

Classics in the History of Psychology

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Autobiography of Pierre Janet [*]

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PIERRE JANET

The editor of this collection had a very unique idea when he asked psychologists to write their own intellectual histories and criticisms, to transform themselves into philosophical historians, and treat themselves as though they had been dead for a long time. This hardly seems right since we are too active and too close to our own work to judge it with independence and to understand the influences, which have unknowingly drawn us in certain directions. I have always protested against subjective psychology, and here I am asked for a most personal and subjective psychological analysis. It will necessarily be very poor, and the historians of the future, if by chance they should concern themselves with me, will find this autobiography very ridiculous. I beg to be excused in advance and I blame the initiators of this Project and their powers of seduction.

I

I was born in 1859 and became interested in psychology at an early age. My studies seem to be the result of a sort of conflict, a compromise between incompatible and diverse tendencies. In my childhood, I acquired a fondness for the natural sciences. At a very early age, I became interested in botany and started a collection of dry plants. Alas, since this is a confession, I must admit that I have retained that same unfortunate passion all my life. I still have my herbarium which I increase every year and which becomes increasingly cumbersome. This passion determined my taste for dissection, precise observation, and classification, which should have made a naturalist or physiologist of me.

But I had within me another tendency which was never satisfied and which one scarcely would recognize in its present metamorphosis. At the age of eighteen, I was very religious, and I have always retained mystical tendencies, which I have succeeded in controlling. It was a question of conciliating scientific tastes and religious sentiments, which was not an easy task. The conciliation could have been effected by means of a perfected philosophy satisfying both reason and faith. I have not found this miracle, but I have remained a philosopher.

My interest in philosophical studies was quickened by the example [p. 124] of my uncle, Paul Janet, my father's brother. Paul Janet, to whom I owe much, was an excellent man, industrious and intelligent, and today it seems to me that justice was not done him. He was not only a spiritual metaphysician, the last representative of the eclectic school of Cousin, but he was a great spirit who was interested also in politics and the sciences, and who, with great liberalism sought to reunite these studies. He understood the importance of medical and anatomical studies to the moral intelligence of man. It was he who, at the beginning of my philosophical studies, presented me to Dastre, Professor of Physiology at the Sorbonne, and started me in his laboratory. It was he who had me, after normal School, enroll at the Medical School in Paris and continually urged me to combine medical and philosophical studies.

Already the philosophers of Cousin's school, Maine de Biran and Jouffroy, regarded psychology as a departure from philosophy, and my philosophical ideas, at once scientific and religious, led very naturally to a study of psychology which was to terminate in the distant future in the desired metaphysics. Do not the thousands of observations on the ideas and sentiments of the afflicted and of those presumably in good moral health, which I have gathered during my whole life and classified with so much care, constitute a collection, a herbarium, which may be placed alongside of the other? Under such diverse influences, the philosopher has become a psychologist.

When I became Professor of Philosophy at the Lycée at Havre at the age of 22, I wished to continue my studies of medicine and scientific psychology in spite of difficulties. I was received with a welcome, which I shall never forget, by the doctors of the hospital who put themselves at my disposal not only in communicating medical experiences to me but also in procuring subjects who were interesting from the psychological point of view.

An unusual proposition made by a well-known doctor in Havre, Dr. Gibert, has from the beginning oriented my studies in a rather unforeseen manner. At that time, it was my intention to prepare a medical thesis on hallucination and to study in connection with this the mechanism of perception. I asked Dr. Gibert if he knew of anyone suffering from hallucinations that I might study. He told me that he knew of none at that time which was interesting, but that he could show me other psychological cases, which in his opinion were far more remarkable. He had always had a certain partiality for the study of animal magnetism, which had flourished in Normandy, [p. 125] above all in Caen, and which persisted despite official discredit even of the connoisseur. He had kept in touch with a woman known by the name of Léonie, who had been hypnotized in her youth by Dr. Perrier of Caen, who had been introduced by Dupotet, and who had been observed to perform some curious things with clairvoyance, mental suggestion, and hypnotism from

a distance, etc. What a godsend for a young psychologist, 22 years of age, curious as to all psychological phenomena and drawn by the mysterious side of these occult faculties! At my request Gibert had the celebrated Léonie brought to Havre and my studies on her at various periods over a stretch of years oriented my early works toward the marvels of hypnotic somnambulism.

II

The experiments that Gibert showed me and that I myself reproduced on Léonie, in particular the provocation of hypnotism from a distance, did not seem entirely conclusive but were, nevertheless, quite strange and worthy of attention and discussion. I had the opportunity of informing of my work a society of psychologists just recently founded in Paris under the presidency of Charcot and Charles Richet. This little discourse, though very prudent and skeptical as to mental suggestion and hypnotism from a distance, nevertheless attracted the attention of the Society for Psychical Research in London who proposed to send one of their members to Havre to verify my work. The experiments which I conducted at the request of this commission and with the precautions demanded have given some very interesting results: 16 times out of 20 somnambulism has exactly coincided with a mental suggestion made at a distance of one kilometer. These experiments, which the representatives of supernormal (*supra-normale*) psychology have published and popularized in my opinion too soon, have since that time been cited and used in all works on the unknown faculties of the human mind. In viewing these citations and this abuse of my former observations, I have always had a feeling of astonishment and regret. Strange that these authors who reproduce with such confidence these experiments of 1882 have never had the idea of writing to the experimenter who still living and asking what he thought of them! I should have answered that already at that time, and even more so now, I doubted the interpretation of the facts and was disposed to criticize them myself, regarding them as a simple departure from more profound studies. [p. 126]

My first entrance into the study of the disorders of the nervous system by examination of mysterious phenomena and doubtful reality does not seem entirely regrettable. In the first place, these strange investigations have put me in contact with some important people who had the same curiosity at the back of their minds, Charcot, Charles Richet, Frederick Myers, Sidgwick. They have informed me of their own enthusiasms and doubts, and have shown me their own research work and methods. This difficult and dangerous research work has taught me from the beginning the necessity of a certain disposition of mind indispensable for the study of pathological psychology. One must approach this research with a certain calmness devoid of systematic and predetermined admiration or denial. Charcot said to me later in speaking of the study of hysteria: "*Nil admirari* is an indispensable attitude." I had already learned that in examining Léonie. I was very much displeased after each séance to hear the exaggerated and inexact accounts of the assistants who appeared awkward and talkative during the experiment, and afterwards constructed entirely false recollections of what had happened. At that time, I resolved to examine subjects and patients as far as possible without the encumbrance of witnesses. Furthermore, I acquired a habit which I have always retained, the habit of writing constantly during the meeting minute notes on everything that happened, of noting the words spoken by the witnesses, by the patient, by myself,

and keeping no further account of any recollection unless it coincided exactly with some written note. My psychology has become the "psychology of the fountain pen," and my descriptions of the patients have unfortunately become unusually long and weighted by the reproduction of the exact words spoken and recorded by me. However, all this gave to the observation the character of reality, which I sought particularly. Whatever they may be, these first studies in the wonders of animal magnetism turned me to the study of somnambulism and hypnotic practice, which were then very popular and at least appeared to be a means of approach to the psychological study of mental pathology.

It must be remembered that at this time, in 1882, I had made only very few studies in anatomy and physiology and I had not the slightest notion of the teaching of Charcot at Salpêtrière, nor of those of Bernheim at Nancy of whose very existence I was ignorant. With some difficulty, I became acquainted with these teachings and, at the same time compiled the works of the French hypnotists into a collection [p. 127] which is still of interest today. Entirely independent of these various schools, I set about criticizing these works. I proved in particular the very curious and historical relationship between the teachings of Charcot or Bernheim and those of the hypnotists whom they pretended to ignore and scorn but who nevertheless influenced them. (*Médications psychologiques*, Vol. I, p. 170.) My conviction was that these authors approached the study of certain strange forms of behavior with too much medical preoccupation and without sufficient knowledge of the psychological problems underlying these conditions. This led me to an extended study of neuroses, particularly hysterical neuroses, which I continued at Havre until 1889 and at Salpêtrière in the Psychological Laboratory, which Charcot had placed, under my supervision in 1889. This work has been summarized in several articles published since 1886, in my philosophy thesis, 1889, and in my medical thesis, *L'état mental des hystériques*, 1892.

These studies have been somewhat forgotten today because of the discredit thrown on observations relative to hysteria since the death of Charcot in 1895. Hysteria patients seemed to disappear because they were now designated by other names. It was said that their tendency toward 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 still am under the illusion that my early works were not in vain and that they have left some definite ideas.

From the psychological viewpoint, they have to a small extent begun to throw light on the difference between actions of the higher centers and those of lower order, between synthetic and automatic acts. The latter were only the regular repetition of a group of psychological phenomena, of a system of ideas, images, emotions, movements, which had been set up by the higher acts of synthesis at the moment when a complex situation presented itself for the first time. This difference, especially in certain cases, gave rise to the distinction of *unconscious* acts as opposed to completely *conscious* acts. These studies have begun the interpretation of *suggestion* which plays so important a rôle in social behavior and have approached those of *will and belief*.

From the medical viewpoint, I still believe that one will eventually be compelled to return to interpretations of neuropathic disorders similar to those, which I have proposed in regard to hysteria. I was one of the first to point out the enormous rôle of suggested

beliefs [p. 128] and autosuggestion in hysteria: in my thesis on the mental state in hysteria, 1892, I designated most of the accidents of the neurosis by the name of fixed ideas of the hysteric.[sic] After the death of Charcot, an interpretation of hysteria which reattached all the symptoms to suggestion was presented with the pretension of being entirely different from mine. Of course, in reality I had never absolutely systematized my interpretations by means of fixed ideas. In establishing the importance of suggested belief in hysteria, I was forced to notice that this explanation was not to be exaggerated, that even in certain cases of hysterical hemiplegia, there was a disposition to go beyond the fixed ideas of the subject, and that in general these fixed ideas did not always exist with precision. Above all, I could not consider this tendency toward suggestibility as an absolutely primitive phenomena, I could not admit that an ailment might be explained by limiting one's self to saying that the subject had suggested to himself that he was sick. In my opinion, a preliminary ailing tendency, a weakening of the functions of resistance and synthesis, are necessary to give rise to suggestibility.

In seeking the conditions of this weakening which in my opinion are numerous, I was led to recognize in certain cases the rôle of one or several events in the subject's past life. These events, which had established a violent emotion and a destruction of the psychological system, had left traces. The remembrance of these events, the mental work involved in their recall and settlement, persisted in the form of lower and more or less conscious psychological processes, absorbed a great deal of strength, and played a part in the persistent weakening. Here still, if I am not mistaken, this notion has been fruitful and has given rise to a whole theory of neurosis and psychosis by the subconscious persistence of an emotional traumatism, and a whole method of research has been worked out to the utmost of this kind of traumatism. So far, I had never introduced a clinical observation as a metaphysical system, and I had never claimed that all neuropathic weaknesses were exclusively the consequence of a traumatic reminiscence. Besides, my studies at the Salpêtrière showed me more and more the part played by exhaustion of all kinds, organic ailments, and hereditary predispositions; I did not want to exaggerate the import of a just observation in some particular cases.

III

This fear of generalizing a particular observation, this desire to point out the different forms of psychological weakness have led me [p. 129] to a study of other aspects of depressive neurosis. In a large hospital where there were so many different kinds of patients, it was easy to choose, and for several years I devoted my studies to tics, insanity, phobias, obsessions, and impulses of all kinds. This new series of observations is summarized in numerous articles, in my books on *Les névroses et les idées fixes*, and has terminated in my work on *Les obsessions et la psychasténie*, 1903.

These various disorders which torment the patient for years and which border on grave mental maladies, dementia praecox in particular, had been described separately without relation to one another. I have sought to give some unity to this confused group of symptoms in discovering what is essential and common to the different forms of disorder. That has permitted me to place under the heading of *psychasthenia*, if not a so-called malady, at least a great syndrome, a form of neurosis, distinct from epilepsy and hysteria.

In my description of the symptoms of the psychasthenic neurosis, I stressed particularly the pathological feelings (*sentiments pathologiques*) which I designated at that time as feelings of inadequacy (*sentiments d'incomplétude*) and which have become in my last book a part of the *feelings of emptiness* (*sentiments du vide*).

From the psychological viewpoint, this work on obsessions and psychasthenia marks a very interesting stage in the evolution of my ideas on the different degrees of psychological activity. Instead of limiting myself to two easily distinguished forms, automatic activity and synthetic activity, I have been led to establish certain degrees of higher activity. One quality of these activities strikes the observer when he examines the maladies of doubt, the various abouliias, and the feelings of inadequacy (*sentiments d'incomplétude*). In the normal man, these activities are characterized by a strict conformity between actions and exterior reality, physical or social. No doubt, generally speaking, all activity conforms somewhat to reality: the simplest reflex is adapted to some fact in the real world, but this relationship which is not perceivable in the lower activities becomes at a certain level an object of consciousness, and this feeling of reality plays an important part in the operations of the will and belief. It is easy to recognize that most of our patients have difficulty with this function of reality.

In studying these differences in functioning, one is naturally led to suppose that all the operations of the mind do not have the same degree of facility, and that in the course of a weakening of cerebral [p. 130] functions, they disappear successively and progressively by reason of their unequal degrees of facility. The degree of *psychological tension* or the *elevation of the mental level* is manifested by the degree in the hierarchy of phenomena occupied by the highest functioning, which the subject attains. The functions of reality, together with actions, perceptions of reality, certainty, all demanding high degrees of tension, become phenomena of high tension; dreams, disturbances of motility, emotions demanding lower tensions may be considered as phenomena of low tension corresponding to a lower mental level.

IV

I wish to mention here a circumstance, which, if I am not mistaken, has played a certain part in the evolution of my teachings. Placed by circumstances between philosophers and medical men, for a long time I had the feeling that it was very difficult to speak to both at the same time and that their different languages prevented them from understanding each other. I have never been so struck by the language difficulty in psychology as in a trivial incident, which I beg your permission to repeat.

About 1896 or 1897, some of the students at the hospital, the interns, and the directors of the clinic among who were my friends, Laignel-Lavastine, and the lamented Sicard, came and asked me to conduct a special course in clinical psychology for them. At the end of the course, a strange thing happened: the students were satisfied or at least were kind enough to say they were, but the professor was very much dissatisfied with himself. Never before had I had such a feeling of the insufficiency of this teaching, the conventional character and practical nullity of our psychology. At that time, having begun to substitute for Ribot at the College of France, I had the opportunity to work up the course in a new way and with new terminology. During my thirty years at the College

of France, I believe I treated all questions of psychology and psychiatry from a more clinical point of view and with a more appropriate terminology.

A practical psychology, which aspires to a part in jurisprudence, pedagogy, and medicine, should above all be objective and based upon externally observable facts. Psychology evolved from Cartesianism regarded thought as the most primitive phenomenon and action as a consequence or secondary expression. Its language is based upon descriptions of internal phenomena and is not in accord with the language based upon objective descriptions. We are obliged to formulate [p. 131] a psychology in which externally observable action is the fundamental phenomena, and in which inner thought is only a reproduction, a combination of these outward actions in a reduced and specialized form.

Behaviorism, so necessary in the study of the conduct of animals, may easily be applied to elementary acts. The question arises: Can the same kind of description be applied to the behavior of men? It is possible under two conditions: in the first place, this psychology of action must make a place for consciousness, which may be forcibly suppressed in the case of lower animals. One must regard the phenomenon of consciousness as specialized conduct, a complication of the act, which is superimposed on the elementary conduct. A second condition is that in this description of conduct one must necessarily be preoccupied with the higher forms of conduct, beliefs, reflection, and experiences. These facts have ordinarily been expressed in terms of thought, and in order to preserve the same language throughout the science of psychology, it is necessary to express them in terms of action. This psychology may be designated by the name *psychology of conduct* in order to indicate that it is concerned with a broader and higher form than behaviorism. This is what I have been trying to do in my teaching for the last thirty years.

These reflections determined by the necessity of clinical teaching have inspired my later works. In the three volumes of *Médications psychologiques* in 1919, I presented in this more precise language a summary of my long medical studies on neuroses, *psychoses*, and their treatment. Not only did I try to review the doctrines which I had gathered since my youth on the history of various methods of psychotherapy, but I also tried to explain briefly the facts and ideas contained in those words repeated so often at random, *suggestion, hypnotism, moral catharsis (désinfection morale, liquidation morale) rest, aesthesiogeny, isolation, excitation, moral direction*. I have stressed a subject which has always interested me, that of the difficulty of social action. It has not been taken sufficiently into account how much one person by words or his presence alone can modify in one sense or another the psychological tension of another. The problem of religious conduct is closely related to this study of influences, directions, and social excitation.

V

This psychology of conduct, however, presents difficulties and raises new problems. Many of the higher psychological phenomena [p. 132] have an internal spiritual aspect and appear entirely different from so-called actions. The desire to classify all psychological facts under action *and* conduct has forced me to introduce a new analysis of *consciousness, belief, memory, thought*, and above all *emotions*. These studies were

explained in my courses on *inner thought* and on the *evolution of memory, and the notion of time*, both of which have been published and in my two volumes, *De l'angoisse à l'extase*, 1928, which deal with belief and emotions. Thought is inner language; belief becomes a special combination of language and action; memory is above all a system of recounting; emotions are regulations of action, reactions of the individual to his own actions.

The psychology of conduct adapts itself very readily to our former conception of psychological tensions, which places one tendency above another according to its degree of complexity, perfection, and order of acquisition. In my lectures at the university and in my first volume of *De l'angoisse à l'extase* I was able to give a pictorial hierarchy of the more definite tendencies. I was glad to notice that from this point of view the different forms of contemporary psychology, child psychology, and psychology of primitive peoples, all agree along many lines with pathological psychology and approach an analogous pictorial hierarchy. I have particularly stressed two forms of belief, primitive belief (*asséritive*), and reflected belief: this distinction seems important for the interpretation of suggestions and delirium.

At the same time, the psychology of conduct obliges us to stress another aspect of actions which often appear in a different form and have another efficacy although they seem to remain at the same level. The efficacy of actions appears to depend not only on their psychological tension but also on the material force of movements capable of displacing objects, on the rapidity of these movements, which determine the displacement in a given time, on the relative duration of these movements. Those are the measurable quantities which express the energy of a living being. Instead of trying to introduce quantity in psychology by the hypothetical constructions of psychophysics, one must introduce quantity by the appreciation of the energy of the subject and its variations.

Modifications of psychological energy, whether they be general or more or less systematized in a specific tendency, determine great changes in character and play an important part in most psychological disorders. At the point of departure from the neuroses, one can ascertain [p. 133] hereditary exhaustions, exhaustions of infectious or toxic origin, and in many cases particular actions, which have caused the exhaustion. I have drawn up a list of these costly actions and of the characteristics of the action, which modify the expenditure of energy. Many disorders have a direct bearing on the derivation of energy which is produced when a more or less charged action of high tension cannot be executed. The psychological problem of the cost of action, of exhaustion by expenditure, of the use of residual energy will later become a paramount problem in psychology and psychiatry although today it is scarcely suspected.

I must mention a whole new study which has scarcely begun and which has as its object not only this psychological energy but also the relationship between this energy and tension. I have approached part of this study in examining the phenomenon of *discharge* which plays an essential part in convulsive attacks and in the *crises of psycholepsy*. Probably in normal life, among well-balanced individuals, a certain proportion must be maintained between disposable energy and tension, and it is not good to combine great energy with feeble tension or inversely to seek to maintain high

tension with insufficient energy: the result is always agitation, insufficiency, and disorder. The most useful psychology of the future will be a practical psychology of conduct which will at the same time be dynamic and will study the physiological production of energy and its distribution.

Without doubt, these systematic constructions are very hypothetical and temporary. The most interesting part of my work will always be the numerous observations I have gathered on both the normal and ailing man. I should never have been able to gather them or classify them if I had not been directed by philosophical ideas, which were always indispensable. As William James said, one sees what one is prepared to see, so too, one cannot study the psychology of man without guiding ideas, without philosophical or even religious interests.

Footnote

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