggestion and persuasion, and this consists of the subject's entire unconsciousness, the absence of realization of the manner in which a new idea has been imposed upon him during suggestion. Sometimes he is even ignorant of having received anything new.

Persuasion, on the other hand, appeals to the individual's own power of reflection, and this makes him aware of the whole process of reasoning by which he becomes convinced. A false conclusion derived from persuasion is false not in virtue of incorrect reasoning, but by error in the premises. The *folie raisonnée* of the paranoiac furnishes another striking example of autopersuasion.

Suggestibility is annihilated by scepticism, the habit of suspension of judgment, doubt. These, however, connote

persuadability unless carried to the pathological degree of *folie de doute*. The victim of this form of psychasthenia may be persuaded but not convinced. The lack of conviction, however, is merely one of the manifestations of the diminished feeling for reality which is so prominent a symptom of these patients.¹³ They are altogether unamenable to suggestion, which is impossible without a feeling of entire certainty, a certainty so great as to impel its victim to acts and beliefs which may be entirely irrational.

Suggestibility is diminished and persuadability fostered by rational education, and during the progress of this, the same individual may exhibit both reactions, according to the intellectual habit aroused by the various stimuli employed. The rational psychotherapy of hysteria includes a re-educative procedure of this type: At the conclusion of the course the patient is no longer suggestible, and cannot therefore be termed hysteric.

Incomplete and imperfect perhaps as is this analysis, I cannot but feel it is in a more fruitful direction than the teleologico-ethical one to which Babinski has succumbed. I trust, therefore, that the illustrations and arguments offered may, if not convincing, call forth others more so; for this is more than an etymological *quid nunc*: it voices a need for words to represent differences in essence rather than arbitrary use, and thus give to their use not only precision, but meaning, in the already very difficult study of the neuroses and their therapy, now one of the most encouraging branches of medical art, though so long its reproach.

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