Pierre Janet’s Treatment of Post-traumatic Stress

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Pierre Janet’s therapeutic approach to traumatized patients was the first attempt to create a systematic, phase-oriented treatment of post-traumatic stress. Janet viewed the trauma response basically as a disorder of memory which interfered with effective action. Relying heavily on the use of hypnosis, he taught that the treatment of post-traumatic psychopathology consisted of forming a stable therapeutic relationship; retrieving and transforming traumatic memories into meaningful experiences; and taking effective action to overcome learned helplessness. Most of his observations and recommendations are as challenging today as when he first made them, starting a century ago.

KEY WORDS: post-traumatic stress (PTSD); dissociation; hypnosis; Janet; history of psychiatry.

INTRODUCTION

Pierre Janet was probably the first psychologist to formulate a systematic therapeutic approach to post-traumatic psychopathology and to recognize that treatment needs to be adapted to the different stages of the evolution of post-traumatic stress reactions. Starting in the early 1880s, Janet developed an eclectic treatment approach based on his clinical experience with many severely traumatized patients with either hysterical (dissociative) or psy-
chasthenic (obsessive-compulsive) post-traumatic features. Our review of Janet's psychotherapy of post-traumatic syndromes covers publications written over a period of 50 years (Janet, 1886, 1889, 1898a, b, 1903, 1904, 1911, 1919/25, 1923/25, 1932, 1935). However, throughout this paper we shall refer mainly to his magnum opus on psychotherapy, *Psychological Healing* (PH) (Janet, 1919/25).

**THE STAGES OF POST-TRAUMATIC ADAPTATION**

Janet considered the inability to integrate traumatic memories as the core issue in post-traumatic syndromes: treatment of psychological trauma always entailed an attempt to recover and integrate the memories of the trauma into the totality of people's identities. He never developed a nosology for a Post-traumatic Stress Disorder as such, but he clearly recognized the fundamental biphasic nature of the trauma response, and he described all the contemporary DSM-III criteria for PTSD in great detail in both his case histories and in his theoretical works (see van der Kolk et al., 1989).

He divided the trauma response into three stages: the first one consists of a mixture of dissociative (hysterical) reactions, obsessional ruminations, and generalized agitation precipitated by a traumatic event. The second stage of delayed post-traumatic symptomatology consists of a blend of hysterical, obsessional, and anxiety symptoms in which it often is difficult to recognize the traumatic etiology of the symptoms. The third and last stage is characterized by what modern authors call post-traumatic decline (Titchener, 1986) and includes somatization disorders, depersonalization and melancholia, ending in apathy and social withdrawal. Like modern writers, Janet recognized that in chronic cases complete recovery is rare, even when the patient is capable of recounting the trauma in detail.

**Therapeutic Rapport and Moral Guidance**

Janet was very much aware of the need to establish a special, safe patient-therapist relationship before attempting to deal with traumatic memories. He considered "rapport" between patient and therapist indispensable for resolution of the trauma, but recognized that severely traumatized patients are prone to idealization, which can develop into intense "somnambulistic passion" (Janet, 1897, 1935). "Rapport" was not only what we would today call a therapeutic alliance, but also a specific method for reducing symptoms and increasing mental energy. True to his times, Janet thought that moral guidance was an essential element of the doctor-patient relation-