

## SUGGESTION, HYPNOSIS AND INTUITION

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As some of you may remember, I have been on this platform before, some ten years ago, and on that occasion I spoke to you on the subject of Truth Drugs.<sup>1</sup> At that time I was on the verge of discussing the paralogical processes of the mind.

The gist of my talk was that the subject under the truth drug did in fact speak the truth, but, at the same time, it may be a pack of lies. This comes about because he may be speaking symbolically, or he may be recalling some phantasy which, of course, is the truth but, at the same time, not the truth as we ordinarily know it.

As I say, in this paper ten years ago, I was on the verge of getting on to the paralogical processes, and it is this which I would like to discuss with you tonight. I have selected three aspects of paralogical activity—suggestion, hypnosis and intuition.

I realize that there are a lot of problems in dealing with such matters, and one of the problems is that the material I am going to offer you is not the orthodox psychiatry of today. In fact these views are not shared by many of my colleagues. This has come about, I think, because my own experience in psychiatry has been rather different from most.

In the last twenty years of my professional life I have spent most of my time with hypnotized patients. This, I believe, has given me rather different insights into the way the mind works, compared with other psychiatrists. Because this is not orthodox, it will be easy for anyone to get up when I have finished, and quote authorities with quite different views from those I will have expressed.

However, there are other problems. I have to deal with this matter, as well as I can, in a logical way, but I believe that some of these phenomena are not well dealt with in the logical approach that we know as "the scientific method".

<sup>1</sup> *Proceedings of the Medico-Legal Society of Victoria*, Vol. vii, p. 137.

Let me give you an example, and it may explain a little more of what I mean: If I try to examine some forms of symbolism logically they seem to melt away, and I am not really left with anything at all—it vanishes, as it were—but if I let my mind go along with the idea, I at least get glimpses of what it is all about. When I do this, I believe that my mind is working in a slightly different way. Perhaps I can explain with just one further example.

I have a friend in America, an experimental psychologist. He has recently set out to scientifically examine the phenomena of hypnosis in the laboratory—scientific style. He has had to report that he cannot find any phenomena (he has published this) yet I, and a hundred others, can show you these phenomena any day of the week—you see the problems?

I am going to ask you people, you, who are an audience, above all, trained in the logical approach of the processes of the law, and in the logical processes of scientific medicine, to try and go along with me, and accept the idea that the mind can work very effectively by other mechanisms which are not really logical; but neither are they at all illogical in the strict sense. I think we can perhaps get a background to this, if we just look at the biological aspect of things for a moment.

Our mind has been the process of evolutionary development. The logical way of using our mind has been extremely successful. It has helped us to master our environment and, because of this, it has been developed to the full over the period of evolution; whereas other aspects of the mind have really stagnated and have not been fully developed. I have come to the belief that on account of this we have come to grossly over-value the logical abilities of our mind.

Perhaps simple examples will give you the point that I wish to make. A man with a phobia panics when he gets into a bus, and no amount of logical explaining to him will have the least effect, but a paralogical approach can calm him.

A man may become impotent, and no amount of logical explanation that he is perfectly fit will have any effect on his impotence. On the other hand, his impotence can be relieved by the paralogical process of suggestion. I will now go on and discuss suggestion itself in a little more detail.

The word "suggestion" is used in two rather distinct senses. We use the word to mean the process by which ideas are accepted into the mind uncritically. We also use the word to mean the

idea that is offered for uncritical acceptance. To understand the process of suggestion we need to realize that ideas can be accepted into the mind by two quite different processes. Ideas can be logically evaluated and criticized, and then accepted or rejected according to the logical merits of the idea. This is the logical process of the mind working. On the other hand, in certain circumstances, ideas can be accepted into the mind quite uncritically and without any evaluation at all. In this process, the determining factor, whether the idea is accepted or rejected, does not depend on the logical merits of the idea, but rather on our relationship with the person offering the idea. Thus, if we like and trust a person who is offering the idea, we are likely to accept it. This, of course, has its counterpart in clinical medicine in our rapport with a patient.

As an example, a person in love will accept ideas from the loved one which, under normal circumstances, he would reject straight away.

I want you to go with me on this. These are two quite distinct processes. The acceptance of ideas by suggestion is not just the logical process working in some less degree. Let us look at this from a biological perspective. As I said before, our mind has developed. We now accept a lot of ideas logically. This logical process must, from the evolutionary point of view, be quite a recently acquired ability. Now, how did our primitive anthropod ancestors accept ideas prior to the evolution of our logical ability? It would seem to me to be almost certain that primitive man accepted ideas by suggestion. He accepted ideas from those he loved; from his parents and from those in authority, from people with prestige—his parents and his tribal leaders.

Of course, we use suggestion in psychiatry. To get a person to accept ideas by suggestion we must first of all dull the intellectual processes. This is so because suggestion only works when the more recently acquired ability of logical thinking and logical criticism is in abeyance. Clinically, if I want to give a patient some idea it usually turns out that this cannot be done at a logical level because there is some block that has prevented the person accepting the idea logically; so I turn to suggestion. If I have the patient hypnotized, then this is relatively easy. But in an ordinary interview I would structure the situation so that the patient is relaxed; so that he is off-guard; so that he is no longer highly critical. Then I slip in the suggestion, and the suggestion

is accepted by this non-critical process, and he is in this way benefited by it. So the person receiving the idea by suggestion has to be put off-guard and relaxed and made uncritical. This is so much the easier if we offer the suggestion by a non-verbal means. This is really one of the arts of psychiatry—to convey the idea to the patient non-verbally so that his critical faculties are not alerted, and he accepts the idea without really knowing what is going on. Of course suggestion comes into our everyday life all the time. It operates in the Court room, and it operates in the consulting room. The interesting thing is that we really never know when we have accepted an idea by suggestion, because we always rationalize afterwards when somebody asks us about it. We give a plausible rationalization as if we had accepted the idea logically. So we are never really aware ourselves as to how much this process operates.

This is easily tested if a hypnotized patient is given some false idea, and he is asked about it afterwards when he has awakened from hypnosis. He will always give some pseudo-logical explanation for holding this false idea. Do not forget that in our ordinary everyday life we accept ideas by suggestion without awareness. In our everyday lives these ideas that we give and receive by suggestion are often rather vague and ill defined. This vagueness comes about because of our definition of suggestion. I have defined it as the uncritical acceptance of ideas. Therefore, when it happens in our ordinary life we simply cannot be critical of it. If it were so, then it would not be suggestion.

There is another point that comes into it. The idea itself that we give and accept by suggestion is often a rather vague sort of idea, a kind of primitive idea. Again this fits into my concept that suggestion itself is a primitive archaic process. But most of all in our ordinary everyday lives the difficulties concerned with suggestion are about the means by which suggestion is communicated. It is almost impossible to communicate suggestion by the logical use of words. I say "almost impossible", but with deeply hypnotized people you can. Under ordinary circumstances, if we use words logically we have the patient alert so as to follow the logical meaning of our words. If the patient is alert—or the person I am talking about—then the process of suggestion does not operate. So it is that suggestion, both clinically and in everyday life, is usually conveyed by other than the logical use of words. One common way is the extra-verbal use of words in which the suggestion is the meaning between the lines, as it were,

not the logical meaning, but the innuendo. Perhaps I could give you an example. I often see students who come into me and say, "I am sick of it all. I am sick of my course. There is no point in it. I am giving it up. I am resigning tomorrow. This is just a rat race. I am not having any more of it." This is quite a common type of complaint. I might say to the student, "If we are in a rat race it is no good, because our values are distorted. You can give up the course and work as a clerk." Then I might go on discussing something else. Now, what I have said to him, the logical content, is just really reflecting what he has said, but the extra-verbal meaning is that perhaps working as a clerk might not be too good, or it might not be too good to give up his course like this. In the way I have expressed it, he cannot find fault with my logical expression of the idea, because it is exactly what he said himself. Do you understand what I mean by the extra-verbal communication of an idea to convey suggestion?

Suggestion is also conveyed by unverbilized phonation. This is the language of "m'mmm", "er", "ah"; and this of course is the only significant language of psychiatry. You laugh, but I said this in all seriousness. I believe that "m'mmm" or "ah" at the right time can cure a person of nervous illness that he may have had for years. This sounds strange, but I am sure that there are other psychiatrists in the room that will agree with me about this, that this language can communicate some meaning to the person by suggestion. The meaning is not a clear black and white idea; but very often it is something sufficient to alter the whole course of a person's life. This type of communication of some vague idea by "m'mmm" or "ah" is effective if given at the right time, when you are in the right emotional tone with the person, and when he has got the right idea in the back of his mind.

Then, of course, suggestions are communicated by altogether non-verbal means. This is simple enough. It is the language of our expression, our gesture, our stance, how close we are physically to the patient or how distant. We move a little bit forward, or we move a little backwards. All this has meaning, and this meaning communicates something. The meaning of this is rather primitive and vague, but basic, and therefore important to the patient; and it is accepted into his mind by the process of suggestion.

I could really discuss these things at length, but I shall go on and discuss something about hypnosis because this is a state of mind in which suggestion acts very readily and very freely.

Hypnosis used to be defined as a state of increased suggestibility, just a state of mind in which suggestions are accepted very readily. This, of course, is not really a definition and is only a description of one aspect of hypnosis. A great number of people have tried to define the nature of hypnosis. Freud thought that the essence of hypnosis was a kind of love relationship between the subject and the hypnotist, but then this does not explain autohypnosis. Pavlov thought that it was a kind of inhibition from reflex activity, but this does not explain the purposive elements we see in hypnosis.

A great number of other people have tried to explain hypnosis. Ferenezi thought that it was a kind of regression to a child-parent relationship. Others believed that it was concerned with what we call ideo-motor activity in which an idea in our mind produces small movements in our body. Others have seen dissociation as the mechanism of hypnosis. Dissociation is the process by which the different elements of the mind come to work independently of one another. More recently people have thought that hypnosis may be explained in terms of role-playing, but none of these are theories that explain all the elements of hypnosis.

In 1957 I put forward still another theory about hypnosis. This has subsequently been called the Atavistic Theory of Hypnosis. This is now accepted by many workers in this field in many countries throughout the world. The essence of this theory is that in hypnosis the mind regresses to a kind of primitive functioning. It works in a very simple way, so that it loses all its more recently acquired abilities. It loses its alertness, its criticism, its logical ability. It slips back, as it were, and functions in the way of our pre-human ancestors. Hence the word atavistic. When the mind slips back in this way, as one would expect, the various psychological mechanisms work in a more primitive fashion. The hysterical mechanisms work in a more flamboyant way, and thus account for much of the strange behaviour of the hypnotized subject.

I do not want to go into the matter and discuss all the phenomena of hypnosis. But one of the important things is the greatly increased suggestibility. In my atavistic theory this is due to the mind slipping back to the primitive state, so that the primitive process of suggestion can work freely. The suggestibility is really very greatly increased, often so that a hypno-

tized subject will accept ideas from the hypnotist that are completely false.

The hypnotized subject lacks alertness, criticism and logical evaluation. As I have said, the hysteroid or hysterical mechanisms are greatly increased. We all have hysterical mechanisms, but when our mind slips back towards the primitive, these hysterical mechanisms become more bizarre, and the subject uses them both as a defence and as a means of communicating—this accounts for much of his strange behaviour.

Role-playing—we all use it in everyday life, but because of the primitive functioning in the state of hypnosis, the role-playing becomes more obvious.

We can use hypnosis, of course, in a great number of ways in medicine. We can use the increased power of suggestion. We can use suggestion to tell the patient he is all right, and the mere suggestion of it may do away with his symptoms. This is the classical way of using hypnosis. However, if the anxiety that was producing this symptom is still there, the patient is likely to have a recurrence of symptoms, so this is why the use of hypnosis in medicine fell off.

We can, however, use hypnosis in other ways. We can use hypnosis to uncover the causes of the anxiety. This comes about because in this regressed state the mechanism which represses things into unconsciousness is removed, so that this unconscious material can come into consciousness. Perhaps if I explain this a little by example: When a person is deeply hypnotized, it is often very difficult for him to speak clearly. You would expect this if he has regressed in this way. Because of the difficulty in speaking I evolved techniques some years ago to get the patient to communicate by painting or modelling clay in his hands. The deeply hypnotized patient, if given clay in his hands, will make something which is directly connected with a significant conflict in his mind. There is hardly an exception to this. Men in the hypnotic state very often model a female breast, and whilst under hypnosis will talk about it, and say whose it is and this and that about it. Men have often modelled or painted figures in homosexual union—men who, under normal circumstances, have no homosexual thoughts at all, but when hypnotized will do this and explain their deeper feelings. An inhibited spinster who, under ordinary circumstances, would never talk of sex has modelled a clay penis and told me whose it was and all about it. Other people in the hypnotic state have modelled a human

figure, and then have suddenly smashed the figure to pieces with terrific violence, at the same time telling me it was their father or their lover or some other figure who was of psychological significance to them. I mention these as examples of the way we can use hypnosis to uncover deep conflicts.

This emotion, the violence that the patients let go, is known as abreaction, and it is often therapeutically valuable to the patient. There are still other ways of using hypnosis. I have come to believe one of the important ways is the very process of hypnosis itself. This reduces anxiety, so after being hypnotized or letting himself go into hypnosis, the patient is less anxious, and remains so for some time afterwards.

The experience of hypnosis may be therapeutic in itself. Very inhibited introverted people, who cannot make any close emotional contact with others, are helped by the very fact that going into hypnosis is a close emotional relationship which can become a prototype for better relationships in everyday life.

I do not want to go into this in too much detail, so I shall move on now, and discuss another aspect of hypnosis. In our ordinary everyday life I think our mind frequently makes moves in the direction of hypnosis so that the mind is dull, not critical and ceases to be alert. This can come about in all sorts of ways. It happens in our normal moments of reverie and idleness. In these moments we accept suggestions quite readily. The mechanism of the mind has regressed a little so that we are no longer functioning at our evolutionary optimum. We have gone back a little on the evolutionary scale. All sorts of stimuli can produce this. The stimulus of a monotonous, long-winded discussion can do it. I have seen two or three faces here tonight which have become rather ironed-out because the face has lost its normal muscular tone, and the eyes have ceased to rove about. In other words, you have ceased to function at your optimum critical level, and you have made this little regression, the first move towards hypnosis, which I see every day in my consulting room.

I am mentioning this because I would like you to accept the idea that hypnosis is really a very normal state of mind. It is only when we get the psychological overlay working too much that it appears to be so strange. Other stimuli can produce this type of regression. For instance, the emotional stimulus of seeing a crime can make a person cease to be critical. I think he regresses a bit, he accepts ideas by suggestion. These ideas may be



offered to him verbally or non-verbally. Ideas are accepted into his mind in this state, which he would not normally accept (wrong ideas very often) and I think this may be a factor in producing the contradictory evidence we so often hear in the courts.

There are other aspects of hypnosis that throw light on our mental functioning, and this is what I am really trying to talk about—our mental functioning. One of these is a rather difficult one to discuss, and when I have discussed it on other occasions, some of my audience have not been able to come along with me about it. The idea is that in deep hypnosis problems are often solved. Patients often tell me when they wake from hypnosis that they now have a solution to something they have been worrying about for a long time—perhaps years—and now they can see the answer. It is very easy to think of the logical processes of our mind working while we are unconscious of them, and arriving at a solution. But I have mentioned to you that in hypnosis the logical processes of the mind are in abeyance or, at least, very much reduced. How can it be then that in this state the problem can be solved? I used to think that the absence of anxiety in hypnosis might have something to do with the solution of problems in this way; but I do not think it is the whole answer. In fact, I think what we are talking about is a manifestation of intuition—the mind working in a different way. By intuition, I mean the process by which we arrive at a correct conclusion without the intermediate steps of logical reasoning.

It is interesting that in the last ten years or so, many authorities who write on psychotherapy have come to accept the idea of intuition as a reality. I think this is true. In psychotherapy we are very close to the patient, and we sense his needs and come to the right conclusion without logical cues from him. Women are always credited with greater intuitive ability than men. This is interesting, because men really use their minds logically better than women. This fits in with our general concept of the atavistic functions of the mind. As long as men are using their minds at the logical level, their intuitive processes are inhibited.

Another interesting point in relation to this is the fact that problems become solved in Yoga meditation. Some years ago I spent some time with a saintly Yogi in Nepal, and this man was very definite on this point—that in Yoga meditation people can get answers to things. I have since written a paper explaining the relationship of Yoga meditation to autohypnosis. Again, this

comes into the general framework of what we are talking about.

I believe many gifted people use intuition a great deal. There is an interesting point about it. When the person is asked how he came to this conclusion, he always rationalizes and gives a logical explanation of how he got there—so we are never quite sure as to how much intuition actually comes into it.

I have a number of prosaically-minded colleagues, both here and abroad, who call this the lunatic fringe of psychiatry. They are the people who pride themselves in having two feet on the ground, and they tell me to have none of this. However, I feel that this is the poetry, the colour and the depth that makes psychiatry worth while. Anybody who is not mentally deficient and who is not schizophrenic can be taught to use his mind logically. It is only the poets and creators who can use their minds intuitively, and just now and then the ordinary person under hypnosis gives us glimpses of this.

Just before I conclude, I would like to venture beyond the lunatic fringe, if I may, and I shall do it by describing an incident to you. Some years ago I had a woman patient deeply hypnotized. She was painting while under hypnosis. She was a drug addict—she had painted a couple of objects, one I think was a bottle of morphia and the other a syringe. She was mumbling, and I was sitting behind her writing down what she was saying. Then there was a bit of a pause—I wrote down on my paper the number “3” in anticipation of her third drawing, but instead of drawing another object she wrote down the figure “3”.

I thought that this was very strange. So I said to her, “Your hand will write down a number”. As I said this I wrote down another number, and her hand wrote down the same number as I wrote. She could not possibly see what I was writing. This was repeated several times with hardly a mistake. Now this, of course, is an example of extra-sensory perception or telepathy. This is beyond the fringe. I think I shall leave you with that.

If I had any conclusion to draw from all this it would be quite simple. It would be that I believe that our minds can function in a number of different ways. That the logical way of using our mind has been so successful that the other ways of using our mind are in dis-use. So much so that we very often deny their existence. But every now and then they show through, and I catch glimpses of them quite frequently during this matter of hypnosis.

*Discussion*

DR. J. B. CURTIS raised the question of the effect upon a witness, and especially upon an expert witness, of cross-examination.

DR. T. HURLEY said that Dr. Meares had attempted to equate in some way original thought and the development of intuitive ideas with an atavistic process. Would Descartes contemplating one evening, and suddenly realizing the full component of what he subsequently developed as his mathematical thesis, regard it as atavistic regression, or would he say that it is taking one hundred steps at one time? What is atavism, and what is dealing with the every-day problem at a greatly increased rate of action?

DR. MORRIS DAVIS asked whether intuition was not to a great extent a matter of experience. Most physicians would agree that it was not so much intuition as minute observation that counted.

DR. MEARES: As to why witnesses change their view when they are subjected repetitively to skilful questioning, I think this regressive process comes into this a lot. We can make this type of regression under a number of different circumstances. The obvious circumstances are that we can bully a person into regression by assuming authority and prestige. This is the old style of authoritative hypnosis, and we see it done on the stage. The hypnotist pushes the person into regression, and then the person becomes uncritical, a bit childish, and goes into hypnosis. The ordinary consulting room way, if we use it, is to help the person to become very secure in himself so that he will let himself willingly and voluntarily make this type of regression. In other words, he will just let himself get very, very relaxed in his body, and he experiences this relaxation in his mind. This is just a voluntary letting go, a voluntary regression. The only thing that makes this possible is that the person feels secure. He gets this security because he feels he trusts us, because we have rapport.

These are the two obvious ways of making this regression. Now, there is a third way which we technically call the confusion technique. There is a man called Milton Erikson in America who is very expert in this. It is really just a question of bamboozling the person, and if a person gets sufficiently bamboozled he loses his critical, logical faculties and he regresses a bit. This regression, under these circumstances, may have some sort of biological protective value, but this is what I think happens when a witness in the witness box in strange circumstances is subjected to intensive questioning. He is asked a whole lot of questions; he becomes bamboozled, and makes the regression.

As to intuition, you say, "When am I working on fact, and when on intuition in Court?" Of course, the way I look at it is that intuition is a process which works on fact—that it comes to some conclusion without the intermediate steps of logic.

About the teaching of students, I think that we do not let ourselves go enough—we are a bit too frightened. As soon as you diverge from the scientific method you are the Aunt Sally for everybody because you have your head on the block. Why not let people try and give and give a bit more? Don't forget, there is a poetic way of looking at things which is quite a legitimate way, and which again is not the scientific method.

There is rather a vogue in psychiatry of teaching students by having a tape recorder and recording the interview. This is played back, and you can show the student each logical step because it has all been spoken and recorded. This is your method because you have it in black and white and no-one can disagree with you. My idea is that this is utter rot, because in sticking to the logical steps in this type of interview you miss all the under-current, the non-verbal things going on in the interview which, from the point of view of psychiatry, are much more significant.