

Émile Coué and his *Method* (III): Every Day in Every Way

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Abstract

The rationale, structure, content, and presentation of the final version of Coué's *method* (c.1923) is described, analysed, and examined. Continuously, unjustly, and mistakenly trivialised as just a hand-clasp, some unwarranted optimism, and a 'mantra', Coué's *method* evolved over several decades of meticulous observation, theoretical speculation, in-the-field testing, incremental adjustment, and step-by-step transformation. It tentatively began (c.1901) with very directive one-to-one hypnotic interventions, based upon the approaches and techniques that Coué had acquired from an American correspondence course. As his theoretical knowledge, clinical experience, understanding of suggestion and autosuggestion, and hypnotic skills expanded, it gradually developed into its final subject-centred version – an intricate complex of (group) education, (group) hypnotherapy, (group) ego-strengthening, and (group) training in self-suggested pain control; and, following instruction in performing the prescribed self-administration ritual, the twice daily intentional and deliberate (individual) application of its unique formula, "Every day, in every way, I'm getting better and better".

KEY WORDS: autosuggestion, ego-strengthening, group treatment, hypnotherapy, hypnotic suggestion, pain control, prayer ropes, 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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[Continued from Part II]

Having examined the history of *la méthode Coué* in Part I (Yeates, 2016a), and its representational structure in Part II (Yeates, 2016b), we now examine its practical clinical delivery.

1. Preliminary

Coué's talent for structured thinking, and his experiences with those seeking pharmaceutical or hypnotherapeutic assistance over the years, convinced him of the significance of 'dominant ideas', and the therapeutic potential of suggestion. Interacting with less well-educated patients fostered valuable skills – he was easier to talk to, spoke in simpler terms, understood patients' problems better, understood their questions better, asked better questions, and delivered easier to follow instructions.

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From his knowledge of their background, beliefs, apprehensions, and abilities, he developed a method, based on rational, hypnotism-centred ego-strengthening which smoothly converted an (otherwise) *abstract* potential into a powerful means through which many remarkable therapeutic changes were effected.

1.1 Final Version

His meticulous attention to the smallest detail over decades of observation, speculation, and testing, was what set his *method* significantly apart from all other approaches:

To ignore 'little' things so as to get sooner at the bigger ones is a common fault [of those in the field], but one that not infrequently has serious, even disastrous, effects, for 'apparent' trifles are apt to prove of vital importance.

It is by but apparently little things that the system I have formulated differs from others; those 'trifles', however, have often enabled persons who, after practising various other systems ineffectually, sought my advice, to get even more benefit than they imagined possible.

(Coué, in Coué & Orton, 1924, pp.10-11)

Any examination of Coué's *method* must concentrate on its specific target: those individuals presenting for (collective) treatment at his clinic, who performed his twice-daily formula-self-administration ritual – by contrast with those who attended a single lecture, skimmed through a book, watched his short movie, or listened to a gramophone recording. The final version, rather than earlier versions, must be studied; and, instead of relying on the inaccurate, incomplete, or simply mistaken accounts of those with incommensurable theories or different therapeutic goals, we must examine what Coué actually did, said, and intended to achieve. However, before proceeding, several important elements need to be identified and discussed.

2. Hypnotism

Coué's studies with Liébeault convinced him of the value of *mental therapeutics* (see Part I: Yeates, 2016a). Back in Troyes, he experimented with Liébeault's sleep-based 'hypnosis'; and, finding it useless, abandoned 'hypnosis' altogether in 1886. In 1901, he purchased a correspondence course (Sage, 1900b,

1900d), based on Hudson's *mental therapeutics* (see Hudson, 1893, 1900, 1903), which taught (Braid-style) *upwards and inwards squint* induction techniques. Coué studied intensely, rapidly becoming an expert hypnotherapist. Within eight years, he had sold his pharmacy, moved from Troyes to Nancy, and was devoting himself to hypnotherapy full-time.

Given the unfortunate ambiguity of 'hypnosis' (see Part II: Yeates, 2016b), statements that Coué "discarded hypnosis proper" (Meyer, 1923, p.475), "abandoned the trance entirely" (Hull, 1929, p.159), "*abandoned traditional hypnosis*" (Melton, 2001, I, pp.344-345), etc., must not be interpreted as saying he ceased using hypnotism. Although he *abandoned* Liébeault's 'hypnosis' in 1886, he *adopted* Braid's 'hypnotism' in 1901; and he actively used hypnotism for the rest of his life (Baudouin, 1920, pp.257-258; Orton, 1955, p.48). Also, and in particular, he used "*profound*" hypnotism "where the subject [was] *maladroit* in the use of autosuggestion, [and] above all when he cannot {57} learn to avoid making efforts of the will", because *profound hypnotism* "suspends the voluntary activity which is impairing the chances of success" (Baudouin, 1920, p.258). [For similar reasons, assertions that, in the absence of 'hypnosis', he used "*waking-suggestion*" are just as mistaken.]

2.1 Hypnotherapy

While Liébeault and Bernheim concentrated on the coercive power of the operator's suggestion (Tuckey, 1891, pp.42-46), Coué's approach, entirely consistent with James Braid's "*psycho-physiology*" (Braid, 1855, p.855) and Thomson Jay Hudson's "*mental therapeutics*", concentrated on the transformative power of the subject's mind. As the demand for his hypnotherapeutic interventions increased, Coué went from one-to-one sessions of "*suggestive therapeutics*" to collective sessions of ego-strengthening.

2.2 Hypnotism

While hypnotism-centred procedures that are overtly identified as *hypnotic* are well-known to generate a significantly higher level of subject responsiveness to suggestion (Barber & De Moor, 1972; Gandhi & Oakley, 2005), Coué deliberately chose not to identify any of his *hypnotic procedures* as 'hypnotism', and he did so for several reasons.

Given his *method's* stress on the "unconscious self" and "autosuggestion" it would have been inconsistent (if not a total sell-out) to identify his procedures as *hypnotism*. Also, because so many of his own patients reported Bernheim's failure to induce "hypnotic sleep", he needed to separate his own activities from the 'hypnosis' of Liébeault and Bernheim (Coué, 1923a, pp.42-43). Baudouin had similar experiences:

I have seen a number of Bernheim's old patients. Most of them said: "I never went to sleep at all"; or, "I was still wide awake in the hypnotic sleep"; or "I slept without sleeping"; or, "I am not sure if I was really asleep"; or, "To please him, I told him I had been asleep".

(Baudouin, 1920, p.205)

Such failures, whether real or imagined, had a counterproductive effect (Coué, 1923a, p.43). [We've all had deeply hypnotised patients who claim on de-hypnotisation that they were not hypnotised at all.] "Subjects", explained Baudouin, "believe that the hypnotizer is endowed with wonderful powers" and, specifically, because they "attribute the result ... to these powers", they also believe that "in the absence of the cause (the hypnotizer) there can be no effect". Consequently, Baudouin observed, "one of the problems of using induced sleep as a general method of treatment [is that, because] profound hypnosis [is very rarely] perfectly attained during the whole course of treatment [a subject will] be apt to reason as follows: 'The doctor was not able to put me to sleep; but he wanted to send me to sleep in order that he might cure me; therefore he will not be able to cure me'" (1920, p.204-205).

In relation to "suggestive therapeutics", the correspondence course continuously stressed that suggestion produced outcomes. It also taught that, because "properly given [suggestions] take effect in the waking state", one did not need to have the patient "in {58} a hypnotic condition, or in a state of partial hypnosis ... to cure him, although this [was] often the most certain way". Whilst students were told that they could *mention* that hypnotisation *might* assist therapeutic success, they were forbidden to speak of hypnotisation as "a necessary pre-requisite of successful treatment". In fact, students were told: "[don't] let the patient know that you are going to treat him by hypnotism [at all]. It is an easy matter to deceive the patient in this. [By the very act of] calling it suggestion, the average person will not know that you intend to employ hypnotic treatment" (Sage, 1900c, p.16). The course's recommendation was based on two substantial grounds (*ibid.*):

- (a) procedural problems attending any potential (real or imagined) operator failure would, as a consequence, be entirely eliminated; and, far more significantly,
- (b) "suggestion" would be clearly recognised as being an important, central, and essential aspect of the entire extended therapeutic interaction (i.e., "suggestive therapeutics") – rather than, that is, just being limited to those fleeting moments in between hypnotization and de-hypnotisation (and, of course, only for those who could be hypnotised).

There was also the widespread fear of hypnotism and hypnotists. Sidestepping these concerns, Coué presented his approach as relaxed concentration – not hypnotism. Although Coué had found that only "peculiarly sensitive subjects" could be hypnotised without "any preliminaries", his experience revealed that, provided an individual been subjected to his "preliminaries" – i.e., they had listened to his explanations, seen his demonstrations, conducted his thought experiments, and undergone his "experiences" – they were rather easy to hypnotise; especially when the entire procedure was being represented to them as if it were simply one of relaxed concentration:

Formerly, imagining that suggestion could only be given during sleep, I always tried to put my patients to sleep; but on discovering that it was not indispensable, I left off doing it in order to spare him the dread and uneasiness he almost always experiences when he is told that he is going to be sent to sleep, and which makes him offer, in spite of himself, involuntary resistance.

If, on the contrary, you tell him that you are not going to put him to sleep as there is no need to do so, you gain his confidence.

He listens to you without fear or ulterior thought, and it often happens – if not the first time, anyhow very soon – that, soothed by the monotonous sound of your voice, he falls into a deep sleep from which he awakes astonished at having slept at all.

(Coué, 1922b, p.24)

The hypnotic induction for his ego-strengthening monologue (delivered to an already well-conditioned audience) began:

Sit down and close your eyes.

I am not going to try and put you to sleep as it is quite unnecessary.

I ask you to close your eyes simply in order that your attention may not be distracted by the objects around you.

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Now tell yourself that every word I say is going to fix itself in your mind, and be printed, engraved, and encrusted in it, that, there, it is going to stay fixed, imprinted, and encrusted and that without your will or knowledge, in fact perfectly unconsciously on your part, you yourself and your whole organism are going to obey ...

(Coué, 1912, p.35; 1922b, p.19)

And concluded with:

Now I am going to count three, and when I say “Three”, you will open your eyes and come out of the passive state in which you are now.

You will come out of it quite naturally, without feeling in the least drowsy or tired, on the contrary, you will feel strong, vigorous, alert, active, full of life; further still, you will feel very cheerful and fit in every way. “ONE- TWO- THREE-” ...

(Coué, 1912, p.37; 1922b, p.22)

Coué, commented that, “at the word ‘three’ the subject opens his eyes, always with a smile and an expression of well-being and contentment on his face” (1912, p.37; 1922b, p.22).

3. Collective Treatment

With such an intricate procedure, presenting the same expositions, explanations, representations, subject-conditioning exercises, and using the same ego-strengthening monologue with every subject, and given the intensive operator-effort required, there was an obvious efficiency in collective treatment; in particular because of the added bonus of his patients severally and collectively acting upon, and reacting to, one another.

Coué’s ... collective treatment ... was performed on a scale, and with a scope, unprecedented.

Collective treatment has certain advantages. So much of the instruction given is of a general character, and yet is so [necessary], that a great saving of time is effected.

(Orton, 1935, p.298)

During the collective sittings the patient might have been impressed by seeing the remarkable cures that were in progress.

Some of these were cases of organic disease; others were cases of nervous paralysis, and, since in the latter the cure was at times instantaneous, their effect upon the new patient's imagination was considerable.

More or less unconsciously [she might form] in her mind some sort of association between these cases and the [condition] from which she herself suffered, [and so,] under the influence of the suggestion "*In all respects, I get better and better*", her subconscious had considered [her condition] to be one of these "respects", [and therefore] to be a particular case embraced by the general formula.

(Baudouin, 1920, p.157)

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3.1 Safety in Numbers

Joseph Barber (1990) reported far greater success when he worked with subjects in 'workshops', compared with (apparently identical) subjects in 'normal' clinical settings. The influence of a similar *subject-operator-audience triad* (see Yeates, 2013, p.157) is very apparent in the case of Coué:

- (a) *a subject*, as the subject, is fully prepared to comply with the operator's directives;
- (b) the presence of others implicitly guarantees their safety;
- (c) subjects can obey the operator without any need for on-going monitoring;
- (d) subjects can fully immerse themselves in whatever is suggested – which, in turn, guarantees the maximum efficacy of the intervention;
- (e) subjects, in presenting for treatment, have agreed that 'effects' can be produced;
- (f) subjects have invested the operator with the power to produce 'effects';
- (g) subjects '*must*' produce the 'effects' as directed, specifically because the operator's transformative effectiveness has already been abundantly manifested by the context of the *location, the event, and the operator's skill*;
- (h) the (highly skilled) operator's acceptance of those individuals as subjects implicitly attests to their capacities to produce the 'effects' sought;
- (i) the operator implicitly and explicitly conveys the expectation that a single operation is all that's needed to produce the 'effects' sought;
- (j) the operator and the subjects (severally and collectively) are all highly optimistic; and,
- (k) not only do subjects, operator, and the entire group expect success, but they expect *immediate success*, and they expect it to be effected in a single operation.

4. Thought Experiment

In his 1912 lecture (see Part I: Yeates, 2016a), Coué offered the following thought experiment – suggested by Montaigne in 1580 (Montaigne, 1861, II, p.332), and modified by Bacon in 1627 (Bacon, 1670, p.168, §.795) and Pascal in 1699 (Pascal, 2005, p.13) – to demonstrate the power of the “*unconscious self*” (a.k.a. “*the imagination*”) over the “*conscious self*” (a.k.a. “*the will*”) [For more on this particular thought experiment’s mechanism, see Yeates, 2004, pp.150-159]:

Suppose that we place on the ground a plank 30 feet long by 1 foot wide.

It is evident that everybody will be capable of going from one end to the other of this plank without stepping over the edge.

But now change the conditions of the experiment, and imagine this plank placed at the height of the towers of a cathedral.

Who then will be capable of advancing even a few feet along this narrow path? Could you hear me speak? Probably not.

Before you had taken two steps you would begin to tremble, and in spite of every effort of your will you would be certain to fall to the ground.

Why is it then that you would not fall if the plank is on the ground, and why {61} should you fall if it is raised to a height above the ground?

Simply because in the first case you imagine that it is easy to go to the end of the plank, while in the second case you imagine that you cannot do so.

Notice that your will is powerless to make you advance; if you imagine that you cannot, it is absolutely impossible for you to do so.

If tilers and carpenters are able to accomplish this feat, it is because they think they can do it. Vertigo is caused by the picture we make in our minds that we are going to fall.

This picture transforms itself immediately into fact in spite of all the efforts of our will, and the more violent these efforts are, the quicker is the opposite to the desired result brought about.

(Coué, 1922c, pp.7-8; translation of 1912, pp.26-27 – emphasis in original.)

5. The Four “Experiences”

Coué’s “four experiences” (“*quatre expériences*”) had their origin in the “four simple tests” (“*quatre essais simples*”) of the correspondence course (Sage, 1900a/1900b, pp.9-24). The “tests” (i.e., proofs) were a set of operator-to-subject interactive procedures designed to increased ‘charisma’, ‘stage presence’, ‘delivery’, and ‘confidence’ step-by-step. Students *proved* their acquisition of the goals embodied within each procedure, at each stage, before going on to the next; and had to have proved that they had attained all four levels before progressing on to learn hypnotic inductions, etc. (see Neal, 1900, pp.32-42, for an abbreviated version of the “tests”).

5.1 Coué’s Version

Coué had mastered each “test” during his studies (c.1901). Needing to demonstrate ‘dominant ideas’ in a physical (not just an intellectual) sense, his breakthrough was to re-conceptualise the “tests” as subject-centred experiences that demonstrated just how easily suggestions could flood ‘the mind’ and generate psychophysical ‘effects’ (descriptions at Coué, 1912, pp.32-35; 1922b, pp.15-18). [Obviously, “experiments”, for “*expériences*”, is an unfortunate mis-translation.] His “experiences” included the postural-sway and hand-clasp exercises; but, as he often remarked, an infinite number of “experiences” were available if one ever needed to call on them (1912, p.35; 1922b, p.18).

These “experiences” moved the entire performance in an important new direction: instead of imparting “knowledge by description”, it now began to deliver “knowledge by acquaintance” and simultaneously promote “psychological ownership” of that knowledge (see Yeates, 2004, pp.119-125). The “experiences” made many valuable contributions, including:

- (a) conditioning subjects to be responsive to subsequent ego-strengthening;
 - (b) (from the ‘mental flooding’ involved) pro-actively dealing with the issue raised by Myers (1891-1892, p.351): viz., that “[a] patient’s self-suggestion that he was not going to be cured” often created such a level of resistance that hypnotic induction became impossible;
 - (c) actively engaging and involving the audience;
 - (d) greatly accelerating their understanding by providing a convincing demonstration of the difference between “the will” and “imagination”;
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- (e) providing a direct experience of a ‘dominant idea’ being realised; and
 - (f) identifying the referents of ‘will’, ‘imagination’, and ‘dominant idea’ so clearly that Coué was relieved of the need for any further explication.

Apart from “the mentally retarded, who are incapable of comprehending what is said to them”, and “[those] intellectualizing individuals whose skittish minds are unable to concentrate on a single idea for more than a few moments” (1912, p.32), Coué believed that, *by the end of his ego-strengthening procedure*, all who had listened to his explanations, conducted his thought experiments, taken part in his “experiences”, followed his directions, and immersed themselves in his ego-strengthening monologue, would have attained a level of hypnotisation sufficient to allow them to smoothly “accept the suggestions [given] and turn them into auto-suggestions” (p.37).

I cannot repeat often enough, that, in all of these experiences, it’s not the suggestion that produces the phenomena, it’s the subsequent autosuggestion, following the practitioner’s suggestion.

...

When the subject has passed through the preceding experiences, and has understood them, he is ripe for curative [ego-strengthening] suggestion.

He is like a cultivated field in which the seed can germinate and develop; where, previously, it was a wasteland upon which the seed would have perished.

(Coué, 1912, pp.32, 35)

5.2 *Extra-Hypnotic Suggestions*

The “experiences” involved routines of ever-increasing difficulty, which incrementally convinced subjects of the suggestions embedded within the routines, demonstrated that their own powers were increasing, and made them far more responsive to subsequent inductions (as evidenced by the modern application of the routines as ‘susceptibility tests’ or, even, as hypnotic inductions).

Even though there was no ‘hypnotic state’ involved with any of the “experiences”, Weitzenhoffer (1972, p.22) emphatically rejected the terms “*waking suggestion*” and “*non-hypnotic suggestion*” – the terms were, he said, “inherently ambiguous” in that context – and, instead, he insisted on using the far more appropriate “*extra-hypnotic suggestion*” of Moutin (1896, p.23).

6. Self-Suggestion

From the position that hypnotism was “a psychological condition in which the effect of suggestion is heightened” (Atkinson, 1912, p.241), Coué initially adopted the ‘standard’ approach of self-hypnosis – namely, he adopted “*hypnotist-absent self-hypnosis*” (Fromm & Kahn, 1990, p.45) – plus self-suggestion.

6.1 Others

Adkin (1900, pp.115-116) asked his self-hypnotised subjects to *mentally concentrate* on simple ego-strengthening ideas. Parkyn (1905, pp.35-40) asked his self-hypnotised subjects to recite a sequence of complicated condition-specific complex suggestions (e.g., for “habitual worry” (182 words); for “anger” (215 words), etc.), an activity {63} demanding considerable counter-hypnotic-state alertness. Atkinson, observing that subjects were both “*suggester*” and “*suggestee*” (p.177), the “*Me*” and the “*You*” (p.190) in the process, asked his self-hypnotised subjects (à la Parkyn) to recite similar long sequences of suggestions, in a different, but equally complicated (and alertness-demanding) way, and from a rather different perspective:

In making these suggestions to yourself you should always address yourself (when giving the suggestion) as if you were speaking to a third person. Instead of saying “I am courageous and fearless”, you should suggest to yourself as follows: “John Smith, you are courageous and fearless [etc.]” ... [you must] imagine that you are suggesting to another person whom you are very desirous of building up and strengthening ... [and] talk to “John Smith” as if he were an entirely different individual. Tell him what you wish him to do and become, and how you expect him to act.
(Atkinson, 1909, pp.188-189)

6.2 Coué

By 1912, Coué was ending his monologue with the suggestion, “*In short, I mean that, from every point of view, both physically and mentally, you are going to enjoy excellent health, better than you have ever enjoyed so far*” (1912, pp.36-37). In order, they were told, to “assist” the operator, and to activate “the instrument of their own recovery”, subjects were asked to repeat the operator’s words (“*répéter les paroles que vous avez prononcées*”) each morning and each evening before going to sleep, because, “if they can fall asleep thinking about them, it will be all the better for them, because, during sleep the operator’s words will roll around in their mind and, consequently, will be embedded, and employed by their ‘unconscious self’ much sooner” (p.37).

7. The Absent Operator

Around 1903, Coué recommended a new patent medicine, based on its promotional material, which effected an unexpected and immediate cure (Baudouin, 1920, p.90; Shroul, 1985, p.36). Coué (the chemist) found “[by subsequent] chemical analysis in his laboratory [that there was] nothing in the

medicine which by the remotest stretch of the imagination accounted for the results" (Shrout, *ibid.*). Coué (the hypnotist) concluded that it was cure by suggestion; but, rather than Coué having cured him, the man had cured himself by *continuously telling himself the same thing that Coué had told him*.

7.1 Hetero-Suggestion-by-Proxy

Convinced that the 'effect' was due to the subject's self-administered '*operator-hetero-suggestion-by-proxy*', Coué adopted the practice of demanding that subjects imagine him (*in absentia*) at a nominated time, and to be calmly receptive, at that specific time, to the suggestions that, Coué said, he would be *transmitting directly to them at that very moment*:

[The patient is instructed to think of Coué] every evening at a fixed hour, collect his thoughts at the specified time, and to put himself in mental rapport with [Coué].

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The value of the treatment, [the patient] is told, will speedily become apparent.

The patient obeys orders.

At the appointed hour, Coué is gardening or fishing [i.e., neither thinking of the patient, nor transmitting any suggestions of any kind at all].

Nevertheless, after a few "sittings", a cure ensues.

Sometimes it deserves to be called a "miraculous" cure.

(Baudouin, 1920, p.90)

7.2 Influence-by-Proxy

As late as 1922, in a somewhat watered-down version, Coué was still demanding that, when self-administrating, "[the subject] must close his eyes *and mentally transport himself into [my] presence*, and then repeat twenty times..." (1922b, p.49, emphasis added). McDougall noted: "this is a method that I have myself used with success, more especially in cases of insomnia" (1926, p.124). By January 1923, Coué had removed all 'thinking of the operator' stipulations from his procedure (see Coué & Orton, 1924, pp.96-97).

8. Prayer of the Heart

The "Prayer of the Heart" (or "Jesus Prayer") began with hermits in the Egyptian desert more than fifteen centuries ago (Chariton, 1966), and has continued to play a significant role in the Orthodox Church ever since. It involves the constant repetition of a prayer, using a prayer-rope to count the repetitions – either "Lord Jesus Christ, Son of God, have mercy on me", or (emulating the publican in *Luke 18:13*), "Lord Jesus Christ, Son of God, have mercy on me, a sinner":

What does [the "Prayer of the Heart"] mean? When a man begins to pray, at first he prays with the lips, and has to make a conscious intellectual effort in order to realize the meaning of what he says. But if he perseveres, praying continually with recollection, his intellect and his heart become united: he "finds the place of the heart", his spirit acquires the power of "dwelling in the heart", and so his prayer becomes "prayer of the heart". It becomes something not merely said by the lips, not merely thought by the intellect, but offered spontaneously by the whole being of man – lips, intellect, emotions, will, and body. The prayer fills the entire consciousness, and no longer has to be forced out, but says itself.

(Ware, 1982, p.74)

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8.1 Prayer-Rope

Prayer-ropes are the knotted cords, usually made of wool, that are an essential part of male and female Orthodox monasticism; especially, the *hesychasts* (those who silently devote themselves to inner recollection and private prayer: Ware, 1982, p.73). The knots, displayed in various arrays, various sequences, and of various numbers, count prayer repetitions.

8.2 The Way of a Pilgrim

The Way of a Pilgrim (Savin, 2001; also French, 1971, 1982) is the English version of an immensely popular Russian work, first published in 1884, that asserts its authority by the well-worn literary *trope* of ‘the found manuscript’ written by an unknown author. It tells of a simple Russian Christian, who hears the text “Pray without ceasing” (*I Thessalonians* 5:17), and embarks on an extended and most arduous pilgrimage that culminates with his acquisition of the “Prayer of the Heart”.

Coué would have heard the story from Russian émigrés, and strongly identified with the pilgrim’s quest to find the ‘what’, ‘why’, ‘when’, ‘how’, and ‘where’ of an abstract principle of which he was already convinced. There are many points of comparison between the prayer and Coué’s ritual – fixed formula, physical position, particular times of day, prayer rope, no imagery, no thinking, rapid utterance, etc., and its relentless, exclusive concentration on a simple formula. Although no clear evidence is readily available, one must draw the inescapable conclusion (especially given his ‘nail in the plank’ representation of his method: see Part I (Yeates, 2016a)) that the “Prayer of the Heart” was the inspiration for both his formula and his self-administration procedure.

8.3 Exclusive Concentration

Coué’s subjects no longer used ‘inclusive’ self-hypnosis – i.e., a procedure that freely “allow[ed] all kinds of thoughts, emotions, memories, and the like to drift into their consciousness”. By contrast, and in his desire to saturate the cognitive environment of ‘the mind’ – and, in particular, given his understanding of the teleological significance of ‘dominant ideas’ – Coué chose to adopt the prayer’s extremely narrow and ‘exclusive’ concentration on the sound of the formula, specifically to ensure that “everything else [was] kept out of awareness” (Fromm & Kahn, 1990, pp.6-7).

8.4 Knotted-String

Subjects were instructed to close their eyes, every morning and evening, and rapidly repeat the formula “Every day, in every way, I’m getting better and better”, twenty times, in a voice just loud enough for their ears to hear, at a moderate speed, without paying any attention to the words, without any emotion, without any thoughts of the dysfunction to be remedied, and without any imagery; and, in order to avoid any awareness-demanding distraction, the repetitions were effortlessly counted on a 20-knot string:

[Originally] I recommended the practice of passing from finger to finger in repeating the formula; but experience proved that the majority of patients *made an attempt (and an effort) to count the repetitions*.

That was why I proposed the use of a knotted string.

(Coué, in Orton, 1935, pp.244-245, emphasis added)

9. The Formula

Derived from the American correspondence course (i.e., Adkin, 1900, pp.115-116), and inspired by the “Prayer of the Heart’s” formulation and its associated physical techniques, Coué’s formula is inextricably linked with the ego-strengthening procedure:

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- (a) the sequence of suggestions within the ego-strengthening procedure unequivocally stipulates the manner in which the content of the formula is to be interpreted;
- (b) the subject’s subsequent ritual-administration experience is ‘coupled’ with their within-hypnotism experience (“*You should always couple an effect that you want to produce with one that the subject is actually experiencing at the moment*”: Hartland, 1966, p.35, emphasis in original); and
- (c) the ego-strengthening procedure also fixes the formula’s verbal expression, in such a way that the formula acts as a “trigger”.

9.1 Non-Specific

The formula’s transformative power is a direct consequence of its non-specificity (see Part II: Yeates, 2016b):

People may wonder why I am content to prescribe such a general and apparently vague formula as “Every day, in every way, I’m getting better and better” for all [sic] and every ailment.

The reason is, strange as it may seem, that our subconscious mind does not need the details.

The general suggestion that everything “in every way” is going well is quite sufficient to set up the procedure of persuasion which will carry its effects to the different organs and improve every function.

I have had remarkable demonstration of this in the course of my long teaching and experiments.

Time and again I have seen patients cured, not only of the particular disease for which they sought relief, but also of minor disabilities, which they had almost forgotten.

Why a general suggestion is better than specific suggestions.

The fact is, our subconscious knows much more than we can ever know ourselves about our physical organism.

Fortunately for us!

Just think what a mess we should make of things if we had to look after every function: breathing, digestion, for instance.

Who is it that takes charge of such a complicated job?

The subconscious mind, and if it ever does its work badly, it is always because, in some way or another, we have voluntarily meddled with it.

Every organ or function is connected with and depends in some degree upon others, and if the ordinary man or woman were to begin ordering the subconscious tinkering with a particular organ, he or she would certainly be obeyed, only the chances are that something else would then go wrong as a result of insufficient knowledge or perhaps complete ignorance of physiology on the part of the conscious mind.

(Coué, 1923b, pp.27-29)

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9.2 The French Version

Coué's formula, "*Tous les jours, à tous points de vue, je vaix mieux en mieux*" ('Every day, from all points of view, I grow better and better'), which was developed over many years, reached its final form c.1915. According to Coué, it was the equivalent of "*Day by day I am approaching nearer and nearer to what I consider [to be] my physical, intellectual and moral ideal*" (Orton, 1935, p.183).

9.3 The English Version

Coué experimented with more than ten English versions, commencing with "Day by day, in all respects, I grow better". In 1923, with the expert assistance of E. Virgil Neal (the correspondence course's author), it reached its final form, "Every day, in every way, I'm getting better and better" (Whiteside, 1953, p.111). The powerful impact of this euphonious, well-balanced English version was greatly increased by its demand for far fewer sequential changes in jaw, tongue, and mouth positions than any of the other versions – a factor that considerably enhanced the prospect of one's far deeper, and far more effortless immersion in the formula's self-administration ritual.

10. Ego-Strengthening

Coué's experiences convinced him that one's habitual state of mind determined one's degree of distress and suffering and, also, affected the eventual outcome of any treatment (see Part I: Yeates, 2016a). Despite rejecting his 'hypnosis', he agreed with Liébeault on the potential that changes in mind-set offered for relief, amelioration, and cure. Coué's decision to devote his burgeoning hypnotherapeutic skills to group interactions forced him (most fortuitously) to concentrate on what his patients had in common; not how they differed. So, rather than (*micro-level*) individualized disease-banishing, he set about working (*meta-level*) to generate harmonious mental processes, and to arouse, motivate, and liberate underperforming, dormant, or latent aspects of the *vis conservatrix naturæ*, 'sustaining force of nature', and the *vis medicatrix naturæ*, 'healing force of nature', in all of his patients.

10.1 Transformation

It is significant that, for Coué the hypnotherapist, a decision to seek treatment was precisely that – a decision to seek *transformation*. *It was not a decision to seek diagnosis*. Whatsoever it was, whomsoever was responsible, whensoever it began, and for whatever reason, was completely irrelevant to his (meta-level) enterprise. Obviously, given the sought (and expected) post-transformation relief, "it" would no longer be there; and, post-transformation, one would simply concentrate on just getting on with the rest of one's life.

10.2 Ego-Strengthening Monologue

Coué used suggestion to achieve significant psychophysical change. With a goal of enhancing ‘self-mastery’, he created a systematic procedure, centred on an *ego-strengthening monologue*, designed to arouse the will to live and will to health; attain a clearer mind and calmer emotional state; activate natural healing processes; increase self-reliance, self-responsibility, and self-regulation; increase self-confidence, self-~~{68}~~efficacy, etc. Developed over many years, and first published in 1912 (pp.35-37), it reached its final form c.1921 (1922b, pp.19-23), and became the foundation of Hartland’s (1965) ego-strengthening monologue (see Parts I (Yeates, 2016a) and II (Yeates, 2016b); and Yeates, 2014a, and 2014b).

Coué understood that suggestions are cumulative—“*a suggestion once accepted lessens resistance to additional suggestions and the reasoning processes become more passive because of its acceptance*” (Teitelbaum, 1965, p.17)—and that, whenever suggestions are presented in an ordered sequence, they are far more effective. In 1924, and stressing its rational, logical order, Coué identified the following sequence in his ego-strengthening monologue—*Preparation; Digestion; Excretion; Sleep; Mental Outlook; Organic Disorder; Functional Disorder; Self-Confidence; Ease; Summary; Dissipation of the Placid Condition; and Final Instructions* (Coué & Orton, 1924, pp.89-97).

10.3 Ego-Strengthening Therapy

Coué warned against expecting rapid results:

Many people ... imagine that they can be immediately cured by autosuggestion.

It is a mistake, for it is not reasonable to think so.

It is no use expecting from suggestion more than it can normally produce, that is to say, a progressive improvement which little by little transforms itself into a complete cure, when that is possible.

(Coué, 1922b, p.39)

Some patients attended for as many as twelve twice-weekly ego-strengthening treatments (Baudouin, 1920, p.232); others attended regularly, at ever-increasing intervals between treatments, for as many as ten treatments. While some were “cured on the spot”, the majority experienced only a temporary attenuation or relief; and, in such cases:

it is necessary to renew the suggestions more or less frequently according to your subject, being careful always to space them out at longer and longer intervals, according to the progress obtained until they are no longer necessary— that is to say when the cure is complete.

(Coué, 1922b, p.22)

11. Pain

Counter-intuitively, hypnotic *analgesia* ('no pain') or hypnotic *anæsthesia* ('no sensation') is far easier to achieve with organic *pain*, such as a knife wounds, broken ankles, etc., than in cases of *psychogenic pain*, such as an intense pre-examination bellyache (see Crasilneck & Hall, 1985, pp.95-113). James Braid used hypnotism for pain-free surgery in 1842 (Braid, 1843, pp.250-253) and used autosuggestion to dispel pain in 1844 (Braid, 1850, pp.63-64).

11.1 Coué's Approach

Coué's "no-pain" procedure emerged c.1917; and Baudouin (1920, p.161) noted that, for those who regularly self-administered the formula, the additional "no-pain" procedure produced relief "within a few minutes". As Brooks (1923, pp.105-106) {69} remarked, although many objected to Coué's procedure because "pain is a danger-signal informing us that something is amiss with our physical system" and "removing pain may rob us of a valuable warning of incipient ill, and so permit some disorder to develop unsuspected", "this would [only] be true if [it] prevented the appearance of pain. But it does not. It removes the pain *after its appearance*; that is to say, after the warning has been given". Three advantages accrued from Coué's "no-pain" approach (p.106):

- (a) the attention-diverting "physical torment" of pain is no longer a continuous impediment to the healing processes;
- (b) it "remove[d] pain by ameliorating the pathological condition from which it results"; and
- (c) in teaching a method to deal with pain, anticipatory fear is greatly reduced, if not eliminated entirely.

11.2 "Pain" and "Autosuggestion"

As Bramwell (1903, p.67) observed, pain introduces an entirely new dimension. Pain monopolises the attention and involves 'the mind' to such an extent that one is unable to attain the separation required to initiate a successful autosuggestion; and, even if one could do so, if one suggested "I have no pain", counter-suggestions of "I have some pain" or "I have a bad pain" would immediately create fresh thoughts of pain (Brooks, 1923, pp.101-106).

11.3 "It is passing"

Obviously, based on his observation of Liébeault at work a quarter of a century earlier – Tuckey (1891) reported that Liébeault's treatment "consisted essentially in directing the [hypnotized] invalid's attention on the part affected, and suggesting an amelioration or disappearance of the morbid condition and symptoms" (pp.43-44) – Coué settled on "*ça passe*" ('it is passing') c.1917 (for English-speakers, "it is going"), uttered at machine-gun like speed (*as Coué clearly demonstrates at 1923c, 1923d*), at the same time as making rapid "passing" hand movements over "whatever part that is painful if it is something physical", or "over your forehead if it is something mental" (Coué, 1922b, p.60).

Recommending its application for both literal and metaphorical pain – i.e., whenever "[we're] seized by some physical pain or ... affected by some undesirable mental state (an obsession, a phobia, a

disagreeable reminiscence or a gloomy foreboding, etc.)” – Baudouin stressed that the “passes” were not a vestige of earlier magnetic practices, but were of “incontestable value”; because, he said, they “unquestionably aid in the fixation, the materialization, of our thoughts; like the articulatory movements [of our lips and tongue when repeating ‘*ça passe*’], they help to sustain it, and by their monotony they tend to promote hypnotization” (1920, pp.160-161).

By his second US visit (1923), Coué had determined that ‘*ça passe*’ was also the most effective for English speakers (one suspects that they unconsciously associated ‘*ça passe*’ with ‘*surpass*’):

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[Make the passes, and,] at the same time repeating in an undertone, so swiftly as to make of it a mere gabble the words “*ça passe*” (pronounce “*sah pass*”).

In a few minutes the pain should disappear, or at the very least, be considerably diminished.

The reason for *gabbling* the words is to avoid the risk of any other extraneous or contrary thought slipping in through fissures which might result from a more distinct but slower diction.

For the same reason I advise English-speaking people to stick to the French version: it being much easier to say “*ça passe*” quickly than the longer and more awkward expression “it is passing” or “it is going”.

(Coué, 1923b, pp.30-31)

11.4 *Non-Specific*

It is important to stress that Coué’s “no-pain” technique was the same for all – regardless of whether their complaint, agitation, pain, suffering, distress, or discomfort was (i) organic or psychogenic, (ii) chronic or acute, (iii) sharp or dull, (iv) constant or intermittent, or (v) comparatively physical or comparatively metaphorical – and, further, it is significant that a wide range of recent research indicates that many aspects of physical pain and psychological pain are expressed through precisely the same neurological mechanisms (see Meerwijk, et al., 2013).

12. Coué’s Performance

The brief summary that follows is derived from various works published under Coué’s name, and the eyewitness accounts of Aram (1923), Baird (1956/1923), Baudouin (1920), Bronner (1923), Brooks (1923), Duckworth (1922), Glueck (1923), Kirk (1922), Macnaghten (1922), Orton (1935), and Stowe (1923).

12.1 *Participants*

Coué conducted two-hour sessions four times a day (two in the morning, two in the afternoon) and treated up to sixty individuals at one time. Participants would wait for Coué outside his two-storied clinic building. The crowd would include foreign visitors, first-timers, current patients seeking their next treatment, recent patients seeking a ‘top up’, and former patients wanting to thank Coué for curing them (see Stott, 1922; Coué, 1923a, facing p.57).

Once inside, they sat in two tightly packed groups – half in his office, half in the adjoining parlour. The connecting doors were open, so all could hear everything. Randomly seated, they listened as Coué systematically asked newcomers the nature of their distress (with an assurance that all would be

“better” soon), current patients about their progress, ‘just-here-for-a-top-up’ patients about their experiences, and received thanks from those he had cured (see Coué, 1923a, pp.31-55).

12.2 Presentation

Coué asked them to close their eyes and listen. There was no hypnotism involved at this stage; he simply wanted to divert their attention from their (crammed) {71} environment, and have them listen to his voice (an advantage, given his continual moving in and out of sight when going from one room to the other). He was also conditioning them to accept the notion that it was quite safe to relax and fully concentrate on his words.

His presentation was based on his 1912 lecture, plus several later refinements. He explained about our ‘conscious’ and ‘unconscious’ selves, and how the two selves operated through their associated faculties – personified as “*the will*” and “*the imagination*” respectively. The ‘unconscious self’, he said, controlled important functions, such as digestion and – despite the fact that it was so credulous and trustful of any ideation it might contain – the ‘unconscious mind’ was, by far, the more powerful of the two. Participants conducted his ‘walking the plank’ thought experiment. After discussing other examples of counter-productive, unconsciously held ideas, he concluded that we were just powerless marionettes with our ‘unconscious minds’ holding the strings.

He continued, explaining the difference between ‘suggestion’ and ‘autosuggestion’. If, ‘suggestion’ was the activity of driving an idea into the brain of another (note that he used ‘*cerveau*’, brain, rather than ‘*esprit*’, mind: 1912, p.29), he said, and if ‘autosuggestion’ was the implantation of an idea within oneself, by oneself (*l’implantation d’une idée en soi-même par soi-même*: *ibid.*), his research had clearly revealed that a ‘suggestion’ was only effective to the extent that it had been converted into an ‘autosuggestion’. He then spoke of the positive and negative psychophysical outcomes of various sorts of unconsciously suggested ideas, emphasising that the power of these (unconsciously-held) ideas is a direct consequence of the effortless nature (due to their unconsciously-held-ness) in which they realise the suggestion in question (through the *ideodynamic principle of action*); and, at the same time, reminding them of his demonstration (via the ‘walking the plank’ thought experiment) that any conscious effort was useless.

He explained how the conscious, intentional use of self-suggestion can counteract undesirable, unconsciously held autosuggestions, elaborating on the four empirically determined conclusions he had drawn on the relative strengths of *consciously held ‘ideas’* (“*the will*”) and *unconsciously held ‘ideas’* (“*the imagination*”) held at the same time (see Part II: Yeates, 2016b). He spoke of his ‘nail in the plank’ analogy (see Part I: Yeates, 2016a) and, to demonstrate the principle, he asked his patients to open their eyes and undertake his four “experiences”. Not all were asked to perform each one, because observing another’s responses to the postural-sway test served his purpose well enough; but all were asked to undertake the hand-clasp “experience” (see Coué 1922b, pp.17-18) – which could be performed without leaving one’s seat. By this stage more than ninety-minutes had elapsed.

He then asked them to close their eyes, lightly hypnotised them, and delivered his entire ego-strengthening monologue. Once alerted, he told them that, in order to transform the monologue's suggestions into reality, they must perform the self-[72]administration ritual (which he then described) and consciously and effortlessly self-administer the formula twice a day. He taught them his "no-pain" procedure. His performance closed with him further orienting participants' mind-sets towards transformation with an account of some representative case studies.

13. Final Observations

[Those] things which seem miraculous to you have a perfectly natural cause; if they seem extraordinary it is only because the cause escapes you.

When you know that, you realize that nothing could be more natural.

(Coué, 1922b, pp.36-37)

Coué's well-polished collective treatment routine was just as much an entertainment – a performance à la Maskelyne (1911) – as it was an exercise of *prestige, influence, persuasion, and hypnotic conditioning*. A thorough examination of the routine's procedure draws attention to, at least, the following:

- (1) A subject's decision to present for treatment was, from Coué's perspective, a decision to seek *transformation*; and he strove to capitalise on the *response expectancy* embodied within that decision.
- (2) Coué was an expert hypnotist; and his routine was an intricate admixture of hypnotism and suggestion. The prestige already accorded to him was increased by the impact of his polished performance; which, in turn, brought a concomitant increase in the prestige of his suggestions.
- (3) As an expert, Coué knew the significant difference between an operator-made suggestion and a subject-taken suggestion, and the importance of converting what was just 'a suggestion' into an *autosuggestion*. He knew that suggestions had a cumulative effect, and that suggestions presented in a logical sequence were far more efficacious than those which were not.
- (4) Given Coué's concentration on collective treatment – and, therefore, on the (meta-level) enterprise of subject 'self-mastery' – his remarkably innovative ego-strengthening routine also served to engage and activate the *vis conservatrix naturæ* and *vis medicatrix naturæ*.
- (5) His explanations delivered an understanding of the 'conscious' and 'unconscious selves'; his thought experiments provided *knowledge by acquaintance* of the faculties denoted "the will" and "the imagination"; and the objective evidence provided by his "experiences" demonstrated "the imagination" was, indeed, far more powerful than "the will".
- (6) His case studies activated aspirations for relief, created expectations of transformation, and implied that continuous self-administration of his formula would bring exceptional benefit. Coué's stress on his subjects' self-initiated, self-directed efforts, significantly enhanced their perception of an increasingly internal locus of control (see Johnson, 1979).

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- (7) Given his need for a single idea to saturate the cognitive environment of ‘the mind’ such that it became a ‘dominant idea’, Coué eventually settled on an ancient, tried-and-true Hesychast ritual and, from that, he constructed a formula (“*Every day in every way I’m getting better and better*”) that was appropriate to his therapeutic goals and, also, to the ritual’s mechanics.
- (8) The formula activated the psychophysical resources required to effect the desired changes; and subjects used a ‘prayer-rope’, with twenty knots, to ensure that the counting of the repetitions demanded no alert attention.
- (9) The formula was self-administered twice daily “every morning before rising and every evening on getting into bed” (Coué, 1922b, p.23); and these twice-daily rituals functioned as *metonymical acts* (see Topley, 1976, p.254) in three different ways. They were:
- (a) *intentional acts of self-mastery*, both in the sense of the deliberate, conscious decision to act in a specific, particular way each evening and each morning, and in the innate capacity of the procedure so enacted to generate an increased level of ‘self-mastery’;
 - (b) *intentional acts of termination*, closing off the ‘business’ of the day and the ‘business of the night’, respectively; and
 - (c) *intentional acts of beginning*, orienting one’s mind to engaging in a more peaceful and rejuvenating sleep, and to emerging into a more active and productive day, respectively.

14. Conclusion

Most acquire their knowledge of Coué’s work from the widely available, yet obscure and confusing work *Self Mastery Through Conscious Autosuggestion* (viz., 1922b):

This book contains a complete exposition of the Coué System of Autosuggestion, presenting in a direct and efficient manner, its theories, methods and amazing cures, with practical suggestions for personal application and self-cure, simply and clearly explained.
(dust-cover)

Although a faithful translation of *La Maîtrise de soi-même par l’autosuggestion consciente* – and despite the blurb’s assertions for ‘*Self Mastery*’ – ‘*La Maîtrise*’ was never intended to be a stand-alone text; and, in fact, ‘*Self Mastery*’ was published without Coué’s knowledge or consent.

‘*La Maîtrise*’ was specifically written as an *aide-mémoire* for those ‘already in the know’.

It was first published in the Lorraine Society of Applied Psychology’s journal in 1921. Coué sold offprints of the article (viz., 1922a) to his French-speaking audiences immediately after each performance – again, as an *aide-mémoire*.

Coué's representations, techniques and strategies are deeply embedded within all of hypnotherapy. The three articles have located, exhumed, and examined a wide range of disparate sources, described the origins, history and evolution of the method from its beginning to its final form, and have presented a structured account of his method, its ego-strengthening procedure, its formula and its self-administration rituals. In the spirit of respectfully acknowledging the importance and the ongoing significance of Coué's groundbreaking, watershed work, they have dutifully presented an ordered, coherent, and historically relevant set of materials and, in the process, have identified important resources (including URLs, if available) for the general edification of the casual interested reader, for the inspiration of the tyro hypnotherapist, and (hopefully) to serve as a valuable guide for the further, ongoing, self-directed study of the diligent professional.

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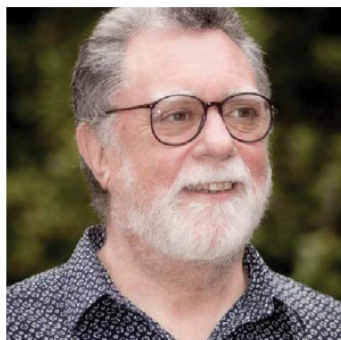
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Royal Melbourne Institute of Technology (RMIT). A Fellow and Life Member of the Australian Society of Clinical Hypnotherapy (ASCH), and the Australian Hypnotherapists' Association (AHA), currently Editorial Assistant at the *Australasian Journal of 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.

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