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Beyond Indifference and Aversion: The Critical Reception and Belated Acceptance of Behavior Therapy in France

Rémy Amouroux
University of Lausanne

In 1960s France, behavior therapy attracted the attention of a group of isolated pioneers largely composed of psychiatrists and some experimental psychologists. At the beginning of the 1970s, after a discreet introduction, the development of this movement provoked an adverse reaction related to the French intellectual context, which was characterized by a taste for psychoanalysis. At the height of the Cold War, this new form of therapy was, moreover, seen as a typical product of American culture, and viewed as a technique for mind control that would be incompatible with French humanist values. In this respect, the French rejection of behavioral therapies can also be placed in a broader context, one of anti-Americanism and assertion of the French “cultural exception.” Thus, until the late 1980s, the development of the French behavior therapy movement was weak compared with what happened in the United Kingdom or the United States. Conversely, psychoanalysis reigned unchallenged in the French market for psychotherapy. In the early 1990s, the arrival of cognitive–behavioral therapy made a crucial difference. Hybridized with cognitive techniques, cognitive–behavioral therapy was seen as a “synthetic product” better suited to the French culture in psychotherapy than the initial model of “pure” behavior therapy.

Keywords: anti-Americanism, behavior therapy, cognitive therapy, France

In the mental health plan implemented by the Minister of Health in 2001, the French National Institute of Health and Medical Research (INSERM) was asked to produce a current overview of the international literature evaluating the effectiveness of psychotherapy. The authors of the report concluded that cognitive behavioral therapy (CBT) was effective, and also determined, to a lesser extent, the potential therapeutic value of psychoanalysis and systemic theory (INSERM, 2004). Surprisingly, in France, this report led to a huge debate in the media, known as the “Psy War.” Even the famous scientific journal Science decided to publish a short report on the matter, including a picture of the psychiatrist and psychoanalyst Jacques Lacan, most likely because he himself could be seen, in some way, as the outstanding figure of French “psy culture” (Holden, 2005).

This article is the result of a presentation given in June 2015 at the 47th annual meeting of Cheiron: The International Society for the History of Behavioural and Social Sciences at the University of Kansas. I would like to extend my gratitude to Rod Buchanan, Aude Fauvel, Rachael Rosner, and Nadine Weidman for their insightful comments. Translated from the French by Conor Molloy and Anne Viscolo. I would like also to thank Gillian Albert Sznitman for her invaluable assistance.

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1 This report in fact led to a number of discussions in the French press and francophone scientific publications (Abelhauser, 2005; Raoult, 2006). Furthermore, it marked the start of a large debate in the French media—a francophone version of the Anglo-Saxon “Freud Wars” (Forrester, 1998)—concerning psychoanalysis and CBT (Meyer, 2005).
Indeed, contrary to what can be seen in most Western countries, there is a strong psychoanalytical tradition in France, and, until recently, CBT was considered as far removed from the mainstream (Richelle, Baqué, Lambert, & Pomini, 2006).

This article aims to propose a study of the reception of behavior therapy in France from its discreet introduction in the early 1960s, through the vehement criticism that it provoked in the mid-1970s, and on to the effect of those criticisms on the fate of behavior therapy in France after 1980. The history of psychotherapies in France, above all, centers around the status of psychoanalysis (de Mijolla, 2012; Ohayon, 2006b; Roudinesco, 1990), and, with the exception of a few pioneers’ testimonies (Agathon, 1976, 1982; Freixa & Baqué, 1992, 2007; Seiden, 1994), we do not have at our disposal a historical overview of the development of behaviorism and its therapeutic applications. On a more general level, this work follows the trend of a series of studies that have opened the way toward an intellectual and cultural history of behaviorism and CBT—both inside the Anglo-Saxon context (Marks, 2012; Plas, 2008; Rosner, 2012, 2014) and outside of it (Cirino, Miranda, & Cruz, 2012; Goldwurm, 1999; Korman, Viotti, & Garay, 2015).

The French intellectual milieu perceived behavioral therapies as the perfect example of the least noble thing that psychology had to offer concerning the conception of “Man.” This philosophical critique was compounded by cultural and political criticism, attributing a totalitarian aspect to behavioral therapy, which was seen to be typically American, and thus completely at odds with the libertarian ideals of postwar French intellectuals. In this respect, a rejection of behavioral therapies can also be placed in a broader context—one of anti-Americanism and assertion of the French “cultural exception” (Kuisel, 1993; Roger, 2006). Overall, this article argues that culture—far more than actual cures or hard scientific data—played a crucial role in the debate about psychotherapy.

In this article, I first describe the French postwar intellectual context, which was notably characterized by a taste for Lacanian psychoanalysis and a mistrust of American imperialism. Then, I will retrace the principal phases of the reception of behavior therapy from its initial discreet introduction up until the adverse reactions that it provoked. I will also analyze the arguments that criticized this psychotherapeutic approach, which relied just as much on philosophical motives as they did on cultural and political influences. Finally, I will show how these criticisms have lastingly influenced the fate of behavior therapy in France.

The French Intellectual Context

Communism and Psychoanalysis in France

Some key features of the French cultural context after the Second World War are necessary to understand the way behavior therapy was received there. In Europe, the Cold War led the intellectual community to take a position between the Soviet socialist bloc and the American capitalist bloc. In France, just after the war, there was a strong influence of the Communist party, notably for its role in the resistance against the Nazis. In this context, psychoanalysis became the subject of severe criticism in intellectual circles closely aligned with the Communist party. Freudianism, by psychologizing relationships between individuals, put aside political concerns and served bourgeois interests as a result (Ohayon, 2006a, 2006b). But then, as Turkle (1992) shows, “in the course of the 1960s,
the French attitude toward psychoanalysis swung from denigration and resistance to infatuation in one of the most dramatic social reversals of an intellectual position in modern history” (p. 4). What happened in between? Jacques Lacan introduced a new and successful way of understanding psychoanalytic ideas that allowed a new form of social criticism. Following Lacan, most French intellectuals viewed psychoanalysis as something intrinsically revolutionary and subversive (pp. 16–17). In fact, from a Lacanian perspective, the psychoanalytical cure should not follow the social, utilitarian imperatives that aim at happiness for the largest number of people, but rather focus on questions of truth and the deep aspirations of the individual. Furthermore, in the intellectual milieu, French psychoanalysis—mainly Lacanianism—was frequently opposed to American psychoanalysis and, notably, ego psychology (Roudinesco, 1990). For example, the French Marxist philosopher Louis Althusser—who was close to Lacan—claimed that American psychoanalysis was an ideological deviation from the real purpose of Freud’s theory: “It can be said that, as a whole, the American psychoanalytic school treats psychoanalysis as an adaptation technique, quite honestly by the way, because this is the service which American society expects and ask of it” (Althusser, 1963, p. 22). These criticisms need to be seen in the light of a turning point in contemporary French history, culminating in the events of May 1968. The latter were characterized by a spontaneous workers’ and students’ uprising—of a cultural, social, and political nature—against traditional society, capitalism, imperialism, and, more immediately, against authority. As a result, Lacanianism went beyond “psy circles” and also became a social and cultural phenomenon (Moscovici, 2008). Thus, when behavior therapy arrived in France, it was taken as another American “adaptation technique” that should be rejected. But this rejection was also a direct result of the very specific culture of psychology, to which I will now turn.

Clinical Psychology in French Universities

Daniel Lagache played a pivotal role in the development of the field of psychology in the French university, notably creating the first psychology course (Carroy & Ohayon, 1999; Ohayon, 2006a). A philosopher and physician, in 1947, he was the first psychoanalyst to be named Head of Psychology at the Sorbonne. Lagache advocated a clinical psychology strongly anchored in a psychodynamic perspective (Carroy, Ohayon, & Plas, 2006; Ohayon, 2006a). Consequently, until the late 1980s, in French universities, clinical psychology became merely a synonym for psychoanalysis. This shift, however, met with resistance from the medical world, which did not look kindly upon the emerging profession. Indeed, clinical psychologists trained in psychoanalysis would go on to practice psychotherapy, which was, at that point, the territory of physicians alone. Despite several trials during the 1950s, French psychologists progressively managed to assume the right to practice psychotherapies that were mostly psychoanalytical. Eventually, French clinical psychology firmly and enduringly rooted itself in a psychoanalytic perspective and, at the same time, clearly demonstrated ambivalence toward experimental and medical approaches (Carroy et al., 2006; Ohayon, 2006a). Thus, in France, psychoanalysis appeared at once as an

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4 In light of this, French and American reinterpretations of Freudian psychoanalysis can be seen as two kinds of cultural “re-interpretation.”

5 French original: “On peut dire que, dans son ensemble, l’école psychanalytique américaine traite la psychanalyse comme une technique de réadaptation, très honnêtement d’ailleurs, puisque c’est bien le service que la société américaine attend et exige d’elle.”

6 In 1950s France, several resounding court cases resulted in the prosecution of nonmedical psychoanalysts for exercising medicine illegally (Amouroux, 2008; Ohayon, 2006b). As a result, until the late 1970s, lay analysts and psychologists were legally obliged to work under the supervision of a psychiatrist. But in a climate of legal uncertainty, exceptions to this rule were not uncommon (Soulez-Larivière, 1990). For a comparative study of what happened in the U.S. context, see Buchanan (2003) and Strand (2011).
instrument for emancipation from the power of the psychiatrist, a safeguard against totalitarian inclinations, and even as a veritable subversive tool. In this context, behavior therapy was almost inevitably cast as a practice that ignored the needs of the individual and that, under the guise of psychotherapy, imposed social conformity.

Psychology and Behavior Therapy Outside of France

It goes without saying that behaviorist theories also provoked criticism from areas outside Francophone circles (Mills, 1998; Richelle, 2003; Rutherford, 2009; Staub, 2011). In other European countries, such as the United Kingdom, behavior therapies were, as in France, criticized as manipulative impositions based on a mechanistic view of the human psyche. However, British psychology took practically the opposite direction to that prevailing in France. Under the impetus of the psychologist Hans Eysenck, and in a context structured by similar professional territorial conflict between psychiatry and psychology, British clinical psychologists promoted a conception of psychology both devoted to psychoanalysis and clearly open to the experimental culture (Buchanan, 2010; Hall, 2015; Rose, 1989). Although not a psychotherapist himself, Eysenck played a major role in the introduction of behavioral approaches in psychotherapy to clinical psychology departments.

In the United States, the practice of psychoanalysis had long been an area reserved for physicians. There psychologists were encouraged to take an interest in other forms of psychotherapy, such as behavioral and humanistic approaches (Benjamin & Baker, 2014; Wallerstein, 1998). However, beginning in the 1960s, some north American psychologists—like Michael J. Mahoney and Donald Meichenbaum—trained in the behavioristic tradition, but dissatisfied with the rigidity of the stimulus–response model, hybridized behavior therapy with cognitive techniques (Perris, Blackburn, & Perris, 1988). At the same time, Aaron T. Beck and Albert Ellis were developing new therapy systems focused on the role of cognition. As a result, in the 1970s, behavior therapy was rebranded in more palatable form.

Behavior therapy also became part of a project of self-betterment (Baistow, 2001; Buchanan, 2010; Rutherford, 2009). In Governing the Soul, Rose (1989) acknowledges that the success of behavior therapy in the United Kingdom and the United States stemmed from the fact that it participated in a project of emancipation and the empowerment of the individual: “Behavior modification, once the bête noire of the progressives, thus becomes consonant with the liberating theologies of self-assertion” (p. 241). In fact, in behavior therapy, therapists claimed that they were teaching their clients methods of self-control, self-analysis, or even self-help, which aimed at producing more liberated and empowered subjects (Rutherford, 2009). In France, as we shall see, the climate was too hostile for such a rebranding. There, behavior therapy proponents were obliged to wait until the 1990s to strike back.

The Début of Behavior Therapies in France

From Deconditioning to Behavioral Therapy

Conditionnement et névroses (Eysenck, 1962) was the first publication on behavior therapy to appear in France. It was a translation of Eysenck’s Behavior Therapy and the Neuroses. In the early 1960s, the term “behavior therapy” did not yet exist in France. The actual French translation of behavior therapy—thérapie comportementale—far from being self-evident, oscillated between several terms such as thérapie de déconditionnement in France (Rognant, 1961, 1965, 1970, 1973) and thérapie behaviorale in Canada (Granger, Bouchard, & Ladouceur, 1977; Malcuit, Granger, & Larocque, 1968, 1972). After the translation of a book by Wolpe into French, the term “thérapie comportemen-
Méliné Agathon, an experimental psychologist who specialized in conditioning, was probably the first psychologist to take a serious interest in behavior therapy. If her role is undeniable, the effective introduction to France of the practice of behavior therapy was essentially linked to Jacques Rognant. In contrast to Agathon, Rognant was not an experimental psychologist, but a practicing psychiatrist who trained at Santé Navale, the health services university of the French army. Rognant had, moreover, trained as a psychologist. While Rognant was finishing his studies in Bordeaux, the Professor of Neuropsychiatry, Michel Bergouignan, asked him to write a report on the new psychotherapeutic approaches that Eysenck was advocating. One year later, Rognant and Bergouignan published the first article in France that focused on this subject (Bergouignan & Rognant, 1961). In 1970, Rognant was commissioned to give a presentation detailing behavior therapies for the first time in the main Francophone congress of psychiatry (Rognant, 1970). This text is at once very precise, complete, and measured. Rognant gave an encyclopedic review of the literature on the subject and adopted a respectful tone toward his psychoanalyst colleagues. He also showed prudence concerning the applications of his method. Eysenck notably commended the work, even if he thought that Rognant had not been hostile enough toward psychoanalysis (Eysenck, 1971).

The Birth of the Association Française de Thérapie Comportementale [French Association of Behavior Therapy] (AFTC)

Following the publication of Rognant’s presentation, a series of events marked the beginning of behavior therapy in France. The AFTC was created in November 1971. It was during this assembly that the term “thérapie de déconditionnement” was rejected in favor of “thérapie comportementale” (Agathon, 1988). In comparison, the same year marked the founding in Italy of the Societa Italiana di Terapia Comportementale (Goldwurm, 1999), and, in 1972, the British Association for Behavioral Therapy was established in the United Kingdom (Marks, 2012). Consequently, Rognant was given the responsibility by Wolpe to translate The Practice of Behavior Therapy (Wolpe, 1969). This book—under the French title Pratique de la thérapie comportementale—was published in 1975 (Wolpe, 1975).

At the beginning of the 1980s, a series of introductory books demonstrated that Francophone—Belgian, Canadian, French, and Swiss—interest in behavior therapies had become undeniable (Cottraux, 1978; Fontaine, 1979; Granger et al., 1977; Seron, Lambert, & Van der Linden, 1977). I would like to focus on a particular book published by psychiatrist Jean Cottraux, entitled Les Thérapies comportementales (Cottraux, 1978). While his predecessors had shown themselves measured and prudent, Cottraux went on the offensive. In the foreword to the book, he took up a polemical tone:

Those that do not wish to change their behavior have absolutely no interest in carrying out behavior therapy. However, if they wish, they will find many therapists who will provide psychotherapeutic care with them for as long as possible. For just as there is coffee without caffeine, orange juice without

7 In the same way, before the term “behavior therapy” appeared in English, this practice had been designated by a wide range of names, such as “conditioning therapy,” “behavioristic psychotherapy,” “objective psychotherapy,” or even “reciprocal inhibition psychotherapy” (O’Donohue, 2001).
oranges, the psychotherapy market without any therapeutic effect covers enormous ground.\textsuperscript{8} (Cottraux, 1978, p. 19) Cottraux went on to become a major player in behavior therapy in France, as much on account of his research activity as for his role as a popularizer. He was notably one of the experts and authors of a French report that evaluated psychotherapies (INSERM, 2004). A book he published in 1978 became a great success and inspired a number of contrasting textual reviews. I will mention only two of them. In one, Eysenck showed himself to be a supporter and commended the publication which, he argued, compensated for the “disappointing disregard” (Eysenck, 1979) that the French showed for behavior therapy. By contrast, the French psychiatrist Jacques Hochmann published a review of almost 20 pages in the foremost French psychoanalysis journal, which denounced this “stupid therapy for stupid people\textsuperscript{10}” (Hochmann, 1980).

**Dangerous Therapies?**

**“The Carrot and the Stick”**

In France, at the end of the 1970s, behavior therapies gave rise to a series of unprecedented critical reactions. These criticisms were not only limited to psychology circles like the aforementioned paper by Hochmann (1980), but also appeared in reviews that addressed the general public in the major French newspapers, \textit{Le monde} \textsuperscript{[16]}, \textit{Libération} \textsuperscript{[17]}, and \textit{Le Nouvel Observateur} \textsuperscript{[18]} (Bensaïd, 1976; Colombani, 1979; Groussard, 1983; Moscovici, 1973). In the post-1968 context of ethical sensitivity (Bourg, 2007), the debate about psychotherapy became a topic of public discussion. An urgent need was felt to discuss the danger of certain coming therapeutic approaches. The debate took place mostly in general newspapers and magazines, but not in scientific journals.\textsuperscript{11} The main volley of insults came in \textit{Autrement} \textsuperscript{[19]}, a magazine widely disseminated\textsuperscript{12} in France and targeting a readership of the progressive left.\textsuperscript{13} This publication was founded in 1975 by Henry Dougier, a former manager dissatisfied with the market economy. His goal was to create a magazine that explored contemporary popular debate. Its opening issues covered topics like deviant behavior in adolescence, changes to family structure, new forms of urban solidarity, and the evolution of the Catholic Church.

\textsuperscript{8} French original: Ceux qui n’ont pas envie de changer leur comportement n’ont aucun intérêt à effectuer une thérapie comportementale; Par contre, s’ils le désirent, ils ne manqueront pas de thérapeutes disponibles pour les prendre en charge aussi longtemps que possible. Car de même qu’il y a du café décaféiné ou du jus d’orange sans orange, le marché de la thérapie sans effets thérapeutiques est devenu fort vaste.

\textsuperscript{9} It is difficult not to read here a reference to, and reproach of, the famous Lacanian slogan, according to which Lacan saw recovery as an additional benefit (“la guérison comme bénéfice de surcroît; Lacan, 1966, p. 324). From this perspective, therapeutic change was not the principal objective of psychoanalysis. The latter should be considered more as a process of individual research and self-discovery, or even as an initiatory journey. Thus, this aphorism also underlined the importance of the initiatory dimension of the analytical cure, whereas psychotherapists were, for Lacan, nothing but cold and pragmatic technicians.

\textsuperscript{10} French original: “thérapie sotte pour les sots.”

\textsuperscript{11} Overall, the general tone in scientific journals was neutral or even favorable (Brusset, 1985; Cortez, 1980; Juillet, 1982).

\textsuperscript{12} \textit{Autrement} quickly became very successful with between 15,000 and 20,000 sales per issue. As a result, in 1983 the founder of the journal created a major printing and publishing business also called \textit{Autrement} (Rabaudy, 2001).

\textsuperscript{13} In 1975, the board of the journal was composed of young figures of the French intellectual landscape of the Left, like the economist Jacques Attali, the anthropologist Françoise Héritier, the historian Jacques Le Goff, and the psychologist Serge Moscovici.
In 1975, Autrement dedicated an issue to psychiatric treatments (Simon, Soubrié, & Martzloff, 1975), entitled “Cure in Order to Normalize.” Its tone was eminently critical. Employing rhetoric close to that of antipsychiatry, the writers stigmatized the dangers of psychiatric techniques such as psychosurgery, psychotropic drugs, and behavioral therapy. The writers denounced psychiatric practices that, under the guise of therapy, exercised a form of social repression. Five years later, this very same journal dedicated an entire issue to behavioral therapies alone, entitled “The Carrot and the Stick,” with the subtitle, "For Our Greater Welfare, the Shrinks Have Rediscovered the Virtues and Methods of Obedience Training" (Welger, 1980). While the earlier issue more or less simulated the proceedings of a trial, disclosing incriminatory and exculpatory evidence, this issue was a veritable lampoon. The main argument presented in these two issues was the profoundly inhumane and liberticidal aspect of the therapies, notably in their recourse to aversion treatments. The two publications had a major impact and gave rise to a number of responses (Apfeldorfer, 1981; Kohler, 1981; Koupernik, 1982; Koupernik, Cottraux, Hanus, & Parmentier, 1982; Martin, 1980). A large part of the critical argument of these two special issues focused explicitly on the work of philosopher Michel Foucault and the citizen protest movements that he initiated (Foucault, 1975). Using this model, “a core group of resistant fighters” was created in Paris in 1979. A group that took specific interest in the dangers of implementing these approaches in France was the Groupe de Recherche contre les Manipulations du Comportement (GRMC) (Kalibaba et al., 1980). The group included teachers, psychologists, and physicians. In particular, several activists fought for a more humanistic psychiatry: psychiatrists Jean-François Reverzy and Stanislas Tomkiewicz, and public health specialist Antoine Lazarus, who had rubbed elbows with Michel Foucault (Appert & Lazarus, 1979). The radical mistrust of behaviorism was fueled by several media scandals concerning institutional mistreatment in therapeutic communities intended for drug addicts and in the care of autistic children (Tomkiewicz & Vivet, 1991; Welger, 1980). Despite the fact that none of this seemed to have any direct connection with the AFTC, the members of the GRMC considered these different examples of inadequate institutions sufficient evidence to definitively condemn existing behavioral approaches. The objectives of this group of whistle-blowers were

14 French original: “Guérir pour normaliser.”
15 Surprisingly, there is little or no reference in France to be found to the American debates of the 1970s concerning the fact that homosexuality was a mental illness, and the use of aversion therapy to remedy it (Decker, 2013).
16 French original: “la carotte et le baton.”
17 French original: “Pour notre ‘mieux-être,’ les psy redécouvrent les vertus et les recettes du dressage.”
18 The remarks by Stanislas Tomkiewicz, a psychiatrist with more or less moderate views on the subject, illustrated the deep mistrust of behavioral therapies—still vivid in the 1990’s—in “psy” circles, although recourse to aversion treatment was abandoned: Even the idea of behaviourism “with the carrot alone” would not suffice to appease our concerns: the fact of considering a child as a black box and as a composite of behaviours greatly risks forgetting the roles played by feelings, deeper motivations and life story. It puts biology, sociology and all that psychoanalysis has taught us into parentheses. Such a reduction ends up reifying the child and seems full of dangers [Même ce comportementalisme “à carotte seule” ne suffit pas à supprimer nos appréhensions: le fait de considérer un enfant comme une boîte noire et comme un conglomérat de comportements risque trop de faire oublier tout le rôle de l’affectivité, des motivations profondes, de l’histoire, de mettre entre parenthèses la biologie, la sociologie et ce que nous a appris la psychanalyse. Une telle réduction en arrive à chosifier l’enfant et semble lourde de menaces]. (Tomkiewicz & Vivet, 1991, p. 111)
19 Foucault participated in the creation of protest groups aimed at denouncing societal abuse against certain individuals without rights, such as prisoners or the mentally ill (Boulant, 2003; Brich, 2008; Gandal, 1986).
20 French original: “un noyau de résistants.”
1/To dispute and slow down the implementation of behaviorism, supported by critical research into the fundamental principles of behaviorist theories, as well as by demonstrating the mechanisms and attitudes fostering their continuation. 2/To inform themselves and inform others. 3/To coordinate efforts to fight behaviorism.21 (GRMC, 1981, p. 185)

The members of the GRMC aimed at infiltrating the center of the AFTC congress in order to keep public opinion up-to-date (GRMC, 1981) and to analyze Francophone publications on the subject (Aubert & Binder, 1982). Given the necessary discretion of a group like the GRMC, it is difficult to specify their actual contribution. However, French hostility toward behavioral therapies was not demonstrated only by the actions of this pressure group. For example, in May 1976, a number of students noisily interrupted an AFTC conference dressed up as cats, rats, and dogs and shrieking like animals (Agathon, 1988). The news spread sufficiently in the behaviorist community in Europe that British psychologist Victor Meyer, invited to speak in Paris at a conference some weeks later, expressed his concerns regarding the situation. He wrote to Agathon, “[Dr Robertson] even warns me that there might be demonstrations against our sessions.”22 In France, behavior therapy was, above all, seen as an American psychiatric technique for control, which reduced man to an animal-like state and rendered him incapable of behaving as an autonomous individual. As such, it became the target of choice for those who feared that this young discipline might be exploited and used against individuals.

“Another Product ‘Made in the U.S.A.’”23 (Welger, 1980, p. 11)

The rejection of behavior therapy was also based on cultural and political motivations. It was probably in an effort to account for this dimension that the Belgian psychologist and translator of Skinner, Marc Richelle, suggested the expression “behaviorist peril”24 (Richelle, 1977). This phrase, which lambasts the severity of the critical reception of behaviorism, refers to the “yellow peril,” the fantastic imaginings of a huge Asian immigration to Europe at the end of the 19th and beginning of the 20th century. Richelle was neither French nor a behavior therapist, but he was a specialist in Skinner and was one of the first members of the Association Belge de Behavior Therapy created in 1974. Moreover, although there was a strong cultural and intellectual link between France and the other European French-speaking communities (Richelle et al., 2006), Belgium and Switzerland did not share the French attitude toward behaviorism. From Richelle’s point of view, while claiming that there was a danger with behaviorism, Skinner’s French-speaking opponents prevented French readers from understanding the meaning of Skinner’s theories. In his book, Richelle argued that the reason that behaviorism was mocked and reduced to an “American affair”25 was its “tremendous subversive potential.” In choosing “Behaviorist Peril” as a title, Richelle pointed out the nationalist assumptions of his opponents. As a Belgian, he probably found it easier to criticize French exceptionalism and to portray the French as nationalist or even xenophobic. In doing so, Richelle underlined the malicious ethnocentrism of French anti-imperialism.

There was indeed a geopolitical aspect to the Francophone reception of behavior therapy. It was not simply a theory, but, above all, an American theory that was criticized and rejected for ideological reasons. In France, the opponents of behavior therapy systematically identified this approach with American practice. This reading of the

21 French original: “1/Contester et freiner l’implantation du comportementalisme, en s’appuyant sur la recherche critique des fondements des thèses behavioristes et en démontrant les mécanismes et les attitudes qui favorisent leur extension. 2/Se informer et informer. 3/Coordonner des actions de lutte.”
23 French original: “Encore un produit ‘made in U.S.A.’”
24 French original: “péril behavioriste.”
25 French original: “une affaire pour Américains.”
situation, however, was completely biased, given that this practice came more from South Africa rather than the United States. This identification could be seen as a consequence of a nationalist and anti-American climate that prevailed in France at that time. In the context of the Cold War, the French Communist Party maintained that there was a veritable “conspiracy against intelligence” (Roger, 2006, p. 431) orchestrated by the United States. American products aimed at the general public, such as Hollywood films and books from Reader’s Digest, were judged dangerous and subjected to quotas to restrict their import as much for economic as for political reasons (Kuisel, 1993). One of the most striking and symbolic episodes of this phenomenon concerned the attempted ban on the sales of Coca-Cola by the French Communist Party in the 1950s. Indeed, according to its detractors, “Coca-Cola was part of the Marshall Plan’s strategy of colonizing France, and the Communists coined such phrases as marshallisation and cocacolonisation to expose the United States’ colonizing strategy” (Kuisel, 1991, p. 101).

In a general sense, French intellectuals progressively adopted the idea of a necessary fight against cultural imperialism and American economics: “Cultural anti-Americanism became a patriotic duty” (Roger, 2006, p. 432). Everything seemed to indicate that the French reception of behavior therapy participated in the development of anti-Americanism. Thus, the aforementioned issue “The Carrot and the Stick” of the journal Autrement opened with the following question:

But, in fact, is it “behaviorisme” or “comportementalisme”? In other words, is this a Frenchification of behaviorism to ensure that the national version succeeds, or is this comportementalisme in France a new sign of the Americanisation of our society? (Welger, 1980, p. 15)

The refusal of behaviorism translated more as a rejection of the values with which it was linked. This behaviorist ideology—real or alleged—supposedly relied on reactionary ideas, seen to be bourgeois and clearly leaning toward the right—even the extreme right—of the political spectrum. Behaviorist psychological methods, although appearing innocent, were in fact seen to be a form of mind control ironically considered as “a gentle lobotomy” (Parot-Locatelli, 1978). The new therapy arriving from the United States was viewed as incompatible with a European mentality, and, above all, a French one. According to Hochmann, this psychotherapeutic trend gave a reductive conception of man, which led to the dumbing-down of both patient and therapist:

For want of being able to achieve Freud’s dream of creating an alloy from gold and copper, is it necessary to foresee a stupid therapy for stupid people, that is to say, a stupefying therapy that spares people the pain of thinking. (Hochmann, 1980, p. 690)

From this viewpoint, then, there was indeed a “behaviorist peril,” or even a “conspiracy against intelligence,” that threatened French culture.

The reception of behaviorism in France reversed the typical logic of colonial history and placed France, culturally, in a peripheral situation (Danziger, 2009; Raj, 2000). In this case, it was not Europe that occupied a commanding position, distributing its knowledge to the far reaches of the world. Conversely, it was a former colony—the United States—that was considered to be the main center of the production of knowledge. In this respect,

26 To be more precise, two tendencies can be distinguished among the pioneers of behavior therapy: The first and major one was found in South Africa and in the United Kingdom, concerned the work of Pavlov, and was oriented to consultative individual therapy, whereas the second was more American, relied heavily upon the work of Skinner, and tended to have a social engineering focus (O’Donohue, 2001; Rutherford, 2009).

27 French original: Mais, au fait, behaviorisme ou comportementalisme? Autrement dit, assiste-t-on, pour les besoins de la réussite de la greffe, à une francisation du behaviorisme, au façonnage d’une mouture nationale, ou bien le comportementalisme en France est-il un nouveau signe d’ “américanisation” de notre société?

28 French original: “A défaut de savoir réaliser le rêve de Freud d’un alliage de l’or et du cuivre, faut-il prévoir une thérapie sotte pour les sots, voire une thérapie assistante évitant aux hommes la peine de penser?”
should we not consider the belated French acceptance of behavior therapy to be a manifestation of a complex process of indigenization (Danziger, 2006; Pickren, 2009)? It seems, in fact, that the reproaches aimed at behaviorism were just as much nationalistic reactions against a foreign and imperialist psychological culture as they were criticisms of a psychological technique. The criticisms highlighted the symbolic dividing line between Europe and the United States.

**Beyond Behaviorism**

**The Dormancy of the French Behaviorist**

What exactly were the effects of these criticisms on the practice of behavior therapy? During the 1980s and the 1990s, the French behaviorist movement grew in a unique way compared with the United Kingdom and the United States. Regarding the number of members, the comparison between France and the United Kingdom is particularly striking. Both countries had a similar number of inhabitants and created an association in the early 1970s: The AFTC was created in November 1971 and the British Association for Behavioral Psychotherapy (BABP) in November 1972. Yet the number of members was much higher in the United Kingdom than in France. For example, in 1980, membership was about a hundred for the AFTC (Cottraux, 1991) and more than a thousand for BABP (Lomas, 1991). Ten years later, the difference had narrowed but remained substantial: 600 members of the AFTC and almost 1,800 of the BABP. Today, there are more than 2,000 members of the AFTCC and more than 10,000 of the BABCP. Furthermore, even the membership composition was completely different. In the United Kingdom, as in most countries except France, psychologists were the majority of the members of behaviorist associations (Ardila, 2009). Conversely, in France, the majority was made up of physicians and psychiatrists especially. Thus, in 1987, 70% of the French members were physicians, whereas only 25% were psychologists (Légeron, 1987). Moreover, as pointed out by Cottraux (1991), in France, at least until 1990, “almost all the official CBT teaching was provided by Faculties of Medicine” (p. 190). Indeed, after the creation, in 1981, of the first official postgraduate university teaching of CBT in the Lyon Faculty of Medicine, several other postgraduate programs were developed in the Faculties of Medicine of Paris, Marseille, and Bordeaux. The first master’s degree in psychology with an orientation in CBT was created in 1985 at the Faculty of Lille 3. Surprisingly, this master’s was not a degree in clinical psychology but in cognitive ergonomics (M. Hautekeete, personal communication, March 7, 2016). As previously noted, in France during that period, psychoanalysis exercised a quasi-monopoly situation in clinical psychology. CBT was therefore excluded from clinical psychology programs. Thus, academic and professional positions in clinical psychology with an explicit CBT orientation were extremely rare.

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29 Cf. the websites of both associations: [http://www.babcp.com/About/About.aspx](http://www.babcp.com/About/About.aspx) and [http://www.aftcc.org](http://www.aftcc.org).

30 Here, a comparison with the U.S. situation is also relevant. In the United States, psychoanalysis was historically dominated by psychiatrists, who used it to attempt to monopolize the practice of psychotherapy. Thus, for the U.S. and U.K. psychologists, behavior therapy became a way to address the medical dominance of the psychotherapeutic marketplace (Buchanan, 2003, 2010). In France, the practice of psychoanalysis was more tolerated among psychologists. As a result, behavior therapy produced less enthusiasm among them and therefore became a more psychiatric practice.

31 Thus, although there were a few academic positions teaching and researching in the CBT field, most of them were not located in departments of clinical psychology and almost none of them explicitly mentioned the affiliation with CBT theory. Indeed, the first official chair in CBT in a French department of clinical psychology was established at the University of Strasbourg in 2011 for Patricia Tassi (S. Rusinek, personal communication, November 24, 2016). Until then, most of the academic positions in this field were filled by psychologists from different backgrounds whose interests evolved over time toward CBT.
It was not until the 1990s that a few other clinical psychology departments integrated CBT into their courses. However, in the early 1990s, the introduction of cognitive therapy progressively alleviated the aversive reaction of the French psychotherapy milieu against behavior therapy, or more precisely, against cognitive and behavior therapy. As a result, French behaviorists woke up from their “forced sleep.” French indexed CBT publications increased by a factor of 4 between 1998 and 2009 (Champion, Garnoussi, Hutschemaekers, & Pilgrim, 2014). It is likely that the perceived psychological benefits of these new approaches (i.e., from behavioral therapy to CBT) made them more easily compatible with the prevailing model of psychodynamic therapy. In the early 2000s, the significant increase of practitioners translated into a more offensive strategy. Cottraux participated in the INSERM report on the effectiveness of psychotherapy, mentioned in the introduction to this article. The publication of this report marked the start of the “Psy War,” which has been ongoing in France since the 2000s. Schematically, there are two main forces at work: cognitive behavior therapists on one side, and psychoanalysts on the other. Following this report, the publication of a book—*Le livre noir de la psychanalyse* [The Black Book of Psychoanalysis] (Meyer, 2005)—further radicalized the debate. This book offered a severe and critical review of psychoanalysis and denounced the “French cultural exceptionalism” in psychotherapeutic practice. The violence of the debate following publication of this book represented a turning point in French psychological culture. After *Le livre noir*, it was no longer possible to state that psychoanalysis reigned unchallenged in the field of psychotherapy in France. Whereas behavioral therapy had failed to appeal to the French audience, cognitive therapy, and, more precisely, cognitive–behavioral therapy, changed the French psychology landscape.

**“Cognitive Therapy, the Daughter of Freud and Coca-Cola?”**

As mentioned earlier, behavior therapy was initially poorly received both in the United Kingdom and the United States. As a result, in the 1970s, behavior therapy proponents hybridized behavioral techniques with more agreeable cognitive techniques in the context of a self-help/self-empowerment ethos. In France, a similar process of hybridization occurred in the 1990s. This also resulted in the integration of tools coming from cognitive therapy, and in the publication of self-help books (van Rillaer, 1992). But what characterized the process of indigenization of behavior therapy in the French context was the need to address the monopolistic position of psychoanalysis. In this context of hostility, it was necessary to make alliances with all available forces. That is probably why, in the early stages, the AFTC chose as its presidents individuals who were well integrated in the psychotherapy milieu, although not necessarily behavior therapy practitioners. These included Pierre Pichot, President of the World Psychiatric Association between 1977 and 1982, and Daniel Widlöcher, a psychoanalyst former president of the Association Psychoanalytique de France [French Psychoanalytical Association] and future President of the International Psychoanalytical Association from 2001 to 2005.

In the late 1980s, Cottraux, who was especially aggressive against psychoanalysis in his first book about behavior therapy (Cottraux, 1978), changed strategy. In the reprints of his book—in 1990, 1995, and 1998—psychoanalysis bashing had almost vanished. The title also changed, from *Les thérapies comportementales* to *Les thérapies comportementales et cognitives*. Likewise, in 1990, the AFTC added a “C” to the association name in order to underline the role of cognitive therapy (Association Française de Thérapie Comportementale et Cognitive [AFTCC] [French Association of Cognitive and Behavior Therapy]).

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32 French original: “La thérapie cognitive fille de Freud et de Coca-cola?”
Meanwhile, Cottraux met Aaron T. Beck, and more precisely became acquainted with cognitive therapy. This new approach appeared to better meet the expectations of French psychotherapy circles. As Cottraux said,

[Ivy-Marie Blackburn] wrote, with me as co-author, the first French book on cognitive therapy of depression (1988). . . . A. T. Beck in his foreword presented cognitive therapy as a new synthesis of classical psychodynamic approaches and classical behavior therapy. This ecumenical stance was welcomed by [French] mental health specialists. (Cottraux, 1991, p. 190)

The strategy was therefore quite clear. The idea was to bridge the gap with some psychodynamically oriented therapists, while maintaining the methodological rigor of behavior therapy. This approach was very similar to Beck’s strategy in the United States (Rosner, 2014). Like Cottraux, but a few years before, Beck was also obliged to find areas of common ground with psychoanalysts in order to develop cognitive therapy. During the same period, in a popular work on cognitive therapy, Cottraux formulated his thoughts even more clearly. In a section ironically entitled “Cognitive Therapy, the Daughter of Freud and Coca-Cola?” he specifically presented this new therapeutic approach as something better suited to French culture:

Cognitive therapy can be considered as a synthetic product. It borrows the operational aspects of its practice from behavior therapy, which originate in the Anglo-Saxon’s practical spirit and empiricism. But also, it proposes a model of mental functioning that brings it nearer to psychoanalysis. A synthesis of “esprit de finesse” and geometry, it has enough merits to seduce the country of Descartes, where it has been better received than pure and unadulterated behavior therapy in its infancy. (Cottraux, 1992, p. 16)

The arrival of this new “synthetic product” on the psychotherapy market coincided with the development of the AFTC. In France, throughout the 1990s, there was an increase in the number of academic curricula, therapists, and publications in the field of CBT. In the early 2000s, the French proponents of CBT no longer needed to forge alliances with moderate psychoanalysts. It was at that precise moment that the aforementioned “Psy War” broke out. But by now, the proponents of CBT were strong enough to challenge the monopoly of psychoanalysis on the market of psychotherapy.

Conclusion

In early 1970s France, psychoanalysis experienced an unparalleled development in the intellectual world and became the main referential theory of clinical psychologists as well as psychiatrists. Moreover, beyond a mere psychotherapeutic theory, Lacanianism renewed leftist social criticism and was seen as a facilitator of the rise of political consciousness. Thus, the introduction of behavior therapy in France over the same period provoked an important reaction that would go on to substantially and lastingly hinder the development of CBT compared with other European countries such as the United

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34 French original: La thérapie cognitive peut être considérée comme un produit de synthèse. Elle emprunte les aspects opérationnels de sa pratique aux thérapies comportementales, issues de l’esprit pratique et de l’empirisme anglo-saxons. Mais de plus elle propose un modèle du fonctionnement mental qui la rapproche de la psychanalyse. Synthèse de l’esprit de géométrie et de l’esprit de finesse, elle a de quoi séduire au pays de Descartes, où elle a reçu un meilleur accueil que la thérapie comportementale pure et dure, à ses débuts.
Kingdom. Indeed, in France, behavior therapy was viewed as ethically problematic and dangerous. This rejection was also explained by a marked hostility among French intellectuals toward the United States. These therapies were seen as manifestations of American imperialism and participated in a revival of anti-Americanism. In this respect, the adverse reaction of the French intelligentsia toward behavior therapy was as much a demonstration of the difficult process of appropriation of new psy-knowledge coming from abroad as it was a reassertion of “French cultural exceptionalism.” It was not only because behaviorism contravened the ethical values of professionals that it was rejected, but also because it actually placed French psychotherapy professionals in a peripheral position. Indeed, what was well and truly at stake here was a fight against American economic and cultural imperialism, as denounced by leftist intellectuals. Anything that came from the United States, from Coca-Cola to Hollywood movies, and including behavior therapy, was potentially seen as part of a larger project of mind control in the service of totalitarian politics.

In the early 1990s, the situation changed with the arrival of cognitive therapy in France. The Cold War was now over, and thus anti-Americanism was declining. Moreover, exceptionalism had inevitable limits: French “psy” could not afford to cut itself off from the rest of the world. Eventually, hybridized with cognitive techniques, behavioral therapy was seen as better suited to the French “psy” culture. Cognitive therapy was presented as a synthesis of the French *esprit de finesse* [●●●] and of the “Anglo-Saxon practical spirit and empiricism.” As a result, the French CBT movement finally mushroomed and, in the early 2000s, was able to challenge the monopolistic position of psychoanalysis in field of psychotherapy.

Overall, there are ironies aplenty in the belated acceptance of behavior therapy in France. Indeed, French intellectuals tied behavior therapy to American economic imperialism, even though the large majority of leading behavior therapists were actually from South Africa. This irony continues a bit further. Beck’s theory and the added cognitive dimension, which offered a form of therapy far more palatable to French sensibilities, were unambiguously American.

**References**

Abelhauser, A. (2005). Ripostes [Responses]. *Cliniques Méditerranéennes, 71*, 5. [http://dx.doi.org/10.3917/cm.071.0005](http://dx.doi.org/10.3917/cm.071.0005)


Welger, C. (1980). La carotte et le bâton. Pour notre mieux-être, les psy redécouvrent les vertus et recettes du dressage [The carrot and the stick: For our greater welfare, the shrinks have rediscovered the virtues and methods of obedience training] [Special issue]. Autrement, (28).


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