

The problem of suggestion in psychoanalysis: an analysis and solution

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From its inception, psychoanalysis has been troubled by the problem of suggestion. I defend an answer to the problem of suggestion understood as a methodological concern about the evidential basis of psychoanalytic theory. This purely methodological approach is relatively uncommon in discussions in psychoanalysis. I argue that suggestion in psychoanalysis is best understood in terms of experimenter expectancy effects. Such effects are not specific to psychoanalysis, and they can be corrected for by relying on the corroboration of findings by different researchers. This response to the problem of suggestion faces several challenges, and a reply to these is offered. I argue that the psychodynamic model of mind, if not the metapsychological and etiological claims of psychoanalysis, can be vindicated in light of the actual agreement that exists.

Keywords: experimenter effects; confirmation bias; methodology; clinical data

Introduction

From its inception, psychoanalysis has been troubled by the problem of suggestion. But exactly what is “suggestion”, and what is the threat it poses to psychoanalysis? I argue for an interpretation of suggestion in terms of experimenter expectancy effects and on this basis, propose that the solution to the problem of suggestion is therefore the solution to correcting experimenter expectancy effects. This is normally formulated in terms of ‘replication’ of results by different researchers. As there is rarely precise ‘replication’ available in the social sciences, including psychoanalysis, as results are often neither purely quantitative nor resulting from the forms of controlled experiment that allow replication (Rosenthal & Rosnow, 2009, p. 552), I shall avoid these implications of ‘replication’ by talking instead of ‘corroborative findings’. Results in the social sciences from independent studies conducted by different researchers may be sufficiently similar to count as ‘corroborating’ each other, and the research community may take them as together supporting a particular hypothesis or theoretical inference.

There are, in fact, two “problems of suggestion”, one concerned with evidence and theory validity, the other with cure. The first centers on the charge that clinical data—data gathered in the clinical setting of psychoanalysis—fail to support psychoanalytic theory because they are, or could be, contaminated by the suggestive influence of the analyst. The second centers on the charge that this suggestive influence, perhaps together with other non-specific factors, is responsible for the therapeutic effects of psychoanalysis, i.e. suggestion operates as a placebo. This paper is concerned with the first problem of suggestion, a methodological issue about the evidential basis of psychoanalytic theory.

By contrast, discussions in psychoanalysis tend to be focused on the role of suggestion either in therapeutic improvement or in interpretations of the individual analysand’s material. This overlooks the issue of whether the theoretical claims of psychoanalysis are well-evidenced in general, an issue that needs addressing in order to secure the claims of psychoanalysis.

In §1, I lay out a general framework for understanding suggestion. In §2, I argue that in the context of the problem of suggestion, suggestion is best understood in terms of experimenter expectancy effects. In §3, I distinguish suggestion from confirmation bias. This is important, because the two are often confused when the charge of suggestion is brought against psychoanalysis. In §4, I propose a solution based on the corroboration of findings by different researchers. Given that this is the established solution to experimenter expectancy effects more generally, I consider reasons why this defense has not been more widely presented. In §5, I respond to the objection that agreement among psychoanalysts is itself a product of “suggestion”, which therefore requires a different interpretation of the problem in terms of indoctrination of analysts during training.

Before embarking on the argument, it is necessary to clarify some key terms and the scope of the defense offered here. Psychoanalytic theory is a theory of the nature, development and functioning of the human mind, especially in relation to motives. Much of its evidential base rests in the clinical data. *Clinical data* are the data produced in the clinical setting, comprising the

behaviour, including verbal behaviour, of the patient. Clinical data therefore include manifestations of occurrent thoughts, feelings, and free associations; reports of dreams, memories, fantasies, and physical symptoms; responses to questions and interpretations. In addition to the words spoken, the manner and tone of speech, pauses, corrections, moments of forgetting or going blank, facial expression, body language, and so on, are all part of the data. Many analysts also include, as a further part of the clinical data, the emotional responses felt by the analyst in response to the verbal and non-verbal behaviour of the patient (the counter-transference).

Psychoanalytic theory may usefully be divided into three components:

1. *Clinical theory*, which may be further sub-divided into:
 - a. an account of typical structures of motivation, their typical effects, and their manifestations in the consulting room, e.g. the existence and nature of defense mechanisms, such as repression, projection, and so on, and their clinical manifestations in conflict, compromise, resistance and transference;
 - b. a theory of the causal role of these mental structures in the manifestations of mental illness and character traits;
 - c. a theory of how therapy works;
2. *Metapsychological theory*, providing subsumptive or overarching accounts of the structure of the mind, e.g. the id, ego and superego in Freud, the paranoid-schizoid and depressive positions in Klein, and their relation to mental illness, character, and mental health;
3. *Etiological theory*, regarding the causal origins and typical development of the structures falling under clinical and metapsychological theory, esp. in relation to in childhood experience.

The clinical theory I take to comprise the essence of the *psychodynamic model of the mind* and its clinical employment, including claims regarding the existence of unconscious motivational

forces and of psychic defenses that prevent them from becoming conscious, regarding the influence on these motivations and defenses on behavior and conscious mental functioning, and regarding the importance of understanding such influences for understanding the development of our selves, our relationships with each other, and mental health (Klein 1976, Wallerstein 1988, 1990, 2005). Of the three components of psychoanalytic theory, these clinical theoretical claims are tied most closely to the clinical data, and they can, I believe, be formulated relatively independently of the etiological and metapsychological components of psychoanalytic theory – though further work is undoubtedly necessary in this regard. It will be this clinical, psychodynamic aspect of psychoanalytic theory that I shall conclude can be defended against the charge of suggestion;¹ the etiological and metapsychological components cannot.

§1 What is suggestion?

1.1 The charge

Freud considered it necessary to meet the challenge that suggestion poses to psychoanalytic theory:

there is a risk that the influencing of our patient may make the objective certainty of our findings doubtful... This is the objection that is most often raised against psychoanalysis... If it were justified... we should have to attach little weight to all that it tells us about what influences our lives, the dynamics of the mind or the unconscious. (Freud, 1917, p. 452)

Or as Grünbaum puts it, “analysts induce their docile patients by suggestion to furnish the very clinical responses needed to validate the psychoanalytic theory of personality” (Grünbaum, 1984, p. 130). The challenge is a methodological one: how can psychoanalysis legitimately infer its theoretical claims from clinical data, if these data could be biased, through suggestion, by the theory they are meant to independently support? The charge claims that psychoanalytic theory is not well-supported by clinical data, because the relation between evidence and theorization is marred by the possibility of “suggestion.”

1.2 The general understanding of suggestion

There is great confusion regarding the terms ‘suggestion’ and ‘suggestibility’. Both concepts are mingled with related notions like obedience, persuasion, imitation, social influence, or hypnosis, or they are subsumed under the heading of ‘influence’ without further distinctions. (Gheorghiu et al., 1989, p. ix)

In psychoanalysis, the discussion has focused on understandings of suggestion as dependent on the transference (Levy & Inderbitzin, 2000). I believe this is too narrow, and a re-assessment of the problem of suggestion requires a broader, empirical theorization of its nature which separates it from the clinical setting.² So it will help to first say more about what suggestion is. There is no exact definition, but the main features, agreed upon by most theorists today, are these: Suggestion comprises communications and features of the structure and setting of communication that, while bypassing the subject’s critical and/or conscious reflection, lead to a change in their mental states (beliefs, memories, desires, etc.), mental state reports, and/or behavior.

Elements of this proposal echo in Freud’s preface to Bernheim’s (1888) *Hypnosis and Suggestion in Psychotherapy*:

what distinguishes suggestion from other kinds of psychic influence, such as a command or the giving of a piece of information or instruction, is that in the case of a suggestion an idea is aroused in another person’s brain which is not examined in regard to its origin but is accepted just as though it had arisen spontaneously in that brain. (Freud, 1888, p. 82)

Of much greater influence on empirical psychology has been McDougall’s definition of suggestion as a method of communication “resulting in the acceptance with conviction of the communicated proposition in the absence of logically adequate grounds for its acceptance” (1908, p. 100).

Eysenck, Arnold & Meili develop this in their definition that suggestion is “a process of communication during which one or more persons cause one or more individuals to change (without critical response) their judgments, opinions, attitudes, etc., or patterns of behaviour” (1975, p. 1077), also echoed in Gheorghiu’s comment that “[s]uggestion effects... always concur with an impairment of the subject’s conscious control” (1989b, p. 104). Psychoanalytic understandings

likewise oppose suggestion to the critical, the reflective, and the conscious:

In most clinical discussions, the pertinent distinction is between the adjectives *suggestive*, referring to influence from the analyst that depends on unconscious irrational factors in the patient, and *analytic*, referring to interpretive influence relying on the patient's rational, conscious collaboration. (Levy & Inderbitzin, 2000, p. 743)

Thus, the majority of theorists accept that the effects of suggestion are non-rational or irrational, and bypass critical reflection and conscious control. I shall call this the "general understanding" of suggestion.

On this general understanding of suggestion, it can easily be recognized that suggestion frequently occurs in everyday life, e.g. in advertising and children's education, and perhaps even forms a part of all communications intended to influence what people think. For example, Schwanenberg (1989, pp. 263-7) places persuasion and suggestion on a continuum. Adapting McGuire's (1968, 1972) famous work on attitude change, he argues that social influence involves two kinds of process: a "receptivity" process, comprised of attention and comprehension; and a "yielding" process, which operates by suggestion. All communication involves both processes to some degree, so that what distinguishes persuasion from suggestion is only the relative weight of "receptivity" v. "yielding" in the person receiving the communication on that occasion.

That the structure and setting of communication play a central role in bringing about suggestive effects is widely accepted (Gheorghiu, 1989b), and theorized in terms of "demand characteristics". These are

the totality of cues and mutual role expectations that inhere in a social context (e.g. a psychological experiment or therapy situation), which serve to influence the behavior and/or self-reported experiences of the research participant or patient. (Orne & Whitehouse 2000, p. 469)

The effects of demand characteristics may not be intended by the people involved, though we commonly regulate our behavior and communications according to them (students do not often talk to teachers as they do to other students), and subjects may certainly utilize them in seeking to

influence others (as when teachers rely on their authority rather than arguments to support a position). Many social situations involve demand characteristics, such as relative social status, that facilitate the effect of communications on subjects' mental states, mental state reports, and behavior, in ways which bypass subjects' critical or conscious reflection. Thus we can once again expect suggestion to be widespread.

1.3 Suggestion in psychoanalysis

The study of suggestion as a psychosocial phenomenon—just outlined—is one of three lines of empirical research on suggestion, the others being hypnotic suggestion and suggestibility as a feature of personality (Gheorghiu, 1989a, p. 3). However, none of this work is obviously applicable to the problem of suggestion in psychoanalysis without amendment or qualification. The explanation of differences in people's levels of suggestibility is not of central concern to our methodological problem regarding the generation of psychoanalytic theory from clinical data (such relevance as it has is discussed in §5.3). And, although psychoanalysis began in hypnosis, there is the following obvious and important disanalogy: Unlike classical hypnosis, psychoanalysis does not operate by explicit and forceful communication intended to alter a patient's mind by bypassing their conscious awareness of the idea communicated. In hypnosis, suggestion is explicit, forceful and intended; the operation of suggestion in psychoanalysis is unintended, subtle, and unconscious. Like other psychological methodologies, and whether it succeeds or not, psychoanalytic methodology aspires to avoid suggestion (Edelson, 1984, pp. 129-130). These differences make it impossible to generalize from results with hypnosis to the problem of suggestion in psychoanalysis. The empirical work of most relevance, therefore, examines suggestion as a psychosocial phenomenon, but even here, there are difficulties of extrapolation, as most of the work on "waking suggestion", as it is known, involves studying the effects of deliberate, intentional suggestion, often involving deceit. While suggestion does not have to be intentional nor involve deception to operate, these are the forms most studied. It is important to note in this context that the problem of suggestion is not restricted to the patient's expressions of agreement with explicit interpretations made by the analyst

about the patient's states of mind. As the discussion of suggestion has shown, *any* behavior by the patient – dream reports, free associations, body language – could be a product of suggestion, where the suggestion itself operates outside the awareness of the analyst as well as the patient.

That suggestion is ubiquitous and ineradicable in psychoanalysis is now widely accepted by analysts. However, one well-known approach to psychoanalysis is untroubled by suggestion, as it rejects an epistemology that aims at objectivity or truth (such interpretations label themselves, variously, as hermeneutic, relational, subjectivist, constructivist, or post-modern). I believe that, quite independent of the issue of suggestion, such interpretations rest on (philosophical) mistakes or misunderstandings, though I cannot defend this claim here while doing justice to the insights of such interpretations (see Wallerstein (1986, 2006), Naso (2005), Mills (2005)). If, however, such interpretations were adopted to avoid the objection from suggestion (Ricoeur 1970, p. 347), then the argument of this paper would undermine such motivation, as the solution I propose demonstrates that the charge of suggestion can be met with some, if not total, success on the terms it assumes, viz. that psychoanalysis aspires to provide knowledge of the mind that is at least akin in important respects to scientific knowledge.

As noted, the problem of suggestion is a methodological problem affecting the reliability of data gathered in the clinical setting. Rustin (1997) argues that the unconscious processes in which psychoanalysis is interested are most clearly discernible in the invariant settings of the clinical hour—timing, frequency, use of the couch, protection from outside disturbances, neutrality of the analyst, etc.—and that these conventions operate analogously to experimental controls. We are therefore particularly interested in the operation of suggestion in this “experimental setting”. As I shall argue next, therefore, the problem of suggestion is best understood as the problem of experimenter expectancy effects.

§2 Suggestion and expectancy effects

I propose that in the context of the problem of suggestion in psychoanalysis, the effects of suggestion are best understood as experimenter expectancy effects. This is not to say that the

production of experimenter expectancy effects is *all* that suggestion is, nor to propose such an analysis for suggestion outside the specific context with which we are concerned. It is an analysis proposed as part of a solution to a specific methodological problem.

2.1 Experimenter expectancy effects

Experimenter effects are influences that the experimenter has on the subjects of an experiment which are not the effects under investigation. The experimenter's age, sex, race, religion, anxiety, hostility, authoritarianism, need for social approval, social status relative to the subjects, and personal warmth can all make a difference to how subjects respond in experiments that are not investigating or controlling for these qualities (Rosenthal & Rosnow, 2009, p. 327). Most relevant to the issue of suggestion, however, are expectancy effects: what the experimenter expects to happen, his or her favored hypothesis, subtly affects how subjects respond in favor of that expectation. These effects produce data that erroneously support the favored hypothesis, which the experiment is supposed to test. They are widespread in psychological experiments (Rosenthal & Rosnow, 2009, pp. 173-4), and occur in everyday life (Rosenthal, 2000). The best hypothesis is that such effects are brought about through highly complex auditory and visual cues, though exactly how is still unclear. The strength of the effect can be altered by changing the demand characteristics of the experimental setting. Experimenters who produce greater expectancy effects appear professional, business-like but friendly, competent, and expressive in communication. A pristine laboratory environment produces less effect than a more "disordered" or "personal" space (Rosenthal, 1976, ch. 15).

2.2 Experimenter expectancy effects and suggestion

It is likely that all experimenter expectancy effects are brought about through suggestion (though whether this is so may depend on how widely 'suggestion' is defined). More clearly, there are many forms of suggestion whose effects are not experimenter expectancy effects, e.g. when suggestion is used intentionally (in hypnosis or studies on memory). That the effects of suggestion (in the context

of the problem of suggestion for psychoanalysis) are experimenter expectancy effects is strongly supported by comparing our analyses of the two. First, the experimenter provides suggestive cues, many of them unintentional and unconscious, that increase the likelihood that the subjects' behaviors or reported mental states support the experimenter's prior views. Second, the most prominent vehicles for suggestion in psychoanalysis are the analyst's interpretations (by which I mean not what the analyst infers about the patient, the interpretation of the clinical data, but what the analyst says to the patient as 'an interpretation') and the reinforcing of certain types of patient communication (through vocalizations, verbal and non-verbal displays of interest etc.), and these channels are central to experimenter expectancy effects as well. Finally, both experimenter expectancy effects and the effects of suggestion are independently theorized to be compounded by demand characteristics. The authority of the analyst and the emotional dynamics of the transference are thought to facilitate the patient's susceptibility to comply with the analyst's expectations (Fisher & Greenberg, 1977, p. 363, Erwin, 1996, p. 96, Gellner, 1985, pp. 56-66), and it is notable that the two examples Orne & Whitehouse (2000) provide for the operation of demand characteristics are experimental and therapeutic settings.

This analysis allows us to state the charge of suggestion more precisely: it is possible that the theoretically-based expectations of the analyst influence the behavior and free associations of the analysand so as to produce erroneous data that support those very expectations. Moreover, given the nature of the clinical setting, the therapeutic relationship, the unconscious and unintended communications of the analyst, the importance of the analyst's interpretations for generating data (psychoanalysis would not get far if analysts did not propose understandings of their patients and observe the reaction), there is no obvious way to amend clinical methodology that would prevent the possibility of suggestion. Clinical data could thus be "contaminated" by prior theoretical commitments of the psychoanalyst, and therefore do not lend independent support to those commitments unless we are able to correct for such effects.³

This analysis has several advantages. First, it separates suggestion as a methodological problem from the mere fact of interaction between analyst and analysand. Of course, the analyst's communications affect the free associations of the analysand, but this can be no objection in itself. It is inevitable that the data gathered in any experimental situation have the communications of the experimenter as one of their causes; many psychological experiments cause people to reflect upon and develop their thoughts, feelings, memories etc. in relation to questions being asked. The crucial methodological issue is whether the results include experimenter expectancy effects or can be taken to reveal something independently true about the subjects' states of mind. Further advantages are demonstrated throughout the paper, and include the important distinction of suggestion from confirmation bias (§3), support for a different solution in terms of corroborative findings (§4.1-2), and a reasoned account of why the traditional psychoanalytic response to suggestion fails (§4.3). Despite these advantages, in §5, we will have reason to question whether the analysis just offered is finally adequate.

2.3 An objection and reply

At this point, it may be objected that there is a significant disanalogy between psychoanalysis and experimentation that undermines the assimilation of suggestion to experimenter expectancy effects, viz. that psychoanalysis is a therapy, so it aims to alter, not simply record, the analysand's mental states and behavior over time in pursuit of therapeutic improvement. Furthermore, without slighting the role accorded to "insight", it is now almost universally accepted that "therapeutic action"—the efficacy of psychoanalysis—depends in part on influences on analysands' cognition, emotion, and behavior that bypass their conscious or critical reflection in either the recognition of the existence, operation, or therapeutic effects of such influences, and therefore fall under the general understanding of suggestion. Such factors include identifying with the analyst (including their resilience to and tolerance of painful mental states), receiving unconditional emotional support and recognition as a person, trust and confidence in the analyst, the relief from anxiety that comes with making sense of one's feelings, and other aspects of the clinical relationship (Frank & Frank, 1993,

ch. 8, 9, Wallerstein, 1995, ch. 8, Diamond & Christian, 2011). Given this interaction between analyst and analysand, we have reason to doubt that the clinical data reveal the analysand's mental states rather than the influence of the analyst.

But, first, while the suggestive factors just listed may well *facilitate* the suggestive influence of the analyst (see §5.3), it is unclear how they could lend erroneous support any *particular theoretical model* of the mind, as they themselves do not communicate contested theoretical commitments (see also note 7). There is a strong case for thinking that these factors are generic across psychotherapies that hold different models of mind. Second, these factors can reasonably be claimed to *enable* the reports that are necessary for an adequate understanding of the analysand's mental states; their absence would bias the data to an equal or greater extent. For example, if the analysand does suffer from painful psychic conflicts, the evidence for this may only emerge in conditions of trust and emotional support. As such, these conditions are appropriate to gathering data, just as other control conditions are in other experimental settings. Third, one aspect of the theory at stake is an account of how we can expect the mental states of the analysand to change over time, in response to the influences identified. While we should acknowledge the obvious disanalogy between clinical and experimental settings, the objection does not show that we cannot analyze the effects of suggestion as experimenter expectancy effects.⁴

§3 Suggestion is not confirmation bias

It is important to distinguish suggestion from confirmation bias, both to clarify the problem of suggestion, and to make available the solution presented in §4.1-2, which has sometimes been dismissed as a result of the confusion.

Psychoanalytic theory can fail to be evidenced by clinical data in two, quite separate ways. First, the theory can be inferred from the data, but the data are “contaminated” by the theory, so do not provide independent evidential support. This is suggestion: if it operates in psychoanalysis, it alters the clinical *data*. Second, the inferences drawn go beyond what the data support, because the *inferences* are influenced by the theory. This is confirmation bias, a matter of how and what

inferences are drawn from the clinical data. Unfortunately, the two are sometimes conflated in the debate about suggestion in psychoanalysis, and phenomena that may be explained by confirmation bias are put down to the operation of suggestion. Before expanding on this, it is worth getting clear on confirmation bias.

3.1 Confirmation bias

Confirmation bias involves selectively gathering evidence that supports one's existing beliefs or favored hypothesis while neglecting evidence that tells against one's view; or again, it involves giving undue weight to supportive evidence and discounting disconfirming evidence; or again, it involves interpreting the available evidence in a way unduly favorable to one's beliefs or hypothesis (see Nickerson, 1998). It can take a variety of forms:

- (1) Not considering alternative hypotheses. For an observation to support evidentially a hypothesis, the probability of that observation must be (significantly) higher given the truth of the hypothesis. A "higher probability" is, obviously, comparative; so an observation is only "diagnostic" of the truth of a hypothesis if it supports that hypothesis more than rival alternatives. To judge that an observation supports a hypothesis, while not considering alternative hypotheses, is therefore a confirmation bias. If a rival hypothesis accounts for the observation as well or better, then, obviously, the observation does not support the favored hypothesis.
- (2) Giving extra weight to supportive evidence. Memory can play a role in this: we are both more likely to recall reasons that support our views than reasons against, and we are likely to remember the evidence as more supportive than in fact it was. Cognitive creativity likewise plays a role: we are more able to produce supportive reasons than reasons against.
- (3) Testing one's beliefs or hypothesis by seeking only positive cases, i.e. observations that would support the hypothesis, rather than disconfirming ones.

- (4) Seeing patterns in the evidence that one is looking for, where this goes beyond an objective assessment of whether the data evidence that pattern. If we expect or hope to see a pattern, we are more likely to judge that the evidence conforms to that pattern. This has been demonstrated for a wide range of expectations, including ones based on ethnic, clinical, educational, socioeconomic and lifestyle stereotypes.

3.2 The confusion and its implications

When we suspect that the evidence does not genuinely support psychoanalytic hypotheses, we cannot simply reach for the charge of “suggestion”. It may be that the data, which are fine, do not support the inferences drawn from them.

A number of critics (e.g. Grünbaum, 1984, p. 211, Gellner, 1985, p. 92, Erwin, 1996, p. 99, Jopling, 2008, p. 154) approvingly cite an article by Marmor (1962) that fails to recognize confirmation bias as an alternative explanation. Marmor asserts that analysands, as a result of suggestion, tend “to bring up precisely the kind of phenomenological data which confirm the theories and interpretation of their analysts! Thus each [school of psychoanalytic] theory tends to be self-validating.” (1962, p. 289). But he gives no supporting empirical evidence: the empirical studies he references relate to reinforcement through verbal behavior generally, of a kind that supports the general understanding of suggestion; and at the time of writing, there were no extensive verbatim records of the clinical data to check differences in data between schools. Marmor is relying informally on “common knowledge”, case studies and the reports of analysts. Arlow & Brenner (1988, pp. 9-10), by contrast, *infer* the same claim from the theoretical differences between schools: as a result of suggestion, the data upon which they are based are not the same, as the theoretical allegiance of the analyst affects what data are produced and observed.

But not only is confirmation bias an alternative possible explanation for this apparent phenomenon, we have good reason to think that it in fact operates in psychoanalytic theorizing (see below). The appearance that analysands produce data of the kind that supports the theoretical views of their analysts may in fact be a product of the selection and presentation of the data by the analyst.

If, when reporting their cases and drawing their inferences, psychoanalysts fall prey to confirmation bias, we cannot infer from their theoretical differences that the clinical data are contaminated. What has been taken as evidence of the operation of suggestion may in fact be a product of confirmation bias. Wallerstein (1990, p. 11) defends a version of this claim, viz. that the data of different schools are comparable, but they are explained through different general theoretical frameworks, and this is possible because the theories are not tightly linked to the data.

Of course, Marmor and others may yet be right about the presence of suggestion. Indeed, on the general understanding of suggestion, we can expect suggestion to be present, and from the evidence regarding expectancy effects, we can expect that some of this suggestive influence relates to the theoretical commitments of the analyst. But this, quite different, evidence for suggestion points us toward a solution that has been obscured by linking suggestion with the theoretical differences between psychoanalytic schools, as I shall explain in §4.

3.3 Resolving confirmation bias

A successful defense of psychoanalysis against the challenge of suggestion would not be satisfying, even if technically correct, if it relied on charging psychoanalysis with an equally damning methodological fault. A brief word, therefore, on how this challenge of confirmation bias can be met is in order.

Lord et al (1984) and Hirt & Markman (1995) show that subjects who spontaneously, or who are asked to, consider an alternative explanation of the evidence to the one they favor, correct their confirmation bias. This simple strategy is more effective than attempting to be “fair and unbiased”. It forces subjects to seek out evidence that distinguishes between rival explanations, which in turn leads to a better, more objective assessment of the evidence available.⁵

What would this involve for psychoanalysts? To avoid confirmation bias, the enquirer needs to demonstrate that their preferred explanation is not merely “an” explanation, but better than alternatives. There are two sets of possible explanations from which alternatives may be drawn for comparison with psychoanalytic explanations. It is noteworthy that very rarely are *either* referred to

by psychoanalysts; the discipline has historically been poor at correcting for confirmation bias. The first set is the range of alternative psychoanalytic theories. The second comprises the range of non-psychoanalytic theories concerned with or impacting upon the data from which psychoanalytic inferences are drawn (e.g. alternative theories of dreaming, mental development, and neurosis). These alternatives are generated outside the consulting room. If an explanation is better than its rivals, or has no rivals, we can only know this to be true *if we know what these alternatives are, and what the evidence is that supports them*. Both factors change constantly – what was the best explanation may cease to be so, either because new evidence is discovered that undermines the existing best explanation (e.g. through being recalcitrant) or because a new, more powerful explanation is generated. The environment of competition has, of course, changed dramatically since Freud developed his theories. To control for confirmation bias may require changes in the training and education of psychoanalysts, and certainly will require changes in the way in which data are handled and reported, and inferences drawn (Lacewing, forthcoming b). But these concerns should be kept separate from the problem of suggestion.

§4 The solution to suggestion: corroboration

4.1 Corroborative findings in psychoanalysis

The evidence on experimenter expectancy effects gives us good reason to suspect that clinical data contain them. But as such effects are not specific to psychoanalysis, we can examine the means by which they are corrected for outside psychoanalysis to see if similar solutions are available without abandoning clinical methodology. The standard means of correction involves recourse to replication. If independent enquirers produce similar data and come to the same conclusions, then we can have confidence that experimenter expectancy effects have not substantially influenced the data (Rosenthal & Rosnow, 2009, Ch. 18). For this solution to be available to psychoanalysis, two conditions need to be met: there need to be corroborative findings by different psychoanalysts, and we need to establish that psychoanalysts producing corroborative findings can be understood as

sufficiently 'independent'. I address the first issue here, and discuss the second in §5.

It is often observed that there is a striking lack of agreement in psychoanalysis, a significant theoretical diversity between different schools. Psychoanalysts do not, therefore, count each other's findings and theories as corroborative. But this apparent lack of agreement needs careful analysis. In the Introduction, I distinguished between the clinical theory of psychoanalysis—the psychodynamic model—and the metapsychological and etiological theories. The former regards such matters as defense mechanisms and the clinical phenomena of resistance and transference, and the relation these to mental illness and character. The latter provide superordinate accounts of the structure of the mind, e.g. the id, ego and superego in Freud, and accounts of the causal origins of mental structures falling under clinical and metapsychological theory. To these theoretical claims, we may add that psychoanalysts make claims regarding the specific motives for specific behaviors of an individual analysand.

I shall comment on the specific difficulties facing claims regarding individuals below (§4.3). Debates regarding technique aside, metapsychological and etiological claims have been the main focus of discussion regarding the differences between psychoanalytic schools. Whether the disagreements are caused by suggestion or by confirmation bias, we cannot appeal to corroborative findings to rebut the charge of suggestion for theoretical inferences of these kinds, for there are no recognized corroborative findings to which to appeal. Whatever corroboration may exist between practitioners *within* a particular psychoanalytic school, this is undermined by the lack of corroboration across psychoanalytic schools. Thus we cannot have confidence that the data on which such inferences rely are free from the effects of suggestion, operating within each school in support of its particular theories.⁶

But what of the psychodynamic model of mind? Here, I believe, the defense from corroborative findings can work. Wallerstein (1988, 1990, 2005) has repeatedly argued in defense of considerable corroboration in this area, closely related to what George Klein (1976) called low-level, experience-near clinical theory, or again, the phenomena in that domain which Sandler &

Sandler (1984) designate the “present unconscious”. The thought is that psychoanalysts from all schools discern common clinical phenomena, and arrive at common conceptualizations of these phenomena in psychodynamic terms (defense, conflict, compromise, resistance, transference). It is these common clinical phenomena and their common psychodynamic conceptualization that count as ‘corroborative findings’ of the form that may dispel the charge of suggestion, given the fact that they are found across schools of psychoanalysis that differ in other areas of theory (see §5.3).

While Wallerstein’s arguments have raised a good deal of controversy, this centers on his view of the general theories and metapsychologies and their relation to the clinical theory. Certainly, there are disagreements over the theory of clinical technique (see Abrams et al., 1989), and disagreements on how to understand the current relationship between the meta-theories of different schools and their future development (see Bachant & Richards, 1993, pp. 454ff.). But these are not disagreements on either the psychodynamic model itself or the clinical data that support it. However, not all psychoanalysts are convinced that *any* aspect of clinical theory can be formulated independently of contentious metapsychological and etiological concepts and theories, so as to present the common ground in terms acceptable to all. The same applies to reported findings—the clinical data themselves. (One feature of the debate concerns the disagreement between ‘scientific’ and ‘hermeneutic’ interpretations of psychoanalysis (Wallerstein 2005, p. 625), as the latter defend a different account of the clinical data and their relation to theory.) It must be granted that much work remains to state the central elements of the psychodynamic, clinical theory more clearly, and to unburden central concepts from the metapsychological and etiological theories often used to define them. But if Wallerstein is right that common clinical data, supporting a common psychodynamic model of mind, are masked by psychoanalysts’ other theoretical commitments, then findings across different schools of psychoanalysis do corroborate one another, even though this is not always recognized. If this is right, the psychodynamic model can be defended against the charge of suggestion by the appeal to corroborative findings as the standard solution to expectancy effects.

4.2 Reprise

It is worth re-stating the defense being offered more precisely. The charge of suggestion is not the factual claim that suggestion *does* contaminate the clinical data, but the methodological claim that in working from the clinical data, psychoanalysts cannot tell whether and to what extent data are the product of suggestion, which makes theoretical inferences unreliable. I have argued that corroborative findings can be used to make this judgment, in psychoanalysis as elsewhere. Where there is corroboration, we may be confident that “no bias has occurred”. Where there is a lack of corroboration, we cannot tell whether suggestion (or some other bias) has occurred or not. We have corroboration regarding the psychodynamic model of the mind, but no corroboration regarding metapsychological and etiological theories. For these latter, therefore, we cannot tell whether the relevant data have been biased by suggestion or not.

4.3 Reflections on the debate

An appeal to corroborative findings is not new in this debate, but the argument just offered, based on the standard solution to expectancy effects outside psychoanalysis, has not been presented as strongly and frequently as it could have been (though see Glymour (1982), Wallerstein (1986) and Freud (1888, p. 78)). Instead, two other arguments from corroboration have been presented. The first is that the charge of suggestion can be met only if clinical data are confirmed by extra-clinical data. This conclusion essentially concedes the charge: clinical evidence cannot justify theoretical inferences (though it may be heuristic in generating hypotheses). The second is presented by Freud (1937), who argues from corroboration within the data set of one case study or the case studies of one analyst. This is rightly rejected by Grünbaum (1984, p. 277). Such uniformity within the data of one researcher could be a product of expectancy effects, the resolution of which requires the replication of results by different experimenters (see §5.1).

Why has the line of defense offered here been largely overlooked? One reason is that the nature and extent of corroboration has been masked by the theoretical differences between schools.

Second, psychoanalysts have wished to defend their metapsychological and etiological claims against the charge of suggestion as well, an aim that the defense offered above does not secure. A third reason derives from the interpretation of suggestion in dynamic, motivational terms; if suggestion occurs, the thought has been that it must be unconsciously motivated in the analyst (and/or in the analysand). The solution therefore has been to improve the analytic ability of the analyst, particularly through further analysis of the analyst. Fourth, the goal in psychoanalysis is not only general theoretical knowledge of the human mind, but specific individual knowledge of the analysand's mind. Because their primary focus is on therapeutic benefit, psychoanalysts have sought to secure claims to this knowledge, rather than concerning themselves (as much) with the general, psychodynamic model of mind deployed in making individual interpretations. Analysts have understandably felt the charge challenges their expertise and reliability as individual analysts and have responded to defend themselves on this ground.

But there are three difficulties with framing the debate in terms of the reliability of individual observations made by analysts, even though improving this reliability is both laudable and necessary. First, it makes the justification of psychoanalytic theory rest on the performance of analysts acting individually, rather than, as in the rest of science, on the functioning of the community in producing corroborative results. Second, in seeking to deal with suggestion through the handling of the transference and countertransference, it misunderstands the continued possibility of suggestion as something that marks all psychological enquiry. Experimenter expectancy effects are not under one's control in the way presupposed by this line of defense. Third, knowledge of particular individuals cannot be defended by appeal to corroboration (except perhaps in cases in which independent raters have access to the data). This is a common state of affairs in scientific psychology; as Wilson & Brekke (1994, p. 121) comment "it is impossible to assess how much one judgment of one stimulus is contaminated." However, once general results have been established through corroboration within the community, then psychoanalysts are free to make use of these theoretical results to support inferences in particular cases. This is insufficient to raise the individual

observation to the same level of reliability as the general claim established through corroboration, but if the charge of suggestion can be met at the general level, we have secured a space within which such individual judgments—with the irremediable epistemological strengths and weaknesses of individual judgments—may function well-enough for practical purposes (of organizing, judging and presenting clinical data, and the important work of therapeutic improvement). The justification of individual inferences must proceed as it does in commonsense psychology, through a form of inference to the best explanation (see Lacewing, forthcoming a).

§5 Is corroboration enough?

5.1 Corroborative findings as a product of suggestion

Commitment to a psychodynamic model of the mind is part of the theoretical commitment of all psychoanalysts. If this agreement is not the product of a truthful discovery regarding the nature of the mind, it must be the product of a methodological flaw or bias, of which the two most likely are suggestion and confirmation bias. To combat confirmation bias, we have already commented on the need for more rigorous consideration of alternative explanations. However, we may object to the solution to suggestion defended so far that such agreement as we find within psychoanalysis is, or could be, the product of suggestion operating universally within the psychoanalytic community, such that agreement between researchers is no indication of an absence of bias. Why think this?

The concern here is that different psychoanalysts, even of different schools, do not count as sufficiently ‘independent’ researchers. Rosnow & Rosenthal note that “replicated observations made under similar conditions of anticipation, instrumentation, and psychological climate may, by virtue of their intercorrelation, all be in error” (2009, p. 306). But this can happen in any branch of science, and the standard response appeals to the motivation of scientists to avoid error, to test theories and look for alternatives (Nickerson, 1998, p. 194). In these conditions, replicated observations are then indicative of truth rather than group error, and are more convincing the more that researchers are separated in “time, physical distance, personal attributes... expectancy, and ...

degree of personal contact with each other” (Rosnow & Rosenthal, 2009, p. 556). (Independence is, therefore, a matter of degree, rather than being all or nothing.) Given that psychoanalysts are, we may surmise, as diverse a group as most groups of scientists working in a specialist sub-discipline, do these remarks give us reason to remain unconvinced by corroborative findings in psychoanalysis?

5.2 Psychoanalytic training

Critics point to the training of analysts. All trainee analysts must undergo a training analysis. Suggestion (perhaps) operates in the analysis of the trainee so that (perhaps) they come to accept the psychodynamic model of the mind (together with the particular metapsychological theory of their analyst) on this basis. Therefore, the agreement among psychoanalysts regarding the psychodynamic model of the mind is (perhaps) the product of suggestion, rather than evidence of the validity of the theory having been tested and agreed upon by independent researchers.

Expectancy effects contaminate the experience and theoretical commitments of future researchers.

When new analysts find clinical data that corroborate the psychodynamic model of the mind, this finding is thus (perhaps) a further product of suggestion (as expectancy effect). The problem of suggestion cannot be limited to that of experimenter expectancy effects on the clinical data; it is just as importantly to do with the acquisition of the theoretical commitments of psychoanalysis by its practitioners.

The ‘perhapses’ are important. Again, the charge of suggestion is not that clinical data *are* contaminated by suggestion, but that the effects of any such contamination cannot be eliminated by the methodology employed. The argument here, therefore, is that any effects of suggestion on the theoretical commitments of the trainee analyst cannot be corrected for by the training involved.

Within any form of training or learning, students may adopt the theoretical views of their teachers as a result of influences that have little to do with the truth of those theories. On the general understanding of suggestion, suggestion is rife. But we do not normally take this as sufficient reason to doubt the importance of corroborative findings generally, for two reasons. First, the

motives to avoid error, to test theories and look for alternatives counteract suggestive influence on future research. Second, corroboration occurs between researchers who are sufficiently independent, according to the characteristics listed by Rosnow and Rosenthal (above). Both factors are endangered, the objection goes, by psychoanalytic training. To become a psychoanalyst, and so be in a position to generate new clinical data, one must first undergo a training analysis. This aspect of training, unique to psychoanalysis (and cognate therapies), involves strong emotional attachments, and most analysts adopt the views of the school of psychoanalysis to which their training analyst belongs. So we have reason to suppose that the standard motives for correcting any suggestive influences on one's resulting views may be unusually constrained. Furthermore, one's training analyst was likewise analyzed by a training analyst, and so on, back to Freud. The (admittedly imperfect) pyramidal shape of psychoanalytic training relations undermines the apparent independence of two researchers who share no direct training relation; in a sense, all analysts are "from the same school".

5.3 Answering the objection

The objection needs some unpicking, but in the end, it does not hold up. I shall first consider what credence we may give to the 'perhapses' before turning to the claim that the effects of suggestion on the data cannot be eliminated by the training and methodology employed.

First, if suggestion were occurring, we might expect it across the full range of the training analyst's theoretical commitments. Yet there is agreement over the psychodynamic model of the mind, but not over views regarding metapsychology and etiology. On the latter, psychoanalysts have obviously demonstrated a willingness to challenge and correct the views of their analysts—which provides a *prima facie* reason to think that agreement over the former is not entirely the product of suggestion. Further, if suggestion were biasing the clinical data significantly, then the clinical data of each school really should appear to support the theory of that school. We have very little hard evidence for this;⁷ the judgment can only be made once transcripts of complete cases from different schools are compared by independent raters. Given that we have not established

whether confirmation bias or suggestion (or some third influence!) is behind theoretical diversity in psychoanalysis, we should endeavor to reduce confirmation bias (which we know occurs) and then consider whether evidence of suggestion remains.

Suppose, then, that the clinical data gathered by analysts of different schools *don't* differentially support the theories particular to their schools. Could it be that suggestion occurs for the psychodynamic model of the mind, but not the etiological and metapsychological components of psychoanalytic theory? If so, this would explain corroboration regarding the former but not the latter. How could this effect come about? We noted (§2.2) that a prominent vehicle for suggestion is the analyst's interpretations. In generating these interpretations, analysts may draw upon only the psychodynamic model, and not etiological or metapsychological theories. Hence only the former is suggested to patients (and, through training analyses, to future analysts).⁸

In response, it is worth noting that there have been developments in the understanding of the psychodynamic model which have carried agreement despite the absence of pyramidal relations of training analyses, e.g. the identification of new defense mechanisms and the rejection of Freud's dismissal of countertransference. And we may question the plausibility of suggestion being both so widespread and forceful as to account for the theoretical commitments of every psychoanalyst since Freud. There is nothing in the literature on experimenter expectancy effects that I am aware of which provides an analogue for such powerful effects as countenanced in the objection. Similarly, in studies on memory, when experimenters deliberately attempt to mislead people using suggestion, they produce false memories in just over 30% of subjects (Lindsay et al., 2004). Similarly sized suggestive effects in psychoanalytic training analyses could not account for the corroborative findings and extent of agreement concerning the psychodynamic model. Or again, Gudjonsson (1984, 1989, 2003) has studied how open people are to suggestion through "leading questions" in situations characterized by interpersonal trust, uncertainty about how to respond, and the expectation of knowing and producing an answer. (The situation studied is related to interrogation, but the three characteristics may be held in common with the analytic setting, providing a weak

analogy.) When asked questions on a story read earlier, subjects are misled by leading questions, on average, 31% of the time, and upon receiving negative feedback, make further mistakes, taking the average to 51% (Gudjonsson, 1984, p. 310, table 5). However, the results were widely spread (out of 15 questions, the mean for men was 7, the standard deviation 4.2); while 23% of men had a score of 10 or above, 29% had a score less than 4 (and we can expect a similar distribution for women). Agreement across all subjects, and the production of new clinical data that also extensively corroborate the agreed view, could not generally, then, be explained by this form of suggestion.

However, it may be objected that various factors, operating in psychoanalysis, increase suggestibility. As just noted, people are more open to suggestion if they have received negative feedback, but also if they are neurotic, have a low opinion of their ability to control their circumstances (“external locus of control”), are anxious, are unassertive, or to a lesser degree, if they want to please the other person (Gudjonsson, 2003, pp. 379-399). We could argue that many of these features apply in psychoanalysis, including training analyses. Further, we could argue that training analyses will involve more powerful demand characteristics, e.g. they are far longer and more emotionally involved, and so much higher rates of suggestive influence are possible. The professional, friendly, competent, communicative nature of the analyst, and, for analysts working from home, the “personal” nature of the space, are features that maximize expectancy effects (Rosenthal, 1976, ch. 15). Finally, Frank & Frank (1993), although their focus is on the role of suggestion in generating therapeutic benefit, likewise argue that the therapeutic relationship increases suggestibility (as outlined in §2.3).

But note in response that there are also various factors, potentially at play in psychoanalysis, that reduce suggestibility. Having average or above average intelligence and a good memory decreases suggestibility (Gudjonsson 2003, pp. 381-5), as does—most importantly—maintaining a critical evaluation of the situation and not giving answers one is not sure of (Gudjonsson 2003, pp. 395-6). Edelson (1984, pp. 129-30) argues that suggestive influence is reduced by features of the analytic situation by contrast with other therapies, e.g. the focus of interpretations on the occurrence

of defense without suggesting what is being defended against, and the use of the subject's reports on what is currently or has recently been in their consciousness (Gudjonsson's questions, by contrast, come 40-50 minutes after the story people are required to remember). Finally, we may note empirical results that indicate that being directed to attend to one's mental states also decreases susceptibility to suggestion (Gibbons & McCoy, 1991).⁹

These arguments are not decisive, but objections based on probabilities may legitimately be answered by responses based on probabilities. These indicate that we can expect suggestion to operate strongly in training analyses, but nothing in the evidence supports an explanation of corroborative findings in psychoanalysis on the basis of suggestion alone. The objection is tantamount to skeptical speculation.

Refocusing on the methodological issue, the objection loses credibility more completely. It is simply implausible that there are no methodological correctives available to psychoanalysis for any suggestive influence that occurs during the training analysis. Introducing such correctives may require alterations to many training programs as they exist now, but they are clearly possible. Examples include standard training in research methodology, including recognizing and avoiding artifacts and biases; making clinical data available from a variety of schools of psychoanalytic thought, both through case studies and the increasing number of databases of transcripts; and, as proposed in §3.3, education in developments in rival theories and cognate disciplines. Kernberg (2000, 2006, 2007) also argues for the development of an atmosphere of intellectual enquiry and rigorous questioning, a recommendation strongly supported by Bornstein's (2001) indictment of contemporary psychoanalytic theorizing. Finally, the position and role of "training analyst" could be abolished, separating the psychoanalysis of the trainee from their education in psychoanalytic theory, evidence, and technique, a proposal developed and defended by Kernberg (2010). In this way, as far as possible, the assent of the trainee to theoretical claims about the mind is separated from their personal experience of analysis. Given such possibilities, the charge of suggestion fails to demonstrate that, on methodological grounds, psychoanalysis cannot validly infer theoretical claims

from clinical data. What has emerged, however, is that practical developments in the training of psychoanalysts are necessary to increase our confidence in the agreement that already exists, and any which may emerge in future. Kernberg (2010) notes that changes in the directions indicated are already under way at several major training institutes.

§6 Conclusion

I have argued that, in the context of the problem of suggestion as it applies to the relation between data and theory in psychoanalysis, suggestion is best understood in terms of experimenter expectancy effects. For clarity about both the problem and its solution, suggestion needs to be clearly distinguished from confirmation bias. I argued that traditional psychoanalytic solutions do not successfully meet the challenge, but an appeal to corroborative findings does. This strategy can defend the psychodynamic model of mind against the charge, but not metapsychological and etiological theories, as there has been little agreement on these. Finally, I argued that the charge that suggestion explains such agreement as exists is both highly improbable and fails to present a methodological objection to psychoanalysis.

The argument of this article is unlikely to please either side in the traditional debate over the problem of suggestion. Psychoanalysts may be concerned that I have found no grounds on which to answer the objection in relation to metapsychological and etiological claims, I have identified confirmation bias as a serious difficulty that needs addressing, and I recommend changes to traditional models of psychoanalytic training. Critics, pointing to the history of psychoanalysis in the 20th century, may be unmoved by the appeal to the variety of available methodological corrections in the training and theorizing of psychoanalysts and unpersuaded by my rejection of suggestion as an explanation of corroborative findings. I noted in §4 that a different argument from corroboration can and has been made in defense of psychoanalytic theory, viz. its consilience with non-psychoanalytic data and theory. For those interested in the truth of psychoanalytic claims, not just the methodological issue of whether they can be validly inferred from clinical data, this wider consilience is most relevant. Though I cannot now embark on supporting this claim, there is clear

evidence of such consilience particularly regarding the psychodynamic model and a number of etiological hypotheses, if phrased very generally (see Valone (2005), Wallerstein (2006) and Eagle (2011) for discussion and references to this fast-growing field of work). Given this evidence, we have additional reassurance that not suggestion, but a discovery of the nature of mental functioning, explains the corroborative findings within psychoanalysis regarding the psychodynamic model. Therefore, if the methodological correctives to theorization and training are adopted, the problem of suggestion (as it relates to the construction of theory, for nothing has been said here about suggestion in relation to therapeutic benefits) may be laid to rest.¹⁰

References

- Abrams, S., Appy, G., Aslan, C.M., Goldberg, A., Guen, C.L. & Nunes, E.P. (1989). Pre-published statements for the 36th International Psychoanalytical Congress in Rome 30th July to 4th August 1989. *International Journal of Psycho-Analysis*, 70, 3-28.
- Arlow, J.A. & Brenner, C. (1988). The future of psychoanalysis. *Psychoanalytic Quarterly*, 57(1), 1-14.
- Bachant, J. L. & Richards, A. D. (1993). Relational Concepts in Psychoanalysis (review). *Psychoanalytic Dialogues*, 3, 431-460.
- Bandura, A., Lipsher, D.H. & Miller, P.E. (1960). Psychotherapists' approach-avoidance reactions to patients' expression of hostility. *Journal of Consulting and Clinical Psychology*, 24(1), 1-8.
- Bernheim, H. (1888). *Hypnosis and Suggestion in Psychotherapy* (Reprinted 1964). New York: University Books.
- Bibring, E. (1954). Psychoanalysis and the dynamic psychotherapies. *Journal of the American Psychoanalytical Association*, 2(4), 745-70.
- Bohn, M. J. (1967). Therapist responses to hostility and dependency as a function of training. *Journal of Consulting Psychology*, 31, 195-198.
- Bornstein, R.F. (2001). The impending death of psychoanalysis. *Psychoanalytic Psychology*, 18(1), 2-20.
- Dewald, P. (1964). *Psychotherapy: a dynamic approach*. New York: Basic Books.

- Eagle, M. (2011). *From Classical to Contemporary Psychoanalysis: A Critique and Integration*. New York: Routledge.
- Edelson, M. (1984). *Hypothesis and Evidence in Psychoanalysis*. Chicago: University of Chicago Press.
- Eissler, K. R. (1953). The effect of the structure of the ego on psychoanalytic technique. *Journal of the American Psychoanalytical Association*, 1(1), 104-43.
- Erwin, E. 1996. *A Final Accounting: Philosophical and Empirical Issues in Freudian Psychology*. Cambridge, MA: MIT.
- Eysenck, H.J., Arnold, W.J. & Meili, R. (1975). *Encyclopedia of psychology* (Vol II). Bungay, Suffolk: Fontana.
- Fisher, S. & Greenberg, R. P. (1977). *The Scientific Credibility of Freud's Theories and Therapy*. New York: Basic Books.
- Frank, J. & Frank, J. (1993). *Persuasion and Healing*. 3rd edition. Baltimore: Johns Hopkins University Press.
- Freud, S. (1888). Preface to the translation of Bernheim's *Suggestion*. In J. Strachey (Trans., Ed.) *The standard edition of the complete psychological works of Sigmund Freud* (Vol. I, pp. 73-87). London: Hogarth.
- Freud, S. (1917). *Introductory Lectures on Psychoanalysis* (Part III). In J. Strachey (Trans., Ed.) *The standard edition of the complete psychological works of Sigmund Freud* (Vol. XVI, pp. 241-463). London: Hogarth.
- Freud, S. (1937). Constructions in analysis. In J. Strachey (Trans., Ed.) *The standard edition of the complete psychological works of Sigmund Freud* (Vol. XXIII, pp. 241-463). London: Hogarth.
- Gellner, E. (1985). *The Psychoanalytic Movement*. Evanston, IL: Northwestern University Press.
- Gheorghiu, V. (1989a). The development of research on suggestibility: critical considerations. In V. A. Gheorghiu, P. Netter, H.J. Eysenck & R. Rosenthal (Eds.), *Suggestion and suggestibility* (pp. 3-56). Berlin: Springer-Verlag.
- Gheorghiu, V. (1989b). The difficulty in explaining suggestion: some conceivable solutions. In V. A. Gheorghiu, P. Netter, H.J. Eysenck & R. Rosenthal (Eds.), *Suggestion and suggestibility* (pp. 99-112). Berlin: Springer-Verlag.

- Gheorghiu, V.A., Netter, P., Eysenck, H.J. & Rosenthal, R. (1989). Preface. In V. A. Gheorghiu, P. Netter, H.J. Eysenck & R. Rosenthal (Eds.), *Suggestion and suggestibility* (pp. ix-xi). Berlin: Springer-Verlag.
- Gibbons, F. X. & McCoy, S.B. (1991). Self-perception and self-deception. In J. Schumaker (Ed.), *Human Suggestibility* (pp. 185-199). New York: Routledge.
- Gill, M.M. (1954). Psychoanalysis and exploratory psychotherapy. *Journal of the American Psychoanalytical Association*, 2(4), 771-97.
- Gill, M.M. (1994). *Psychoanalysis in Transition*. Hillsdale, NJ: The Analytic Press.
- Glover, E. (1931). The therapeutic effect of inexact interpretation: a contribution to the theory of suggestion. *International Journal of Psycho-Analysis*, 12, 397-411.
- Glover, E. (1955). *The Technique of Psycho-Analysis*. New York: International Universities Press.
- Glymour, C. (1982). Freud, Kepler, and the clinical evidence. In R. Wollheim & J. Hopkins (Eds.), *Philosophical Essays on Freud* (pp. 12-31). Cambridge: Cambridge University Press.
- Grünbaum, A. (1984). *The Foundations of Psychoanalysis: A Philosophical Critique*. Berkeley: Los Angeles, CA: University of California Press.
- Gudjonsson, G.H. (1984). A new scale of interrogative suggestibility. *Personality and Individual Differences*, 5(3), 303-314.
- Gudjonsson, G.H. (1989). Theoretical and empirical aspects of interrogative suggestibility. In V. A. Gheorghiu, P. Netter, H.J. Eysenck & R. Rosenthal (Eds.), *Suggestion and suggestibility* (pp. 135-144). Berlin: Springer-Verlag.
- Gudjonsson, G.H. (2003). *The psychology of interrogations and confessions: A handbook*. New York: John Wiley & Sons.
- Hirt, E.R. & Markman, K.D. (1995). Multiple explanation: a consider-an-alternative strategy for debiasing judgments. *Journal of Personality and Social Psychology*, 69(6), 1069-1089.
- Jones, E. (1910). The action of suggestion in psychotherapy. *The Journal of Abnormal Psychology*, 5(5), 217-254.
- Jopling, D. (2008). *Talking Cures and Placebo Effects*. Oxford: Oxford University Press.
- Kernberg, O.F. (2000). A concerned critique of psychoanalytic education. *International Journal of Psycho-Analysis*, 81(1), 97-120.
- Kernberg, O.F. (2006). The coming changes in psychoanalytic education: Part I. *International Journal of Psycho-Analysis*, 87(6), 1649-1673.

- Kernberg, O.F. (2007). The coming changes in psychoanalytic education: Part II. *International Journal of Psycho-Analysis*, 88(1), 183-202.
- Kernberg, O.F. (2010). A New Organization of Psychoanalytic Education. *Psychoanalytic Review*, 97(6), 997-1020.
- Klein, G.S. (1976). *Psychoanalytic Theory: An Exploration of Essentials*. New York: International Universities Press.
- Lacewing, M. (forthcoming a). Inferring motives in psychology and psychoanalysis. *Philosophy, Psychiatry and Psychology*.
- Lacewing, M. (forthcoming b). Could psychoanalysis be a science? In K. W. M. Fulford (Ed.), *The Oxford Handbook of Philosophy and Psychiatry*. Oxford: Oxford University Press.
- Lacewing, M. (forthcoming c). Psychoanalysis, insight and therapeutic action.
- Levy, S. & Inderbitzin, L. (2000). Suggestion and psychoanalytic technique. *Journal of the American Psychoanalytic Association*, 48(3), 739-758.
- Lindsay, D., Hagen, L., Read, J. & Wade, K. (2004). True photographs and false memories. *Psychological Science*, 15(3), 149-154.
- Lord, C.G., Lepper, M.R. & Preston, E. (1984). Considering the opposite: a corrective strategy for social judgment. *Journal of Personality and Social Psychology*, 47(6) 1231-1243.
- Marmor, J. (1962). Psychoanalytic therapy as an educational process. In J. Messerman (Ed.), *Psychoanalytic Education Science Series* (pp. 286-299). New York: Grune & Stratton.
- McDougall, W. (1908). *An Introduction to Social Psychology*. London: Methuen.
- McGuire, W.J. (1968). Personality and attitude change: An information-processing theory. In A.G. Greenwald, T.C. Brock & T.M. Ostrom (Eds.), *Psychological Foundations of Attitudes* (pp. 171-196). New York: Academic Press.
- McGuire, W.J. (1972). Attitude change: the information-processing paradigm. In C.G. McClintock (Ed.), *Experimental Social Psychology* (pp. 108-141). New York: Holt, Rinehart, and Winston.
- Mills, J. (2005). A critique of relational psychoanalysis. *Psychoanalytic Psychology*, 22(2), 155–188.
- Murray, E.J. (1956). A content-analysis method for studying psychotherapy. *Psychological Monographs*, 70(13) 1-31.

- Murray, E.J., & Jacobson, L. (1978). Cognition and learning in traditional and behavioral therapy. In A.E. Bergin & S.L. Garfield (Eds.), *Handbook of psychotherapy and behavior change: An empirical analysis* (2nd ed., pp. 661–687). New York: John Wiley & Sons.
- Naso, R. (2005). Which way in psychoanalysis. *Psychoanalytic Psychology*, 22(3), 382–394.
- Nickerson, R.S. (1998). Confirmation bias: a ubiquitous phenomenon in many guises. *Review of General Psychology*, 2(2), 175-220.
- Orne, M.T. & Whitehouse, W.G. (2000). Demand characteristics. In A.E. Kazdin (Ed.), *Encyclopedia of Psychology* (pp. 469-470). Washington, D.C.: American Psychological Association.
- Ricoeur, P. (1970). *Freud and Philosophy*. New Haven: Yale University Press.
- Rosenthal, R. (1976). *Experimenter Effects in Behavioral Research* (Enlarged edition). New York: Irvington.
- Rosenthal, R. (2000). Expectancy effects. In A.E. Kazdin (Ed.), *Encyclopedia of Psychology* (pp. 294-6). Washington, D.C.: American Psychological Association.
- Rosenthal, R. & Rosnow, R. L. (2009). *Artifacts in Behavioral Research: Robert Rosenthal and Ralph L. Rosnow's Classic Books*. Oxford: Oxford University Press.
- Rustin, M.J. (1997). The generation of psychoanalytic knowledge: Sociological and clinical perspectives part one: 'Give me a consulting room: psychoanalysis and science studies'. *British Journal of Psychotherapy*, 13(4), 527-541.
- Sandler, J. & Sandler, A. (1984). The past unconscious and the present unconscious: a contribution to a technical frame of reference. *Psychoanalytic Study of the Child*, 49, 278-292.
- Schwanenber, E. (1989). Suggestion as social biasing of meaning tests. In V. A. Gheorghiu, P. Netter, H.J. Eysenck & R. Rosenthal (Eds.), *Suggestion and suggestibility* (pp. 263-78). Berlin: Springer-Verlag.
- Truax, C.B. (1966). Reinforcement and nonreinforcement in Rogerian psychotherapy. *Journal of Abnormal Psychology*, 71(1), 1–9.
- Valone, K. (2005). Consilient Psychoanalysis. *Psychoanalytic Psychology*, 22(2), 189-206.
- Wallerstein, R. (1986). Psychoanalysis as a science: A response to the new challenges. *Psychoanalytic Quarterly*, 55(3), 414-451.
- Wallerstein, R. (1988). One psychoanalysis or many? *International Journal of Psycho-Analysis*, 69(1), 5-21.

Wallerstein, R. (1990). Psychoanalysis: the common ground. *International Journal of Psycho-Analysis*, 71(1), 3-20.

Wallerstein, R. (1995). *The Talking Cures*. New Haven, CT: Yale University Press.

Wallerstein, R. (2005). Psychoanalytic controversies: will psychoanalytic pluralism be an enduring state of our discipline? *International Journal of Psycho-Analysis*, 86(3), 623-638.

Wallerstein, R. (2006). The relevance of Freud's psychoanalysis in the 21st century: Its science and its research. *Psychoanalytic Psychology*, 23(2), 302-326.

Whitman, R., Kramer, M. & Baldrige, B. (1963). Which dream does the patient tell? *Archives of General Psychiatry*, 8(2), 77-82.

Wilson, T. & Brekke, N. (1994). Mental Contamination and Mental Correction: Unwanted influences on judgments and evaluations. *Psychological Bulletin*, 116(1), 117-142.

Winder, C.L., Ahmad, F.Z., Bandura, A. & Rau, L. C. (1962). Dependency of patients, psychotherapists' responses, and aspects of psychotherapy. *Journal of Consulting Psychology*, 26,129-134.

¹ More specifically, I defend parts (a) and (b) of the clinical theory; part (c), the theory of therapeutic action, requires a further defense against the 'other' problem of suggestion, relating to cure, identified above. For this defense, see Lacewing (forthcoming c).

² Historically, psychoanalysts have conceptualized suggestion in ways that are now too simplistic to apply, and more concerned with therapeutic improvement than data contamination. Freud associated the term with hypnotic suggestion, Jones (1910, p. 246) opposed psychoanalysis to all other forms of "suggestive" therapy, and Glover (1931, p. 406, 1955, p. 394) argued that any interpretation that was mistaken was tantamount to suggestion. The attempt to draw a sharp contrast between suggestive elements of therapy and veridical insight (e.g. Eissler, 1953, Gill, 1954, Dewald, 1964) misconceived suggestion in thinking that it could be eradicated completely, in thinking it to be "one" thing or mechanism, and by attempting to draw a sharp contrast between its operation and its absence. See Bibring (1954) for a more balanced approach which came to dominant the consensual understanding on these matters.

³ There may be other artifacts amongst the clinical data, such as subject expectancy effects and demand characteristics more generally, that aren't the product of suggestion. But from these alone, we would not expect data that consistently supported the prior theories of the analyst, in the absence of these being communicated to analysands. The problem of suggestion focuses specifically on contamination by the analyst's theoretical commitments.

⁴ The objection can be pressed: the factors identified give us reason to believe the data are not reliable indicators of the analysand's true states of mind. No theory of the mind, psychoanalytic or not, can be

based on clinical evidence, *even if* it could be demonstrated that the data are uncontaminated by the theoretical commitments of therapists. This last point makes it clear that this objection is not the traditional problem of suggestion, but probably better interpreted as a point about the demand characteristics of the therapeutic setting. As such, it takes us beyond the scope of this paper, which seeks only to demonstrate how we can have confidence that the data are not contaminated by the theoretical commitments of analysts. But should we accept the objection? If I am right that significant data relevant to a theory of mind can only be obtained in conditions of trust and emotional support, we have reason to believe that the evidence base of theories that rely solely on methods that involve no clinical element is significantly incomplete. The objection would then entail that the necessary methods cast doubt on the data. A cautious resolution would place importance on making theoretical progress through seeking the convergence of clinical and non-clinical data—each form of data needs the other to gain greatest evidential validity. Thanks to Maarten Steenhagen for pressing the point.

- ⁵ This is not a complete or sufficient solution, as scientific enquiry still manifests confirmation bias. Once alternative explanations have been taken into account, we still need to appeal to corroborative findings generated by independent researchers reaching the same results. As this is the solution proposed in §4 for suggestion, we may note that, with the addition of the recommendations here, both challenges can be met through the same methods.
- ⁶ See also Lacewing (forthcoming a) for an additional argument against the methodological soundness of these inferences.
- ⁷ Given its popularity, it is remarkable how little relevant empirical evidence has been cited in defence of the claim that the clinical data differ from one school of psychoanalysis to another. I noted earlier the common appeal to Marmor (1962), and the fact that Marmor's own references to the empirical literature are limited to evidence supporting the general understanding of suggestion, from which we can make no specific claims about the clinical context. Critics also overlook Marmor's defence of agreement over the psychodynamic theory outlined in §4. Another commonly cited study is Bandura, Lipsher, and Miller (1960), who note a correlation between the hostility of therapists and their willingness to discuss the hostility of their patients. Winder, Ahmad, Bandura, and Rau (1962) replicated this finding and found a similar effect for therapist approach and avoidance for dependency, which correlates with therapist anxiety regarding various topics and with their training (Murray & Jacobson, 1978, p. 673). But hostility, dependency and anxiety are not variables in the *theoretical orientation* of the analyst (and are precisely the kinds of effects we would expect corroborative findings to eliminate). Similarly, Frank and Frank (1993, p. 179) cite work by Truax that is not precisely relevant. Truax (1966) demonstrates the existence of reinforcement of certain of the patient's verbal behaviours in a case study of Carl Rogers. The positively reinforced behaviours were learning discriminations about self and feelings, expressions of insight, verbal expressions that were similar in style to Roger's way of expressing himself, and the patient's "problem orientation", while ambiguity in expression was negatively reinforced. These results provide little basis for inferring that the data were contaminated by the theoretical commitments of the therapist (beyond perhaps a theory of what is needed for therapeutic improvement). Perhaps some aspects of the psychodynamic model of mind are being presupposed here, e.g. in the attention given to achieving self-knowledge, but the argument needs to be made.

Murray (1956) shows that Rogers positively reinforces verbal behaviours expressing “independence” and negatively reinforces “dependence”, “sexual material”, and “defences”. This is more relevant, as the absence of such material could well bias the data away from some theories and towards others. However, we cannot generalise from these studies of Rogers, even assuming it to be typical of his work, to psychoanalysis. It is noteworthy that trainee psychotherapists become less directive with training (Bohn 1967), and the training for psychoanalysis is acknowledged to be the lengthiest and most rigorous there is.

Finally, Frank also cites a study by Whitman, Kramer & Baldrige (1963), which reports self-censorship by individuals reporting dreams, depending in part upon the nature of the therapeutic relationship, but which provides no evidence at all that the theoretical commitments of the therapist affect which dreams are reported.

⁸ Thanks to an anonymous referee for *Philosophical Psychology* for pressing the point in this manner.

⁹ A less detailed response from Glymour points in the right direction, but is not as persuasive. He argues that clinical data can reasonably be given evidential weight when

the clinical proceedings show no evident sign of indoctrination, leading the patient, and the like; when the results obtained fall into a regular and apparently law-like pattern obtained independently by many clinicians; and when those results are contrary to the expectation and belief of the clinician. (Glymour 1982, p. 30)

But against the first condition, we should note that there are no obvious signs of how and when expectancy effects are generated (Rosnow & Rosenthal, 2009, p. 193). Against the third, while data that go against analysts’ expectations cannot, of course, be a product of suggestion (as expectancy effect), it is possible for clinical data to go against certain of the analyst’s expectations, e.g. at a metapsychological level, while being in perfect accord with them in some other way, e.g. regarding the psychodynamic model of mind. (A similar response can be given to Edelson’s (1984, pp. 136-7) comments on the importance of “surprise”.)

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