

## IAN HACKING ON PIERRE JANET: OBSERVATIONS

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Having received positive reviews in major newspapers, Ian Hacking's interesting book, *Rewriting the Soul: Multiple Personality and the Sciences of Memory* (1995), looks to be an influential publication on the subject of dissociative identity disorder (formerly multiple personality disorder). It is unfortunate, therefore, that this book contains a number of errors regarding Pierre Janet's works in general, and in particular, concerning his contributions to the origin of dissociation theory.

Hacking suggests that too big a role has been attributed to Janet in the history of dissociation. He claims that this distortion of Janet's prominence is the result of Ellenberger's book, *The Discovery of the Unconscious* (1970), which devotes a large and sympathetic chapter to Janet and which, according to Hacking, includes "virtually nothing" about Janet's later works. Hacking concludes:

Hence the legend has accumulated around Janet that he was the great founder of the theory of dissociation. (...) Ellenberger unwittingly made it possible for Janet to become the patriarch of dissociation. (pp. 44-45)

Hacking's book makes several claims regarding Janet's work. Hacking credits Janet as the inventor of the word "dissociation" (in its present psychiatric sense), although he claims that Janet dropped the use of this word after the publication of his philosophical thesis of 1889, *L'automatisme psychologique* [Psychological automatism].

Hacking suggests that Janet eventually ceased taking the diagnosis of multiple personality disorder seriously, as he came to consider it simply as "a special case of what is today called a bipolar illness. That is, he [Janet] came to think that multiples are manic-depressives" (p. 44). As proof of Janet's apparently diminished enthusiasm, Hacking points to Janet's book, *Les Névroses* (Janet, 1909), asserting that this work was "rather dismissive of doubling" (p. 133), and to the fact that in Janet's later book, *Psychological Healing* (Janet, 1919/1925), only one page out of 1,147 is dedicated to multiple personality or double personality.

Hacking pays special attention to descriptions of Janet's use of the so-called "substitution technique" in the treatment of traumatic memories. He refers to Janet's early example of a patient named Marie (1889), who

at the age of six had been made to sleep beside a girl suffering terribly from impetigo on one side of her face. His patient would break out in hysterical marks, and would experience loss of sensibility, even blindness, on that side of her face. So Janet used hypnosis to suggest to his patient that she was caressing the soft beautiful face of the girl she had lain beside at age six. All symptoms, including the partial blindness,

disappeared. (p. 195)

Hacking seems to suggest that this substitution technique was Janet's only method of, or contribution to, the treatment of traumatic memories. Hacking also claims that Janet viewed the application of this substitution technique as quite a simple accomplishment where all memories "were removed, with a few words of hypnotic suggestion" (Hacking, 1995, p. 252).

Although these descriptions of Janet's work from Hacking's book seem to offer interesting speculations, a review of Janet's original writings provide materials that contradict these specific claims. To set the record straight, corrections of these inaccuracies are important, since many contemporary publications on dissociation, dissociative disorders, and psychological trauma draw upon Janet's pioneering studies. Using the opportunity of commenting on Hacking's representation of Janet, a few remarks will be made on several current issues to which Hacking referred in his book.

## **CORRECTIONS OF HACKING'S MISREPRESENTATIONS OF JANET**

### **1. Janet Did Not Invent The Word "Dissociation"**

Janet did not invent the word "dissociation" in its present psychiatric sense. The first French author to use the term, with its more or less current meaning, was Moreau de Tours (1845). In the 1880s the concept of dissociation was similarly used by Richet (1884), Charcot (1887), Gilles de la Tourette (1887), and Myers (1887) (cf. Crabtree, 1993; Van der Hart & Horst, 1989). It was Janet, however, who studied dissociative phenomena most systematically and who developed a theory of dissociation that serves as the basis of modern thinking on trauma and dissociation.

### **2. Janet Did Not Discontinue Using the Concept "Dissociation" After the Publication of His 1889 Dissertation**

Janet continued to use the term "dissociation" after his philosophical dissertation, *L'Automatisme Psychologique* (Janet, 1889). In fact, dissociation remained one of the key concepts in Janet's study of the various manifestations of hysteria, which he continued to address well into the 1900s (for an overview see Van der Hart and Friedman [1989]). In 1907 Janet defined "hysteria" as:

a form of mental depression characterized by the retraction of the field of personal consciousness and a tendency to the dissociation and emancipation of the systems of ideas and functions that constitute personality. (p. 332)

In his book *Les Névroses* (Janet, 1909a, p. 345) (to which Hacking also referred), Janet used a similar definition, and he added that these systems of ideas and functions constitute the personality by their synthesis, i.e., by their integration. In one of the papers Janet cherished most, "L'Amnésie et la dissociation des souvenirs par l'émotion" (Janet, 1904), one to which he returned repeatedly in his later work (e.g., Janet, 1919/1925, 1928, 1929, 1932, 1935), Janet presented his prototype for the analysis and treatment of dissociated traumatic memories. In this paper Janet described his patient Irène, a young woman who developed amnesia for the

traumatic death of her mother and the events of the months preceding her demise. Irène suffered from crises in which she dramatically relived the tragic night of her mother's death: dissociative episodes for which she was subsequently amnesic. Janet, who helped Irène "realize" her mother's death and integrate the memories related to it, remarked that:

since the moment in which Irène was able to think voluntarily about her mother, she stopped thinking about her involuntarily... The hysterical crises stopped completely (Janet, 1904/1911, p. 527). Irène was cured because... she was to complete the assimilation of the event. (Janet, 1919/1925, p. 681)

It is true that in Janet's later work on the subject, (e.g., the case of Irène), the word "dissociation" is used less frequently. However, it is evident that Janet's clinical approach is still deeply rooted in his dissociation theory, even though it is enriched by his later theoretical developments. These developments pertain, among other things, to "oscillations of the mental level," which he described in terms of psychological force and psychological tension. Psychological force refers to the total amount of psychological energy available, while psychological tension reflected the level of organization of this energy and the capacity for reflective, creative, and competent action (cf., Van der Hart & Friedman, 1989).

### **3. Janet Was Not Dismissive of the Concept of Multiple or Double Personality**

My reading of Janet's later publications, in which he discussed multiple or double personality, suggests that he was far from dismissive of this concept. However, as with many other issues, a superficial reading of Janet's work can be misleading. Janet made a strict distinction between clinical and experimental observations, which he valued tremendously, and theories or opinions about these observations, which he treated with much less respect. Thus Freud, who tended to value theory over observation, used Janet's remark that the "subconscious" (a concept Janet originated) was "une façon de parler" (a way of speaking) as an argument to attack his position, while Hacking used Janet's remark that double personality was a special kind of bipolar disorder to support his own position.

Hacking is correct that Janet came to regard double personality, as he called it, as a special kind of bipolar disorder. However, Janet did not equate the two disorders. Rather he saw the former as the hysterical (i.e., dissociative) counterpart of the latter (Janet, 1909a, 1929). It was his study of his patient Marceline (whom he called "an artificial Félicité") that was the foundation for certain notions on double (rather than multiple) personalities (Janet, 1909b). Like Félicité X, Marceline exhibited two mental states: an incomplete one which was characterized by memory gaps, in which she was sad, and an alert one in which there was an integration of the senses and of memory. That is, Marceline exhibited a depressed state and an active state (which Janet evoked using hypnosis, hence his notion of Marceline as "an artificial Félicité"). Janet concluded that these mental states "isolate themselves from each other because of phenomena of amnesia, and apparently form two existences, two separate personalities" (Janet, 1909a, p. 270). He argued that the above-mentioned variations of Marceline's mental level corresponded with state-dependent memory in her two personalities. It should be noted that Janet (1889) was also interested in chemical aspects of state-dependent memory.

However, not only in his early works (Janet, 1887, 1889, 1898), but also in later publications, Janet

(1907,1909a, 1928, 1929) showed continuous interest in the phenomenon of multiple personality. His early observations concerned several DID patients such as Lucie and Léonie (Janet, 1887,1889) with at least three alter personalities. In his works he also repeatedly paid attention to a number of DID patients, including Estelle (the DID patient discussed by Despine in 1840 and, in 1889, referred to by Janet) and Louis Vivet (the DID patient seen by so many of Janet's contemporary colleagues). In 1907 Janet summarized the differences between Vivet's alter personalities in terms of modifications of memory, character, sensibility and emotion. In a chapter indeed called, "The double personalities," in his book on the evolution of the personality (Janet, 1929), Janet reconsidered these modifications, paying attention in particular to the modifications of memory in DID. He distinguished again the two basic types of amnesia: two way ("somnambulismes réciproques"), which he considered very rare, and one-way ("somnambulismes dominateurs"), which was more common. However, "between these two extreme forms, one can place innumerable observations which have in common that they are much more complicated than the former" (Janet, 1929, p 496), (i.e., the multiple personalities).

Incidentally, in this same 1929 chapter Janet also made a critical comment about a work on DID, reflecting a concern of present day specialists in the field of diagnosis and treatment of patients with DID, "He has a too admiring tone, one could almost say that he has a bit [un peu] mystical tone. This is the manner of people who have personal beliefs, beliefs to which they attach all their interest and which they want to impose on us a bit. One would believe that this author was not occupied with curing his patient, but rather to transforming her more and more" (1929, p. 498).

#### **4. Janet Did Not Solely Rely on His Substitution Technique in the Treatment of Traumatic Memories**

In his major opus, Psychological Healing (Janet, 1919/1925), far from solely discussing his substitution technique, Janet summarized the principles of his various approaches to the treatment of traumatic memories. Using his treatment of Irène as a prototype, his main approach to traumatic memories described facilitating the assimilation and integration of these memories. In later works he emphasized the role of "realization" in this process (Janet, 1935). Janet regarded realization as a way of unifying all aspects of our lives, including traumatic experiences, and to connect the future and the past with the present. These concepts of realization and integration form the basis for modern treatment approaches with traumatic memories.

Janet (1919/1925) resorted to his substitution method in those cases in which the patient was overwhelmed by a continuous reactivation of traumatic memories and appeared unable to assimilate or integrate these memories. In evaluating this method he noted twenty-six cases in which it had produced positive results. He remarked, however, that "the method has grave drawbacks. It is unlikely to succeed except in very suggestible hystericals, it is tedious, as a rule, and its application is difficult" (Janet, 1919/1925, p. 678). This conclusion is in contradiction to Hacking's description of Janet's position as a belief that memories could be removed with "a few words of hypnotic suggestion."

#### **5. It is Incorrect That Ellenberger Said "Virtually Nothing" About Janet's Later Work**

It is unclear exactly what Hacking meant by "Janet's later work." If we take at face value Hacking's remark that Janet dropped the word "dissociation" after the publication of *L'Automatisme Psychologique*, my best guess is that this reference is to writings after 1889. Or perhaps Hacking meant works after Janet's main case

studies of hysteria (i.e., *Névroses et Idées Fixes*, which was published in 1898), when he began also to study another class of neuroses (which he called psychasthenia). In either case, a mere glance at the contents of Ellenberger's chapter on "Pierre Janet and Psychological Analysis" demonstrates that Hacking's claim is incorrect. Ellenberger's chapter (1970, pp. 356-406) contains the following sections: 1) philosophy, 2) psychological automatism, 3) psychological analysis, 4) the exploration of neuroses, 5) the dynamic theory, 6) the great synthesis, and 7) psychology of religion. The second section (six and a half pages) pertains to Janet's 1889 dissertation. However, if that is the cut-off point to which Hacking refers (for later works), we can note that Ellenberger dedicated another forty pages to Janet's later work. If Hacking makes the arbitrary cut-off point around the publication of *Névroses et Idées Fixes* in 1898, Ellenberger still includes twenty-eight pages of discussion for Janet's remaining work.

### **ADDITIONAL COMMENTS**

Over and above these corrections of Hacking's statements on Janet (and Ellenberger), three other issues deserve further comment. First, at the end of his book, Hacking (p 267) spoke out for "tentative and cautious sceptics." "In their hearts," he stated, "they suspect that the outcome of multiple therapy is a type of false consciousness" (p. 267). Apart from that curious expression, "multiple therapy," the current clinical literature (e.g., Kluft, 1993), as well as my own clinical experience, demonstrates that the opposite is true for those patients who complete therapy and reach unification of their personality. Their path is, indeed, to use Hacking's very own words, "the growth and maturing of a person who knows herself" (p. 267). Having a therapist who is willing and able to be a true witness of both their past and present suffering, they become able to be true witnesses of themselves (cf., Laub, 1995). Having nothing to hide anymore from themselves, they are finally able to be themselves and live their own life in freedom.

It is true that the goals of realization and integration of traumatic memories, and fusion of all dissociative identities, is not feasible for all DID patients. Some of them appear not to have the necessary resources to face their traumatic memories, and need to develop, at least for the time being, ways of containing these memories, and ways of coping better with their alter personalities. Within the framework of acknowledgement of their past and present suffering, they are helped to live as much as possible in the present, thanks to a more or less "covered" past--a life which is "lived at the surface of consciousness" (Appelfeld, 1993, p. 18). Given the acknowledgement of the patient's traumatization, and appreciating divided consciousness as a way of coping with it, I would not so much regard this kind of supportive therapy as a way of inducing "a type of false consciousness" (Hacking, 1995, p 267). This description better characterizes treatments aimed at the rejection of dissociative identities and the invalidation of their posttraumatic symptomatology (cf., McHugh, 1995). Clinicians involved in this kind of endeavor function as "false witnesses" (cf., Caruth, 1995).

Secondly, Hacking (p. 8) states that the majority of present day psychiatrists do not accept the diagnosis of MPD/DID. In a recently published study of Canadian psychiatrists' attitudes to DID, Mai (1995) found that its existence was doubted by some 27.8% out of a sample of 180 psychiatrists, which in Mai's own words represented a "substantial minority" only. In other words, at least a large majority of Canadian psychiatrists accepts the diagnosis.

Finally, and perhaps most fundamentally with regard to Hacking's emphasis on the idea that in different

historical episodes DID patients are different because their doctors view them differently, I would like to quote a statement made by Janet in a discussion between psychiatrists and neurologists on another dissociative phenomenon, hemianesthesia, which was considered very rare at the time (Janet, Hallion, Claude, & Dupré, 1909). Janet's words may be equally important with regard to current studies of the literature on double and multiple personalities:

If instead of observing the patients, we read the various published medical observations, we see a big difference between the number of notable cases of hemianesthesia, especially when we consider the French medical literature. On this point I am in complete agreement with these gentlemen. In the past every physician who respected himself always noted the sensitivo-sensory hemianesthesia in each hysteria he examined. Today one only rarely ventures into publishing observations of this kind. But what does this prove? It simply proves that the medical spirit has changed, that the teaching of influential masters isn't the same anymore and that fashion has changed, that's all. In the past one was congratulated when one had described hemianesthesia and one had seen it very sincerely everywhere; in recent years, one needs a certain courage to observe hemianesthesia, and one doesn't see it anymore. It has been the same for a lot of other illnesses, in all eras in which there have been medical disputes, because one changes much easier medical theses than one changes patients. (Janet et al., 1909, p. 1618)

## **CONCLUSION**

In his version of the history of double and multiple personalities, Hacking (1995) has attempted to create a myth which dismisses Janet's prominent role in analyzing the dissociative nature of hysteria, that is an "illness of the personality" (Janet, 1909a) which includes dissociative identity disorder. It is true that Janet dealt with this subject in only some of the 20,000 printed pages of his work, but his interest in it was more deep and pervasive than Hacking has indicated.

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### **POSTSCRIPT 2005**

In a subsequent book, *Mad travelers: Reflections on the reality of transient mental illness* (Hacking, 1998), Hacking repeated his view that Janet took distance from the dissociation concept, while implicitly acknowledging another view:

Henri Claude (1869-1946) had just given a talk on the relations between hysteria and schizophrenia. Pierre Janet (1859-1947) was in the audience and said: "I thank M. Claude for the interesting way in which he has called to mind our old studies of psychological dissociation in hysteria. While I was listening to him I wondered whether this was still 1937, or if M. Claude had succeeded, by a trick of magic, in taking us back to 1892." It is

ironic that Pierre Janet has been adopted as the godfather of the field of multiple personality and, more generally, of dissociation. He himself came to the conclusion that multiple personality was folie circulaire. And here, in 1937, we find him suggesting that dissociation was a fine conjectural idea for 1892 but not for the modern world. (p. 76)

Is Hacking right, after all? I reiterate that the circumstantial evidence that I am familiar with is very much at odds with the view that he expressed in this quote. Moreover, I shall demonstrate that Hacking's reliance on a secondary source instead of on a direct study of what Janet actually said in 1937, underlies his erroneous belief that Janet "dumped" the concept of dissociation. The available evidence points to the contrary.

### **Janet Remained True to His Original Studies of Dissociation**

In the quote above, Hacking again suggests that Janet, in his later years, was dismissive of the concept of dissociation and all that it stood for in his early works. In a note on the statement that Janet made at that meeting in 1937, he remarked (p. 212): "My message is: Janet had long ago dumped dissociation as a valuable concept and thought of it as bearing a date stamp of 1892. But see Van der Hart (1996)." Indeed, see my text above. In my opinion, Hacking perpetuates gross inaccuracies in his attempt to mind-read Janet. Janet was very aware of fashions in psychiatry, including the waxing and waning of interest in hysteria and dissociation which he, in my understanding, deplored. Janet exemplifies this in the final quotation cited in my 1996 paper presented above. My personal guess is that Janet also found it painful that his early, pioneering findings on hysteria, dissociation, and trauma, had been so little recognized and acknowledged in the field. Support for this view is found in his review of his life's work (Janet, 1930a), where he commented that after the death of Charcot,

hysterical patients [the condition which DID was subsumed under] seemed to disappear because they were now designated by other names. It was said that their tendency towards dissimulation and suggestibility made an examination dangerous and interpretations doubtful. I believe these criticisms to be grossly exaggerated and based on prejudice and misapprehension, and I am still under the illusion that my early works were not in vain and that they have left some definite ideas. (p. 127).

Janet's resort to irony in commenting on an event such as Claude's report on hysteria and schizophrenia, in which his original contributions were ignored, may well have been his way of dealing with such a personally painful situation.

The bottom line is that Janet remained true to his original insights in this clinical area, as is testified in a book published a year before his death (Janet, 1946). In the chapter on pathological psychology [psychologie pathologique], he presented an extensive discourse on double and multiple personalities. His concluding statements, on the "desaggregation of the mind," leave no space for misunderstanding the value he attached to the phenomenon of dissociation in psychopathology (Janet, 1946, p. 160):

These divisions of the personality offer us a good example of dissociations which can be formed in the

mind when the laboriously constructed syntheses are destroyed. The unity, the identity, personal initiative are not primitive characteristics of psychological life. They are incomplete results acquired with difficulty after long work, and they remain very fragile. All constructions built by the work of thought belong to the same genre: Scientific ideas, beliefs, memories, languages can be dissociated in the same way, and the end of illnesses of the mind is the dissociation of tendencies as one observes in the most profound insanities. (1)

### **Hacking Misrepresented Janet's 1937 View**

My objection against Hacking's view that, in 1937, Janet was dismissive of the concept of dissociation so far is based on circumstantial evidence. Thus the question remains what Janet really said and meant in his comments on Claude's (1937) presentation on the relationship between hysteria and schizophrenia. Hacking relied in his conclusion on a passage in Libbrecht (1995) and apparently he had not read the original text. Had he done so, he would have seen that Janet's position was actually the opposite from what he inferred from that one sentence taken out of context. Claude stated that, although both are distinct mental disorders, hysteria and schizophrenia share some similarities, notably the phenomenon of dissociation (p. 242). As one of the discussants, Janet started his comments as follows:

I thank M. Claude for the interesting way in which he has called to mind our old studies of psychological dissociation in hysteria. While I was listening to him I wondered whether this was still 1937, or if M. Claude had succeeded, by a trick of magic, in taking us back to 1892, when I defended my thesis of medicine on this definition of hysteria by psychological dissociation. Already at that time I proposed, in order to summarize the major symptoms of hysteria, the general idea of a dissociation of psychological functions which depends on what I called a psychological misery, a psychological asthenia. (2)

It seems to me that, indeed, Janet was far from dismissive of the idea of dissociation. On the contrary, he drew attention to the fact that he was the first to systematically study the essential role of dissociation in hysteria, i.e., the dissociative disorders in a generic sense of the word. He must have felt extremely frustrated that, with regard to these disorders, psychiatry in 1937 had reached the same stage that he was at 45 years before. Janet, however, went on and expressed his appreciation for Claude's attempt to widen the scope of dissociation in psychopathology (p. 246):

One should recognize, as M. Claude has shown, that today the notion of psychological dissociation appears in a new form and presents interesting developments. It is not anymore presented exclusively with regard to hysteria alone, it appears as a characteristic common to many other mental disorders. The form that psychological dissociation presents in hysteria needs to be compared with and distinguished from schizophrenia and many other forms of psychological asthenia. (3)

Janet reiterated his old view that many mental disorders are characterized by this psychasthenia, i.e., a

lowering of the mental level as manifested in the disappearance of higher-level actions, often accompanied by a narrowing of the field of consciousness and the development of inferior phenomena including agitations (i.e., manifestations of affect dysregulation). In hysteria, this general condition of psychasthenia, with its narrowing of the field of consciousness, manifest in the development of dissociated fixed ideas and various “paralyses of psychological functions” (p. 247). Janet concluded his comments as follows:

M. Claude thus specifies these old studies on psychological dissociation by showing us that hysteria approaches schizophrenia. This is very interesting because it emphasizes the fundamental asthenia which is found in all these psychoneuroses and which offers interesting discussions on their distinctive characteristics. Thus the old notion of psychological dissociation reappears with more precision, and I hope that those who study it today are more successful than we in rendering this too general a notion more precise and more useful. Progress takes place in the form of a spiral which, at each turn, goes through the same points, but each time with a new improvement. (4)

Janet thus spoke with high praise about Claude’s attempt to present dissociation as a joint characteristic of both hysteria and schizophrenia. He also hinted that more study, leading to a more precise understanding of dissociation, is needed. With regard to this evolution, his own application of such a spiral-wise development was manifested as follows. In his “old studies,” he presented careful phenomenological observations and precise classifications of dissociative and related symptoms, together with a minimum of theoretical explanation, notably in terms of the psychological misery or psychasthenia that he mentioned in his comments on Claude’s presentation. In subsequent years, he dedicated many of his studies to a further understanding of this psychasthenia as compared to normal functioning. These studies included an analysis of common characteristics of various mental disorders. Thus, Janet’s emphasis on scientific progress in the form of a spiral, I feel, was also a testimony to his own developments.

Janet expressed, in the last quote above, his optimism that further scientific developments would take place in the study of dissociation. I infer that Janet would have been extremely interested in, and gratified about present-day studies in this area. He would probably have spoken with the same praise as he bestowed on Claude about a very recent publication analysing the role of dissociation in schizophrenia and discussing the overlap between this disorder and the dissociative disorders (Ross, 2004).

### **Janet Distinguished Multiple Personality From Bipolar Illness**

But what about Hacking’s statement that Janet (1919b, p. 125) came to regard multiple personality as folie circulaire, i.e., bipolar illness? Hacking made the same point before, when he, more correctly, stated that Janet spoke about a “special case of what is today called a bipolar disorder” (Hacking, 1995, p. 44). I refer to my original comments on this matter (Van der Hart, 1996). The essence is that in comparing both disorders, Janet applied his perspective on mental disorders in terms of lowering of the mental level, i.e., the level of adaptive actions of which an individual is capable at a given moment of time. In other words, not only hysteria (and schizophrenia) but also bipolar disorder is characterized by a more general psychoasthenia, and they share

a peculiar way in which this psychoasthenia manifests itself. The class of mental disorders referred to as hysteria, in particular the alterations of double personality, is characterized by sudden oscillations in the individual's mental level. Such differences also occur in bipolar disorder. In both cases, Janet thought, treatment must be geared toward raising the patient's mental level—which is the topic of the section to which Hacking referred in *Les médications psychologiques* or *Psychological healing* (Janet, 1919/25b). However, Janet emphasized in the same book that, unlike patients with bipolar disorder, patients with trauma-related hysteria, including double and multiple personality, manifest various dissociative symptoms that have to be addressed and often have dissociated traumatic memories that need to be treated (Janet, 1919/25b):

[T]he memory was morbid because it was dissociated. It existed in isolation, apart from the totality of the sensations and the ideas which comprised the subject's personality; it developed in isolation, without control and counterpoise; the morbid symptoms disappeared when the memory again became part of the synthesis that makes up individuality. (p. 647; italics added)

In several places (e.g., Janet, 1919/25a,b, 1930a,b), Janet emphasized the fact that the roots of this therapeutic approach are based in his early works. But, once again, nowhere in his later publications is the message given that he abandoned the concept of dissociation or the therapeutic interventions related to it.

In my works published between the years 1886 and 1892, I have shown by numerous illustrations that memories of certain dramatic circumstances, to which the subject had not succeeded in adapting himself, presented themselves in the mind in the form of unresolved problems, reproduced in a pathological form the original emotion, and by means of various mechanisms gave rise to neurotic symptoms; this I called traumatic memory of an unassimilated event. The search for these memories, though difficult, might in some cases give rise to a very useful psychological analysis. I very often resort to this method, which obtains some interesting cures through the modification of this traumatic memory. (Janet, 1930b, p. 370)

### **Discussion**

In his second publication (Hacking, 1998), Hacking briefly repeated some of his arguments for the view that Janet in his later years was dismissive of the concept of dissociation and of the diagnostic category multiple personality disorder (now: dissociative identity disorder [DID]). In my current comments, I once again challenged these arguments and discussed them in greater detail, using various quotes from Janet's later works, including his book published at the end of his life. I concluded that Janet must have deplored the lack of progress in the study of dissociation in psychopathology in his time, and I assumed that he would have held current developments in the dissociative disorders field in high esteem.

The question arises as to why it would be important to once more set the record straight. My main motivation is related to the fact that there exists a controversy in psychiatry about the dissociative disorders, in particular DID. This controversy is being fuelled by reflexive attacks from clinicians and researchers with an a priori

aversion of the validity of these diagnostic categories—a position that is not based on clinical wisdom, empirical data, or successful outcomes from treating patients with such disorders. When these people launch their attacks, they use whatever arguments they can find, including those from Hacking’s revisionistic rewriting of the history of the dissociative disorders. A recent example is provided by Barry-Walsh (2005), in his Letter to the Editor that comments on a scientific study of DID (Dorahy, Irwin, & Middleton, 2004). Referring to Hacking (1998) as his source, this author states that Janet later completely resiled from the concept of dissociation: A view that Dorahy and Middleton (2005), in their rejoinder, corrected. A few years earlier, Kaplan and Manicavasagar (2001) referred to Hacking’s position in their advocacy of the notion of a false memory syndrome: “Janet postulated a “split” in the psyche where traumatic memories were disconnected from normal consciousness, the so-called condition seconde. He later retracted this belief, a fact which has not received wide publicity.” As argued above, no such fact exists. Finally, in his book *Remembering trauma* McNally (2003) allowed himself to be captured by Hacking’s questionable authority when he stated: “Even Pierre Janet—the great early twentieth-century French psychiatrist who popularized the concept of dissociation and is deemed the godfather of the field of dissociative disorders—became a critic of multiple personality disorder. He came to regard those with the diagnosis as actually suffering from manic-depressive illness” (p. 16).

It is a sad state of affairs that those who are so hostile to dissociation and the dissociative disorders rely on historically incorrect arguments to make their case. Instead, they should engage in the unbiased study of these concepts and the phenomena to which these concepts refer, and take the relevant clinical and research literature seriously (e.g., Gleaves, May, & Cardeña, 2001; Reinders et al., 1993). This work is rooted in Janet’s pioneering studies.

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### Notes

*Note (1)*: The original text is as follows (Janet (1946, p. 160):

182. La désagrégation de l'esprit. – Ces divisions de la personnalité nous offrent un bon exemple des dissociations qui peuvent se former dans l'esprit quand les synthèses édifiées laborieusement se détruisent.

L'unité, l'identité, l'initiatives personnelle ne sont pas des propriétés primitives de la vie psychologique, ce sont des résultats acquis difficilement et incomplètement après un long travail et qui restent très fragiles. Toutes les constructions édifiées par le travail de la pensée sont du même genre, les idées scientifiques, les croyances, les souvenirs, les langages peuvent se dissocier de la même manière et le terme des maladies de l'esprit est la dissociation des tendances que l'on observe dans les démences les plus profondes.

*Note (2) : The original text is (Janet, 1937 ; in Claude (1937, pp. 245-246):*

Je remercie M. Claude de ses intéressantes évocations de nos anciennes études sur la dissociation psychologique dans l'hystérie ; en l'écoutant, je me demandais si nous étions encore en 1937 ou si, par un procédé magique, M. Claude n'avait pas réussi à nous transporter en 1892 où je soutenais ma thèse de médecine sur cette définition de l'hystérie par la dissociation psychologique. Déjà, à cette époque, je proposais pour résumer les principaux symptômes de l'hystérie l'idée générale d'une dissociation des fonctions psychologiques dépendant de ce que j'appelais une misère psychologique, une asthénie psychologique.

*Note (3) : The original text is (Janet, 1937 ; in Claude, 1937, p. 246):*

[I]l faut reconnaître, comme l'a montré M. Claude, que la notion de dissociation psychologique apparaît aujourd'hui sous une nouvelle forme et présente des progrès intéressants. Elle n'est plus présentée isolément à propos de la seule hystérie, elle apparaît comme un caractère commun à bien d'autres troubles mentaux et la forme que présente la dissociation psychologique dans l'hystérie doit être rapprochée et distinguée de la schizophrénie et de bien d'autres formes de l'asthénie psychologique.

*Note (4) : The original text is (Janet, 1937 ; in Claude, 1937, pp. 247-248):*

M. Claude précise donc ces anciennes études sur la dissociation psychologique en nous montrant que l'hystérie se rapproche du schizophrène, cela est très intéressant car cela insiste sur l'asthénie fondamentale qui se retrouve dans toutes ces psycho-névroses et nous propose des discussions intéressantes sur les caractères distinctifs. Ainsi l'ancienne notion de dissociation psychologique réapparaît avec plus de précision et j'espère que ceux qui l'étudieront aujourd'hui réussiront mieux que nous la rendre cette notion trop générale plus précise and plus utile. Le progrès procède à la façon d'une spirale qui, à chaque tour, passe par les mêmes points, mais chaque fois avec un nouveau progrès.