

The Dissociation Theory of Pierre Janet

ONNO VAN DER HART AND RUTGER HORST

Accepted April 14, 1989

Although the concept of dissociation had been described earlier, Pierre Janet was the first to show clearly and systematically how it is the most direct psychological defense against overwhelming traumatic experiences. He demonstrated that dissociative phenomena play an important role in widely divergent post-traumatic stress responses which he included under the 19th-century diagnosis of hysteria. His dissociation theory is outlined here as a background for Janet's specific studies of trauma, it is based on nine concepts developed or elaborated by Janet: psychological automatism, consciousness, subconsciousness, narrowed field of consciousness, dissociation, amnesia, suggestibility, fixed idea, and emotion.

KEY WORDS: dissociation; amnesia; hypnosis; consciousness; post-traumatic stress; multiple personality.

INTRODUCTION

According to a recent definition, "dissociation represents a process whereby certain mental functions which are ordinarily integrated with other functions presumably operate in a more compartmentalized or automatic way usually outside the sphere of conscious awareness or memory recall" (Ludwig, 1983, p. 93). A similar description of dissociation was given by Pierre Janet a century ago. He was not the first to introduce this concept, but was its most important student. Janet's dissociation theory is once again receiving deserved attention. Because he focuses on the role of dissociation in traumatically induced disorders, Janet's theory is particularly relevant for research into traumatic stress. Janet commenced his studies of dissociation with observations of patients suffering from hysteria. In the late 19th century, hysteria was considered to be a broad class of mental disorders, which embraced conditions we now include under the dissociative disorders: somatization disorder, conversion disorder, borderline personality disorder, and post-traumatic stress disorder. It was already well known that hysteria often followed stressful life events (cf. Pine], 1808; Briquet, 1859; Charcot, 1887). It was Janet, however, who explored and described the role that dissociation plays in posttraumatic hysteria. Historically Janet's approach to hysteria consisted of studies of observable behaviors followed by etiological studies. A similar line of inquiry is followed in this paper.

A BRIEF HISTORY OF DISSOCIATION IN THE NINETEENTH CENTURY

Janet's Predecessors

According to Carlson (1986), the American physician, Benjamin Rush (1812), was probably the first author to use the concept of dissociation. He used it, however, for patients that Americans of that era called "flighty," "hairbrained," or "a little cracked;" patients who were probably suffering from manic attacks or schizophrenic excitement.

In France the concept of dissociation became linked with hysteria and hypnosis. The psychological phenomena it referred to were well known to the "magnetizers" by the end of the 18th, and the beginning of the 19th century. Following the Marquis de Puységur, they observed patients who talked about themselves in the third person while in

a state of induced or artificial somnambulism-as deep hypnosis was then known. According to Deleuze (1913), it seemed as if they were two different people: one awake and the other in a somnambulistic state. The one in the waking state was usually amnesic for the experiences of the somnambulistic other, while the one in somnambulism had, as a rule, memories of both states. In addition to somnambulism other unusual phenomena would also occur with these patients. For example, when distracted they could write a complete story without any awareness of the process or contents.

The French philosopher Maine de Biran (often cited by Janet) raised important questions about the dissociative phenomena in the patients of Deleuze and other magnetizers: How is a person to imagine a feeling that he does not feel, or a sensation that he does not perceive? What is the matter with the individual who can feel or sense something without having any notion of it? These questions became the point of departure for Janet's dissociation theory.

In France, Moreau de Tours (1845) was probably the first to use the concept of dissociation per se. In his experimental studies of the psychological effects of hashish, he conclude that

the action of hashish weakens the will-the mental power that rules ideas and associates and connects them together. Memory and imagination become dominant; present things become foreign to us, and we are concerned entirely with things of the past and the future. (1973, p. 33)

According to Moreau de Tours, dissociation-or disintegration (désagrégation)-was the splitting off or isolation of ideas. If they had been aggregated, or integrated, they would have formed a normal harmonious whole. Although Moreau de Tours first dealt with chemically induced dissociation, in later works he included psychological factors (Moreau de Tours, 1865, 1869).

With regard to "natural" and induced somnambulism, Gros Jean (1855; cited by Janet, 1889) remarked:

We have seen in the same individual two simultaneous streams of thought: the one which formed the ordinary person, the other which occurred outside of him. We are in the presence of only the second person [in somnambulism]. The other remains asleep, exhausted. Because of this, it is impossible for the ordinary person to remember upon awakening anything of what has taken place during his attack (access). Such is the nature of the perfect somnambulism.

Regarding his experiments with "automatic writing" in hypnotized subjects, Taine (1878) spoke of a splitting (dédoublément) of the ego: the simultaneous existence in one and the same individual of "two thoughts, two wills, two distinct actions, the one of which he is aware, the other of which he is not aware and which he ascribes to invisible beings."

Charles Richet (1884, p. 243, 250) also used the concept of dissociation. He distinguished three divergent streams in what he called the intellectual existence of man: (1) the personality, i.e., the conscious memory of oneself, age, sex, etc.; (2) the perceptions of events outside of us; and (3) the ego (moi), that is, the notion of a being who both observes and acts. Feeling, thinking, and acting are the characteristics of the ego. Richet remarked that in individuals who are in the somnambulistic state, these psychological elements become dissociated.

By 1887, the concept of dissociation is encountered in the work of Frederic Myers, in England, and of Charcot, Gilles de la Tourette and Pierre Janet, in France. Myers (1887) sought to show how far the dissociation of memories, faculties, and sensibilities could go in multiple personalities without resulting in chaos. Charcot remarked that "by reason of the easy dissociation of mental unity, certain centers may be put into play without the other regions of the psychic organ being made aware of it and called upon to take part in the processes" (p. 455). Gilles de la Tourette (1887) used the concept to describe the abolition of certain senses in hysterical patients: they are dissociated from the patients' normal mental state. Janet (1887) used the term in the same sense as Charcot and Gilles de la Tourette did, to described a variety of phenomena which characterized his hysterical subject Lucie and which could also be evoked in her under hypnosis.

Janet's Observations of Dissociation in Lucie

Like many modern researchers in the field, Janet first encountered dissociative phenomena in the form of a remarkable patient, Lucie. Janet's initial psychological experiments with Lucie (1886) demonstrated that she could perform several actions and perceive a number of sensations apparently unconsciously. While in the somnambulistic state, Janet suggested that she would come to see him again in 8 days. Once out of the trance, she neither remembered this nor any other aspect of the hypnosis. She did, however, come to see him on the appointed date.

Janet also instructed Lucie in automatic writing while under hypnosis. He then succeeded in having her do this when not in hypnosis. He would have someone else distract her attention, while he softly suggested to her that she take a pencil and paper and write. While Lucie concentrated on the conversation with the third person, her right hand answered Janet's questions. The resulting text was signed "Adriene." In this way, Janet discovered that it was Adrienne who remembered the posthypnotic suggestions and carried them out. Later, when Lucie appeared at her doctor's in response to a suggestion, Janet, who was also present, established that she was hallucinating that she was at home. Through automatic writing, Adrienne let Janet know that she had come at his instigation and that Lucie knew nothing about it.

Lucie was anesthetic over her entire body. When Janet pinched her arm hard she showed absolutely no reaction. Like the hidden observer phenomenon Hilgard (1973, 1977) experimentally demonstrated almost a century later-Adrienne responded with automatic writing to Janet's questions. Everything that Lucie did not feel, Adrienne did, and wrote down.

Later, Janet (1889) discovered yet another altered state of consciousness, between Lucie and Adrienne, and remarked that Lucie's consciousness seemed to be composed of three parallel streams: "Lucie 1," "Lucie 2," and "Lucie 3" (as he then called Adrienne). When Lucie 1 was hypnotized and entered the first stage of somnambulism, the first stream was interrupted and Lucie 2 appeared. In this state, Lucie 2 not only had memory for the periods in which she was predominant but also for everything Lucie 1 had experienced. In the third stage the stream of Lucie 2 was interrupted and Lucie 3 (i.e., Adrienne) appeared. Lucie 3 was able to remember experiences from all three personality states.

In Janet's view, Lucie 3 represented the total and complete individual consciousness. In the integrated third state she neither exhibited anesthetics nor unconscious actions. She also retained memories of a traumatic event that occurred at the age of 7 and which Janet believed to be responsible for her condition. While she was on holiday, two men hidden behind a curtain terrified her (Janet, 1886). In a later work, Janet wrote that such traumatic events could, in predisposed individuals, evoke dissociative phenomena, such as those manifested by Lucie.

CONCEPTS CENTRAL TO JANET'S DISSOCIATION THEORY

Most of Janet's predecessors and contemporaries believed that when a person such as Lucie did not perceive certain stimuli, they were still perceived unconsciously or mechanically (cf. Despine, 1880). Janet disagreed instead with authors such as Moreau de Tours and Taine who observed a separate awareness of such perceptions (Janet, 1886, 1887, 1889). Janet's conceptual point of departure was that behavioral patterns in animals as well as human beings always have conscious components. These perform a directive, regulatory function for movement and action of the organism. Not all of these proprioceptive functions (as Sherrington (1906) called them), however, are integrated in one indivisible subject, nor are they always registered by one indivisible personality.

In his first paper on this matter, Janet (1886) remarked that it is ridiculous to speak about the unconscious nature of suggestions. "One cannot say that there was in Lucie an absence of consciousness, but rather the existence of two states of consciousness (consciences)." In order to elaborate on this, Janet required the concepts discussed below; concepts which he developed and modified on the basis of his experimental studies and clinical observations. Our exegesis in particular follows the system used in *L'Automatisme psychologique*, Janet's doctoral dissertation and his first major study of dissociation (Janet, 1889).

It should be mentioned that this book occupies a complex position in Janet's

oeuvre. On the one hand it was his first book and the one in which he presented his dissociation theory. It was highly descriptive, covering psychological phenomena exhibited in hysteria, hypnosis, suggestion, possession, spiritism, etc., and described the role of traumatic experiences in hysteria. As such, it formed the basis for an extensive series of clinical studies on hysteria, all of which can be classified under his dissociation theory (e.g., Janet, 1894a, 1898, 1907, 1909a, 1911).

On the other hand, the main goal of this project was to study human behavior in its simplest and most rudimentary form, and to show that this elementary activity forms a psychological automatism: an automatism because it is regular and predetermined, and psychological because it is associated with consciousness. As such this book was Janet's first step in the direction of a more comprehensive psychology, both normal and abnormal, which came to be called the psychology of conduct (*la psychologie de la conduite*) (cf. Janet, 1920/1, 1926a,6, 1927, 1928, 1929, 1932, 1935, 1936). Janet felt that he could best study psychological automatism in individuals who exhibited it to an extreme degree, that is, in patients suffering from hysteria. He came to discover that most of these patients also suffered from unresolved- i.e., dissociated- traumatic memories.

Psychological Automatism

In his introduction to *L'Automatisme psychologique*, Janet made an apology for typifying the behavioral phenomena of his patients as automatisms, and for characterizing them as psychological. His intention was to distinguish automatisms from the mechanical-physical movements of inanimate objects. He felt that dissociated behavior patterns exhibited in catatonic or somnambulistic states or under hypnosis were not regulated by normal personality systems. Nevertheless, even when they were maladaptive, these patterns were still determined by psychological factors and could be readily distinguished from the action of mechanical objects.

Consciousness

There exists in living beings a poorly understood multidimensional regulating system, which Janet tried to describe and analyze in psychological terms. Regulating systems such as these which employ complex feedback mechanisms can never function autonomously. They serve a larger organization, i.e., the whole living organism. They regulate environmentally oriented (exteroceptive) movement. Inner proprioceptive regulating systems are based on these primary exteroceptive systems. In the course of evolution they have increased in number, and become connected and integrated in as yet poorly understood functional units. For Janet consciousness comprised these proprioceptive, inner regulating activities.

Janet's studies of his patient's behavior led him to break with traditional, quasi religious notions of consciousness and mind; notions that were based upon metaphysical attributes such as unity and identity. The consciousness manifested in his patients was not at all characterized by unity or an all-embracing identity. Janet noted his own findings and those of many predecessors which-demonstrated that a single organism can sometimes be steered by two or more systems of consciousness, by subsystems which interfere with each other or take control in capricious succession as exemplified by Lucie/Adrienne.

The Subconscious

Psychological observations have shattered belief in the unity and indivisibility of consciousness. Introspection alone shows us that at any given moment that we are aware of only a selected part of all possible sensory perceptions, thoughts, memory elements, feelings, and expectations. Conscious activities are but the vanguard of interactions between the living organism and its environment. They give ad hoc priority to every aspect of the current situation, and this has the greatest value for maintaining contact with reality. The remote past and the near future have less reality value. By determining systematic activity, however, they nevertheless provide the essential background for more primary, exteroceptive, conscious

activities. To this background also belong expectations, ideals, habits, memories, and acquired and inborn skills.

Janet summarized this whole functional background in his concept of subconsciousness. His predecessors and contemporaries often attributed supernatural or superhuman qualities to the subconscious, but Janet was opposed to these views, regarding them as prescientific. According to Janet, subconsciousness consisted of psychological automatism. He observed the formation of new nuclei of consciousness from hysterical automatisms. These dissociated nuclei of consciousness were independent from the central personality, and developed in response to vehement emotional experiences. The latter were particularly related to traumatic events.

As mere psychological automatisms these nuclei are defective in adaptation. They do not have functions at a reality level, and lack the powers of attention, judgement and volition necessary for adaptive interaction with the surroundings. Some of these nuclei, however, expand or grow through association with new ideas or images. As the central personality is weakened and the tendency to dissociate becomes stronger, these alternative states of consciousness, or somnambulistic states, more often take over control of the body.

In his study of the "elementary forms of human activity," Janet paradoxically found that certain dissociated elementary forms had, in fact, acquired creative and integrative capacities (cf. Binet, 1890). The creative process of association which tends towards functional unity thus seems not to be restricted to the main stream of consciousness.

Narrowing of the Field of Consciousness

With the introduction of the concept "field of consciousness," Janet added another dimension to the conscious/subconscious system. He wanted to show that not only the capacity for integration differs from individual to individual, but also the extent of consciousness varies. The field of consciousness is particularly restricted in hysterical patients. Conscious functions involved in current activities play a central part in the field or consciousness. The subject is less aware of psychological activities which occur at the periphery. Activities outside the field of consciousness become psychological automatisms.

The phrase "field of consciousness" was inspired by the analogous phrase "visual field." In the visual field, the central part also serves focused conscious perception, while the periphery registers vague stimuli. While peripheral stimuli may not be consciously perceptible to an individual, the person nevertheless often responds to them "involuntarily." An example is automatic movement of the head or trunk in the direction of a fleeting peripheral movement.

Narrowing of the field of consciousness does not refer to sensory perceptions alone. On a more abstract level, Janet (1909a) described the narrowing of the field of consciousness as the reduction of the number of psychological phenomena that can be simultaneously united or integrated in one and the same personal consciousness. In Janet's view, narrowing of the field of consciousness is one of the two basic characteristics of hysteria. Dissociation is the other.

Dissociation

A number of different factors can disturb the integrative capacity and lead to the splitting off (*dédoublement*) and isolation of certain psychological regulating systems. These dissociated nuclei of consciousness continue to lead lives of their own, as demonstrated by Lucie/Adrienne. Different nuclei of consciousness alternate in taking over the behavior, or interfere with each other.

These dissociated states of consciousness can be of varying degrees of complexity. The simplest form is a single *idée fixe* (fixed idea), which may be defined as an image, thought, or statement, with accompanying feelings, physical posture, and bodily movements. Traumatic memories are typical examples of such fixed ideas. The most complex of these dissociated states of consciousness are the alter personalities of patients with multiple personality disorder (MPD). In MPD an alter personality may have its own life history, and relatively enduring patterns of perceiving, relating to, and thinking about the environment and self (American Psychiatric Association, 1987). These alter personalities have an individual sense of identity and distinguish themselves from the central personality.

Somnambulistic states occurring spontaneously or during hypnosis can also be considered as dissociated nuclei of states of consciousness. Somnambulistic states can

gradually become more coherent and stable, but they do not always manifest themselves completely. In Lucie, partial somnambulism occurred when she was talking with somebody else, while Adrienne communicated via automatic writing with Janet.

The prevailing view was that the usual personality was regarded as normal, while the somnambulistic state was regarded as an abnormal, subconscious state. Janet did not always agree with this. For example, his patient Marceline was usually very depressed and had multiple serious symptoms in this state, including total body anesthesia. By contrast in her somnambulistic state she was a cheerful and active woman who had complete sensory control (Janet, 1910). Janet concluded that this healthier (but somnambulistic) state corresponded to the natural state of Marceline in her childhood, before she became ill. Hilgard (1977) recently reported the same observation.

Amnesia

Amnesia is the loss of memory for simple sensory perceptions or more complex products of consciousness such as traumatic memories. Certain so called conversion symptoms can be seen as amnesic lacunae. These lacunae concern sensory perceptions or certain patterns of movement. For example, an arm that is not felt falls outside of personal consciousness and is forgotten. It is ignored-behavior that Janet labeled "la belle indifférence d'une hystérique." In the somnambulistic state lost movement and sensation can return, as well as memory for previous somnambulisms. Conversely, while the habitual personality may have lost memories of sensations and movements, dissociated nuclei of consciousness may have these memories at their disposal. The same applies to traumatic memories, for which the individual is often amnesic.

Suggestion and Suggestibility

Patients suffering from the 19th-century diagnosis of hysteria were, as a rule, highly "suggestible." Recent findings of the high hypnotizability of patients with dissociative disorders such as MPD and PTSD confirm this early observation (cf. Bliss, 1986; Spiegel et al., 1988). When Janet explored the meaning of suggestion he found that it had come to mean practically anything. The vaguest definition was that of Bernheim (1886): "I will define suggestion as the action by which an idea is introduced into the brain and accepted by it." For Janet, suggestion was a specific manner of addressing the subconscious. To achieve suggestion effects, personal consciousness first had to be suppressed. This was usually not difficult in hysterical patients since their narrowed field of consciousness allowed them to be easily distracted.

Distraction was not always necessary for suggestive influence with hysterical patients. Given their narrow field of consciousness and their tendency to dissociate, the subconscious part of their personality easily submits itself to another's directions. Sensory perceptions, mental imagery, and emotions have free play. They are no longer subject to critical reasoning, nor to any other activities of personal consciousness. In Fromm's (1965) terms there exists a state of "ego-passivity." Suggestions now operate freely in the subconscious as if nothing exists outside.

Words directly evoke images, and these can seize control of the motor system, and emerge as a psychological automatism without meeting any resistance. Consciousness is reduced to a single isolated datum, a state which Janet termed monoideic somnambulism. The simplest form, in which one idea persists and is not replaced by another, is accompanied by catalepsy. The motor system rigidifies into certain postures or seizure-like states.

Hypnotic suggestions given to the subject in a specific somnambulistic state could only be removed when the subject was brought back to exactly the same state. The suggestion had become part of a system of psychological phenomena which led an autonomous existence outside the other psychological systems. The same applied to traumatic experiences which were subsequently dissociated from personal consciousness, or for events experienced while inebriated or after the use of hashish. Today we understand these phenomena as examples of State Dependent Learning (SDL). Essentially, what individuals learn or experience in one psychophysiological state may not readily be transferable to another state of consciousness, and vice versa. Modern developments in SDL confirm the importance of Janet's observations (cf. Goodwin et al., 1969; Ludwig, 1984; Overton, 1978; Weingartner, 1978).

Because high suggestibility was characteristic of 19th century hysterical patients, some

of Janet's contemporaries, such as Babinski (1901, 1909) saw hysteria as an illness based upon suggestion (if not outright malingering). According to Janet, suggestibility was the result of the narrowing of the field of consciousness and the tendency to dissociate.

Fixed Ideas

Fixed ideas (*idées fixes*) are thoughts or mental images which assume exaggerated proportions, have a high emotional charge and, in hysterical patients, are isolated from the habitual personality (or personal consciousness) (Janet, 1894a, 1895). When they dominate consciousness, they are enacted in real life. Fixed ideas can remain isolated but they may also grow automatically by assimilating new impressions or by linking together with other fixed ideas. Since they are dissociated, the individual is often, at least temporarily, unaware of them. These ideas manifest themselves in dreams, and during dissociative episodes such as hysterical attacks, somnambulistic states, and via automatic writing. Hypnosis (artificial somnambulism) is the medium of choice for discovering and exploring them.

Hysterical patients may be aware of part of a fixed idea, particularly certain statements, images, feelings and body movements. An example is feeling regret but not knowing why. A peculiar example concerned a 28-year-old woman, who repeatedly fell in the street. She had some awareness of throwing herself with force to the ground, and believed that dizziness was the cause. Under hypnosis, it became clear to Janet that her falling was part of a repetitive dream, in which she reenacted a suicide attempt in which she jumped into the river Seine.

In general, the conscious experiences are part of much more extensive fixed ideas-i.e., "dreams" or traumatic memories-which may be related in one person to an insult, to an accident in another, and in a third to the death of a family member. Janet noted that these dreams and memories "infiltrate" personal consciousness and disturb it. Thus, phenomena which today are called "flashbacks" and "intrusive thoughts" were regarded by Janet as dissociative phenomena, and as a part of subconscious fixed ideas.

Janet (1894b) made an important distinction between primary and secondary fixed ideas. A primary fixed idea is the total system or complex of images-visual, auditory, kinesthetic, etc. -of a particular traumatic event together with the corresponding emotions and behaviors. Janet made a particularly deep analysis of these fixed ideas in the case of Justine (cf. van der Har and Friedman, 1989). For Justine, the primary fixed idea related to two cholera corpses she had seen at age 17.

Secondary fixed ideas are additional fixed ideas that have the same characteristics as primary fixed ideas. They are elements or fragments that have either detached themselves from a primary fixed idea, or have become linked to it by association. Thus in Justine's case, her intense fear of cholera led to a refusal to eat fruit or vegetables for fear of contamination, that persisted even after the original fixed idea had been therapeutically resolved. When only the secondary fixed idea is dealt with in treatment, the core of the problem continues to exist.

Trauma and Emotions

Janet has been repeatedly and mistakenly quoted as emphasizing hereditary factors in hysteria (cf. Zilboorg and Henry, 1941). Janet did refer to a congenital tendency to dissociate, and to the role of inebriation, physical illness, and exhaustion in producing hysterical symptoms (Janet, 1889, 1894a, b, 1897). He emphasized most forcefully, however, the role of vehement emotions such as terror in response to traumatic events. He focused

on the subjective aspects of these events rather than on their objective aspects. Janet often observed that certain patients responded with extreme fear or anger to situations which were trivial for most other people.

Janet made a careful distinction between feelings, which he saw as regulators of behavior, and emotions. Emotions such as extreme fear or anger occur when the subject is not capable of carrying out well-adapted actions. Instead energy is discharged into disordered actions of much lower quality (Janet, 1909b). Vehement emotions exert a disintegrative effect on the mind. They impair the ability to synthesize and integrate new information, and in susceptible individuals they cause dissociations. Traumatic memories persist as fixed ideas, which may develop further subconsciously. They manifest themselves at times in dreams, flashbacks, and other dissociative episodes.

Janet gave many examples of emotional responses to trauma leading to hysteria (cf. Crocq and de Verbizier, 1988). A well-known case is that of Marie (Janet, 1889), a 20-

year-old woman who suffered from seizures and spasms that always occurred after the onset of her menstruation. In her usual state, Marie remembered nothing of these attacks, except that she started trembling. In "artificial somnambulism," however, she became aware of the event that lay at the basis of the seizures: her first period, for which she was not prepared and of which she was terribly ashamed. To put a stop to the flow of blood, she jumped into a tub of cold water. Her menstruation stopped and she fell ill. This was the traumatic event that she relived with each new menstruation.

Janet noted that repeated vehement emotions also caused exhaustion, and with it a range of more general complaints such as abulia (lack of will power), inertia, emotionality, and a strong need for guidance and support. In modern terms we would characterize these responses as a post-traumatic decline (cf. Titchener, 1986). In general, the disintegrative effect of vehement emotions is most strongly exerted on the most recently formed and least stable aspects of the personality. The most recently formed, and least wellorganized memories are the first to be dissociated (Janet, 1909b). The personality, Janet observed, seems to fall back to an earlier level, prior to the now eliminated synthesis. Later, in therapy the synthesis may, perhaps, be reestablished. But if these emotions recur repeatedly, they hinder the restorative process, and the subject continues to be "attached" to the trauma and the developmental stage that preceded it (Janet, 1919/25).

DISCUSSION

A recent stimulus for the reappraisal of Janet's dissociation theory is Ernest Hilgard's neo-dissociation theory. Hilgard's model was directly inspired by Janet's dissociation theory (Hilgard, 1973, 1977). According to Hilgard, the most important difference between the two is that Janet regarded dissociative phenomena as only occurring in individuals suffering from hysteria. In Hilgard's view dissociative phenomena are universal experiences and not necessarily pathological in themselves. He also ascribed to Janet the view that dissociation only relates to a complete splitting between conscious and subconscious processes.

Hilgard's views do an injustice to Janet, who certainly distinguished lesser forms of dissociation occurring across a range of conditions and even in normal individuals. It is true, however, that Janet did focus in particular on the drastic dissociations which characterized his hysterical patients, and in many cases, he demonstrated the pathogenic role of trauma. It should be remembered that for Janet hysteria comprised all dissociative and related disorders.

Most modern studies of traumatic stress focus almost exclusively on post-traumatic stress disorder. Janet's work encourages us to seek the traumatic origins of a much wider range of disorders. Some such developments are already under way. Several studies in the field of dissociative disorders, in particular work on multiple personality disorder, indicate the traumatic origins in childhood of dissociative symptoms (cf. Gliss, 1986; Putnam et al., 1986; Ross and Norton, 1987; Shultz et al., 1985). Similar data have recently been reported with regard to borderline personality disorder (Herman et al., 1989).

Janet's dissociation theory should inspire us to develop a common theoretical approach to widely varying post-traumatic stress responses, thereby fostering a sense of unity in an otherwise highly fragmented field. One aspect of Janet's approach that may prove useful is his emphasis on the (sub)conscious nature of dissociative phenomena such as traumatic memories. Bearing this in mind may help therapists from becoming stuck in a symptom oriented or psychodynamic approach when dissociated fixed ideas need to be addressed.

Premature acceptance of Freud's idiosyncratic position vis-à-vis dissociation and consciousness probably delayed an appreciation of the alternative Janetian view. In their first paper on hysteria, Breuer and Freud (1893) clearly followed Janet's dissociation theory. They considered dissociated states of consciousness to be conscious.

We have become convinced that the splitting of consciousness which is so striking in the well known classical cases under the form of double conscience is present in a rudimentary degree in every hysteria, and that a tendency to such a dissociation, and with it the emergence of abnormal states of consciousness... is the basic phenomenon of neurosis. These hypnoid [or somnambulistic] states share with one another and with hypnosis one common feature: the ideas which emerge in them are very intense but are

cut off from the associative communication with the rest of the content of consciousness. (SE 2: 12)

Two years later, however, Freud and Breuer introduced the concept of the unconscious, and Freud began to ignore dissociative phenomena and multiple nuclei of consciousness. When confronted with these questions he was anxious to sidestep the issue as soon as possible. Zemach (1986) quoted Freud thus;

Depersonalization leads us to the extraordinary condition of double consciousness, which is more correctly described as split personality. But all of this is so obscure and had been so little mastered scientifically that I must refrain from talking about it any more to you. (SE 22: 245).

Zemach found Freud's arguments for the existence of purely unconscious processes logically untenable, and Freud's reasons for rejecting the dissociation theory as invalid. Reconsideration of Janet's dissociation theory, and Breuer and Freud's early work consistent with it, will enhance our understanding of widely divergent post-traumatic stress states and increase our effectiveness in treating these states.

ACKNOWLEDGMENTS

Based upon a plenary presentation at the Third International Conference on Multiple Personality/Dissociative States, Chicago, Illinois, September 18-21, 1986, and written while the first author was affiliated with the Department of Psychiatry, Free University Hospital, Amsterdam, Netherlands. The authors are grateful to Drs. Paul Brown and Frank Putnam for their helpful comments on an earlier draft.

REFERENCES

- American Psychiatric Association (1987). *Diagnostic and Statistical Manual of Mental Disorders* (third edition revised), American Psychiatric Press, Washington, D.C.
- Babinski, J. (1901). Definition de l'hystérie. *Rev. Neurol.* 9: 1074-1080.
- Babinski, J. (1909). Démembrement de l'hystérie traditionnelle. Phitiathisme. *Semaine Mid.* 59: 3-8.
- Bernheim, H. (1886). *De la suggestion et des applications à la thirapeutique*, Doin, Paris. Binet, A. (1980). Book Review of Janet, P., *LA utomatisme Psychologique*. *Rev. Philos.* 29(1): 198-200.
- Bliss, E. L. (1986). *Multiple Personality, Allied Disorders and Hypnosis*. Cambridge University Press, Cambridge, Mass.
- Breuer, J., and Freud, S. (1893). Über den psychischen mechanismus hysterischer Phänomene [On the psychical mechanism of hysterical phenomena]. *Neurologischer Centralblatt* 12: 4-10, 43-47. [Also in Breuer, J. and Freud, S. (1895)].
- Breuer, J., and Freud, S. (1955). *Studies on Hysteria. The Standard Edition of the Complete Psychological Works of Sigmund Freud*, The Hogarth Press, London: (Original Publication, 1895).
- Briquet, P. (1859). *Traite clinique et thirapeutique de l hysterie*, J.-B. Bailliere et Fils, Paris.
- Carlson, E. T. (1986). The history of dissociation until 1880. In Quen, J. M. (ed.), *Split Minds/Split Brains*, New York University Press, New York.
- Charcot, J.-M. (1887). *Lecons sur les maladies du système nerveux faites à la Salpêtrière*, Progres Medical, Delahaye and Lecrosnie, Paris.
- Crocq, L., and de Verbizier, J. (1988). Le traumatisme psychologique dans l'oeuvre de Pierre Janet. *Bulletin de Psychologie*, Tome XL1, No. 385, 483-485.
- De la Tourette, G. (1887). *L Hypnotisme et les états analogues au point de vue medico-liga!*, Librairie Plon, Paris.
- Deleuze, J. P. F. (1813). *Histoire critique du magnetisme animal (2 volumes)*, Mame, Paris. Despine, P. (1880). *Le somnambulisme*, F. Savy, Paris.
- Fromm, E. (1965). Hypnoanalysis: Theory and two case excerpts. *Psychotherapy: Theory Res. Pract.* 2: 127-133.
- Goodwin, D. W., Powell, P., Bremer, D., Hoine, H., and Stern, J. (1969). Alcohol and recall: State-dependent effects in man. *Science* 163, 1358-1360.
- Gros Jean (1855). Lettre de Gross Jean à son évêque. (Cited by Janet, 1889).
- Herman, J., Perry, J. C., and van der Kolk, B. A. (1989). Childhood trauma and borderline personality disorder. *Ame. J. Psychiat.* 146: 490-495.
- Hilgard, E. R. (1973). A neodissociation theory of pain reduction in hypnosis. *Psychological Rev.* 80: 396-411.
- Hilgard, E. R. (1977). *Divided consciousness: Multiple Controls in Human Thought and Action*, Wiley, New York.

- Janet, P. (1886). Les actes inconscients et le dédoublement de la personnalité. *Rev. Philos.*, 22(2): 212-223.
- Janet, P. (1887). L'Anesthésie systematisée el la dissociation des phénomènes psychologiques. *Rev. Philos.*, 23(1): 449-472.
- Janet, P. (1889). *LA utomatisme psychologique*, Felix Alcan, Paris (Reprint: Société Pierre Janet, Paris, 1973).
- Janet, P. (1894a). *L'Etat mental des hysteriques: Les accidents mentaux*, Rueff and Cie, Paris. Janet, P. (1894b). *Histoire d'une ideefixe*. *Rev. Philos.*, 37(1): 121-168. [Also in Janet (1898).] Janet, P. (1895). Les idées fixes de forme hystérique. *Presse Medicale*, 3: 201-203. [Also in Janet (1898).]
- Janet, P. (1897). L'Influence somnambulique et le besoin de direction. *Rev. Philos.*, 43(1): 113-143. [Also in Janet (1898).]
- Janet, P. (1898). *Névroses et idées fixes, Vol. 1*. Felix Alcan, Paris.
- Janet, P. (1907). *The Major Symptoms of Hysteria*, Macmillan, London/New York. Second edition with new matter: 1920. Reprint of 1920-edition: Hafner, New York, 1965. Janet, P. (1909a). *Les névroses*, Flammarion, Paris.
- Janet, P. (1909b). Problemes psychologiques de ('emotion. *Rev. Neurol.*, 17(2): 1551-1672. Janet, P. (1910). Une Félicité artificielle. *Rev. Philos.*, 69(1): 329-357. [Also in Janet (1911).] Janet, P. (1911). *L'État mental des hystériques* (second edition), Félix Alcan, Paris. Reprint: Lafitte Reprints, Marseille, 1983.
- Janet, P. (1919). *Les meditations psychologiques* (3 volumes). Felix Alcan, Paris. Reprint: Soci6t6 Pierre Janet, Paris, 1984. English edition: *Psychological healing* (2 volumes), Macmillan, New York, Reprint: Arno Press, New York, 1976.
- Janet, P. (1920/1). La tension psychologique, ses degrés, ses oscillations. *Brit. Psycho. (Medical Section)*, 1(1-15): 144-164, 209-224.
- Janet, P. (1926a). *De l'angoisse a l'extase, Vol. 1: Un delire religieux, la croyance*, Felix Alcan, Paris.
- Janet, P. (1926b). *Psychologie experimental: Les stades de l' evolution psychologique*, Chahine, Paris.
- Janet, P. (1927). *La pensee intérieure et ses troubles*, Chahine, Paris.
- Janet, P. (1928). *De l'angoisse à l'extase, Vol. 2: Les sentiments fondamentaux*, Félix Alcan, Paris.
- Janet, P. (1929). *L'Évolution psychologique de la personnalité*, Chahine, Paris. Reprint: Soci6t6 Pierre Janet, Paris, 1984.
- Janet, P. (1932). *La force et la faiblesse psychologiques*, Maloine, Paris. Janet, P. (1935). *Les débuts de l'intelligence*, Flammarion, Paris.
- Janet, P. (1936). *L'Intelligence avant le langage*, Flammarion, Paris.
- Ludwig, A.M. (1983). The psychobiological functions of dissociation. *Am. J. Clin. Hypn.* 26: 93-99.
- Ludwig, A.M. (1984). Intoxication and sobriety: Implications for the understanding of multiple personality. *Psychiatric Clin. of North Am.* 7: 161-169.
- Moreau de Tours, J.J. (1845). *Du hachisch et de l'aliénation mentale: Études psychologiques*. Fortin, Masson and Cie, Paris, English edition: *Hashish and mental illness*. Raven Press, New York, 1973.
- Moreau de Tours J. J. (1865). *De la folie hystérique et de quelques phénomènes nerveux propres à l'hysterie (convulsive), a l'hysterie-epilepsie et à l'epilepsie*, Victor Masson et Fils, Paris.
- Moreau de Tours, J. J. (1869). *Traite pratique de la folie névropathique (vulgo hysterique)*, Germer Bailliere, Paris.
- Myers, F.W.H. (1887). Multiplex personality. *Proceeding Society of Psychical Research*, 496-514.
- Overton, D. A. (1978). Major theories of state dependent learning. In Ho. B. T. *et al. (eds.)*, *Drug Discrimination and State Dependent Learning*, Academic Press, New York. Pinel, P. (1808). *Traite medico -philosophique sur l'alienation mental ou la manie* (second edition), Doin, Paris.
- Putnam, F. W., J. J., Guroff, E. K., Silberman, L., Barban and Post, R. M. (1986). The clinical phenomenology of multiple personality disorder. *J. Clin. Psychiat.* 47: 285-293. Richet, C. (1884). *L'Homme et l'intelligence*, Felix Alcan, Paris.
- Ross, C. A. and Norton, G. R. (1987). Multiple personality disorder: An analysis of 236 cases; Paper presented at the Fourth International Conference on Multiple Personality/ Dissociative States, Chicago, Ill.
- Rush, B. (1812). *Medical Inquiries upon the diseases of the Mind*, Kimber and Richardson, Philadelphia.
- Sherrington, C. S. (1906). *The Integrative Action of the Nervous System*, Yale University Press, New York.
- Shultz, R., Braun, B. G., and Kluft, R. P. (1985). Creativity and the imaginary companion phenomenon: Prevalence and phenomenology in MPD, Paper presented at the Second International Conference on Multiple Personality/Dissociative States, Chicago, Ill., October.
- Spiegel, D., Hunt, T., and Dondershine, H. E. (1988). Dissociation and hypnotizability in post-traumatic stress disorder. *Am. J. Psychiat.* 145: 301-305.

- Taine, H. (1878). *De l'intelligence* (third edition), Librairie Hachette and Cie, Paris. Titchener, J. L. (1986). Post-traumatic decline: A consequence of unresolved destructive drives. In Figley, C. (ed.), *Trauma and Its Wake, II*, Brunner/Mazel, New York.
- van der Hart, O., and Friedman, B. (1989). A reader's guide to Pierre Janet on dissociation: A neglect intellectual heritage. *Dissociation*, 2(1): in press.
- Weingartner, H. (1978). Human state dependent learning. In: Ho, B. T. *et al.*, (eds.), *Drug Discrimination and State Dependent Learning*, Academic Press, New York. Zemach, E. (1986). Unconscious mind or conscious minds? *Midwestern Studies Philos. X*: 121-149.
- Zilboorg, G., and Henri, G. W. (1941). *A History of Medical Psychology*, Norton, New York.