

THE DANGERS OF SUGGESTION.

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We often hear and read of nurses advised to use suggestion upon their patients, but no particulars are given concerning how this should be done, in what cases it might be contra-indicated, that is to say, inadvisable, if not actually dangerous; what are favourable or unfavourable signs to watch for in the patient, or how it may affect the nurse who uses it. It seems, therefore, that a short discussion of these problems might not be out of place in an up-to-date nursing journal.

So much has been talked and written about suggestion, of late years, that most of the patients with whom nurses come in contact, especially in private practice, will have heard something about it too, so that they will not be able to use the art altogether undetected, unless they be exceptionally adept or practised, and they may ostrich-like be inclined to think that they remain hidden from observation when this is not so, and the patient, seeing through these manoeuvres and feeling thoroughly resentful, because of the popular articles, which may have been read, explaining the treatment of nervous troubles by suggestion as a method of dealing with ailments, that are only "imaginary," the opposite effect is produced; the patient gets worse, because he or she wishes to prove that the nurse's estimation of the cause of the complaint and therefore the remedy is not appropriate this time.

The presence of anyone who has been called in to help in the time of sickness is surrounded with a certain amount of suggestive power in any case, due to the fact that they are there to attend to the wants of the sick person and to carry out treatment which is expected to bring relief or cure. Nurse and doctor alike are regarded as potential agents of cure from the moment of their arrival, and the fact that confidence is placed in them is a second and most important factor, without which it is difficult to proceed.

The forms of suggestion offered by the presence and usual ministrations of nurse and doctor, apart from any special use of therapeutic suggestion, are essentially different and are derived from separate sources arising from the childhood of the patient. The nurse, with her gentle, persuasive presence, her attention to bodily comfort, her care to tempt the wayward appetite, and induce sleep when a wakeful night seems inevitable, are all reminiscent of the loving mother of the past, who soothed and comforted, fed and washed us; so, according to the pattern of our childhood, when we responded by obedience and affection to this care, the patient, who has in the past, memories of this kind, will readily receive this form of suggestion, which falls within the actual province of every nurse's craft, and greatly benefit through it.

The doctor, however, is regarded in another light, as the authority whose orders must be obeyed, who appears and disappears at intervals, and who may even show signs of annoyance or irritation should we not be able to tell him that his remedies have worked instantly, like miracles. Here will we find the reanimation of the stern or, perhaps, genial but firm father of the family, the power in the household, who gave orders that were carried out often in fear of the consequences that might follow disobedience; should, perhaps, some symptom fail to respond to medical treatment, an operation might become necessary, for instance, and who was regarded with admiration at a distance, or with filial devotion. Should, however, these positions have been reversed in the home of the patient, we shall find interesting variations, which still reflect the old home conditions. Mother, in the nurse, may be played

off against father, the doctor, which is a situation that will frequently arise in what are generally known as "troublesome" or "difficult" patients, and the patient will transfer her or his obedience or liking suddenly from one to the other in consequence of some grievance, a real or fancied failure to respond according to the required model on the part of this pseudo parent.

In therapeutic suggestion we again find the two kinds of suggestion; the mother suggestion or persuasion, and the father, or authority suggestion; these, of course, will succeed or fail according to the attitude of the particular patient where the patients were concerned. A woman, who always got on badly with her mother and was her father's favourite, would more readily respond to suggestion treatment from doctor than nurse; whereas the boy, who was devoted to his mother, and felt his father a preferred rival in the home, would be inclined to benefit more from the nursing of a competent woman with a knowledge of the use of suggestion than from the authority suggestion of the doctor. Those patients, nevertheless, whose nervous trouble tends to *doubt*, in which case nothing can be believed, nothing taken for granted, would make impossible subjects for this treatment, the only possible chance might be auto-suggestion, but that is a slender one. Auto-suggestion is most effectual with those people whose desire is always to be independent, to be under and beholden to no one, who feel that no one has ever helped them in their lives, they can rely upon themselves only; then almost out of spite they will sometimes cure themselves to prove once more that others are failures and they are the only helpful ones. Much of that which is known as auto-suggestion, however, is really hetero-suggestion, since the suggestive stimulus comes from another in the first place, and the suggestion is made in the formula that the patient cures him or herself, such as Coué's method.

We may ask ourselves at this point, what other psychological mechanisms are brought into play in the use of suggestion, and auto-suggestion besides those we have already described, reflecting the attitude of the child to mother, father and self. The person who uses suggestion cannot fail to become connected with the idea of miracle working, and, therefore, must be a very wonderful person to be admired, feared and trusted. This belief on the part of the patient will help to cause the miracle, but should any accident break the spell, should this wonder-worker for any reason appear as an ordinary mortal, this *transference*, which is the name given to the relation between patient and the nurse or doctor carrying out the treatment, the cure will be retarded or jeopardised altogether. This bond forged between the two persons must, of necessity, be strong in order to effect the cure, and the two for this reason may become too intimately connected, so that the patient cannot remain well except while treatment is continued, he or she will become once more the dependent child, who needs help and advice always near at hand.

How, again, does this affect the person who gives the treatment? For these same reasons, the consequences upon nurse and doctor may be most unhealthy from a psychological point of view. We know the meaning and results of what is known in hospital parlance, although not in professional diagnosis which appears upon the bed-boards of the patients, as "swelled-head," in the phraseology of psychological medicine as the God-complex, or megalomania. We all desire power; we love to be thought a worker of miracles, that we have exceptional powers of healing, all of these feelings in us will be afforded immense gratification by the use of suggestion, especially should it be successful; but we may be harmed by our own tendencies, nevertheless, in the same way that the patient will be cured of his or her psychological trends, or harmed in some instances by ours. Suppose that this love of

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