

## Émile Coué and his *Method* (I): The Chemist of Thought and Human Action

Lindsay B. Yeates, PhD  
School of Humanities & Languages, University of New South Wales,  
Sydney, NSW Australia

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### ***Abstract***

The talented scientist, structured thinker, and successful apothecary, Émile Coué (1857-1926), transformed what he had learned of suggestion in the 1880s and scientific hypnotism in the 1900s into the *Coué method* of the 1920s. His *method* was an ordered sequence of rational, systematic, intricately constructed, subject-centred hypnotherapeutic interactions that stressed the significance of both unconscious and conscious autosuggestion, delivered a collection of well-polished common-sense explanations, a persuasive set of experiential exercises, a powerfully efficacious hypnotism-centred ego-strengthening intervention and, finally, detailed instruction in the specific ritual through which his empirically determined formula “Every day, in every way, I’m getting better and better” was to be self-administered twice daily. This paper examines Coué’s work, the history and evolution of his *method*, the phenomenon of its wide-ranging impact during the 1920s in Europe, Britain, and the USA, and reflects upon aspects of its long-term influence on the domain of hypnotherapy and hypnotic suggestion.

KEY WORDS: autosuggestion, conscious autosuggestion, ego-strengthening, hypnotherapy, hypnotic suggestion, self-hypnosis

### **NOTE to the Reader**

A small number of textual errors and omissions in the final published version of this paper have been corrected.

Otherwise, the original paper’s content remains unchanged.

[Also, please note that, for the reader’s convenience, the original paper’s pagination is indicated as {1}, etc.]

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## Introduction

This is the first of three articles addressing the history (Part I), structure and rationale (Part II: Yeates, 2016b), and clinical delivery (Part III: Yeates, 2016c) of *la méthode Coué*. Recognising the considerable difference between what Coué did, and what Coué said that he did ‘for public consumption’, the articles have been constructed from an extensive collection of disparate and far from coherent sources, ranging from Coué’s first public presentation of his ideas (Coué, 1912), through the various publications (mostly transcripts of lectures, demonstrations, and interactions with subjects) that were issued under his name (e.g., Coué, 1922a, 1922b, 1923a, 1923b, etc.), to his English (1923c) and French (1923d) gramophone recordings and, as well, further embellished by reports of his lectures (Huxley, 1922; Littell, 1923, etc), and by reports of visits to Nancy (Aram, 1923; Baird 1956/1923; {4} Stowe, 1923, etc.), as well as the more detailed accounts of ‘followers’ (Baudouin, 1920; Bennett, 1922; Duckworth, 1922; Kirk, 1922; Macnaghten, 1922; Brooks, 1923, Orton, 1935, etc.) and, finally, items associated with his joint enterprise with James Louis Orton (1877-1964), *The Coué-Orton Institute*, which operated under the patronage of Marquis Victor Vivien de Châteaubrun (see Coué & Orton, 1924; COI 1926; COIC (I)-(VI) 1926; and Orton, 1935, 1955).

### 1. Preliminary

The insights, observations, technical developments, and procedural innovations of the scientist, pharmacist, and psychotherapist Émile Coué (1857-1926) greatly influenced hypnotism in the English-speaking world (for the Francophone, see Centassi & Grellet (1998), Guillemain (2010), Westphal & Laxenaire (2012), etc.); and hypnotherapy was irreversibly altered for the better by his systematic ego-strengthening procedure (see Yeates, 2014a, 2014b). “In less than a quarter of a century [Coué rose] from obscurity to the position of the world’s most famous psychological exponent”; and, “one might truly say that Coué sidetracked inefficient hypnotism [mistakenly based upon supposed operator dominance over a subject], and paved the way for the efficient, and truly scientific” (Orton, 1935, p.293, 301). The magnitude, extension, and value of his work is deeply embedded within the ‘given data’ of modern scientific hypnotism; and, at his death in 1926, Coué was world-famous for:

- (a) emphasising the transformative power of an appropriately directed mind;
- (b) asserting that a mind could only hold a single idea at any one time;
- (c) his discovery of characteristic patterns of systematic, efficacious suggestion;
- (d) his eponymous method (to which many attributed remarkable cures of organic disease);
- (e) his emphasis on hypnotism-centred ego-strengthening *per medium* of direct suggestion;
- (f) his unique formula: “Every day, in every way, I’m getting better and better”; and
- (g) his self-administration ritual, apparently derived from an Orthodox Christian hesychastic practice known as *The Prayer of the Heart*.

Consistent with the views of Thomas Brown, M.D., and surgeon James Braid, Coué taught that the complex arrangement of ‘*ideas*’, which operated deep below our conscious awareness, significantly influenced our overall wellbeing; and, especially when dominant, continuously and spontaneously suggested things to us:

We possess within us a force of incalculable power, which, when we handle it unconsciously is often prejudicial to us.

If on the contrary we direct it in a conscious and wise manner, it gives us the mastery of ourselves and allows us not only to escape ... from physical and mental ills, but also to live in relative happiness, whatever the conditions in which we may find ourselves.

(Coué, 1912, p.46)

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Coué recognised that the mind-set, world-view, personal values, beliefs, prejudices, and non-negotiable value system of each individual had not been acquired through rational persuasion; and, therefore, was not amenable to logical reasoning or rational argument. This insight was consistent with the views of Brown, Braid, and Liébeault (see Carrer, 2002) on specific ideas being held with such intensity that they became *dominant*.

The drive behind Coué’s enterprise was the same as that expressed by Braid in his fifth public lecture on hypnotism in 1841: “my object is to dispel mystery, and elicit truth, in the simplest possible manner” (Yeates, 2013, p.17). From his clinical experience of individual attitudes to injury, illness, and adversity – and his own experimentation, observation, and reflection – Coué was certain that he had uncovered a great ‘truth’ which others only partially apprehended (if at all), and he sought to disseminate the nature of this ‘truth’, teach people how to make the most of it (and get the most out of it) and, in the process, make them aware of the extent to which:

- (a) we are influenced by suggestion;
- (b) we are influenced by *unconscious autosuggestions*: suggestions (of which we have no conscious awareness) involuntarily made to ourselves;
- (c) ‘dominant ideas’ are realised through *unconscious autosuggestion*: the unconscious *ideodynamic activity* of suggestion realisation;
- (d) our *unconscious auto-suggestions* are continuously being accepted (and realised);
- (e) noxious unconscious self-suggestions could be counteracted; and
- (f) suggestions, mutually exclusive of already imbedded ‘ideas’, could be intentionally self-administered (*viz.*, *conscious autosuggestion*).

The mind could only hold one idea, in any specific cognitive domain, Coué said, at any given moment. Given sufficient intensity, a ‘dominant’ idea would spontaneously and involuntarily begin to function below one’s conscious levels of awareness as a ‘suggestion’ which, in its turn, would be biophysically realized through the agency of an *ideodynamic* principle. The ‘idea’ embodied in Coué’s formula, which was relentlessly repeated over an extended time, was 100% mutually exclusive of whatever had previously inhabited the cognitive domain in question.

Using the example of “moral fault”, Coué explained his approach this way:

Suppose our brain is a plank in which are driven nails which represent the ideas, habits, and instincts, which determine our actions.

If we find that there exists in a subject a bad idea, a bad habit, a bad instinct – as it were, a bad nail, we take another which is the good idea, habit, or instinct, place it on top of the bad one and give a tap with a hammer – in other words we make a suggestion.

The new nail will be driven in perhaps a fraction of an inch, while the old one will come out to the same extent.

At each fresh blow of the hammer, that is to say at each fresh suggestion, the one will be driven in a fraction further and the other will be driven out the same amount, until, after a certain number of blows, the old nail will {6} come out completely and be replaced by the new one.

When this substitution has been made, the individual obeys it.

(Coué, 1922b, pp.27-28)

Although, according to Cheek and LeCron, most of our current knowledge of suggestion “stems from Coué” (1968, p.60), Coué is virtually unknown today – leading some, such as Barrucand and Paille (1986), to assert that it must have been Coué’s *charisma*, rather than his *method*, that produced the astonishing results that have been attributed to his work. Today, his practices, techniques, and methods are ignored, trivialised, or attributed to others. A monument to Coué, funded by public subscription, and erected in his honour in 1936, still stands in Nancy’s St. Mary’s Park today; but for the rest of the world, if Coué is remembered at all, it’s as an unsophisticated, heavy-smoking French rustic, possessed of a remarkable ability to exploit gullible people into believing they could solve all their problems by relying on irrational, Pollyanna-like optimism:

That wily French chemist, Coué,  
Declared to the world that “I say,  
To cure all your ills,  
Without any pills,  
Just think yourself better each day.” (Anon.)

The following is intended to remedy this misunderstanding.

## 2. Background

### 2.1 Situating Coué

Coué was a well-trained scientist. He was an inquisitive and intelligent student; and, despite his lack of height, was physically strong, and an excellent swimmer. He could read Latin, spoke fluent German and English, and had both B.A. and B.Sc. degrees before he was 21. His boyhood aspiration was to be an analytical chemist; but inadequate family finances forced him to choose pharmacy – which, to Baudouin, clearly explained why Coué “instinctively turn[ed, in later life] to another chemistry [namely,] *the chemistry of thought and human action*” (1923, p.14, emphasis added).

In 1876, Coué was apprenticed to a small Troyes Apothecary. He learned to examine and diagnose; prescribe and compound medicines; regulate, control, and operate a chemical laboratory; and promote, market, and sell proprietary medicines and his employer’s concoctions. In 1879, he won a government

scholarship to the prestigious Collège Sainte-Barbe in Paris. In 1880, M. Duprat, of Troyes' largest Apothecary, approached Coué's father, offering equal partnership on his graduation and full ownership at Duprat's death. Coué's impecunious father refused; but, once he learned that no financial contribution was sought, and that Duprat would soon retire, they soon reached an agreement.

Coué graduated top of his class (with First Class Honours) in July 1882, and spent six months as a pharmaceutical intern at Paris's Necker Hospital. Duprat died in the {7} interim. Duprat's widow upheld the agreement. Twenty-six year-old Coué took over the business in 1883. The business prospered. He met Lucie Lemoine (1858-1954), the daughter of world-famous plant breeder Victor Lemoine, and they married in 1884 (for more detail on Coué's life, see Orton, 1935, *passim*).

As both a first-contact prescribing pharmacist and a dispensing chemist, Coué constantly interacted with people who were, often, extremely sick, involving consultations, diagnosis and prescription, appraisal of treatment efficacy, deciding next treatment, etc., which forced him to recognise:

- (a) the importance of an individual's accepting, assimilating, storing, transmitting, discharging, and evacuating functions operating smoothly and continuously at their optimal level;
- (b) the influence of mental attitude on an individual's personal experience of adversity, discomfort, illness or injury;
- (c) the influence of mental attitude on treatment outcomes; and
- (d) that healing entailed a slow progression of incremental changes, over an extended time.

## 2.2 *Setting*

France lost nearly 2 million citizens to military action, malnutrition, or disease in the Great War (another 4+ million wounded) – approx. 15% of its population. Cases of 'shell-shock' (see Lerner, 2003; and Lembke, 2016) were demonstrating "[the significant] rôle which the mind plays in human biology and pathology" (Huxley, 1922, p.192). The 1918 Spanish Flu infected at least a third of the world's population, killing at least 20% of those infected (more than 65 million dead worldwide). Instead of the young, old, and infirm, it killed healthy adults of 20-40. To the collective distress of the medical profession, there was no known intervention. This widespread disciplinary failure amplified the negative views that many already held of conventional medicine. In his 1923 satirical play, Romaine wrote of a "Dr. Knock", whose exceptional commercial success came from his ability to convince healthy individuals that they had a heretofore-unrecognised ailment (Bamforth, 2002). Barcs-Masson (1962, p.368) observed that Coué was the opposite of Knock – rather than finding hidden disease within the healthy, he activated dormant health within the ailing.

### 2.3 *Clientele*

Ignoring specific issues such as performance anxiety, road rage, weight, smoking, drinking, unsafe sex, etc., those seeking hypnotherapy today do so because of ill-defined, vague feelings that:

- (a) their health is far from optimal;
- (b) their worry about past/present/future events is excessive and debilitating;
- (c) they are not comfortable with who they are;
- (d) they're not performing up to the level of their true potential; and/or
- (e) their lives are lacking some significant (but unidentified) thing.

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Coué's subjects sought relief from injury, illness, and organic disease; and, rather than being the "port of last call" (Kroger, 1977, p.344), he was the first consulted. Routinely relying on household remedies, they sought pharmaceutical support when all else failed; only consulting a physician as a very last resort. As the Dean of the Yale School of Medicine later observed, this was rational – up to the 1930s (when insulin, sulpha drugs, and Vitamin B<sub>12</sub> emerged, and physiological discoveries spawned new surgical practices), conventional medicine's standard interventions were almost useless for "alter[ing] either the natural course of disease or its eventual outcome" (Thomas, 1972, p.15) and, generally, did far more harm than good (Thomas, 1974, p.100).

### 2.4 *Misrepresentation*

Coué was a teacher; not a healer. He acknowledged the existence of disease, and was not opposed to medical intervention:

I am not a doctor, and would much prefer to be considered in the light of [being] the doctor's auxiliary...

In all cases of serious organic disability, I say to those who seek me out:

"Are you receiving medical treatment?"

If they reply "Yes", I give the advice:

"Continue with it then, and practice auto-suggestion also."

If they reply "No", I say:

"Consult a doctor then, and follow his treatment as well as using autosuggestion. You will find that the two treatments help each other."

(Coué, in Coué & Orton, 1924, p.14)

Coué's clinical goal was to arouse the inbuilt force that all humans possessed (Coué, 1922b, pp.22-23). He always said that any success was entirely due to his subject's efforts. He had no *mystical* power, he said – instead, the 'power' was in his approach: "my disciples obtain the same results as myself" (Kirk, 1922, p.66). Unfortunately, like those seeking solace at Lourdes (Charcot, 1893), the 'revivals' of Oral Roberts (Randi, 1989), or the 'crusades' of Benny Hinn (Nickell, 2002), etc., the most credulous of Coué's audiences – *witnessing counter-intuitive events which they attributed to counterintuitive agents* (Pyysiäinen, 2002) – lauded him as a miracle-worker (Stowe, 1923).

Coué's *method* was disarmingly non-complex – needing few instructions for on-going competence, based on rational principles, easily understood, demanding no intellectual sophistication, simply

explained, simply taught, performed in private, using a subject's own resources, requiring no elaborate preparation, and no expenditure.

### 3. Matters of Principle

#### 3.1 *Therapist Mind-Set*

As discussed elsewhere (Yeates, 2002, pp.10-11), therapeutic interventions (*secular exorcisms*) that assume humans are illness-prone and seek to identify and expel disease (goal: 'disease-free') are driven by a vastly different mind-set from those {9} interventions (*secular invocations*) that view humans as robust and health-sustaining, and seek to locate and invigorate the good (goal: 'robust health').

Freud and Adler exemplify this distinction. Freud held that distress was due to an unalterable past history. The sole purpose of Freud's "psychotherapeutic operations" – analogous, he said, to "[scraping out] a cavity filled with pus" (Freud, 1895/1955, p.305) – was the attenuation of anxiety and the conversion of *neurotic distress into normal human misery* [sic]. For Adler, distress was due to an absence of aspirations of the future, the possession of which he sought to inculcate in his patients ("I am not what has happened to me; I am what I choose to become": attributed to Carl Jung).

#### 3.2 *Healing*

Coué and Orton (1924, pp.39-40), like many others, chose Stahl's metaphors, *vis conservatrix naturæ* ("sustaining force of nature") and *vis medicatrix naturæ* ("healing force of nature") to identify:

- (a) the 'normal' sustaining/preventive absorbing, processing, converting; and eliminating activities of the respiratory, digestive, and circulatory systems; and
- (b) the 'abnormal' restorative/correcting activities of stanching bleeding, seamlessly mending broken bones, providing immunity via vaccination, etc. respectively (see Neuberger, 1944, p.20).

Heinroth had extended the philosophical concept of *akrasia* ('weakness of will') to acting in certain ways despite explicit intentions not to do so, such as eating chocolate, c.1818. Leubuscher (c.1838) spoke of *aboulia* ('inability to act'), in situations where one's body failed to respond to mental commands (e.g., to move one's arm). In the battlefield, the *triage* (lit. 'to sort') process of French ambulance workers identified three types of casualty (Iverson & Moskop, 2007, p.277):

- (a) those who would inevitably die;
- (b) those who would inevitably live (regardless of whether they received treatment); and
- (c) those who would live, but only if they received immediate treatment.

Coué did all he could to motivate, liberate, and utilise the *vis medicatrix naturæ*; and, rather than nullifying 'negatives', he sought to generate harmonious mental processes, arouse dormant/latent capacities, and create entirely new resources: "whatever the illness, the practice of rational auto-suggestion will always effect an appreciable improvement in the patient's condition, even if the disease itself be incurable" (Coué, 1923b, p.21). Natural healing would occur in a far shorter time, he argued, and might even take place in apparently impossible situations (see Barber (1984) on reversing cancer;

curing dermatitis; reducing hypertension; lessening cardiac problems; stimulating breast growth; healing burns; relieving asthma; removing warts, etc.).

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### 3.3 *Mental Processes*

Most mental processes occur outside our conscious awareness and beyond our control. Just as high morale, cohesion, *esprit de corps*, and good leadership positively affect the fatigue, recovery time, wound healing, etc. of soldiers, our hidden mental processes play a significant role in who we are, what/how we feel, what we can/can't tolerate, and our propensity towards wellness, immunity, and robust health (or infection, illness and dysfunction). All change is stressful (see Bridges, 1980). Coué's approach counteracted change-generated stress, removed impediments to optimal progress, and attenuated any fear of unknown futures (or grief for lost pasts).

Negative emotions reduce immune system function (Fredrickson, et al., 2013). Positive emotions generate changes in DNA structure (Epel, et al., 2009; Jacobs, et al., 2011) and function (Bhasin, et al., 2013), reduce inflammatory activity (Pace, et al., 2009), increase anti-viral responses (Morgan, et al., 2014), improve immune cell function (Fang, et al., 2010), and cause higher antibody production (Davidson, et al., 2003). Rosenthal and Jacobson's (1968) research indicated that hidden mental processes could affect the performances of others.

Other research indicates that, rather than our explicitly reported opinions, it's the hidden, implicitly held ('unconscious') self-evaluations that are the '*given data*' for our on-going existence. Negative self-evaluations are detrimental to health, constitutional strength, physiological function, task performance, judgement, social behaviour, optimism, and emotional wellbeing (see Hetts & Pelham (2001), Bargh (2005), Conner & Barrett, (2005), Pally (2007), etc.) – the most extreme being the *psychogenic deaths* from voodoo hexes, the evil eye, or 'pointing the bone' procedures (Cannon, 1942; Hahn & Kleinman, 1983; Cohen, 1985; Phillips, et al., 2001, etc.). Although many, when given a terminal prognosis, die prematurely (Milton, 1973), it's not remarkable for 'terminal' cancers to go into full remission (LeShan, 1980, 1990). And, as Hollander reminds us, "there is no hypnotist who can produce such complex [physiological, cognitive, emotional, and behavioural] results all at once as manifest in a person who has 'fallen in love'" (1928, pp.18-20).

### 3.4 *Mind over Matter?*

By contrast with modern 'positive mental attitude' approaches – which strive to un-imagine imaginary conditions, reverse hysterical disorders, and expel 'mental germs' – Coué's efforts were directed at achieving command over oneself: arousing the *will to live*, increasing *self-responsibility* (addressing akrasia), increasing *proactive initiative* (addressing aboulia), activating natural healing processes (*vis medicatrix naturæ*), arousing latent neurochemical and neurobiological resources (see Frisaldi, et al. 2015), promoting natural self-regulation (*vis conservatrix naturæ*), strengthening the '*will to health*' (Nietzsche's '*Wille zur Gesundheit*') and, overall, *ego-strengthening* (see Yeates, 2014a).

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In addition to greater self-confidence – i.e., *having a better 'self' to be confident about, rather than having a greater confidence in the same incoherent 'self'* – Coué's subjects gained self-efficacy, greater self-reliance, a far more internal *locus of control*, a clearer mind, a calmer emotional state, and a far more efficient physiological eco-system. This, in turn, fostered better inter-personal relationships, and promoted positive individual qualities, such as insight, independence, initiative, and creativity.

Despite the constant assertions of the Coué-trivialisers, Coué did not generate false hope – in fact, 'hope' is either realised or not realised; but it's never *false* – if anything, he dispelled *false despair*.

### 3.5 The Hypnotic Interaction

Without knowing the response, there's no objective a priori difference "between [a] suggestive idea and any other idea" (Titchener, 1910, p.450). Given their individual differences in outlook, knowledge, experience, temperament, natural ability, and cooperativeness, hypnotic subjects manifest phenomena that are peculiar to themselves; and, so, all things being equal, it is obvious that the induction of a specific-to-purpose 'hypnotic state' is contingent upon:

- (a) the capacity of the operator's utterances to evoke the desired 'state'; and
- (b) the capacity of the subject to construct the 'state' so demanded.

In 1920, Janet (pp.284-285) drew attention to the significant and important difference between an operator *making* a suggestion, and a subject *taking* the suggestion (see also Gauld, 1992, pp.610-611).

## 4. Mental Therapeutics

### 4.1 Two schools

Two theoretical positions on hypnotism flourished in France at the end of the nineteenth century:

- (a) The subject-oriented "Suggestion School" (fl.1864-1907), centred on Ambroise-Auguste Liébeault at Nancy, which taught that the 'hypnotic state' was a perfectly natural condition, and that the efficacy of suggestion alone was significantly enhanced by hypnotism (Bernheim, 1887/1889; Sandor, 1980; Gauld, 1992; Carrer, 2002).
- (b) The operator-oriented "Hysteria School" (fl.1878-1893), centred on neurologist Jean-Martin Charcot at Pitié-Salpêtrière Hospital, in Paris, which taught that the capacity to be hypnotised was a symptom of a pathological condition approximating hysteria – at his death (1893), Charcot was preparing to renounce his 'hysteria' theories and adopt the Nancy position (see Owen, 1971, and Gauld, 1992).

## 4.2 Coué and the “Suggestion School”

In 1885, Coué’s father-in-law introduced him to Liébeault, a medical practitioner of Nancy who, deeply interested in animal magnetism in his Strasbourg student {12} days, had adopted hypnotism after moving to France in the early 1860s (Gauld, 1992, p.320). Liébeault (who first met Bernheim in 1882) used a laborious, monotonous, “sleep, sleep, sleep” hypnotic induction – thus, his inappropriate, misleading, and ambiguous term ‘hypnosis’ – to produce a “*charme*” (“spellbound”) state. He promoted “*suggestive therapeutics*” – an imperfect re-branding of the ‘dominant idea’ theory that Braid had appropriated from Thomas Brown (see Brown, 1851; Braid, 1843; Carpenter, 1853b, etc.).

An inspired Coué leased his pharmacy, moved to Nancy, and studied with Liébeault in 1885 and 1886 (Baudouin, 1920, p.13). Having exhausted his savings, he returned to Troyes and resumed his pharmacy (which had declined in his absence). He dabbled with ‘hypnosis’ in Troyes in 1886, but soon discovered that Liébeault’s techniques were hopeless, and abandoned ‘hypnosis’ altogether. Coué later (c.1913) observed that Liébeault was vague, imprecise, and “lacked method” (Baudouin, 1923, pp.18-21); further remarking, in 1926, that, whilst, “in many cases, [Liébeault] got good effects ... he lacked a theoretically correct method, [and, consequently,] worked blindly” (COICC (I), 1926, p.21). Whilst agreeing with his view that hypnotism amplified the effectiveness of suggestion, he strongly disagreed with Liébeault’s view that hypnotism made suggestion ‘inescapable’ (see Bernheim, 1889, p.207); it was, he said, an artifact of the hypnotist:

Such automatism as does occur in ‘subjects’ is mainly brought about through imagining that they are being dominated by the operator.

The operator usually explains that such dominance, of necessity, cannot extend beyond a certain specified point, but sufficiently far to ensure compliance with favourable suggestions, the actualization of which suggestions is consequently taken for granted by many, and, no contrary thought being in consciousness, success ensues.

In such instances the ‘subject’ imagines what he wishes because he has imagined that he would!

(COICC (I), 1926, p.22)

## 5. Scientific Hypnotism

### 5.1 Sage of Rochester

In 1901, in the hope of improving his business, Coué bought an American bookkeeping text (Neal, 1899). Responding to its accompanying literature, he sent for a free book, *Hypnotism as It is* (Sage, 1900a), which offered to disclose “secrets [of the] science that brings business and social success” and “the hidden mysteries of personal magnetism, hypnotism, magnetic healing, etc.”. Deeply impressed, he purchased the associated correspondence course by stage hypnotist extraordinaire, “Professor Xenophon LaMotte Sage. A.M., Ph.D., LL.D.”, of Rochester, New York, for thirty francs.

“Sage” was Ewing Virgil Neal (1868-1949), author of the bookkeeping text. A multi-millionaire, calligrapher, hypnotist, publisher, advertising/marketing pioneer, pharmaceutical manufacturer, parfumeur, international businessman, confidant of {13} Mussolini, Commandatore of the Order of the

Crown of Italy, Officer of the Legion of Honour, and fugitive from justice, Neal moved to France in the 1920s (see Conroy, 2014). He had been a teacher at Sedalia's Central Business College for eight years; and, while there, had undertaken an intensive collaborative study of hypnotism with his teaching colleague, Sidney Weltmer (see "Prof. Weltmer", 1923). [Weltmer's ultimate vocation was healing; not entertainment (see Weltmer 1899/1996, 1900, 1901, 1922; Brophy, 1997).] Neal toured the USA (1896-1898) as a highly successful stage hypnotist; and, in 1899, "Professor X. LaMotte Sage. A.M., Ph.D., LL.D.", of Rochester, was admitted to the prestigious Medico-Legal Society of New York.

### 5.2 *The Correspondence Course*

Having written *Hypnotism as It is*, and both the English and French versions of the correspondence course (Sage, 1900b, 1900c, 1900d, 1900e), Neal produced two compendia of contemporary hypnotic knowledge (Neal & Clark, 1900a, 1900b) containing articles from thirty two eminent individuals, (Baldwin, et al., 1900, 1901; Buchner, et al., 1901a, 1901b), that did much to publicise scientific hypnotism.

The course materials included the compendia's articles (American College of Sciences, 1900a-1900f), and Wharton's (1900) 15-page pamphlet on using "McIntyre's Hypnotic Ball". The materials were unparalleled in their precision, clarity, and direct relevance to the needs of distance-learning students. Students developed presence, confidence, and authority from its exercises (Sage, 1900d, pp.8-23), and were guided through a number of efficient, Braid-style, *upwards and inwards squint* induction techniques and efficacious applications of incremental suggestion. The course stressed that, "by autohypnosis [the student] can cure himself of disease, improve his memory, cure himself of bad habits, and derive all the benefits himself that he can confer upon others by treating them under hypnosis" (Adkin, 1900, p.115). Coué undertook experiments, such as:

Lie down and relax your muscles, at a certain time during the day when you are in a quiet or receptive state of mind.  
Place some bright object in such a position that it will cause you to roll your eyes upward a little in order to see it, causing a slight strain of the optic nerve...  
All the time you are looking at the object, concentrate your mind as follows:  
"...when I awaken I will feel better. Each day I will positively improve. Each day from now on, I will notice a great change in my condition. I am feeling better every day. I will soon be well."

(Adkin, 1900, pp.115-116)

### 5.3 *The Hypnotist*

Coué immediately recognised that the course's Braid-style of hypnotism was ideal for *mental therapeutics*. He undertook an intense study, and was soon skilled enough to offer hypnotism alongside his pharmaceutical enterprise. In the context of Liébeault's 'hypnosis', Braid's hypnotism, and Coué's (later) discoveries about autosuggestion, one must recognise the substantially different orientations of Liébeault's "*suggestive therapeutics*", which concentrated on imposing the coercive power of the operator's suggestion, and Braid's "*psycho-physiology*", which concentrated on activating the transformative power of the subject's mind.

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Coué's hypnotic skill contrasts strongly with other hypnotic 'experts', such as Charcot, who never performed a single hypnotic induction in their entire life (Gauld, 1992, p.314). Coué *continued to actively use formal hypnotism and direct suggestion until his death* (see Baudouin, 1920, pp.257-258); and, in accord with Adkin's "bright object" recommendation, he always used "a metal disc [to induce hypnotism] at which he directed the [subject] to stare whilst he (Coué) moved it [rapidly] round and round ... a little way from and above the subject's eyes" along with suggestions of "feeling sleepy", and "that sleep would come when he had counted twenty, and so on" (Orton, 1935, p.148).

As his skills developed, as his efficacy improved, as his understanding of suggestion expanded, and as the popularity of his (free) hypnotherapeutic services increased, he modified his approach from a one-to-one interaction to group ego-strengthening sessions, gradually improving his explanations, incremental delivery processes, and the form and content of his ego-strengthening procedure.

#### 5.4 Nancy

In 1910, Coué sold his pharmacy, and retired to Nancy, where he opened a hypnotherapeutic clinic that continuously delivered some 40,000 treatment-units per annum (Baudouin, 1920, p.14) over the next 16 years. In 1913, he established *The Lorraine Society of Applied Psychology*. He never adopted Baudouin's designation "*New Nancy School*" (1920, p.13); and, according to Glueck (1923, p.112), who visited Nancy in 1922, Coué was "rather annoyed" with Baudouin's characterisation.

## 6. Beyond Nancy

Having developed his explanatory accounts, subject-conditioning exercises, and his central ego-strengthening monologue, Coué began to disseminate his ideas.

### 6.1 The 1912 Chaumont Lecture

On 21 January 1912, Coué delivered a paper, "*Suggestion and its Applications*" to the *Natural History and Paleoethnology Society of Haute-Marne*. He spoke of two 'selves', a "*conscious self*" and an "*unconscious self*", how the 'unconscious self', not the 'conscious self', "presided over all the functions of our organism [and] *all of our actions, whatever they might be*" (1912, p.26). He demonstrated the power of the 'unconscious self' over the 'conscious self', observing that we, "who are so proud of our control", and "believe that we are free to do whatever we might choose to do", are no more than "wretched marionettes", with our 'unconscious self' holding the strings. He spoke of drunkards, despite their desire to abstain, being "irresistibly impelled to drink", and of criminals continuing to commit crimes, in spite of themselves, because they were unable to resist the urge to do so (p.28).

He asserted that a 'suggestion' was only effective to the extent to which it had been 'auto-suggested'. Highlighting the advantage of harnessing such a powerful natural mechanism, he stressed the importance of side-stepping the 'conscious self', and concentrating entirely on the 'unconscious self'. He spoke (p.31) of his conclusions on the relative strengths of *consciously held 'ideas'* (associated with "*the will*") and *unconsciously held 'ideas'* (associated with "*the imagination*"); and {15} displayed four

“experiences” that demonstrated ‘dominant ideas’ being realized per medium of ‘auto-suggestion’. He described his ego-strengthening procedure, and concluded his presentation with case studies.

## 6.2 *Subsequent Versions*

Although embellished with more recent case studies – and his “Every day, in every way, I’m getting better and better” formula, and its knotted string self-administration ritual (viz., Coué, 1922a, pp.1-37, and 1922c) – his 1912 presentation, including its ego-strengthening component, remained the central core of the lectures he delivered over several decades in France, Switzerland, Holland, Belgium, Austria, Germany, Portugal, Italy, and to English-speaking audiences in England and the United States.

In 1923, an abridged version of his formal presentation, including the ego-strengthening component, the formula, and the knotted string self-administration ritual, was recorded in New York, by the Columbia Gramophone Company in both English and French language versions. A silent film of his presentation was released in the US in 1923 (with Coué using professional actors for his demonstrations). Except for a 10 second clip in a newsreel, no copies of the film exist today. It seems inevitable that all of the remaining copies were consigned to the flames (along with all of the other film stock considered ‘surplus to requirements’) in the process of filming the “Burning of Atlanta” scene for *Gone with the Wind* on 10 December 1938.

## 7. Beyond France

Prior to World War I, Coué mainly concentrated his efforts on his clinical work in Nancy. Given its close proximity to Germany, wartime travel was restricted; and Nancy was a continual target for the German artillery. Once post-war travel was possible, foreign visitors came to Coué. Some sought treatment – e.g., Alice Baird, headmistress of St. James’s School for Girls; Roger Fry, English painter and art critic; Mary Garden, Scottish soprano, etc. Others came to observe his work – e.g., ‘shell-shock’ expert Monier-Williams, who conducted a free autosuggestion clinic from his medical practice for many years (and, also, was responsible for encouraging Coué to visit England); Archibald Stark Van Orden, founder of the *Coué League of America*; John Herbert Duckworth, a journalist, etc.

### 7.1 *Children*

Coué’s approach to treating children was based upon involvement, love and good will, and it provided a means through which parents could cultivate their children, by:

- (a) using suggestion with infants;
- (b) teaching them autosuggestion as soon as they could talk;
- (c) utilising sleep-suggestion – thus, extending the earlier approaches of Farez (1898) and Flower (1898); and
- (d) delivering positive encouragements to do better, rather than reproaches for error (see Coué, 1922d; Brooks, 1923, pp.36-45; Mayo, 1923; Noble, 1924; and Waters, 1924).

Several of his followers opened special clinics that were dedicated to children, including Josephine Mary Richardson, a teacher and one-time governess to a noble Japanese family, who opened an *Institute for the Practice of Auto-Suggestion*, in London; Marie Kauffman, operating in Nancy itself; Anne Villeneuve, in Paris; and Mia Kloek-Pirée, in Amsterdam.

## 7.2 *The United Kingdom*

[Coué's visits to England and his lectures on autosuggestion] helped to present the practical psychology of positive thinking, not as a new religion, but as part of common sense.

Its grip on the popular imagination was such that a [1922] *Daily Express* report on suicide could expect its readers to understand that this was a case of "Couéism Reversed".

(Thomson, 2006, p.38)

Coué visited the United Kingdom on at least eight occasions; that is, aside from other visits that were directly connected with matters associated with the Coué-Orton Institute. His visits involved clinical sessions, demonstrations, and lecture tours. He spoke to large audiences, often with an interpreter, and sometimes he spoke in English. He also spoke to smaller audiences (including, on one occasion, boys from Eton) in French. They were well reported in the English press. For an objective account of the 'before', 'during', and 'after' of Coué's visits to the UK see Rapp (1987).

## 7.3 *The United States*

The US edition of Coué's *Self-Mastery Through Conscious Autosuggestion* (viz., 1922b) was one of the Chicago Sunday Tribune's best selling non-fiction works in September and October 1922 and one of the "books most in demand at the Chicago public library" in November and December 1922. Coué made two whirlwind tours of the United States; the first, of five weeks, was in January/February 1923, and the second, of eight and a half weeks, was in January/March 1924. For an objective account of the 'before', 'during', and 'after' of the two American sojourns see Whiteside (1953), and de Kay (1976).

Coué's lecture tours, which included New York, Chicago, Philadelphia, Washington, Boston, Detroit, Cleveland, Pittsburgh, and Cincinnati, not only received an extraordinary level of day-to-day press coverage, but his series of eight "hitherto unpublished articles", *Every Day in Every Way* (later, Coué, 1923b, pp.1-191), his eighteen articles, *Get "Better Day by Day"; Dr. Coue Tells You How* (a translation of his 1912 lecture, enhanced with more recent case studies) and his eleven opinion pieces, *American Impressions by "The Miracle Man of France"* (later, Coué, 1923b, pp.101-191) were syndicated nationwide.

An overworked, greatly fatigued, and culturally disoriented Coué was exposed to just as much incredulous condemnation as credulous adulation – pilloried by some sections of the U.S. press, and revered by others. Any clinics conducted {17} were free and most of the takings from his lectures went to the institutes that were being established to disseminate his method. Also, rather than small groups, he was regularly addressing audiences of 1,000+ (with seats for each performance sold out, and scalpers making lucrative sales) – the majority of whom were sensation-seekers anxious to witness miracles.

As Hollahan (1989, p.322) observed, “Coué’s original intention of inducing ailing people to help themselves became lost in the [American-press-generated confusion of performances that] came to resemble latter-day TV healing spectacles, including physical contact between healer and healed”. Part of the blame lay with Coué – he was a boring lecturer with an uninteresting, light, weak voice (Orton, 1935, p.126), who took 90 minutes to deliver his message:

The lectures, demonstrations, and interviews followed a monotonously similar pattern that Coué never seemed to tire of repeating. He described his method, how he had arrived at it, the principles on which it was based, and the many cures it had effected. Often there would be demonstrations: volunteers would come to the stage, be told to clasp their hands, and then be told they were unable to unclasp them; they would find themselves unable to do so until Coué lifted the spell.

(Yankauer, 1999, p.492)

## 8. The Coué-Orton Institute

Coué and the renowned voice coach and expert hypnotist, James Louis Orton (1877-1964) first met each other in Paris in May 1922 (Orton, 1955, p.48). In 1923 they pooled their individual talents, abilities and knowledge, and produced the jointly written book, *Conscious Auto-Suggestion* in 1924. Orton was approached by Marquis Victor Vivien de Châteaubrun, the spokesman for a consortium, who proposed establishing a teaching institution with an associated treatment clinic, in London, that would be funded independently of Coué and Orton.

Orton contacted Coué, and Coué agreed to take part. Soon the two of them were preparing teaching material designed for both classroom teaching and distance learning via correspondence lessons (about 30% written by Coué, 50% by Orton, and 20% jointly written). The Institute, with a nominal capital of £5,250 began its operation in London in early 1925. The arrangement was that, although both Coué and Orton lent their names to the Institution, and freely supplied their intellectual property, they had no shares in the business. For his trouble, Coué (based in France) would receive £500 per annum; and Orton (as the Director of Instruction, and based in London) was to receive £500 per annum plus 10% of the net profits.

The day-to-day administration of the business was left to William Francis Mitchell. Unbeknown to either Coué or Orton, Mitchell was an un-discharged bankrupt who, in 1923 and 1924, had dissolved all of the eleven companies he had formed in 1917. All of the advertising was his concern. Mitchell exploited his position and launched a massive campaign to raise a considerable amount {18} of money (allegedly for the business). Coué objected to all of this inappropriate commercialisation, withdrew his support, and retracted his permission to use his name. Orton dallied for a while, in the hope that things would improve. They did not. Orton also withdrew, and the entire teaching operation came to an end not long before Coué’s death (for more details, see Orton, 1935, passim).

## 9. Objections and Criticism

As Duckworth has observed, “most of us are so accustomed ... to an elaborate medical ritual ... in the treatment of our ills ... [that] anything so simple as Coué’s *autosuggestion* is inclined to arouse misgivings, antagonism and a feeling of scepticism” (1922, pp.3-4). Coué never gave any empirical evidence for the efficacy of his formula, and his claims had not been scientifically evaluated prior to the three experimental studies conducted more than 20 years ago, which seem to offer some unexpected support for Coué’s claims (Paulhus, 1993).

There were heated protests from religious figures against Coué’s ‘self-healing’ (maintaining that God alone heals); yet, as Yogananda observed (1962, p.5), whilst it *was* self-healing, “you are using *your own*, but *God-given* powers to heal yourself”. Frank Bennett, Dean of Chester, a fan of Coué, had a foot in both camps, recommending that, rather than reaching for a pill, his flock should “try M. Coué’s prescription” and, every night for a month, just before bed, when “sleepy”, repeat Coué’s formula twenty times:

Or, if you like, expand [Coué’s standard formula] into

Hour by hour and day by day,  
In all respects and in every way,  
Better I get and better I stay.  
Blessed by God Who maketh me whole,  
Rest and rejoice in Him, O my soul,  
And magnify Him alway.

At the end of the month, you will go on with the prescription because you will find that you really are better.

(Bennett, 1922, p.18)

Excusing the notions imposed upon Coué in the earnest publications of those later identified as *Psycho-Christians* (see Richards, 2000), such as Bennett (1922), Macnaghten (1922), and Brooks and Charles (“*Jesus makes me, day by day, / A better girl, in every way*” (1923) p.142), and once the objections driven by intentional misrepresentation, prejudice, or incorrigible bigotry, such as “Another Gentleman with a Duster” (1923), who held that Coué was part of a world-wide Jewish plot to destabilise Christianity, and the commentaries that display an outright ignorance of fact are set aside, it is clear that most of the criticism of Coué’s work was driven by loyalty to the critic’s (incommensurable) theoretical orientation and therapeutic approach.

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That Coué’s formula could be applied with a minimum of instruction was challenging; and the accounts of Coué’s *method* curing organic disease were just as threatening to the conventional medicine of the day, as they were inspiring to Coué’s devotees. The heated protests of the psychomedical establishment (e.g., Moxon, 1923) were routinely made on one or more of the following grounds (see Abraham, 1926, pp.190-191):

- (a) Healing of organic disease by ‘self-mastery’ was impossible! Aside from ‘spontaneous remissions’ of authentic disease (efficacious *vis medicatrix naturæ!*), reported ‘cures’ were either due to mistaken diagnosis (it was *never* that disease!), or mistaken prognosis (it was *always* going to get better!). Anyway, even if it had been diagnosed correctly, there was no compelling evidence to suggest that Coué’s approach had been in any way responsible for the cure.
- (b) Even if it was true that, in some extraordinary circumstances, healing by ‘self-mastery’ was *possible*, Coué’s failure to immediately eliminate those with counterproductive limitations – such as, for example, those lacking the required dedication, mind-set, talent, diligence, persistence, patience, etc. – resulted in many (clearly unsuited) individuals mistakenly postponing (otherwise) life-saving operations and delaying (otherwise) radical medical treatment far beyond any prospect of recovery or cure.
- (c) Despite the obvious fact that each ‘disease’ had a unique cause, a unique history, and a unique (and idiosyncratic) personal impact, Coué treated a wide range of disparate individuals in the same, single group session, in the same way; and, moreover, he treated them without any sort of detailed examination or differential diagnosis.
- (d) The method’s central ‘magical incantation’ – a specific formula, uttered a specific number of times, in a special way, using a knotted string – aroused strong opposition, as it reeked of outmoded superstitious practices and beliefs.

## 10. Death

Coué died in Nancy of emphysema and heart failure at the age of 69, several days after having been taken ill while lecturing at Strasbourg. The obituary in *The Times* was typical in its praise for this gentle, kind and benevolent man, and in its expression of sorrow for the passing of “a picturesque and a gracious figure ... who believed so passionately in his creed, [and] was interesting and important in proportion to his sincerity. The good that he accomplished, and he accomplished good, belonged primarily to his kind and simple heart.”

To be continued in Part II.

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#### **78 RPM recordings (approx. 12 mins) of Coué teaching his method: recorded at the Columbia Gramophone Company, New York, 10 February 1923**

- Emile Coué's Own Method of Self-Mastery*: four sides: serial nos. A-3840 (sides 1 and 2) and A-3841 (sides 3 and 4).  
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- La Maîtrise de Soi-Même par L'autosuggestion Consciente*: four sides: serial nos. A-3842 (sides 1 and 2) and A-3843 (sides 3 and 4).  
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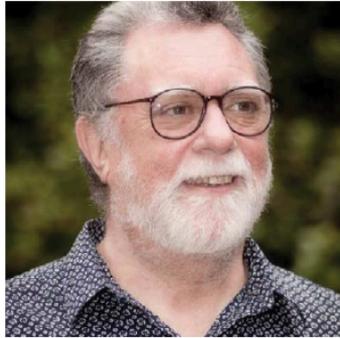
#### **Single-Reel short film (approx. 12 mins) of Coué teaching his method**

- The Message of Emile Coué* (1923): directed by Earl Hurd (1884-1940), and released in the USA by Educational Films, Inc. on 18 February 1923.  
[Extensive research has failed to locate any extant copy.]

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## About the Contributor

### Lindsay B. Yeates



Dr Lindsay B. Yeates, PhD (History & Philosophy of Science), University of New South Wales (UNSW); MA (Cognitive Science), UNSW; Graduate Diploma in Arts By Research (History & Philosophy of Science), UNSW; BA (Asian Studies), Australian National University (ANU); Diploma of Clinical Hypnotherapy; Diploma of Traditional Chinese Medicine; Certificate of Competence as a Therapy Radiographer,

Royal Melbourne Institute of Technology (RMIT). A Fellow and Life Member of the Australian Society of Clinical Hypnotherapy (ASCH), and the Australian Hypnotherapists' Association (AHA), currently Editorial Assistant at the *Australasian Journal of Philosophy*, and an Adjunct Assistant Lecturer in the School of Humanities and Languages at the University of New South Wales, Lindsay has been variously involved with hypnotism, hypnotherapy, and the training of clinical hypnotherapists for more than fifty years.

Following the award of MA for his interdisciplinary cognitive science studies in 2002, and a Graduate Diploma in Arts for his research into the mechanism of thought experiments in 2004, Lindsay was awarded a scholarship to undertake extensive post-graduate research into the events surrounding James Braid's discovery of hypnotism in Manchester in 1841. His acclaimed, groundbreaking doctoral dissertation, *James Braid: Surgeon, Gentleman Scientist, and Hypnotist*, was accepted by the examiners without correction. He was awarded a PhD in 2013.

Driven by a life-long interest in scientific hypnotism and suggestion—in particular, the nature, form, and content of efficacious hypnotic suggestion—Lindsay's professional career reflects his view that a major obligation of any scholar is not only to actively engage in the prolonged studies demanded for both knowledge creation, and the distillation and the refinement of the knowledge so created, but also, to diffuse and disseminate that knowledge. Lindsay's on-going studies, the refinement of his personal understandings, and the non-commercial sharing of his research, form a significant part of that long-term endeavour.

### Lindsay B. Yeates

School of Humanities & Languages, University of NSW  
Sydney, NSW Australia

**Email:** [lindsay.yeates@unswalumni.com](mailto:lindsay.yeates@unswalumni.com)



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