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THE THERAPEUTIC EFFECT OF INEXACT INTERPRETATION: A CONTRIBUTION TO THE THEORY OF SUGGESTION

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Psycho-analytic interest in theories of cure is naturally directed for the most part to the curative processes occurring in analytic treatment: the therapeutic effect of other methods is, nowadays at any rate, more a matter of general psychological interest. In earlier times, of course, it was necessary to pay special attention to the theoretical significance of non-analytic psychotherapy. Statements were frequently bandied about that psycho-analysis was nothing more than camouflaged suggestion: moreover, the fact that analytic method was based on experiences derived from situations of rapport between physician and patient, as for example, in hypnosis, made some theoretical differentiation desirable. Most discussions of the 'resolution of transference' can be regarded as contributions to this problem, affording a rough but serviceable distinction between analytic and other therapeutic methods. And the special studies of Freud (1) on group psychology, Ferenczi (2) on transference, Ernest Jones (3) on suggestion and auto-suggestion, Abraham (4) on Couéism and an unfinished study by Radó (5) on the processes of cure, have given a broader theoretical basis to this differentiation.

Nevertheless we are periodically stimulated to reconsider the relations between different forms of psychotherapy, more particularly when any advance is made in analytic knowledge. When such advances occur we are bound to ask ourselves, 'what happened to our cases before we were in a position to turn this fresh knowledge to

advantage ? ' Admittedly we would not be under this obligation had we not previously used terms such as ' cure ', ' thorough analysis ', etc., etc. But for many years now we have been in the habit of speaking in such terms and therefore cannot avoid this periodic searching of heart.

One possible answer is that the additional information does not affect therapeutic procedure at all ; that, like M. Jourdain, we have been talking ' prose ' all the time. This certainly applies to a great deal of recent work on super-ego analysis, anxiety and guilt. It is true we have been able to sub-divide resistances into super-ego resistances, ego resistances and id resistance. But we always endeavoured to reduce such resistances, even when we had no special labels to attach to them. On the other hand when we consider the actual content of repression, it is clear that the discovery of fresh phantasy systems sets us a problem in the theory of healing. It might be stated as follows : what is the effect of inexact as compared with apparently exact interpretation ? If we agree that accuracy of interpretation amongst other factors contributes towards a cure, and if we agree that fresh phantasy systems are discovered from time to time, what are we to make of the cures that were effected before these systems were discovered ?

An obvious difficulty in dealing with this problem is the fact that we have no adequate and binding definitions of terms. Take for example standards of ' cure ' : it may be that the standards have varied : that in former times the criterion was more exclusively a symptomatic one : that as our knowledge has increased our standards of cure have become higher or broader or more exacting. For example the application of analysis to character processes has certainly increased the stringency of therapeutic standards : whether it has given rise to fantastic criteria remains to be seen. In any case it is generally agreed that a distinction between analytic and non-analytic therapeutic processes cannot be solely or immediately established by reference to symptomatic changes.

Then as to the significance of phantasy systems, it might be suggested that presentation content is not in itself primarily pathogenic : that the history of the affect only is important in illness, hence that the value of fresh discoveries of phantasy content lies solely in providing more convenient or rapid access to affective reactions. The objection to this view is that it leaves the door open to complete interpretative distortion or glossing over of repressed content ; more-

over it would deprive us of a valuable distinction between psycho-analytical interpretation and pseudo-analytical suggestion.

Incidentally a somewhat cynical view would hint that fresh discoveries are not necessarily or invariably accurate, or indeed fresh. One is bound to recall here the rapidity with which some analysts were able to discover ' birth traumas ' in all their patients for some time after Rank first published his book on the *Trauma of Birth*, and before it was officially exploded. A less cynical view is that many new phantasy systems or elaborations of known systems are mainly repetitive in nature ; repeating some central interest in varying idiom, the idiom being determined by stages of libido development and ego reaction. According to this view repetitions assist displacement and are therefore protective : the greater the number of systems we discover the more effectively we can prevent defensive displacement. We could then say that in the old days affective disturbances were worked through under a handicap (viz. : lack of knowledge of the variations of phantasy), but that they were nevertheless worked out.

The next view has some resemblances to the last but brings us closer to an *impasse*. It is that pathogenic disturbances are bound by fixation and repression to certain specific systems, but that these can be lightened by regression (displacement backwards) to earlier non-specific systems (*Rückphantasieren*) or again by distribution, i.e. forward displacement to later and more complicated systems of phantasy. Even then we could say that legitimate cures were effected in former times although under a handicap. But if anyone cared to claim that particular neuroses were defences against a specific set of unconscious phantasies, related to a specific stage of fixation and that unless these were directly released from repression no complete cure could be expected, we would be compelled to consider very carefully how cure came about in the days before these phantasies were discovered.

Obviously if such a claim were made, the first step in investigation would be to estimate the part played in previous cures by repression. This is always the unknown quantity in analyses. It does not require any close consideration to see that the rapid disappearance of symptoms which one occasionally observes in the opening phase of an analysis (e.g. in the first two or three months) is due partly to transference factors, but in the main to an increase in the effectiveness of repression. This efficiency reaches its height at one of two points ; first when the amount of free anxiety or guilt has been reduced, and second when the

transference neurosis threatens to bring out deep anxiety or guilt together with their covering layer of repressed hate. One is apt to forget, however, that the same factors can operate in a more unobtrusive way and take effect at a much later date in analysis. In this case the gradual disturbance of deep guilt is undoubtedly the exciting cause of increased repression. According to this view cures effected in the absence of knowledge of specific phantasy systems would be due to a general redressing of the balance of conflict by true analytic means, bringing in its train increased effectiveness of repression.

If we accept this view we can afford to neglect the practical significance of inexact interpretations. It will be agreed of course that in the hypothetical case we are considering, many of the interpretations would be inexact in that they did not uncover the specific phantasy system, although they might have uncovered systems of a related type with some symbolic content in common. Nevertheless, we are scarcely justified in neglecting the theoretical significance of inexact interpretations. After all, if we remember that neuroses are spontaneous attempts at self-healing, it seems probable that the mental apparatus turns at any rate some inexact interpretations to advantage, in the sense of substitution products. If we study the element of displacement as illustrated in phobias and obsessions, we are justified in describing the state of affairs by saying that the patient unconsciously formulates and consciously lives up to an inexact interpretation of the source of anxiety. It seems plausible, therefore, that another factor is operative in the cure of cases where specific phantasy systems are unknown ; viz. that the patient seizes upon the inexact interpretation and converts it into a displacement-substitute. This substitute is not by any means so glaringly inappropriate as the one he has chosen himself during symptom formation and yet sufficiently remote from the real source of anxiety to assist in fixing charges that have in any case been considerably reduced by other and more accurate analytic work. It used to be said that inexact interpretations do not matter very much, that if they do no good at any rate they do no great damage, that they glide harmlessly off the patient's mind. In a narrow symptomatic sense there is a good deal of truth in this, but in the broader analytic sense it does not seem a justifiable assumption. It is probable that there is a type of inexact interpretation which, depending on an optimum degree of psychic remoteness from the true source of anxiety, may bring about improvement in the symptomatic sense at the cost of refractoriness to deeper analysis. A glaringly inaccurate interpretation

is probably without effect unless backed by strong transference authority, but a slightly inexact interpretation may increase our difficulties. Some confirmation of this can be obtained by studying the spontaneous interpretations offered us by patients. These are often extremely accurate in reference to *some* aspect of their phantasy activity, more particularly when the interpretation is truly intuitive, i.e. is not stimulated by intellectual understanding or previous analytic experience. But it will be found that except in psychotic cases, the interpretation offered is not at the moment the true interpretation. Test this by appearing to acquiesce in the patient's view and in nine out of ten cases of neurosis the patient will proceed to treat you with the indifference born of relief from immediate anxiety. The moral is of course that, unless one is sure of one's ground, it is better to remain silent.

The subject is one that could be expanded indefinitely, but I will conclude its purely analytic aspect here by giving a brief illustration. If we recall the familiar intrauterine phantasies which have been variously interpreted from being indications of birth traumas to being representations of pre-latency genital incest-wishes; or the phantasies of attacking the father or his penis in the mother's womb or vagina to which special attention was drawn by Abraham; or again the more 'abdominal' womb phantasies to which Melanie Klein has attached a specific meaning and significance, it will be seen that we have ample material to illustrate the problem under discussion. I would add only one comment by way of valuation. It is that in the absence of definite evidence indicating specific fixation at some stage or another the more universally such phantasies are found, the greater difficulty we have in establishing their value in any one case. In other words the greater difficulty we have in establishing the neurotic option. In terms of a recent discussion (6) of precipitating factors in neurosis, we cannot speak of a specific qualitative factor in a precipitation series of events until by the uncovering of repression we have proved not only that the same factor existed in the predisposing series, but also that it was pathogenic.

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Before leaving this aspect of the subject, and in order to prevent misunderstanding, it would be well to establish some distinction between an 'inexact' and an 'incomplete' interpretation. It is obvious that in the course of uncovering a deep layer of repressed phantasy, a great number of preliminary interpretations are made, in

many cases indeed cannot be avoided. To take a simple example: it is common experience that in the analysis of unconscious homosexual phantasies built up on an anal organisation, much preliminary work has to be done at a genital level of phantasy. Even when genital anxieties are relieved and some headway has been made with the more primitive organization, patients can be observed to reanimate their genital anxieties periodically. The anal system has for the moment become too strongly charged. In such a case the preliminary interpretations of genital phantasy would be perfectly accurate and legitimate, but in the pathogenic sense incomplete and indirect. If, however, no attempt were made to uncover anal phantasies and if genital phantasies alone were interpreted, the interpretation would be inexact. If subsequently in the course of analysing anal phantasies, genital systems were re-cathected, and a genital interpretation alone were given, such an interpretation would be not only incomplete but inexact.

A similar situation arises with sadistic components of an anal-sadistic system. Preliminary interpretation of the anal component would be incomplete: it would not be inexact unless the sadistic element were permanently neglected. This particular example is worthy of careful consideration: it brings out another point in the comparison of analytic results obtained in recent times with those obtained in earlier years. In the analysis of obsessional neuroses it can be observed that when sadistic components are causing resistance, the resistance frequently takes the form of an exaggeration of seemingly erotic phantasy and ceremonial. And the patient is only too glad to accept an interpretation in terms of libidinal phantasy. The same applies to the defence of erotic components by a layer of sadistic phantasy. Now the whole trend of modern psycho-analytic therapy is in the direction of interpreting sadistic systems and guilt reactions. We are bound, therefore, to consider whether some of the earlier symptomatic successes were not due to the fact that by putting the stress on libidinal factors and only slightly on sadistic factors, the patient was freed from anxiety but left with unresolved (repressed) sadistic systems. It would be interesting to compare the earlier results of analysis of transference and narcissistic neuroses respectively with those obtained in recent times. If the view I have presented is valid, one would expect to find that in former times the results in the narcissistic neuroses were comparatively barren, and the symptomatic results in the transference neurosis more rapid and dramatic. As against this one would expect to find better results from the modern

treatment of narcissistic neuroses and less rapid (if ultimately more radical) results in the transference neuroses. The deep examination of guilt layers might be expected to postpone alleviation in cases where the maladaptation lay more patently in the libidinal organization.[1]

One more comment on 'incomplete' interpretation. Apart from the degree of thoroughness in uncovering phantasy, an interpretation is never complete until the immediate defensive reactions following on the interpretation are subjected to investigation. The same applies to an interpretation in terms of 'guilt' or 'anxiety': the latter is incomplete until the phantasy system associated with the particular affect is traced. The tracing process may lead one through a transference repetition to the infantile nucleus or through the infantile nucleus to a transference repetition (7).

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Turning now to the non-analytical aspect of the problem, there are one or two points worthy of consideration. The psycho-analyst has never called in question the symptomatic alleviation that can be produced by suggestive methods either of the simple transference type or of the pseudo-analytical type, i.e. suggestions based on some degree of interpretative appreciation. He has of course queried the permanence of results or speculated as to the price paid for them in general happiness or adaptability or emotional freedom. But he could not very well question the occurrence of such alleviations; in his own

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[1] If a companion paper were written 'on the exacerbating effect of inexact interpretation', it would doubtless be concerned mainly with the result of partial interpretation of sadistic phantasy. A common result of disturbing guilt systems without adequate interpretation is that the patient breaks off in a negative transference. Even if his anxiety symptoms have disappeared he may depart with increased inferiority feeling, a sure sign of activated guilt. Short of this dramatic termination, there are many other indications of active resistance following inexact interpretation. During the discussion of this paper, Miss Searl drew attention to a common source of resistance or stagnation during analysis. It is the interpretation of an Id system in terms of a super-ego system or *vice versâ*. This observation is certainly sound. It can be demonstrated experimentally with ease during the analysis of obsessional cases. In the early stages of ceremonial formation the protective or cancelling ('undoing') system is dictated by the super-ego. Sooner or later this is infiltrated with repressed libidinal and sadistic (Id) elements. Continuance of the 'Super-ego' interpretation is then 'inexact' and if persisted in brings the analysis to a standstill.

consultative practice the analyst has many occasions of observing the therapeutic benefit derived from one or more interviews. Even in this brief space he is able to observe the same factors at work which have been described above. Patients get better after consultation either because they have relieved themselves of trigger charges of anxiety and guilt, or because they have been frightened off unconsciously by the possibility of being analysed or because in the course of consultation the physician has made some fairly accurate explanations which are nevertheless sufficiently inexact to meet the patient's need.

Strictly speaking this observation is not an analytical one, but taken in conjunction with the earlier discussion of the effect of inexact interpretation in actual analysis, it seems to justify some reconsideration of current theory of suggestion. One is tempted to short-circuit the process by stating outright that whatever psychotherapeutic process is not purely analytical must, in the long run, have something in common with the processes of symptom formation. Unless we analyse the content of the mind and uncover the mental mechanisms dealing with this content together with its appropriate affect, we automatically range ourselves on the side of mental defence. When therefore an individual's mental defence mechanisms have weakened and he goes to a non-analytical psychotherapeutist to have his symptoms (i.e. subsidiary defences) treated, the physician is bound to follow some procedure calculated to supplement the secondary defence (or symptomatic) system. He must employ a tertiary defence system.

Theoretical considerations apart, it would seem reasonable to commence by scrutinizing the actual technique employed in suggestion. This can be done most conveniently by using a common standard of assessment, to wit, the amount of psychological truth disclosed to the patient. Or, to reverse the standard, suggestive procedure can be classified in accordance with the amount of deflection from psychological truth, or by the means adopted to deflect attention.

Using these standards it would no doubt be possible to produce an elaborate sub-division of methods, but there is no great advantage to be obtained by so doing. It will be sufficient for our purpose to contrast a few types of suggestive procedure, using analytical objectivity as the common measure. The most extreme form of deviation from objectivity is not generally regarded as a suggestive method at all. Yet there is no doubt that it belongs to suggestive procedure and produces very definite results. It is the method of ' neglect ' combined with ' counter-stimulation ' employed by the general practitioner or

consultant (8). The psychological truth is not even brushed aside ; it is completely ignored. Nevertheless, stimulated no doubt by intuitive understanding of counter-irritations and attractions, the practitioner recommends his patient to embark on activities outside his customary routine. He advises a change of place (holiday) or of bodily habit (recreation, sport, etc.) or of mental activity (light reading, music-hall, etc.). The tendencies here are quite patent. The physician unwittingly tries to reinforce the mechanism of repression (neglect) and quite definitely invokes a system of counter-charge, or anticathexis. His advice to go for a holiday or play golf or attend concerts is therefore an incitement to substitute (symptom) formation. And on the whole it is a symptom of the obsessional type. The patient must do or think something new (obsessional ceremonial or thought), or take up some counter attraction (anticathexis, cancellation, undoing, expiation). This counter-charge system no doubt contributes to the success of the general manœuvre but the repression element is important. The physician encourages the patient by demonstrating his own capacity for repression. He says in effect, ' You see, I am blind ; I don't know what is the matter with you : go and be likewise '.

The next group, though officially recognized, does not differ very greatly from the unofficial type. It includes the formal methods of suggestion or hypnotic suggestion. Here again the tendency is in complete opposition to the analytical truth ; but the repression aspect is not so strongly represented. The suggestionist admits that he knows something of his patient's condition but either commands or begs the patient to neglect it (auxiliary to repression). The patient can and will get better, is in fact better and so on. To make up for the inherent weakness of the auxiliary system, the suggestionist goes through various procedures (suggestions or recommendations) that are again of an obsessional type. Interest has to be transferred to ' something else ' more or less antithetical in nature to the pathogenic interest ; and of course in hypnotic procedure there are always remainders of magical systems (gestures and phrases).

A third group is distinguished by the fact that a certain amount of use is made of psychological truth or analytic understanding. Explanations varying in detail and accuracy are put before the patient or expounded to him. This is followed by direct or indirect suggestion. By exhortation or persuasion or implication the patient is led to believe that he is now or ought now to be relieved of his symptoms. Auxiliary suggestions of an antithetical type may or may not be added. Although

varying in detail, all these procedures can be included under one heading, viz.: pseudo-analytical suggestion. And as a matter of fact, although the view has aroused much resentment, analysts have made so bold as to describe all pseudo-Freudian analysis as essentially pseudo-analytic suggestion. The only difference they can see is that no open suggestive recommendations are made in the second or third stage of the procedure. As however the negative transference is not analysed at all, and very little of the positive, a state of rapport exists which avoids the necessity for open recommendation. Despite this, and presumably to make assurance doubly sure, a good deal of oblique ethical or moral or rationalistic influence is exerted.

There is one feature in common to all these methods; they are all backed by strong transference authority, which means that by sharing the guilt with the suggestionist and by borrowing strength from the suggestionist's super-ego, a new substitution product is accepted by the patient's ego. The new 'therapeutic symptom construction' has become, for the time, ego-syntonic.[2]

At this point the critic of psycho-analysis who for reasons of his own is anxious to prove that psycho-analysis is itself only another form of suggestion, may argue as follows: if in former times analysts did not completely uncover unconscious content, then surely the analytic successes of earlier days must have been due in part to an element of suggestion in the affective sense as distinct from the verbal sense. It may be remembered that the old accusation levelled against psycho-analysis was that analytic interpretations were disguised suggestions of the 'verbal' or ideoplastic order. At the risk of being tedious the following points must be made clear. Analysis has always sought to resolve as completely as possible the affective analytic bond, both positive and negative. It has always pushed its interpretations to the existing maximum of objective understanding. It is certainly possible that the factor of repression (always an unknown quantity) has dealt with psychic constructions that were incompletely interpreted, but analysis has always striven its utmost to loosen the bonds of repression. It is equally possible that when interpretation has been incomplete some displacement systems are left to function as substitutes or anticathexes; nevertheless analysis has always endeavoured to head

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[2] I have omitted here any detailed description of the dynamic and topographic changes involved in the processes of suggestion. These have been exhaustively described by Ernest Jones in the papers already quoted.

off all known protective displacements. In short, it has never sought to maintain a transference as an ultimate therapeutic agent; it has never offered less than the known psychological truth; it has never sided with the mechanisms of repression, displacement or rationalisation. Having made its own position clear, psycho-analysis offers no counter-attack to the criticism. It offers instead a theory of suggestion. It is prepared to agree that the criticism might be valid for bad analysis or faulty analysis or pseudo-analysis. It adds, however, that bad analysis may conceivably be good suggestion, although in certain instances it has some misgivings even on this point. For example, it has always been poor analysis to stir up repressed sadistic content and then, without analysing the guilt reactions fully, to remove the props of displacement. And it has probably always been good suggestion to offer new or reinforced displacement substitutes and to buttress what tendencies to withdraw cathexis are capable of conscious support. It is conceivably bad suggestion or more accurately bad pseudo-analytic suggestion to disturb deep layers of guilt. Presumably a good deal of the success of ethical suggestion and side-tracking is due not only to the fact that the patient's sadistic reactions are given an extra coating of rationalization, but to the fact that the sidetracking activities recommended act as obsessional ' cancellings ' of unconscious sadistic formations.[3]

In addition to these two factors of repression and substitution there is a third fundamental factor to be considered. A great deal of information has now been collected from various analytical sources to show that at bottom mental function is and continues to be valued in terms of concrete experience. There has of course always been some academic interest in the relation of perceptual to conceptual systems, but the contributions of psycho-analysis to this subject have been so detailed and original that it is for all practical purposes a psycho-analytical preserve. For the unconscious a thought is a substance, a word is a deed, a deed is a thought. The complicated variations which psycho-analysis has discovered within this general system depend on the fact that in the upper layers of the unconscious (if we may use this loose topographical term) the substance is regarded as having different origin, properties and qualities. Put systematically,

[3] In a personal communication Mrs. Riviere has emphasized the importance of sadistic factors in any assessment of analytic or suggestive method.

the nature of the substance depends upon the system of libidinal and aggressive interest in vogue during the formation of the particular layer of psychic organization.

During the primacy of oral interest and aggression, all the world's a breast and all that's in it good or bad milk. During the predominance of excretory interest and anal mental organization, all the world's a belly. During infantile genital phases, the world at one time is a genital cloaca, at another a phallus. The overlappings and interdependence of these main systems give rise to the multiplicity and variety of phantasy formations. One element is however common to all phases, and therefore is represented in all variations of phantasy. This is the element of aggression direct or inverted. So all the substances in the world are benign or malignant, creative or destructive, good or bad.

Psycho-analysts have shown over and over again that, given the slightest relaxation of mental vigilance, the mind is openly spoken of as a bodily organ. The mind is the mouth ; talk is urine or flatus, an idea is fertile and procreative. Our patients are ' big with thought ' and tell us so when off guard. This has been demonstrated with considerable detail in the analysis of transference phantasies. An interpretation is welcomed or resented (feared) as a phallus. Analysts are reproached for speaking and for keeping silent. Their comments are hailed as sadistic attacks ; their silences as periods of relentless deprivation. In short, analysis is unconsciously regarded as the old situation of the infant in or *versus* the world. An interpretation is a substance, good or bad milk, good or bad fæces or urine (or baby, or phallus). It is the supreme parent's substance, friendly or hostile ; or it is the infant's substance, returning in a friendly or malignant form, after a friendly or hostile sojourn in the world.

As I have pointed out elsewhere (9) this innate tendency of the mind is a perpetual stumbling block to objectivity not only on the patient's part but on the part of the analyst. It must be constantly measured and allowed for in all stages of analysis. This measurement and uncovering is the essence of transference interpretation. In both transference and projection forms it plays a large part in the fear of analysis which is universally observed. Only the other day a patient with intuitive understanding of symbolism, but without any direct or indirect orientation in analytic procedure expressed the following views during the first stage of analysis : words are really urine and the stream of urine is an attacking instrument : associations may be either unfriendly or friendly urine : interpretation is generally friendly urine,

except on days when erotic and sadistic phantasies are important: when the associations are bad the urine is bad; when the interpretation is bad the analyst is putting bad urine into the patient: the patient must get it out or as the case may be the analyst must take it out. Prognostically speaking the situation in this case was not very good, but the material was entirely spontaneous.

As has been remarked this innate tendency of the mind is a perpetual stumbling block to analysis. But what is a stumbling block to analysis may be a keystone to suggestion. At any rate part of a key structure. From the earliest times some appreciation of the significance of 'substance' has crept into theories of suggestion; it is to be seen in the old belief in a 'magnetic fluid' and in the quite modern 'implantation' theories of Bernheim and others (ideoplasty). And it seems plausible that these, in their time apparently scientific explanations, are remote derivatives from a more primitive 'concrete' ideology such as is to be studied in the animistic systems of primitives, the delusional systems of paranoiacs and (given analytical investigation) the transferencé systems of neurotics. Janet, it will be remembered, regarded the 'somnambulistic passion' or craving as comparable with the craving of drug addicts; and Ernest Jones (3) has pointed out the relation of this to psycho-analytic ideas concerning the significance of alcohol (Abraham). Discredited or inadequate theories of suggestion thus come into their own in an unexpected fashion. They give us one more hint of the nature of hypnotic and suggestive rapport. And they give us some hint of the therapeutic limits of pseudo-analytic suggestion. The essential substance, symbolized by words or other medium of communication, must be a friendly curative substance. It must be capable of filling a dangerous space in the patient's body-mind, it must be able to expel gently the dangerous substances in the patient's body-mind, or at the least it must be able to neutralize them. In the process of neutralizing guilt, it must not awaken anxiety. The hysteric, for example, must not be made psychically pregnant in the course of psychic laparotomy. So the pseudo-analytical suggestionist does well to alleviate anxieties before administering his suggestive opiate for guilt. And he should steer clear of analysing sadism. The general practitioner sets him a good example in his unofficial and unwitting system of suggestion (8). As we have seen the latter not only weighs in on the side of repression and inculcates policies of obsessional anticathexis, but he caters for the patient's fundamental core of paranoia. He doesn't know what is wrong with his patient's mind but

he knows, or thinks he knows, what is wrong with his patient's intestinal system. And he uses cathartic drugs or gentle laxatives to drive out the poison, following them up with friendly tonics and invigorating hæmatinics. In this way he deals with the paranoidal and dangerous omnipotence systems of his patient, without bringing the mind into the matter at all. The suggestionist who openly endeavours to deal with mind through mind should remember that in the last resort he must base his suggestive interferences on a system of 'friendly paranoia'. Here again the difference between suggestion and true analysis becomes apparent. Analysis must at all times uncover this deepest mental system: the suggestionist with an eye on his patient's anxiety reactions must invariably exploit it.

Conclusion.—There are many other factors in the operation of suggestion, concerning which analysis has had or will have much to say. But for the present purpose it is unnecessary to go into greater detail. Examination of the effect of inexact interpretation in analysis focusses our attention on the possibility that what is for us an incomplete interpretation is for the patient a suitable displacement. By virtue of the fact that the analyst has given the interpretation, it can operate as an ego-syntonic displacement system (substitution-product, symptom). Applying this to the study of methods of suggestion, we see that suggestion technique varies in accordance with the emphasis placed on various defensive mechanisms. All methods depend on the mechanism of repression, but as regards auxiliaries to repression there are quite definite variations in method. In general, non-analytical types of suggestion, by virtue of their complete opposition to the psychological truth and the stress they put on modifications of conduct and thought, might be regarded as 'obsessional systems of suggestion'. Pseudo-analytical types, although nearer the truth, are yet sufficiently remote to operate by focussing energy on a displacement, and in this respect might be called 'hysterical suggestions of a phobiac order'. But the most original and in a sense daring technician, who seldom gets credit for being an expert in suggestion, is the general practitioner or consultant. Intuitively he attempts to deal at once with the patient's superficial anxiety layers and his deepest guilt layers. He is unwittingly a pure 'hysterical suggestionist' in the sense that he plumps for repression and tacitly offers his own repressions (ignorance) as a model; but by his use of drugs he shows intuitive appreciation of the deeper cores of guilt which, under other circumstances, give rise to paranoia. And he plays the rôle of the 'friendly persecutor'. He is

in this respect the lineal descendant of the first magical pharmacologists.

These conclusions do not pretend to be original. It has long been held that hypnotic manifestations represent an induced hysteria, and similar suggestions have been made by Radó (5) for the abreaction phenomena of catharsis. Abraham (4) considered that states of auto-suggestion were induced obsessional systems and of course the induction or development of a transference 'neurosis' during analysis is regarded as an integral part of the process. Current types of pseudo-analytical suggestion have not received the same amount of attention. And since they are being employed more and more frequently in psychotherapeutic circles, it is high time to give them some more definite status. In the sense of displacement, the system they endeavour to exploit is a phobia system. For the treatment to be successful, the patient must develop an ego-syntonic phobia. One might regard this form of suggestion as a kind of homeopathy. The suggestionist plays the patient at his own game of symptom formation.

REFERENCES

1. Freud: *Group Psychology and the Analysis of the Ego.* Hogarth Press, 1922.
2. Ferenczi: 'Introjection and Transference'. *Contributions to Psycho-analysis,* 1916.
3. Ernest Jones: 'The Action of Suggestion in Psychotherapy'; 'The Nature of Auto-suggestion'. *Papers on Psycho-analysis.* Baillière, Tindall & Cox, 1923, 340–381, 382–403.
4. Abraham: 'Psycho-analytical Notes on Coué's Method of Self-mastery'. *International Journal of Psycho-Analysis,* 1926, vii, 190–213.
5. Radó: 'The Economic Principle in Psycho-Analytic Technique'. *International Journal of Psycho-Analysis,* 1925, vi, 35–44.
6. 'The Significance of Precipitating Factors in Neurotic Disorder'. A Symposium held by the British Psycho-Analytical Society, May 6, 1931.
7. Glover: 'The Technique of Psycho-Analysis'. (JOURNAL SUPPLEMENT, No. 3), 1928.
8. Glover: 'The Psychology of the Psychotherapist'. *British Journal of Medical Psychology,* 1929, ix, 1–16.
9. Glover: 'Introduction to the Study of Psycho-analytical Theory'. *International Journal of Psycho-Analysis,* 1930, xi, 471–484.