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Louis Vivet, a paradigmatic case of multiple personalities and the cathartic method

Louis Vivet, the concept of multiple personality and cathartic method

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SUMMARY

A clinical case, that of Louis Vivet, described by Bourru and Burot (1888), contributed to the development of the concepts of multiple personalities and cathartic method. The authors present this case, the context in which it is observed and the theories constructed from this case. The analysis of the genesis of iatrogenic or transitory states presented by Louis Vivet (Hacking, 2002), shows how the dominant theories at the time concerning identity and memory contributed to forming the symptoms observed by Bourru and Burot (1888) and validated the methods to treat them.

Keywords:Iatrogenic states; Multiple personality; Cathartic method; Identity; Social memory.

SUMMARY

A clinical case of Louis Vivet, described by Bourru and Burot (1888), contributed to elaborate the concepts of multiple personality and cathartic method. The authors present this clinical case, the cultural context of this mental illness, and the relevant theories. The genetic analysis of Louis Vivet's iatrogenic disorder or transient mental illness (Hacking, 2002) shows how the dominant theories on identity and memory contributed to construct the symptoms observed by Bourru and Burot (1888) and validated the therapeutic methods.

Keywords:Iatrogenic disorder; Multiple personality; Cathartic method; Identity; Social memory.

At the end of the 19th century^{century}, medical sciences would stumble over the study of certain mental illnesses which did not fit into their experimental framework and played on their scientism.

Thus, for example, Charcot, the brilliant neurologist, first approached the study of the psyche through metallotherapy and hypnosis – thinking that he would find laws in the application of various metals to different parts of the patients' bodies (Rapport, 1877; 1878; Burq, 1882). It was only after about fifteen years that Charcot (1893) fundamentally revised his approach to the psyche and therapies and placed the origin of certain mental illnesses not in organic lesions but in belief and imagination, which constituted a significant epistemological break.

This article will describe and then analyze a particular moment of this bold period of science: the discovery of the cathartic method and multiple personalities through the analysis by Bourru and Burot (1888) of a patient, Louis Vivet. Recent studies on false memories (for a general presentation, see Loftus and Ketcham, 1997) or on multiple personalities (for a general presentation, see Spanos, 1998) reveal that the ideas developed by Bourru and Burot (1888) from this case still persist today, while it is proven that their relevance was limited: the symptoms presented by Louis Vivet were, to use Hacking's (2002) terminology, iatrogenic, doxogenic or transitory states. They were the result of the dominant theories at the time regarding identity and memory as well as too much naivety in terms of investigation of the psyche.

As we will see, the simple concepts (particularly in terms of memory theory and techniques for investigating the psyche) that allowed the discovery of the cathartic method permeate common sense so much, seem so obvious, that more than a century after Charcot's conversion or Freud's analyses, they still guide the idea that we have of what memory is, a souvenir or what can constitute a traumatic event. These common sense concepts, although repeatedly denied, nevertheless continue to found many therapies.

The context at the end of the 19th century^{century}: The emergence of the plural self against the unique self

After the numerous observations which, notably following Puysegur, revealed the phenomena of dissociated memory¹ and the plurality of existences², the second half of the 19th century^{century} saw the emergence of one of the most important critiques of the mind: the self and identity were described by many intellectuals in both scientific and philosophical circles as fictitious entities, appearances or illusory constructions. As Nietzsche (1888/1995) would say a little later, "identity is a great illusion" just as "the concept of the 'individual' is false", because in fact, "we are a multiplicity that has constructed an imaginary unity" (, p. 284-289).

For example, Durand de Gros³(1867) rebelling against the "dogma of the indivisible and absolute unity of the human being" (p. 603) was one of the first theorists of polypsychism:

"[...] physiology and medicine, psychology and morality have agreed until this day in regarding man as a living, feeling and thinking unit, entirely compact and irreducible, as a single and simple animated body; and, on this first and common belief, all their dogmatic and practical institutions have been formed. Now, new facts seem to come today to demonstrate to us that this belief is an error; that the human being is, in reality, a collection of organisms, a collection of lives and distinct selves" (p. 615).

This critical current was such that Jean Paulhan (1880), in one of his first writings, stated that these phenomena of double consciousness were well known to readers of the *Revue Philosophique*. Taine, Ribot, Littré, Azam, Dufay had already presented cases and developed theses on this subject. Jean Paulhan would consider, like many others later, that these states of double consciousness, initially or a priori considered morbid, were in fact frequent, and this, even in a normal individual: fundamentally man has various personalities. It is the body that establishes the unity of man, not his mind: it is made up of several selves, when one dominates it most often excludes the others (there is therefore a unity, but it is momentary). Two of the greatest figures of French psychology, Taine and Ribot, directly or indirectly supported these ideas (Hacking, 1998, p. 253). Thus, Taine (1870, p. 343) affirmed that the self is a "verbal entity" and a "metaphysical phantom". Similarly for Ribot (1885, p. 151), "individuality at its highest degree, in man, is the accumulation and condensation in the cortical layer of the brain of elementary consciousnesses, originally autonomous and dispersed".

To properly measure this revolution, let us recall the dominant thesis at the time (and still today) with the simple and clear words of Thomas Reid (1785):

"The conviction that every man has of his identity, as far back as his memories go, does not need the help of philosophy to strengthen it, and no philosophy is capable of weakening it without first determining a certain degree of madness... My personal identity consequently implies the continued existence of that indivisible thing which I call the self. Whatever this self may be, it is something which thinks, reflects, resolves, acts and suffers. My thoughts, actions and feelings change at every moment; they have a successive, not a continuous, existence; but the self to which they belong is permanent and maintains an invariable position with respect to all the thoughts, actions and feelings which succeed one another and which I call mine... Identity is a perfect identity; where it is real, it admits of no degrees, and it is impossible for a person to be partly the same and partly different, because a person is a monad, that is to say, indivisible. Identity applied to persons does not allow for any ambiguity, does not admit of degrees, of more or less. It is the basis of all rights and all obligations and all responsibilities, and its notion is fixed and precise."

The first typical cases

Many astonishing and exemplary pathological cases will come to feed the thesis of the plural self against that, classic, moral and obvious, of the unique self, of the continuous identity. Thus, Taine (1870, p. 156; 1876) in his argument in favor of the multiple against the unique uses the case of the "lady of Macnish", a woman who would have had two alternating existences ignoring each other⁴. In France, two cases more important than the others must be mentioned: Estelle and Félida. The case of Estelle⁵ constitutes a Copernican revolution (alas too little known) because Dr. Despine (1840) who observed her affirmed that her normal state was pathological while her second state was not (a state that appeared later which is more limited in memories, but where Estelle appears less sickly, more joyful...). The high point of this rich series of cases is that of Félida (Azam, 1893) who, as Hacking (1998, p. 253) thinks, was the educator of Taine and Ribot and who, subsequently, was constantly taken up again.

This is another case, obviously much less well-known than that of Félida, which will be presented here, that of Louis Vivet. In many ways, it resembles other cases from this period where we only speak of double personality or double memory. This is how Camuset (1882) then Voisin (1885) will consider him during his time in their respective services. However, a few years later, Bourru and Burot (1888), trying to draw up a biography of Louis Vivet⁶, will supplant the term double with that of multiple, thus introducing the concept of multiple personality (Hacking, 1998, p. 271; 2002, p. 48).

"We are no longer at the alternation of two personalities [...], we are now in the presence of a whole series of successive and different states" (Bourru and Burot, 1888, p. 84).

As we will see, this patient embodies, through the symptoms he presents, the knowledge and medical hypotheses of the time. His meetings with various doctors, the way he endorses their diagnoses and responds to their experiments make him an "ideal type". But this ideal case goes beyond the synthesis of knowledge already constructed because it will support the boldest hypotheses. Indeed, all explorations are possible because each of Louis Vivet's multiple personalities can be evoked at will, and thus a particular personality appears before the eyes of those who observe him, accompanied by his own memories and a specific physical state. We therefore have the impression of reliving Louis Vivet's past and replacing him in his attitude and state of the time. Thus, for Crabtree (1985; 1993) it is from Louis Vivet that we will establish a link between personalities and multiple memories. But the Bourru and Burot exploration will go much further and for Chertok (1960), Louis Vivet appears as a paradigmatic case of the use of the cathartic method following a trauma: the recall of memories will be considered as an effective therapeutic means.

The ideal case: Louis Vivet

For Bourru and Burot (1888) the life of Louis Vivet is "remarkable for the complexity of the personality states that it successively presented" (p. 121). He seems to have known various existences, each one being characterized by particular physical and psychological traits. For example, at one time in his life, he is brutal, a thief and lazy, while at another time in his life, he is sympathetic, honest, hard-working and paralyzed in a certain limb.

Each time he changes existence (during a crisis), he takes on a personality as well as the memories and specific bodily states of this personality. There are thus several lives, several existences that follow one another, mutually ignoring each other. In this strange aspect, Louis Vivet resembles other cases already well known at the time.

What is more important is that with this patient, Bourru and Burot (1888) discovered the possibility "of making the subject vary as he had varied spontaneously and that one could by certain means make a previous period of his life reappear" (p. 11). Indeed, in addition to these natural and spontaneous personality changes, Louis Vivet can be experimentally placed in such and such a period of his existence. A period which, as for spontaneous changes, corresponds to such and such a personality and brings about the appearance of the entire psychic and physical ensemble existing at this period of his existence.

This ability of doctors to place their patient at one period of his life or another allows them to observe the consequences of this change on his psychic and somatic state. Thus, at one period certain symptoms appear which, at a period located a few days earlier, disappear. Equipped with such an instrument, they can easily locate a critical period, that during which certain events can arise in the life of the individual and be considered as the determinants of future morbid states.

The story of Louis Vivet

Louis Vivet was born in Paris on February 12, 1863 to a hysterical mother and an unknown father. He spent part of his childhood in a village near Chartre where, mistreated by his mother, he ran away and became a vagabond. Convicted of theft at the age of 8, he was placed in a reformatory. While being assigned to agricultural tasks, he received an education and was a rather good student in primary school.

One day, while he was picking vine shoots, "a viper wrapped itself around his left arm, without biting him. He was extremely frightened and in the evening, when he returned to the colony, he lost consciousness and had fits. The attacks were repeated: finally, paralysis of the lower limbs occurred, his intelligence remaining intact" (Bourru and Burot, 1888, p. 20). Then, he had violent convulsions and, paralyzed in the legs, was unable to walk for three years.

In 1880 he was transferred to the Bonneval asylum where he was taught the tailor's trade. He was friendly and honest, regretting the thefts he had committed previously, and worked diligently. But one day, he was seized by a crisis from which he emerged cured of his paralysis. He got dressed and it was realized that he still believed he was in the correctional facility. Moreover, he wanted to resume his occupations from that time, did not recognize anyone around him, the places he was currently in seemed new to him and he thought that people were making fun of him by telling him that he had been paralyzed.

He became quarrelsome, rude, stole the wine ration of some of his comrades and one day he escaped after robbing a nurse. Arrested as he was about to take the train to Paris, he hit the guards and, furious, rolling on the ground, he had to be locked in a cell.

He was released in June 1881, spent some time with his mother, then with a farm owner. He fell ill again and ended up in the Saint-Georges asylum in September. He was treated for 18 months, irregularly suffering from crises and strong changes in his character. He left this asylum in April 1882 and was then found in Paris where he was admitted to various departments including that of Jules Voisin from September 1883.

There, he has new attacks and one morning he wakes up, looks for his clothes at the foot of his bed to go to work, he does not find them and asks the nurse where they are. He thinks that his clothes have been hidden to play a trick on him. When questioned, we realize that he thinks it is January 26 and he is quite surprised when they explain to him that it is April 17 and they show him the leaves on the trees.

Until then, Louis Vivet had been seen as a case of doubling. Thus, from August 1883 until January 2, 1885 when he escaped from the Bicêtre hospital, he had been observed by Jules Voisin (1885). The latter had then established a connection between this patient and the doubling of Félicité, the famous patient of Doctor Azam. Before this period, Doctor Camuset (1882) who had also observed him had noted a doubling.

Observations of personality variations

He escaped again by robbing a nurse, stayed in Paris for a few weeks and then joined the marine infantry. There he committed thefts and was brought before the court martial. Then he suffered another attack, following which he was paralyzed on his right side. It was there, in April 1885, that Bourru and Burot (1888, p. 27-31) discovered him. He walked with difficulty, dragging his right leg, his right arm was completely inert (it was supported by the belt of his trousers), his entire right side was insensitive (the right nostril, half of the tongue... perceived neither smell nor taste, the right eye saw only a fog

gray), his speech is kissed, his pronunciation defective and the end of words is inaudible. As for his attitudes, he appears violent and arrogant: "[...] he is talkative, his language is coarse: he addresses everyone informally and gives each one an irreverent nickname; he smokes from morning to night and obsesses each one with his indiscreet requests for tobacco and money" (Bourru and Burot, 1888, p. 31).

The paralysis gradually subsides and, at the same time, his character, language and feelings change: he becomes more reserved and expresses himself more correctly and intelligibly. However, at the slightest annoyance, he cannot contain himself and becomes insulting and violent. When he is annoyed, he threatens to commit suicide, he swallows pins, breaks glass to ingest it, tears his face...

"His reasoning is sometimes quite accurate about people and things, keeping himself informed of all the events of the day, large and small; he displays anti-religious and ultra-radical ideas in politics. He is unreasonable on certain points. Incapable of any discipline, he wants to kill any superior or even any person who would want to demand a mark of respect from him. He has at his disposal convenient theories to explain his criminal acts. He has committed several thefts, he admits to them, but explains them by saying that the stolen objects belonged to everyone or that it was revenge. If he cannot evoke a plausible motive, he uses lies and denies the crime of which he is the author" (Bourru and Burot, 1888, p. 32).

The study of his memory reveals various sets isolated from each other:

"His memory is very precise for all current events; he recites entire columns of the newspaper. His memory in time is limited to his current presence in Rochefort, his stay in Bicêtre and the second part of his stay in Bonneval, but the facts which relate to these fairly restricted periods of his existence are very present in his mind" (Bourru and Burot, 1888, p. 33).

Alongside these whole sections of memories, there are whole sections of forgetfulness: for example, he does not know how he arrived at Bonneval, believes he arrived there as a child, he does not remember being paralyzed in the legs, he does not remember learning to sew, and in fact, he does not know (anymore) how to hold a needle... He does not know how he ended up at Bicêtre from Bonneval.

Experiments, crises and induced variations of personality: experimental regression

These observations led Bourru and Burot (1888, p. 15) to diagnose a paralysis of a hysterical nature. Inspired by metallotherapy⁷, they apply a magnetic steel bar to his right arm. and as expected, they produce a transfer: the insensibility moves to the left arm. First, there are changes in breathing (it seems rapid, hampered), changes in physiognomy (the patient looks anxious) but we also see movements appear in the paralyzed limbs. Then the breathing becomes more regular and less hampered, the patient looks calmer. Finally "a deep inspiration with pharyngeal noise, as if he had a real trigger, announces that the transfer is finished" (Bourru and Burot, 1888, p. 36). In fact, we manage to produce a transfer: we thus make the sensitivity pass from the left side to the right side. In this way, the right side regains its sensitivity (tactile, vision, etc.), its movement capacities, its strength, etc. while the left side loses all that (Bourru and Burot, 1888, p. 36).

But to the great surprise of the two doctors, another modification accompanies this transfer:

"All of a sudden, the subject's tastes have completely changed: his character, his language, his physiognomy, everything is new. The subject is reserved in his behavior. He no longer likes milk; however, it is the only food he usually eats. The expression of his physiognomy has become softer, almost timid: his language is correct and polite. The patient who was so arrogant just now is now remarkably polite, no longer addresses anyone informally and calls everyone 'Sir'. He smokes, but without passion. He has no opinion, neither in politics nor in religion, and these questions, he seems to say, do not concern an ignorant person like him. He shows himself to be respectful and disciplined. His speech is much clearer than before the transfer, reading aloud is remarkably clear, his pronunciation is very distinct, he reads perfectly and writes passably. He is no longer the same character" (Bourru and Burot, 1888, p. 39).

"In a few minutes the transformation is complete. It is no longer the same character: the constitution of the body has varied with the tendencies, and the feelings which translate it. It is a total transfer. The memory has changed, the subject no longer recognizes either the places where he finds himself, or the people who surround him and with whom, a few moments ago, he exchanged his ideas. Such an unexpected and radical change was indeed of a nature to astonish us and to make us think.

We repeated this application several times in the most diverse conditions and the result was constant. The same character reappeared, always identical to himself. It was a transformation, so to speak, mathematical, always the same for the same physical agent and the same point of application" (Bourru and Burot, 1888, p. 16).

This new character no longer knows the places where he is and does not remember what he was talking about before the transfer. He believes he is in Bicêtre on January 2, 1884, thinks he saw Doctor Voisin the day before and believes that he is going to come and see him. He looks for his bed, number 11, does not find it... He does not recognize anyone, not even the patient with whom he usually walks, knows nothing of what happened between this moment where his memory, his Self, remained and the present moment. He has forgotten his time in the army, the Tonquin War but remembers that before entering Bicêtre he was in Saint-Anne and imagines that he entered this asylum as a child.

Bourru and Burot (1888, p. 40-41) note that the memories he has in this state, a state obtained by transfer, relate to periods when he was in a similar physical state.

The application of other metals to various parts of the body determines the appearance of certain configurations of memories, attitudes and physiological states. It therefore appears that "at the whim of the experimenter, consciousness and paralysis are modified in an absolute and concordant way" (Bourru and Burot, 1888, p. 51).

"After several unsuccessful attempts by various methods, we established the Eleatic bath, and the success exceeded our expectations. [...] From then on, the patient appeared to be freed from all physical infirmity. All paralysis of movement or sensitivity in all modes suddenly vanished before our eyes, at the same time as the memory transported him to a more remote period of life, of which the subject was not aware in his ordinary state. V. woke up in Saint-Urbain on March 23, 1877: he was only fourteen years old, he enjoyed all his faculties; he did not remember having been ill.

His voice, his attitude, his physiognomy, are those of a proper child. He tells the story of his childhood, his ordinary occupations at the agricultural colony. Everything that follows the date to which he is reported is completely foreign to him" (Bourru and Burot, 1888, p. 52-53).

If a magnet is also applied to the head, the patient becomes dexterous, agile: he can swim with all four limbs, can dive, can climb a knotted rope... And at the same time as these physiological changes, changes in consciousness occur: he becomes intelligent, imaginative, his "language is soft and polite", his gestures are moderate (Bourru and Burot, 1888, p. 56).

For him, current events are those of 8 years ago: he believes, for example, that Mac-Mahon is president of the republic and that Pius IX is pope... He can talk about his childhood, his condemnation to the penal colony of Saint-Urbain... he remembers that he learned to read, that on Sundays, he bathed with his friends at such and such a place... "His memory stops exactly at the accident of the viper, the evocation of which brings on a terrible attack of hystero-epilepsy" (Bourru and Burot, 1888, p. 57).

His personality is always transformed by a crisis: "In him, the attack brings a revival of previously stored sensations: he seems to relive his past life and sometimes to stop to focus on it for a moment, at certain times in his life, whose physical and mental character he takes on" (Bourru and Burot, 1888, p. 133). Thus the viper accident triggers a crisis which produces a new personality whose memories are born after this crisis. The memories of the previous personality stop precisely before this crisis.

This transition that constitutes the crisis can be provoked experimentally, by suggestion or the use of magnets, metals, electricity (Bourru and Burot, 1888, p. 79-83) or spontaneously, following a psychic shock (the episode of the viper for Louis Vivet) or physical. Bourru and Burot (1888, p. 224) will observe a man who then presents two personalities following a head injury. They will conclude that a cerebral trauma can also, like other spontaneous diseases of the brain, be the origin of a change in personality.

Finally, other cases observed by these two doctors led them to affirm that "these facts of variations in personality are less rare than one supposes" (Bourru and Burot, 1888, p. 148).

The recall of memories and the benefits that can be expected from them

The main contribution of Bourru and Burot is that they experimentally regress their patient to a specific period of his life, obtaining in today's body the somatic and psychic state of the period to which this patient is artificially brought back.

"Subjects are unhappy about the gaps that occur in their memory after a crisis; it would be possible, we believe, to revive the numbed memories" (Bourru and Burot, 1888, p. 298).

"Now that we know the means of reviving memories, would it not be possible to remedy such embarrassing states?" (Bourru and Burot, 1888, p. 305-306).

"It was by making her return to a time in life when this double state did not exist, by putting her back in a state of consciousness foreign to this somnambulistic life, that we were able to modify it advantageously.

This, if we are not mistaken, is a clear application of the knowledge of personality states" (Bourru and Burot, 1888, p. 314).

After Louis Vivet, Bourru and Burot would find these positive effects in other patients. One of these cases, Mrs. de M., would be presented at the first International Congress of Experimental and Therapeutic Hypnotism in August 1889 in Paris. This patient, who presented symptoms quite similar to those of Anna O., the famous patient of Breuer and Freud (1892/1956), experienced a remission of symptoms after, by chance, during a fortunate circumstance, she had a crisis of hallucinations during which she relived a particular episode of her life (nothing more is said about this episode or these circumstances). While the symptoms returned, a hypnosis session during which this fortunate circumstance was reproduced produced a crisis of hallucinations and, once again, an improvement in her condition. Unfortunately, this improvement was temporary and, still treated by Bourru and Burot, they then tried to make the symptoms disappear by suggestion. This treatment of the symptoms proved ineffective. Then they regress their patient back to this particular episode in her life, and this time it is a cure. They hypothesize that they have here a causal treatment of the disease:

"It is not enough to combat morbid phenomena one by one by suggestion. These phenomena can disappear and the disease persists. It is only a therapy of symptoms, it is only an expedient. Real and lasting improvement only occurred when attentive observation and logical deduction led us to the very origin of the disease [...] [these] salutary reactionary crises were above all crises of hallucination provoking violent shocks in the moral being, agitating the feelings and precisely in the order of ideas which had formerly upset the brain and caused the disease" (Bourru and Burot, 1889).

DISCUSSION

The relative ease of this manipulation, experimental regression through suggestion or the use of metals, allows the fine localization of the origin of the pathology. Schematically, we observe that a given patient at a given age develops a given pathology. Now these ages are obviously marked by landmark events in the individual biography, events which, as the case of Louis Vivet shows, allow us to date and signify the origin of the pathology, and, why not, by taking a new step, to constitute the determinant of the birth of this pathology. It is therefore, as Chertok (1960) thinks, a technique, experimental regression, which makes possible the discovery of the cathartic method. Now, not just any event constitutes a landmark date in the biography of individuals in the same way that not just any event will be considered as being able to trigger this or that pathology. There is here a happy concordance of the events marking the biography of the patient and the events which we can assume are potentially at the origin of pathologies. A few well-chosen cases, such as that of Louis Vivet, will quickly transform this concordance into causality. Obviously, in a logic steeped in Aristotelianism, so well anchored in our minds, it is an abnormal and violent event that leads to imbalance, instability, disorder (Duhem, 1971, p. 194-195; Koyré, 1986) while a normal or common event cannot be assumed to be the origin of morbidity. For Louis Vivet, this abnormal event occurs when a viper coils itself around his arm.

Current studies on social memory (for an overview, see Laurens and Roussiau, 2002) have indeed supported the early work of Halbwachs (1925), Janet (1928; 1929/1984) and Bartlett (1932) showing that memory is socially constructed, using the past according to the concerns of the present.

"People living in society use words whose meaning they understand: this is the condition of collective thought. Now each word (understood) is accompanied by memories to which we cannot match words. We speak our memories before evoking them. It is language, and it is the whole system of social conventions which are integral to it, which allows us at every moment to reconstruct our past" (Halbwachs, 1925, p. 279).

Thus, the strategies used by individuals to date memories and identify past events are organized by present concerns. However, in the same way that the hysterics of the Salpêtrière presented canonical forms of hypnosis, a hypnosis of culture as Delbœuf (1890/1993) says, the memories of patients were developed, as Janet (1928) so aptly shows, in a relationship. A relationship in which memories are developed in the narration in such a way that what is recounted interests the other. Fabulation is therefore not a distortion of memory, it constitutes an element of its fabrication (Laurens and Kozakai, 2003). Studies on the appearance and epidemics of traumatic memories in the case of multiple personalities illustrate this process perfectly (Hacking, 1998; Loftus and Ketcham, 1997; Spanos, 1998). As Mulhern (1994) shows, for example, these memories of traumatic scenes, considered as the source of pathologies, have evolved following social frameworks. Scenes such as that of the viper coiling around Louis Vivet's arm, which were once considered as a potential source of trauma, are no longer considered so today. Now it is memories of sexual abuse that are invoked by the subjects (cf. Carroy, 1993).

"The forgetting or distortion of some of our memories can also be explained by the fact that these frameworks change from one period to another. Society, depending on circumstances and times, represents the past in various ways: it modifies its conventions. As each of its members conforms to these conventions, it inflects its memories in the same direction in which collective memory evolves" (Halbwachs, 1925, p. 279)

On this point, Freud's rapid theoretical changes regarding traumas announce the long evolution of almost a century that we know. He quickly abandons his pantraumatic theory for that of seduction where traumatic events have a sexual origin. Our social frameworks will perhaps follow this brilliant mind, changing, too, a century later towards his final theory of fantasy, thus abandoning the erroneous idea of always looking for shock in reality when it is often imaginary.

But here again, it is our conceptions of memory that constitute the crux of the problem. Let us recall that for Janet, memory is a narration, that is to say, the tentative elaboration of an event. It is gradually perfected through successive narrations (to oneself or to others) and it is above all intended to "make people who are present feel the feelings they would have had if they had witnessed the event when they were absent" (Janet, 1928, p. 270).

Thus, memory is not an individual act but a social function responding to the objective of making the other see what we have seen, that is to say, of transferring to him our experience constructed by the story that we tell for ourselves and for him. In this perspective developed by Janet, memorization would only be done with the intention of telling, it would be both during its construction, and during its implementation, a narration (Janet, 1928, p. 308). Memorization is a work that

"[...] is not finished when the event is over, because memory is perfected in silence. The little child tries out the novel he is preparing to tell his mother, he sees if this little novel has a good effect on his maid, if it makes her cry and, depending on the effect, he will prepare his little story differently. [...] It is the gradual perfection of memories that is done little by little. That is why after a few days, a memory is better than at the beginning, it is better made, better worked. It is a literary construction that is done slowly with gradual improvements" (Janet, 1928, p. 266).

"This is to tell you, gentlemen, that you should never give unreserved credence to the stories that patients willingly tell you when you question them about the circumstances of the accident of which they were victims. These circumstances, as a rule, they only know them from having heard them narrated by those present, and I will even add that often, a sort of legend is created in their minds about this, to which they willingly grant the most absolute confidence and which they accustom themselves to recounting naively, sincerely, as if it represented reality itself. Such was the case of a poor devil whose story I told in the third volume of my *Lectures on Diseases of the Nervous System*.

He had been knocked down by a car and, contrary to reality, he was pursued even in his dreams by the persuasion that the wheels had passed over his body. Several times, in his troubled sleep, he was heard to cry out: 'Stop! Don't whip the horse, it's going to crush me! Ah! the car is running over my body.' And this same doctrine, during the day he still supported with the ardor that a deep conviction communicates and he became angry 'all red' when someone pretended to contest its value" (Charcot, 1888, lesson of December 4, p. 134-135).

Thus, at first, only the elements that we want to tell are kept, and it is on these few captured elements that the narration then operates: "[...] we tell rather what we would like to have said or done than what we have actually said or done; perhaps, during a first story, we can distinguish reality from fiction; but soon the latter eliminates the former where it reigns alone from now on" (James, 1915, p. 266-267). As Bachelard (1950, p. 49) says, "one must compose one's past". The fundamental mechanism of this construction is for Bachelard, as for Bartlett (1932), schematization. This schematization, by dating the events, isolates them from each other, it separates them and takes away the duration they had to leave them only a precise place: it is "like a rational canvas, like a development plan for the narration of our past" which links the events after having separated them (Bachelard, 1950, p. 49). Starting from this fragmentation, the development of memory is a point of view of the present inscribed in current concerns about the past, it therefore imbues memory with social elements which have now become relevant. This is how Merleau-Ponty analyzes the construction of his holiday memory: "[...] I know that I was in Corsica before the war because I know that war was on the horizon of my trip" (Merleau-Ponty, 1945, p. 474).

Narration is an opportunity to replay memorized events, one's own and those of others, but also an opportunity to modify these events according to present interests (one's own or those of one's interlocutors).

It is very interesting to compare current common sense in psychology with the theses that were developed in the 19th century. century to account for cases such as that of Louis Vivet. Indeed, one might naively think that time has allowed the errors of Bourru and Burot to be corrected, false ideas to be eliminated and correct ideas to be selected and supported. Alas, this is not exactly what we observe.

While some eccentric aspects of Bourru and Burot's theory have been abandoned and forgotten (e.g. the application of magnets), the essence of their preconceptions about memory and identity still persists. For example, Spanos (1998, pp. 107-122) reports some recent investigations revealing the use of the age regression method or the beliefs that hypnosis could improve the retrieval of memories.

Now, a subject who would possess the memories of all his perceptions and of what he has been is the one described by Thomas Reid (1785) when he defines perfect identity. An identity which, as he specifies, is a fixed and precise notion at the base of all rights and all obligations. This identity is however not psychologically founded, it is a moral obligation that we must establish for "administration" as Janet wrote (1929/1984, p. 292). As Bourru and Burot did in the past, many current therapies help us to develop this biography without gaps or omissions, they unify the varied acts of a subject and this unification then serves to individualize him.

Yet we know very well that this biography "is very bad. Each of us is perpetually mistaken" (Janet, 1929/1984, p. 293).

Conversely, what has been abandoned in the works of this period is precisely what goes against the moralist conception of the individual. However, Bourru and Burot's observations could not be made outside the particular context of the end of the 19th century. where philosophy and medicine questioned the existence of the Cartesian I and of identity seen as the permanence of an indivisible subject. Louis Vivet perfectly embodied this division or this plurality of the subject which had become conceivable at the time.

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¹ Victor Race is a young peasant who, magnetized by Puységur, does not present any convulsions, but falls into a state of somnambulism. This state studied at length by Puységur in 1784 will reveal to him the full interest of somnambulism. Then, with the eventful episodes of the revolution, Puységur will lose all contact with this first somnambulist until 1818. Learning that he is seriously ill, he will therefore go to his bedside and magnetize him again. He will then note that during the phase of somnambulism, Victor remembers all the details of his previous somnambulist states (34 years earlier). Something he is incapable of doing in the waking state (cf. Ellenberger, 1994, p. 105; Lapassade, 1998, p.21).

² Gmelin (1791) reports the strange case of a young German woman of 20 who, through contact with the émigrés, the many French aristocrats who had taken refuge abroad, had developed a dual personality: in her French phases, she behaved like these immigrants, going so far as to speak French, and in these phases, when she expressed herself in German, she did so with a strong French accent. Each of her two personalities was unaware of the other, but each retained the memory of its previous episodes.

³ Durand de Gros or Philipps (proscribed on December 2, he changed his name to stay in France) was one of the first to be interested in braidism. From 1853 he gave courses and conferences on this theme, in 1855 he published *Electro vital dynamism* and in 1860 *Cours théorie et pratique du braidisme ou hypnotisme nerf*.

⁴ The case of Mary Reynolds was initially published by Mitchell (1816) and according to Putnam (1989, p. 28) it is one of the first cases that had an influence on scientists since it will be cited by Taine, Myers... but also by the general public who will become aware of it through an article in Harper's New Monthly Magazine in 1860 and also through an autobiography written by the patient herself.

⁵ Estelle, a young Swiss woman who was studied by Despine in 1836, she was then eleven years old. Suffering from severe paralysis, she had been treated using the magnetic method and during her sleepwalking phases she prescribed herself her treatments. Six months after the start of the treatments, she presented a double life. In her normal state she was paralyzed, suffered a lot, constantly called for her mother and addressed Despine formally. In her magnetic state, she could walk, could not stand the presence of her mother and seemed familiar with Despine. Then this magnetic state caused by Despine appeared spontaneously, and these two alternating states became more and more different. While in her normal state she moved very little, ate little, in her magnetic state she was on the contrary eager to travel, to eat... A few months later, these two states slowly merged and the various symptoms gradually disappeared. This study by Despine was forgotten even though it was interesting: not only did we see the alternation of existences, but in addition it was the normal state which was pathological while the second state was holy.

⁶ This biography is the result of the six personalities of Louis Vivet. On a diagram, Bourru and Burot (1888, p. 80-81) present these six personalities in a synthetic manner. Each of them is characterized by periods of memory, a bodily state (paralyzed in the left arm; fluent speech, etc.), a mental state (violent, liar, etc.) and particular knowledge (can read, write, sew, etc.).

⁷ Cf. the work of Burq (1882) as well as the reports of 1877 and 1878 of the biology society directed by Charcot which gave a fine scientific endorsement to this work.

⁸ Cf. Loftus and Ketcham (1997).