

## PIERRE JANET AND *FÉLIDA ARTIFICIELLE*: MULTIPLE PERSONALITY IN A NINETEENTH-CENTURY GUISE

EDWARD M. BROWN

In the wake of the recent epidemic of multiple personality phenomena, it is important to get a clear idea of what similar phenomena looked like in previous centuries. Pierre Janet's detailed description of his discovery, made during the 1880s, that he could cure hysteria by creating a healthy second personality offers a close look at a form of multiple personalities very different from what has recently been described. His description of the factors that influenced his discovery allow one to see his work in a historical context and to appreciate his confrontation with the paradoxes that this discovery revealed. © 2003 Wiley Periodicals, Inc.

In 1970 Henri Ellenberger noted that the work of Pierre Janet (1859–1947) “can be compared to a vast city buried beneath ashes, like Pompeii. The fate of any buried city is uncertain. It may remain buried forever. It may remain concealed while being plundered by maurauders. However, it may also perhaps be unearthed some day and brought back to life” (Ellenberger, p. 409). In recent years, this excavation has begun. Some have only been interested in finding anticipations of their own work in Janet (van der Kolk & van der Hart, 1989; Pitman, 1984). Others, however, have considered the historical context in which his work was produced (Carroy & Plas, 2000a,b; Plas, 2000; Crabtree, 2003), suggesting a long overdue beginning of detailed Janet scholarship.

Ian Hacking's recent discussion of Janet, in his historical and philosophical consideration of multiple personality phenomena, suggests a further opportunity for taking a closer look at Janet. Hacking argued that the clinical form as well as the frequency of “multiples” in the late twentieth century were dependent on historically specific concerns. He supported this argument by describing a complex set of factors that converged in the 1880s to open the door for a smaller wave of multiple personality phenomena that occurred at that time (Hacking, 1995, pp. 159–170).

In both the nineteenth and twentieth centuries “multiples” have been characterized by asymmetric memory defects. Although the normal, first, or waking personality cannot recall what has happened to subsequent personalities, subsequent personalities typically can recall the experience of earlier ones. In the twentieth century, subsequent personalities or alters play a variety of roles in relation to the patient who is apparently a victim of child abuse. Janet, by contrast, worked with patients suffering from hysteria who experienced a variety of puzzling symptoms. Among his most remarkable early findings was that he could replace a hysterical patient's waking personality, with all of its symptoms, with another personality that was perfectly normal. He called this phenomenon “complete somnambulism” (Janet, 1887, p. 469). This was a “multiple” as remote as imaginable from what has appeared in the United States in recent years.

EDWARD M. BROWN, M.D., practices psychiatry in Providence, RI. He is a clinical associate professor of psychiatry at Brown University where he also teaches at the Center for Biomedical Ethics. His research concerns the history of disease concepts in psychiatry. He has published articles on alcoholism, shell shock, general paresis of the insane, and the neurology of Spiritualism.

## INFLUENCES ON PIERRE JANET DURING THE 1880S

To fully understand Janet's discovery of complete somnambulism it is necessary to consider at least four factors that influenced him during the 1880s (Carroy & Plas, 2000b). Janet graduated from the prestigious *Ecole Normale Supérieure* in 1882 and the following year, while teaching philosophy at a lycée in Le Havre, began looking for a subject for his doctoral thesis. The first influence on Janet was the philosophy he was expected to teach. As a philosophy teacher in a lyceum, Janet's job was to teach a curriculum overseen by his uncle Paul Janet (1823–1899), a leader of the French school of philosophy known as Spiritualism, not to be confused with "spiritisme," or communicating with the spirits of the dead. (Ellenberger, 1970, p. 334; Goldstein, 1994; LeBlanc, 2001, pp. 57–69).

Spiritualism was established in the 1820s by Victor Cousin (1792–1867) as a means of combating "empiricism" or "materialism" that, in his opinion, had had disastrous social and political consequences during the Revolution. Although remaining a secular philosophy, with no links to the Catholic church, Spiritualism claimed to provide proof for those principles that were considered necessary to an orderly, stable society—the existence of God, free will, and objective standards of good and evil. Of central importance to Spiritualists was the belief that each individual possessed an immaterial and indivisible self. Spiritualism portrayed itself as a science, a psychology, that studied the self through introspection (Barberis, 2002; Brooks, 1998, pp. 29–67; Goldstein, 1968, p. 260). Pierre Janet's decision to study pathological states of consciousness was, consequently, encouraged by his uncle Paul who saw him as "reconquering this domain" for philosophy (Carroy & Plas, 2000a; Janet, 1897, p. 556).

During the 1880s Spiritualism's claims, both methodological and empirical, were being vigorously challenged by the philosophical school known as positivism (Barberis, 2002). As a young philosopher, Pierre Janet was also influenced by this school. The leading positivist of the day, Theodule Ribot, taught that philosophical problems could be solved through psychological experiments and that hypnosis was a promising method of experimentation (Brooks, 1998, pp. 175–185; Janet, 1915–1917). He had written two highly influential books introducing French audiences to scientific psychology as practiced in England and Germany. Ribot thought psychology should be pursued according to the "method of the natural sciences." He adopted the views of Claude Bernard that disease provided an experiment in nature. During the 1880s he published a series of monographs on diseases of Memory, the Will, and Personality that exemplified this approach (Nicolas & Charvillat, 2001; Nicolas & Murray, 1999). Janet read Ribot while still at the *Ecole Normale* and followed his monographs as they came out during the 1880s (Brooks, 1998, p. 175).

Although Janet took his scientific orientation from Ribot, he was also heavily influenced by the observations and theories of the esteemed neurologist Jean Martin Charcot (1825–1893) and his students at the *Salpêtrière* in Paris. In 1882, Charcot presented an article entitled "On the Various Nervous States Determined by Hypnotization in Hysterics" to the French *Académie des Sciences*. By giving this article to this audience, Charcot legitimized serious research on a subject that had long suffered from academic scorn and neglect. Although Janet was initially interested in studying hallucinations, the ease of finding hysterical patients to serve as hypnotic subjects changed the direction of his research (Ellenberger, 1970, pp. 334–336). At the outset of his research, Janet sought and received guidance directly from Charcot, who was generally regarded as the preeminent expert on hysteria (Janet, 1892, p. 324). Charcot's advocacy of the idea that anesthesia was not merely a symptom of hysteria but the cause of other hysterical symptoms was of particular importance in Janet's research (Janet, 1925a, p. 237).

Popular ideas about hypnosis, sleep, and somnambulism were the fourth important influence on Janet. Although initially ignorant of the work done by early nineteenth century magnetizers or mesmerists, Janet, like others who flocked to the study of hypnosis in the 1880s, adopted several of the central tenets of those early workers; waking and sleep are radically opposed states. When phenomena from one state intruded into the other, the results are pathological. Hypnosis is a form of sleep. Somnambulism is a waking sleep, and post hypnotic phenomena involve the intrusion of sleep states into waking life (James, 1995). Like most educated people in the late nineteenth century, Janet too regarded hypnosis as a form of sleep and somnambulism as a pathological intrusion of waking phenomena into sleep (James, 1995). These unexamined presuppositions colored his interpretation of what he found in his research.

#### FÉLIDA AND THE QUESTION OF AN UNCONSCIOUS SECOND SELF

Janet discovered his apparent ability to cure hysteria by creating a healthy second personality while attempting to address an important philosophical problem, namely, the possible existence of an unconscious second self (LeBlanc, 2001). This problem emerged in 1876 when Etienne Eugène Azam (1822–1899) published the case of a woman by the name of Félicité who appeared to have what he called “*doublement de la vie*.” Born in 1843, her father died while she was a baby, and as a child she had to earn her living as a seamstress. Although she was a hard worker, she was sullen and taciturn, and by age 13 she was complaining constantly of headaches, neuralgias, and other symptoms. By age 14 she began having almost daily episodes of sharp pain in her temples followed by a period of lethargy lasting for a few minutes. When she awoke she was happy, vivacious, and free of symptoms. After a few hours she would return to the lethargic state and then to her ordinary personality, with no memory of the previous few hours. As time passed Félicité spent more and more time in her symptom-free second state (Azam, 1876).

Because of the dramatic difference between Félicité’s two states of consciousness and her inability to remember the second state, the latter was generally accepted as a second self or personality. This spontaneously occurring second personality posed a profound threat to the concept of the unity of the self that was at the heart of the philosophy of Spiritualism, as advocated by Paul Janet. As Pierre Janet later wrote, “Her history was the great argument of which the positivist psychologists made use at the time of the heroic struggles against the spiritualistic dogmatism of Cousin’s school” (Janet, 1907, p. 78).

If Félicité had two selves, one of whom could not remember the other, then Spiritualism was built on very shaky ground. A unitary self, responsible for an individual’s actions, was central to Spiritualism’s ideas about morality. In addition, the introspectionist method and its findings made no sense without a unitary self to observe and be observed. As Paul Janet wrote, “If the self can feel double, what does its unity, that spiritualist psychologists consider as the basis of their doctrine, consist of” (Janet, 1876).

Félicité’s second state also raised serious questions about the idea of somnambulism as a form of sleep. Somnambulism was first observed in 1784 by Amand-Marie-Jacques de Chastenot, Marquis de Puységur (1751–1825). With techniques he had learned from Franz Anton Mesmer (1734–1815), Puységur found a 23-year-old peasant named Victor Race who fell into what seemed like a paradoxical sleep in which he seemed more awake than in his normal state (Ellenberger, 1970, p. 70). Over the next century, until Félicité made her appearance, medical scientists did not seriously attempt to understand this paradox. Although Félicité was also brighter and healthier in her second state, Azam, for example, continued to hold the

conventional view that this state was a pathological form of sleep (Carroy, 1991, p. 106; James, 1995, pp. 241–242). When Pierre Janet later independently discovered the same second state, calling it “complete somnambulism,” he was forced to challenge this conventional view.

#### LUCIE AND ADRIENNE

Pierre Janet became personally involved in the controversy over the production of an unconscious second self in 1886. The professor of medicine Hippolyte Bernheim (1840–1919) and the physiologist Charles Richet (1850–1935) had found that some subjects, in experiments involving posthypnotic suggestion, not only carried out suggestions in an automatic manner but also acted in ways that seemed to involve independent thought. Subjects could, for example, perform an act, not on waking, but at the end of a specified number of days. This was a feat involving more than suggestion because of the need to keep track of the number of days elapsed. Spiritualist philosophers like Paul Janet worried that “to understand these facts, we must infer an unconscious faculty for measuring time” (Janet, 1886, p. 582; LeBlanc, 2001, p. 59).

Pierre Janet attempted to reproduce these experiments with a 19-year-old patient he called Lucie, who suffered from daily attacks of convulsions and “*délire*” that Janet regarded as due to hysteria. Janet had no difficulty eliminating these hysterical symptoms by producing, “the most complete hypnotic sleep” (Janet, 1886, p. 577). Once she was “asleep” Janet suggested to her that, on awakening, she would carry out a particular act after hearing him clap his hands six times. When he woke her, she did not remember what had occurred during sleep. While she was distracted by other people talking to her, Janet clapped his hands. On the specified clap she did what he had suggested without being able to explain why she had done it. Such experiments demonstrated that Lucie too could pay attention, count, and use judgment without remembering having done so (Crabtree, 2003; Janet, 1886).

Janet wondered how she could do this. Although there would have been general agreement at the time that Lucie had performed the calculations unconsciously, many researchers, like the English physiologist William Benjamin Carpenter, for example, were inclined to describe such unconscious phenomena in physiological terms, as unconscious cerebration, that is to say in terms of the operations of various centers in the brain (Brown, 1983; Crabtree, 2003). This readily available explanatory option, however, conflicted with Janet’s training within the tradition of Spiritualist philosophy. Influenced by the philosopher Maine de Biran, as well as his uncle, Paul Janet, Pierre he was reluctant to reduce consciousness to brain function and thereby give up the concept of self.

Consequently when Pierre Janet was confronted with evidence of posthypnotic mental operations, he was inclined to interpret them as due to a rudimentary second consciousness or self. For him, although Lucie was unaware of why she carried out these posthypnotic suggestions, they were “conscious” in that they were mental and not physiological phenomena. Nonetheless Lucie’s second consciousness, like Félicité’s, posed serious problems for the Spiritualist concept of the self as espoused by Paul Janet (Goldstein, 1994; LeBlanc, 2001, p. 64). In 1889 Pierre addressed this problem. Although he abandoned the immediate intuition of the self that was so important in Spiritualist doctrine, he saved the unity of the self under the heading of “mental synthesis” (Carroy & Plas, 2000a, pp. 237). This compromise was sufficient for Paul Janet who was able to remark that, “We believe we can conclude that the fact of successive existences strikes no blow at the notion of the self ” (Goldstein, 1994, p. 204).

Not everyone was interested in denying the radical implications of Pierre Janet’s findings.

In 1889 the philosopher André Lalande praised Janet for having “proven the fact, long rejected for metaphysical reasons, that there are, despite the apparent antinomy of the words, states of unconscious consciousness” (Faure, 1989, p. 937). In 1890 William James proclaimed to the Anglo-Saxon world that Janet had demonstrated that “the total possible consciousness may be split into parts which coexist but mutually ignore each other” (James, 1950, p. 206).

Having decided that these posthypnotic mental operations represented a rudimentary second self, Janet attempted to communicate with this self while Lucie was awake. Because Lucie’s spoken words indicated no awareness of these mental operations, he devised a creative application of the controversial technique known as “automatic writing” that “*spiritistes*” used to receive communications from the dead (Hess, 1991, pp. 59–79; Myers, 1887, pp. 237–240). While Lucie was talking with someone else, Janet stood behind her and whispered questions to her. She answered in writing. When asked to look at what she had written, Lucie expressed surprise or denied that she had written what was on the page. Able to communicate with Lucie’s calculating hypnotic state through automatic writing, Janet “baptized” what he regarded as a spontaneously occurring second self with the name Adrienne (Janet, 1886).

Among the differences that Janet noticed between Lucie and Adrienne was the fact that Lucie never looked at a page while Adrienne was writing on it, but always looked at the page when she, “herself,” was writing. For Janet this was clearly the result of Lucie’s hysterical inability to feel what her hand was doing. It also suggested that while Lucie did not have tactile and muscular sensations in her hand, Adrienne did. Janet speculated that perhaps Adrienne suffered from none of Lucie’s hysterical deficits. From this he wondered whether all patients with hysterical anesthetics, like Lucie, might not have an unconscious second self that, like Adrienne, did not suffer from the hysterical symptoms that plagued the waking patient (Janet, 1887).

As remarkable as this speculative leap may seem, it was supported by the idea that altered sensitivity of the skin and muscles was the fundamental feature of hysteria. Since the 1850s, Victor Jean-Marie Burq (1822–1884) had been with metal plates to treat hysteria in women by removing anesthetics from the afflicted parts of their bodies. Burq believed that because anesthesia was the essential phenomenon of hysteria, removing the anesthesia, by any means, would eliminate all hysterical symptoms. Because Burq’s metal plates could also interrupt hypnotic trances, it seemed that anesthesia was the basis for both these trances as well as hysteria. In the late 1870s, Charcot invited Burq to demonstrate his treatment, known as aesthiogenesis, and affirmed its value (Harrington, 1988).

As an admirer of Charcot, it is not surprising that Janet was influenced by Burq’s ideas as he worked with Lucie and other patients in the 1880s (Janet, 1925a, p. 237). Although the fact that Lucie did not remember what occurred to Adrienne was crucial to Janet’s view of these states as distinct personalities, he saw this amnesia as secondary to her anesthesia. Indeed Janet saw this dependence of memory on sensation as quite general. In 1889 he went so far as to state this as a law: “When a certain kind of sensation has been abolished, the images and by consequence the memories of phenomena which have been furnished by that kind of sensation are abolished as well” (Janet, 1889, 136–137).

In Janet’s view this anesthesia was not a true anesthesia because of the destruction of a neural capacity, but rather a form of negative hallucination that could be induced in a subject through suggestion or hypnosis (Janet, 1887). Nonetheless, he saw all the phenomena surrounding his experiments with Lucie—her hysterical symptoms, her amnesia after being woken from a period of somnambulism, and her capacity for automatic writing—as deriving from this anesthesia. His discovery of complete somnambulism depended on his belief in Burq’s aesthiogenesis. Indeed these experiments with the phenomenon of aesthiogenesis made

such a deep impression on Janet that long after Burq's ideas had been discredited, he wrote, "Something of our first loves always remains with us. We have much difficulty rejecting, as illusions, studies that interested us in our youth" (Janet, 1919, Vol. 3, p. 75).

To test these ideas, Janet conducted further experiments where he found that whatever one personality could do the other could not. By suggesting a deficit to Lucie, he could create a capacity in Adrienne, and by suggesting a capacity to Adrienne he could create a deficit in Lucie. When he tried to push this observation to its logical conclusion, that is, to see if Adrienne could speak, he had difficulty. As he attempted to deepen Lucie's hypnotic state by making "passes" in front of her face, she became totally unresponsive. Lucie would not speak and Adrienne would not write. After a half an hour, however, the young woman "sat up straight, her eyes at first closed then open." At his request she began to speak. "But the person who now spoke," Janet remarked, "called herself Adrienne, not L[ucie]." Moreover, Lucie "had absolutely disappeared, it was impossible to obtain any manifestation of her" (Janet, 1887, pp. 467–468).

He had replaced Lucie with Adrienne. Moreover, as his speculations predicted, Adrienne had none of Lucie's hysterical symptoms. She also had a complete memory of Lucie's life and was unresponsive to suggestions. Like Férida's second self, Adrienne was healthy. Had Janet discovered a spontaneously occurring second self, like Férida's, or had he created this state of "complete somnambulism"? Regardless, Adrienne could only talk with him for a short time. After about 20 minutes, Lucie, with all her symptoms, returned (Janet, 1887, p. 468).

Janet next began to suggest anesthetics to Adrienne. As he did Lucie recovered her ability to feel. With this her other hysterical symptoms disappeared as did her suggestibility. Soon Janet could no longer communicate with Adrienne. He wondered if he "had killed Adrienne by suppressing the tactile sensibility that perhaps had played an important role in this abnormal synthesis of conscious phenomena" (Janet, 1887, p. 471). Although he accepted his obligation to treat Lucie for her hysteria, Janet regretted having "killed" Adrienne. What intrigued him was the fact that a somnambulistic state that ordinarily existed subconsciously could be made to exist as an alternate consciousness.

#### LÉONIE, LÉONTINE, AND LÉNORE

At this time Janet's only other experience with alternating consciousness was with a 45-year-old peasant woman he called Léonie, who had been his first subject (Plas, 2000, pp. 93–98). Léonie readily entered a somnambulistic state, and Janet used automatic writing to communicate with her second self. This second self informed Janet, in writing, that her name was Léontine. Unlike Adrienne, who was a rather rudimentary personage, Léontine had existed for a long time and truly had a mind of her own. On one occasion, for example, after Léonie had returned to her home, Léontine wrote to Janet expressing concern for Léonie's health (Janet, 1888, pp. 252–253). When Janet noticed that Léontine, that is, Léonie "asleep," appeared to suffer from hallucinations, he was led to discover a third personality who called herself Lénore (Janet, 1888, pp. 267–272).

Strikingly Lénore did not have the hysterical anesthetics that were present in Léonie, and Léontine was not at all suggestible and could remember the whole of Léonie's life. Like Adrienne, Lénore was healthy. Janet had discovered another instance of complete somnambulism. Lénore, however, disabused naive young Janet of the idea that she represented a spontaneously occurring case of complete somnambulism, as Férida presumably did. Lénore revealed that she had been created 20 years earlier by an animal magnetizer known as Dr.

Perrier (Janet, 1888, p. 272). In contrast to Adrienne's transient existence, Lénore had persisted and alternated with Léonie over the years. Perhaps Dr. Perrier had deliberately created her to cure Léonie of hysteria.

#### JULES JANET AND MARCELINE

Although Janet's concerns at this time were primarily philosophical and experimental, the question of whether he could use complete somnambulism therapeutically was hard to avoid. Indeed it was not long after his discoveries with Lucie and Léonie that he encountered an opportunity to do just that. In 1887 his younger brother Jules, at the time a medical student at La Pitié Hospital in Paris, told him about the case of a 20-year-old patient, called Marceline, "who had been reduced to an extreme degree of emaciation and weakness" (Janet, 1925b, p. 803). She would not eat or urinate. She vomited what she was fed by a nasogastric tube and had to be catheterized several times a day. She also appeared to have lost all cutaneous sensation and had large gaps in her memory of her life. Because other treatments had failed, Jules Janet was able to get permission to treat her with some of the hypnotic techniques he had learned from his older brother (Janet, 1910).

Applying the idea that hysteria could be cured by removing anesthetics, Jules attempted to cure Marceline's presumably hysterical illness with all available means to restore conscious sensation (Janet, 1925a, p. 237). To do this Jules first determined what sensations were connected with an altered function and then forced her to recover consciousness of these sensations. If an arm was paralyzed, for example, this involved pinching, pricking, and electrically shocking as well as mobilizing and massaging it. After each excitation, Jules asked Marceline what she felt and forced her to pay close attention so that she could distinguish one sensation from another, even growling when she made a mistake. To get her to eat he followed the same procedure with her mouth, lips, and pharynx. Marceline complained that this work was hard and painful. At times she grimaced, cried, and twisted her limbs (Janet, 1910, pp. 521–522).

After 10 days, however, Jules succeeded in producing a state quite similar to the complete somnambulism that Pierre had discovered in Léonie and Lucie (Janet, 1910, p. 334). Marceline was transformed. She was able to eat without vomiting and urinate without difficulty. Marceline was more than merely symptom free, however. She was a new person. She no longer had large gaps in her memory of her life. She also expressed herself with more vivacity, ". . . stood straighter, . . . walked more rapidly . . . look[ed] at people when she spoke to them and appeared to have come down from the clouds." Marceline was, moreover, quite aware of this dramatic change. "It appears to me," she exclaimed, "that I am really living, that this is a new existence and that I am not afraid to confront it" (Janet, 1910, p. 485).

In terms of nineteenth century ideas of hypnosis as sleep, however, Marceline's new existence was a total eclipse of her waking state and self-evidently pathological. Jules and Pierre Janet were concerned about the risks involved in leaving someone "asleep" for a prolonged period. As a result, following each period of complete somnambulism, during which Marceline ate and urinated, Jules woke her. She immediately fell back into her previous state. Her anesthesia, anorexia, and annuria returned. In addition she completely forgot what had happened during her period of health. For a time Jules continued putting Marceline into the state of somnambulist health before every meal and waking her shortly thereafter. When this became too burdensome, Jules and Pierre, with some trepidation, decided to leave her in the somnambulist state for longer periods. To their surprise she did well. In reporting this

at the time Jules was particularly enthusiastic. He wrote that, “it would be a means of curing hysteria to have her live indefinitely in this state where in effect she would be absolutely complete and would no longer be subject to any disorder” (Janet, 1925a, p. 239).

After a while her family took her home in that state. A few weeks after returning home, however, “her mother brought Marceline to the hospital in a pathetic state. On the occasion of her menstrual period, . . . (she) had awoken completely” (Janet, 1910, p. 336). She had no memory of her period of health and was very bewildered at finding herself in her own house without understanding how she had left the hospital. Jules was able to reinduce complete somnambulism, and she was then able to remember her previous period of health (Janet, 1910, p. 336).

This cycle of recovery and relapse persisted over the next 17 years until her death from pulmonary tuberculosis. During her periods in the state of somnambulist health she was able to live independently and achieve some measure of success in her career. She was a virtual “Félida Artificielle,” as Pierre Janet later called her. During each relapse she sought out Pierre Janet, who had taken over from Jules, and requested that he return her to the state of complete somnambulism. The frequency with which Marceline relapsed, and the amount of work required to return her to the state of complete somnambulism made this a less than satisfactory treatment. Janet quickly recognized this therapeutic limitation (Janet, 1910).

Nonetheless Janet’s experience with Marceline transformed his ideas about the nature of somnambulism, multiple personalities, and the dichotomy between waking and sleep. How could one consider Marceline’s “waking” state, which was inconsistent with life, her normal one? Janet recognized that this was the position taken by “Azam, as well as all . . . (other) authors” (Janet, 1907, p. 89). Janet, however, argued that a state in which she could not eat or urinate must not be regarded her normal one. Moreover, she had lived for years as a normal child before the onset of her symptoms. Looked at in this light, inducing somnambulism did not involve creating a new state or a new personality but returning Marceline to the normal state she had enjoyed as a child (Janet, 1907, pp. 89–92).

If inducing a state of complete somnambulism involved returning Marceline to the healthy state she had enjoyed as a child, then her “awakening,” during which she forgot the state of health was nothing but a relapse. As Janet began to think of Marceline in terms of recovery and relapse, the notion that her different states were distinct personalities, and the idea that somnambulism was a form of sleep began to make less sense to him. How could one call a state in which a patient felt better, remembered more of her life, and was more successful a form of sleep, especially if she lived in this state for years? As Janet began to develop his mature theories he came to think of recovery in terms of “excitation” rather than sleep. He began to use the terms “*instant clair*” and “*état alerte*” to refer to the phenomenon he had observed in Marceline (Janet, 1925a, p. 50; Janet, 1910, p. 342). Her illness, he came to think, was due to a profound reduction in psychological tension. Her *instants clairs* were, in turn, due to a dramatic increase in tension.

Although Janet’s reflections on Marceline’s cure undercut his convictions about somnambulism and multiple personality phenomena, the drama of sudden recovery and subsequent relapse stayed with him. Janet continued to look for dramatic cures like Marceline’s, but they were rare. By 1889 he was able to report related findings with his patients Marie and Rose (Janet, 1889, pp. 108–109). His brother Jules demonstrated the phenomenon on Charcot’s “celebrated subject” known as Witt (Janet, 1889, p. 179). Over the years, however, among “several thousand” patients, Pierre Janet was able to obtain nothing more than an “imperfect form of complete somnambulism” in 15 cases (Janet, 1925b, pp. 453–454). Only two patients, Marcelle and Irène, showed the phenomenon clearly enough to warrant extended discussion (Janet, 1925a, pp. 1–69; Janet, 1925b, pp. 812–817; Leys, 2000, pp. 112–116).



Janet's early experiments with hypnosis were based on nineteenth century assumptions about sleep and waking, the nature of the self and hysteria. On the basis of these assumptions he was able to replace Marceline's hysterical personality with a healthy second one. His appreciation of the paradox of a second personality, which was healthy but asleep, undermined the assumptions on which this work had been based, clearing the way for his ideas about psychological tension. Janet's work demonstrates how an outbreak of multiple personality phenomena depends on the plausibility prevailing assumptions. Recalling Janet's encounter with his "Félida Artificielle" should encourage us to look closely at the historical and cultural context in which our recent epidemic of "multiples" has occurred.

## REFERENCES

- Azam, M. (1876). Amnésie périodique, ou doublement de la vie. *La Revue Scientifique*, 5, 481–489.
- Barberis, D. (2002). Moral education for the elite of democracy: The *classe de philosophie* between sociology and philosophy. *Journal of the History of the Behavioral Sciences*, 38, 355–369.
- Brooks, J. (1998). *The eclectic legacy: Academic philosophy and the human sciences in nineteenth-century France*. Newark, DE: University of Delaware Press.
- Brown, E. (1983). Neurology and Spiritualism in the 1870s. *Bulletin of the History of Medicine*, 57, 563–578.
- Carroy, J. (1991). *Hypnose, suggestion et psychologie: L'invention de sujets*. Paris: Presses Universitaires de France.
- Carroy, J., & Plas, R. (2000a). How Pierre Janet used pathological psychology to save the philosophical self. *Journal of the History of the Behavioral Sciences*, 36, 231–240.
- Carroy, J., & Plas, R. (2000b). La genèse de la notion de dissociation chez Pierre Janet et ses enjeux. *Évolution Psychiatrique*, 65, 9–18.
- Crabtree, A. (2003). "Automatism" and the emergence of dynamic psychiatry. *Journal of the History of the Behavioral Sciences*, 39, 51–70.
- Ellenberger, H. (1970). *The discovery of the unconscious*. New York: Basic Books.
- Faure, H. (1989). Pierre Janet, à l'occasion du centième Anniversaire de l'automatisme psychologique. *Annales Medico-Psychologique*, 147, 937.
- Goldstein, D. (1968). Official philosophies in modern France: The example of Victor Cousin. *Journal of Social History*, 1, 259–279.
- Goldstein, J. (1994). The advent of psychological modernism in France: An alternate narrative. In D. Ross (Ed.), *Modernist impulses in the human sciences 1870–1930* (pp. 190–209, 342–346). Baltimore: Johns Hopkins University Press.
- Hacking, I. (1995). *Rewriting the soul*. Princeton: Princeton University Press.
- Harrington, A. (1988). Neo-mesmerism in French psychiatry. In W. F. Bynum, R. Porter, & M. Shepherd (Eds.), *The anatomy of madness* (pp. 226–246). London: Routledge.
- Hess, David. (1991). *Spirits and scientists: Ideology, spiritism, and Brazilian culture*. University Park, PA: Pennsylvania State University Press.
- James, T. (1995). *Dream, creativity, and madness in nineteenth-century France*. Oxford: Clarendon Press.
- James, W. (1950). *The principles of psychology*. New York: Dover Publications.
- Janet, P. (1876). La notion de la personnalité. *Revue Scientifique*, 10, 574–575.
- Janet, P. (1897). *Principes de métaphysique et de psychologie*. Paris: Librairie Ch. Delagrave.
- Janet, P. (1886). Les actes inconscients et le dédoublement de la personnalité pendant le somnambulisme provoqué. *Revue Philosophique*, 22, 577–592.
- Janet, P. (1887). L'anesthésie systématisée et la dissociation des phénomènes psychologiques. *Revue Philosophique*, 23, 449–472.
- Janet, P. (1888). Les actes inconscients et la mémoire pendant le somnambulisme. *Revue Philosophique*, 25, 238–279.
- Janet, P. (1889). *L'Automatisme psychologique*. Paris: Alcan.
- Janet, P. (1892). L'anesthésie hystérique. *Archives de Neurologie*, 24, 323–352.
- Janet, P. (1907). *The major symptoms of hysteria*. London: Macmillan & Co.
- Janet, P. (1910). Une Félida artificielle. *Revue Philosophique*, 69, 329–357, 483–529.
- Janet, P. (1915–17). Théodule Ribot. *Journal de Psychologie*, 12, 263–282.
- Janet, P. (1919). *Les médications psychologiques*. Paris: Librairie Félix Alcan.
- Janet, P. (1925a). *Névroses et idées fixes*. Paris: Alcan.
- Janet, P. (1925b). *Psychological healing*. London: George Allen & Unwin.
- LeBlanc, A. (2001). The origins of the concept of dissociation: Paul Janet, his nephew Pierre, and the problem of post-hypnotic suggestion. *History of Science*, 39, 57–69.
- Leyns, R. (2000). *Trauma*. Chicago: University of Chicago Press.
- Myers, F. W. H. (1885–7). Automatic writing—III. *Proceedings of the Society for Psychical Research*, 4, 209–261.

- Nicolas, S., & Charvillat, A. (2001). Introducing psychology as an academic discipline in France: Théodule Ribot and the Collège de France (1888–1901). *Journal of the History of the Behavioral Sciences*, 37, 143–164.
- Nicolas, S., & Murray, D. (1999). Théodule Ribot (1839–1916), founder of French psychology. *History of Psychology*, 2(4).
- Pitman, R. K. (1984). Janet's obsessions and psychasthenia: A synopsis. *Psychiatric Quarterly*, 56, 291–314.
- Plas, R. (2000). *Naissance d'une science humaine: Psychologie*. Rennes: Presses Universitaires de Rennes.
- van der Kolk, B., & van der Hart, O. (1989). Pierre Janet and the breakdown of adaptation in psychological trauma. *American Journal of Psychiatry*, 146, 1530–1540.