

ISRG Journal of Arts, Humanities and Social Sciences (ISRGJAHSS)



ISRG PUBLISHERS

Abbreviated Key Title: ISRG J Arts Humanit Soc Sci

ISSN: 2583-7672 (Online)

Journal homepage: <https://isrgpublishers.com/isrgjahss>

Volume – III Issue-I (January- February) 2025

Frequency: Bimonthly



The legacy of Pierre Janet: an early paradigm for evidence-based psychotherapy

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| **Received:** 20.02.2025 | **Accepted:** 25.02.2025 | **Published:** 27.02.2025

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Abstract

*The importance of the research on psychotraumatic illnesses by the French psychologist Pierre Janet (1859-1947) has been recognised again in recent decades. The present article deals with a still comparatively little-known part of his work, namely his vision of psychotherapy, which he presented in three volumes in 1919 (*Les médications psychologiques*). It was also translated into English already in 1925 (*Psychological Healing*, 2 vols.) and appeared 1923 in a shortened version (*La médecine psychologique*; *Principles of Psychotherapy* 1924). In it, he proposes a scientifically based psychotherapy that, on the one hand, considers the limited knowledge about mental disorders and their treatment, which has to be improved by research into mental disorders and their treatment and should seek to integrate conventional treatment approaches also. On the other hand, he offered a first systematic approach to disorder-specific treatments based on clinical experience (several hundred treatment cases) and theoretical concepts (Janet's 'psychology of conduct'). This view displays a fundamentally astonishing similarity in its requirements with the evidence-based paradigm of today's psychotherapies. It can be considered as an alternative paradigm to the at that time already established psychoanalysis. Historically, a comparable alternative was only effectively established in the form of cognitive-behavioural therapy in the 1970s, without Janet's earlier anticipation being noted. The article presents essential features of Janet's research endeavours and relates them to current ideas in psychotherapy.*

Keywords: evidence-based psychotherapy, disorder-specific treatments, history of psychotherapy, Pierre Janet.

Introduction

In his book *Les Médications psychologiques* of 1919 Pierre Janet, the then famous professor of psychology at the *Collège de France* in Paris has already defined: "Psychotherapy is the application of scientific psychology to the treatment of disease." [1 Vol 3 p. 464, 2]. But he also had to state: "Our diagnosis of mental disorders is rudimentary and our knowledge of the essential psychological facts is extremely limited" [1 Vol 1 p. 131, 2], therefore „it would perhaps be wise to draw the simple conclusion that an attempt to make use of psychotherapeutics is premature, and to decide that we shall reconsider the matter a century hence.“ And he continued, "Suffering humanity cannot wait" [1 Vol 3 p. 460, 2]. The book can be understood as Janet's answer to the since around 1900 increasingly successful psychoanalysis [7 pp. 57-97]. Initially, Freud and Janet, both adepts of Jean-Martin Charcot, had similar views on traumatic disorders, but at the latest from 1906 their views diverged. Freud developed the concept of *repression*, Janet that of *dissociation*. Freud spoke of the *unconscious*, Janet of the *subconscious* [3, 4]. Their approaches also differed, with Freud's theories based on relatively few in-depth case studies. Janet's primary method was the clinical observation and description of many patients. He calls his approach 'psychological analysis', which „does not insist upon a preestablished system of study but consists in the application to definite individuals of all psychological and physiological knowledge“ [5 p. 372]. After Janet had taken a very critical stand against psychoanalysis at the London Medical Congress in 1913 [6, 7 pp. 167-228], he was increasingly perceived as an academic opponent of Freud, who - due to his prominent position in the French academic world - sought to hinder the spread of psychoanalysis in France [8, 53]. In any case, psychoanalysis' strong impact on the ideas of psychotherapy and, more general, on cultural life in western societies, at first in USA, then after the 2nd world war in Europe, particularly in France ousted Janet's ideas.

Extensive clinical experience with neurotic disorders

As a hypnotherapist Janet had been dealing with the psychological foundations of psychotherapy in his works since about 1885. After studying medicine (he had previously been a philosophy lecturer) he was able to conduct clinical psychological examinations at the *Salpêtrière* Hospital in Paris, which was headed by the neurologist and psychiatrist Charcot [9]. These examinations were mainly on patients with neurotic disorders (obsessions, compulsions, depression, phobias, anorexia, etc.). There he was confronted with the most varied degrees of severity and pathogenic social influences in mental illness. Thus, he was able to write: "Social influences are among the most potent causes of health and disease, depression and agitation" [1 Vol 3, p. 417]. It was here that he developed his concepts for understanding and treating traumatic hysteria, in particular his dissociation theory, on the basis of which he has been increasingly recognised by trauma researchers and therapists in recent decades [10, 11, 12, 52]. Already in 1898, he has presented an overview of therapeutic options for hysterical patients that went beyond hypnotherapy [13, 14].

Because of the paucity of knowledge in psychology, Janet emphasized the importance of individual case observations, entirely in the tradition of the medical psychology school since Jean-Étienne Esquirol and Jules Baillarger, but now seeing the mental diseases as experiments of nature, therefore giving us findings about the healthy mind. He not only presented a few paradigmatic cases in detail, but with Charcot's successor Fulgence

Raymond he published several hundred short case observations about all kinds of neurotic disorders, including alcoholism and psychoses [15, 16]. Consequently, he spoke out against premature theorizing, which - this was directed against psychoanalysis - would resort to metaphysical concepts [17 p. 157 f]. In particular, he argued, no theory could be built on individual cases because the examiner and patient developed a common implicit model of illness in therapy and could confirm each other in it. In discussing cases, he took existing terminology from psychopathology and modified it as necessary to arrive at a systematic order or to establish a connection with psychological constructs.

The construction of a psychology of action by eclecticism

From about 1900, in his monograph about obsession and compulsion [16] he founded his psychological work on a comprehensive concept of human action in comparison with the objectivist concept of behaviour (*comportement*) of antimentalist behaviourism, respectively [18, 19]. This was the starting point of the „psychology of conduct“, he explained in detail later in the second volume of his monograph "De l'angoisse à l'extase" from 1928 [20] as well as over many semesters in his lectures at the *Collège de France* [21], where he held a chair since 1902.

By placing action at the centre of objective psychology, he used related words such as behaviour and entered with the positivist line of his predecessor at the *College de France* Théodule Ribot [22], the Pawlovian psychophysiology, functionalism or behaviourism, as well as with pragmatism. As a philosopher he was able to establish also links both with French spiritualism and its "subjective" introspective philosophical psychology, in particular with the authoritative philosophy of Henri Bergson. He took ideas from introspective philosophical psychology into account [23, 24, 25, 26] but was very careful not to get into metaphysics, he suspected also in Biologism, Neothomism, Psychoanalysis, or Parapsychology [7 pp. 133-166]. Janet's "objective" psychology consists of psychophysics, comparative psychology, physiological psychology and pathopsychology, which in analogy to pathophysiology, psychic disorders are seen as experiments of nature, by which we can learn normal functioning. Because psychology as an independent science had to distinguish itself not only from philosophy, but also from biology, as in Auguste Comte's positivistic system psychology is only biology. Therefore, he criticized the mere translation of psychological findings into physiological language: "the psychological fact is thus made to disappear by being translated into another language; nothing is added to our actual knowledge; and it would be just as well to speak in poetic metaphors as to indulge in this very useless and hollow metaphysics." [27, 17 p. 298].

Instead, borrowing analogies and metaphors from physics (*tension, force, oscillation, charge-discharge*) and economics (*budget, resource, balance, costs, investments, bankruptcy, liquidation*) seemed particularly suitable to him. For it is in psychotherapy, above all, that "the problem of the economic administration of the psychic forces arises" [28, 17 p.313, 30].

Interaction with other people is highlighted by Janet as constitutive and primary in the development of personality. He wrote: "Royce and James have emphasized that our personality is above all a social product" [31 p. 55, 29]. He refers to Gabriel Tarde's treatise on imitation and 'Inter-Psychology', based on ideas that innovations, that means inventions and discoveries in all fields are spread by imitation, as well as to James M. Baldwin's sociogenetic

studies on the construction of the self and the other (*socius*): the person is seen as a social product, without loosening its individuality and uniqueness. In terms of their development, higher mental processes take place first in the interpersonal environment and only then intrapersonally. For instance, he distinguished two belief functions, one believes naively (*affirmative*), does not ask further questions, obeys the precept or imperative of another. In the case of *reflected* belief, the pros and cons are considered. This primarily is an interpersonal process. Different individuals deliberate in discussion about a matter in order to decide whether to do it at all or what to do. Only by turning inwards does deliberation as discussion with oneself arise.

Toward a model of psychological disorder

Janet's key orientation for psychotherapy is the restoration of the capacity to act in a given situation appropriately. In his treatise on obsessions and psychasthenia [17 p. 487] he postulated a hierarchy of psychological phenomena for normal mental functioning with at the highest level the relation to reality (*fonction du réel*) with respect to action and experience in the present situation. At the medium level he placed habitual action, imagining, remembering, dreaming and abstract thinking, and at the low level physical emotional responses and movements without aim. He postulated further, that the more the mental functions are supposed to establish a relation to reality, the higher the demands to perform it.

The pathopsychological paradigm for this was *psychasthenia*. If in this disorder the more complex functions become too difficult to perform, the energy for a reality-related action is not converted, but it is released and diverted: symptoms will appear that correspond to a lower mental function level, e.g., depersonalisation, absent-mindedness, compulsive behaviour, ruminations, daydreaming. The adaptive action is a function of the „synthetic activity“ of the human mind. Synthesis, in turn, is a function of the „force“ and „tension“ of the individual, who will concentrate on a new situation and incorporate more or less different information. Because it cannot just act automatically in a new situation, it will control the production of an adaptive action. According to this view Janet's model finally belongs to the group of cognitive-psychological models of resource allocation and action control, the term „force“ pointing to the available resources, the term „tension“ to the effective distribution or allocation of it [32, 54].

Janet followed also the ideas of evolutionary theory, what means he refers to the - in those days - enormously influential philosophy of Herbert Spencer as well as the neurobiological model of John Hughlings Jackson [33, 34]. Although this commitment seems not absolutely essential for his model [35], it seeks to understand psychological functions in their biological, sociocultural and psychological development. Illness is the reversal of their evolution (*dissolution*) or, in the case of neuroses, the disturbance is seen as an arrest of development of the person [22]. Janet's self-regulatory model of the mind implicates that in order to act in accordance with reality, one needs reflexes, conditioned reflexes, habituated (learned) skills. The effective application of what has been learned is only possible with the help of the effort of attention (for synthetic activity) in the given situation. Then an adaptation in the sense of a restoration of the equilibrium in the organism becomes successful. In short, this means a combination of automatic and volitional processes [4].

The distinction between automatic (subconscious, fast) versus controlled (conscious, slow) processing is up to date [36, 37].

Walter Mischel [38] who has proposed an integrative model for CBT agrees, albeit implicitly with Janet, when he conceives self-control as an effort by the individual to replace slightly available automatic response tendencies by less slightly available, but adaptive and conscious reactions. These demanding conscious reactions have to be converted into automatic responses again in order to maintain self-control for a longer period of time and to attain the intended goals.

Finally, the feelings (*sentiments*) that arise with an action are conceived by Janet as secondary actions that control the primary action [51]. These sentiments are not the vehement affects (*émotions*) in traumatic situations, rather they are refined and modified as individuals develop. Thus, according to Janet these sentiments are closer to consciousness than the action itself, they make consciousness possible [39]. For example, tiredness (*fatigue*) weakens and interrupts the action, sadness (*tristesse*) because of failure can build up fear of action, effort (*effort*) causes invigoration or acceleration of the action, joy (*triomphe*), the feeling of success leads to termination, whereby the excess energy is wasted. In the absence of these feelings, there is a feeling of "emptiness" or numbness (*sentiment du vide*). It is understood that when the connection to reality is diminished, the no longer controlling function of fatigue can lead to exhaustion (*épuisement*) or effort without a sense of achievement can lead to repetition of the action.

Janet's psychotherapy as a unique paradigm

In general, for Janet therapy is about normalizing individual resources (*force*) and improving the use of them, that means raising the level of action (*tension*). Already in his lectures on "Psychological Analysis and the Critique of Psychotherapeutic Methods" at the Collège de France in 1907/1908, he wrote "Finally, the education of attention, the treatment of emotionality, the various stimulations (*excitations*) intended to raise the mental level, constitute methods already used somewhat haphazardly, but which will play an increasingly important role in the education and treatment of the mind (*l'esprit*)" [21 p. 71]. For example, in his extensive casuistry on Justine [40] from 1894, he noted that discovery and liquidation of fixed ideas through hypnosis can lead to further fixed ideas, but do not produce any lasting change in the patient's psyche. He attributed this to the patient's passive role, synthesis deficit and suggestibility. Therefore, he recommended an *Éducation de l'Esprit* (what means strengthening of concentration and mental training). Janet's reflections on the 'somnambule' influence, the 'magnetic rapport' led to the hypothesis of the "need for direction" (*le besoin de direction*) [41]. The therapist establishes the synthesis of experiences in the patient, which is impaired in hysteria due to the narrowing of consciousness or fixation on an impression.

The complementary relationship with the therapist is an important factor not only in hypnosis, albeit there in an extreme form, but also in other therapeutic and social contexts. According to Janet, the therapist must always wind up the pendulum clock, he is a „*remonteur de pendules*“. He has to take the complete lead, but then gradually reduce it. In *Les Médications psychologiques* [1, 2, 28, 29] Janet distinguished four operating principles: First, *traditional moral-pedagogical influence*; second, *utilisation of automatism* in hypnosis and suggestion; third, *psychological savings*; these refer first of all to numerous conditions which are caused by exhaustion, constant tension and depression. In terms of content, they refer to concepts of critical life events, diathesis-

stress models of depression, and methodically to the analysis of triggering and maintaining conditions. The asthenic symptoms would be treated by rest, isolation from the natural social milieu, medical supervision, dietetics and other restorative spa methods. In particular, reference is made to the therapy of exhaustion reactions after traumatic experiences through hypnosis or psychoanalysis. He writes: 'The best methods are those that cause the assimilation of the exciting event by leading the patient to understand it through reflection, to react to it appropriately and then to come to terms with it [29 p. 101]. Fourth: the section on *psychological acquisitions* is the most extensive and with respect to cognitive-behavioural therapies most modern though speculative part of his treatise, and therefore also plays a crucial role for Janet in psychotherapy research by proposing experimental tests in terms of effectiveness. This group of interventions encompasses methods for psychological enrichment [29 pp. 108-130], „which here we are only beginning to recognise its fundamental importance“, writes Janet [29 p. 108]. On the one hand it is about acquiring new behaviours, i.e., training, to strengthen the drive or motivation (force), e.g., through psychotropic medication and to stimulate the psychic tension, i.e., for the reality-oriented implementation of the tendencies and motivations. These 'stimulation' could be achieved through education, the resolution of trauma, coping, i.e., dealing with unresolved problems, acquisition of new behaviours. Their commonality always consists in the fact that, under therapeutic influence, attention and effort are evoked, feelings triggered and a higher tension or alertness in the sense of a change in consciousness is effected. [7 pp. 57-98].

Conclusion

It has taken more than 60 years for psychoanalysis to be countered by a robust alternative psychotherapeutic paradigm in the wake of the 'cognitive turn' in the seventies [42]. In its beginnings behaviour therapy has defined itself in sharp distinction from psychoanalysis [43] which was in line with a trend in American neuropsychiatry in the fifties, too [44]. However, the type of paradigm in early behaviour therapy proved soon to be too limited. This resulted in the conception of an expanded version, which included cognition, most known as cognitive-behavioural. Meanwhile this model has expanded again, including explicitly emotions, metacognition, social context, proposing an empirically founded integrative perspective [45, 50] like Janet did decades before.

The prominent learning psychologist Edwin R. Guthrie recognised the value of Janet's approach early, he translated Janets „La médecine psychologique“ [17], and asserted later in a monograph about scientifically founded psychotherapy that the work of Janet is an „even more profitable source of information about human behavior“ than Freudian theory, because „it was developed not as a cult but as a science.“ [46 p. 191]. But neither Janets conception nor Guthrie's, Elton Mayo's [47] or Percival Bailey's [48] revaluations achieved a sufficiently strong response in clinical psychology and psychiatry to take note of Janet's ideas on evidence-based psychotherapy. After Henri F. Ellenberger's comprehensive chapter about Janet's personality and *oeuvre* [49] and since his contributions on trauma and dissociation have been playing a role in psychotherapy again now about the last three decades [12], there is a chance that his psychotherapeutic vision will be acknowledged as a groundbreaking example for the future development of psychotherapy, because it dealt in a productive

and innovative way with the diversity of human behaviour in practice and with its scientific reflection.

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