Déjà Vu in France During the 19th Century: A Conceptual History

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The feeling of déjà vu features as prominently in the creative as in the clinical literature. However, its meaning and mechanisms remain unclear, and it is posited here that this has partially resulted from the way in which this symptom was originally conceptualized. During the late 19th century, medical opinion seemed agreed that déjà vu was a disorder of memory (a paramnesia). However, its study was obfuscated by an overemphasis on its secondary features (e.g., "feeling of conviction," "fleetingness") and by "parapsychological" interpretations. Around the turn of the century, the problem was compounded by the development of narrow models of memory (inspired by association psychology) that left no room for the descriptive complexities of déjà vu. Consequently, it soon became (and has remained) a "symptom without a psychological function." French psychological writers played a crucial role in the conceptualization of déjà vu and this report presents a detailed history of their contribution.

THERE HAS BEEN renewed interest of late in the déjà vu experience thanks to the excellent studies reported by Sno et al.[1-3] Although this group has covered well the general European history of the phenomenon, its origin in French psychiatry remains unclear, as does its association with the history of memory disorders and with the general history of cognition during the 19th century. This report addresses specifically these two areas.

As Sno and Lindszen[1] have correctly suggested, descriptions redolent of déjà vu can be found in earlier periods.[4] However, the phenomenon was only conceptualized as a "memory problem" during the 19th century. For example, Sir Walter Scott called it "sentiment of preexistence," and Wigan defined it as a "sudden feeling, as if the scene we have just witnessed (although, from the very nature of things it could never have been seen before) had been present to our eyes on a former occasion, when the very same speakers, seated in the very same positions, uttered the same sentiments, in the same words—the postures, the expression of countenance, the gestures, the tone of voice, all seem to be *remembered,* and to be now attracting attention for the *second* time. *Never* it is supposed to be the *third* time.... I believe the explanation to be this: only one brain has been used in the immediate preceding part of the scene—the other brain has been asleep, or in an analogous state nearly approaching it. When the attention of both brains is roused to the topic, there is the same vague consciousness that the ideas have passed through the mind before, which takes place on re-perusing the page we had read while thinking on some other subject. The ideas *have* passed through the mind before, and as there was not sufficient consciousness to fix them in the memory without a renewal, we have no means of knowing the length of time that had elapsed between the *faint* impression received by the single brain, and the *distinct* impression received by the double brain. It may seem to have been many years."[5]

A year later, and independently from Wigan, the Austrian Feuchtersleben described the phenomenon of "phantasms of memory": "for instance, when a person feels as if a situation in which he actually finds himself had already existed at some former time...."[6]

Hughlings Jackson also wrote on the "sensation of reminiscence," one of his earliest notes being in 1876 when he suggested that such feelings, seen in epileptic patients with "intellectual aura," were "not uncommon in healthy people."[7] At this time Jackson believed that Wigan's model of "double consciousness" was an "accurate account." In 1888, he again wrote on sensations of reminiscence when referring to a medical colleague who, under the pseudonym of "Quærens" (pp. 389-390),[7] had reported his own temporal lobe epilepsy. To illustrate his feeling of reminiscence, Quærens quoted from *David Copperfield:* "We have all some experi-

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ence of a feeling which comes over us occasionally of what we are saying and doing having been said or done before, in a remote time—of our having been surrounded, dim ages ago, by the same faces, objects, and circumstances—of our knowing perfectly what will be said next, as if we suddenly remember it." In 1899, Jackson repeated his view that this double consciousness or "mental diplopia" was an accompaniment of the "dreamy state" (pp. 467-468).[7] Soon after this, French psychiatrists took over analysis of the phenomenon. To understand their views, it is useful to have an idea of the history of memory and its disorders during this period.

HISTORY OF MEMORY DISORDERS

In general, historical analysis of the disorders of memory is important for various reasons: first, models of memory not dissimilar to current ones have been described in the past[8,9]; second, because these models emerged from clinical observation, their structure reflects the amnestic vicissitudes of some famous patients; and third, historical exploration[10] might help to resolve "boundary" disputes, for example, whether memory is actually impaired in clinical states such as depressive pseudodementia,[11] schizophrenia,[12,13] fugues,[14] confabulation,[15] and déjà vu.[16]

By the 1890s, disorders of memory had become a favored topic of research, and in this trend Ribot played a central role. However, from the vantage point of the present, his oft-quoted book, *Les Maladies de la Mémoire,* is not easy to understand: Ribot's model of memory owes more to early 19th century notions than to those developed by his contemporary, Ebbinghaus, who based his ideas on an associationistic model.[17,18] Ribot divided the disorders of memory into amnesia, partial amnesia, and the *exaltations* of memory. He conceived of "diseases of memory as *morbid* psychical states" that could be "limited to a single category of recollections" or affect "the entire memory in all its forms."[19,20] Whether partial or general, amnesia could be temporary, periodical, progressive, and congenital. For example, epilepsy might cause a typical form of temporary amnesia; likewise, the phenomenon of double consciousness[21,22] was his best example of periodic amnesia; senile dementia and cerebral hemorrhage were the main causes of progressive forms of amnesia; and finally, congenital amnesias were seen in idiots and cretins.

Ribot was a philosopher-psychologist, and his footing is not always safe when dealing with medical facts. Jules Falret, on the other hand, was an alienist, and in his work on *Amnésie,*[23] first published in 1865 and written from a medical viewpoint, he offered one of the best accounts of the disorder at the middle of the century. The main conclusion to be drawn from his work is that by the 1860s, the concept of "amnesia" carried a descriptive emphasis and included no assumptions with regard to etiology or duration. Although Falret did distinguish between physical and psychological causes and between general and partial forms of amnesia, his work—like that of his contemporary, the English Forbes Winslow[24] (see chapters xxiii to xvii of his book)—can be considered as a rich collection of clinical observations in which the modern neuropsychiatrist can find antecedents for almost all recently described syndromes including transient global amnesia, acute intoxication with anticholinergics, senile dementia, and state-dependent learning.

THE CONCEPT OF "PARAMNESIA"

The terms "paramnesia" and "delusion of memory" are now rarely used in medical practice to refer to memories of (mainly) autobiographical events that have not taken place.[25] *Délire de mémoire,* nonetheless, lingered on in French neuropsychiatry up to World War II when, for example, Jean Delay still used it to refer to confabulation, ecmnesia, or hallucination of the past, and paramnesia or false recognition.[26]

It was otherwise between 1880 and World War I, when the paramnesias attracted marked academic interest. To 19th-century alienists, these symptoms were distinct enough and universally considered to reflect a disorder of memory. However, subsequent changes in the models of memory (and not empirical research) led to the belief that at best, these clinical phenomena are "delusions,"[27] and at worst, "symptoms without function"; this latter notion involved a violation of the principle on which 19th-century descriptive psychopathology (or psychiatric semiology) was founded, namely that each symptom had to