

LA DÉPERSONNALISATION. *Par L. Dugas and F. Moutier.*  
Paris. F. Alcan, 1911, 223 pages.

DISSOCIATION of self occurs in numerous forms. It is involved in abstraction and in contemplative thought of any kind. Depersonalization, as the French writers call this condition, is also involved in those states in which the subjects perceive the world as distant and hazy, as if seen through a veil. There are thus a number of disparate states, possessing more of analogy than similitude between them to which this term has been applied. For this reason it is not easy to define the term or even to describe the meaning of depersonalization.

These two authors, one skilled in clinical, the other in mental tests, begin their study of the condition by pointing out that, like any other manifestly morbid process, dissociation of personality passes only by imperceptible gradations from the normal over into the pathological, so that no clear line of demarcation can be drawn between the two. All factors conducive to asthenia, sadness, and disease, uncertainty and, in a measure, mental disorientation and violent contrasts predispose to the loss of personality, although why this state should be brought about in some cases and not in others, the authors are unable to explain.

It is interesting to note that the authors camp upon psycho-analytical ground, as when they recognize, for instance, that in its simplest form, depersonalization is largely a phenomenon of defense, brought about by the efforts to neutralize the consequences of a violent algedonic emotion. The self becomes dissolved in order not to suffer unduly. The process is, in short, a form of transient suicide. One is, of course, reminded of Freud's "flight into psychosis" by this explanation.

If the "flight" is prolonged, the dissociation of the feeling of self persists and expresses itself in an advanced form of mental disintegration. Any reader might follow the authors thus far without being ready to admit with them that abuse of introspection and metaphysical speculations or long-continued brooding over the meaning of self may bring about dissociation of personality. On what grounds could such a contention be justified at present? To be sure, subjects frequently do show a morbid inclination to introspect, but may they not be driven to it by a peculiar derangement of organic sensations? In other words, may not brooding and morbid introspection be the result and not the cause of the condition? If a choice were at all possible at the present stage of our knowledge, it seems to the reviewer that the latter would be a more reasonable contention than the author's.

The road which leads these authors to their contention is no doubt paved by their peculiar view concerning the psychogenic mechanism of dissociation. It is, in fact, the only view they can take of the role of morbid introspection in the disintegration of personality because of their view that the latter trouble is of apperceptive rather than sensorial order. They maintain that the trouble in dissociated personality is not with the subject's sensations, but lies in the higher mental faculties. To justify this position, the authors state that in their examinations the sensory organs of patients revealed nothing abnormal. This is not conclusive; our ordinary means of sensorial analysis are too crude to be decisive in so important a matter as this. It would require a long series of carefully worked out estimates of patients' sensorium by the use of the most accurate instruments which laboratory technique affords before one would be in the possession of sufficient data for any generalizations. Cursory clinical examinations and tests are inadequate for such a task. What is more, even the highest degree of laboratory precision may be insufficient at present. Other, more delicate, means for sensorial analysis may have to be devised before we may be certain of the actual facts. Suppose, for instance, that but a very slight degree of sensorial oscillation away from the "average" is sufficient to bring about the loss of the feeling of self; it would also require very accurate measurements and the highest skill in laboratory technique to discover the variation,—perhaps a task beyond our present means altogether. At any rate, ordinary clinical tests, such as the authors have used, are insufficient. At best our present means of sensorial analysis are rough, and suitable, primarily, for the "normal" subject; the psychopathologist has borrowed them from the laboratory of the experimental psychologist, where they may answer ordinary purposes. So far as the reviewer is aware the psychopathological laboratory has not yet devised a scheme of sensorial analysis of its own so accurate that it might enable us to note the subtle irregularities which escape notice in the rougher analyses of the normal subject. Moreover, psychopathological studies along this line have only begun; thus far the results of sensorial analyses of such patients appear to weigh decidedly against the contention of Dugas and Moutier. In other words, the weight of evidence seems to be that sensorial disturbances are, as a rule, present in dissociation.

The authors themselves describe, without explaining, a peculiar state of indifference which they have noticed in their patients; this, too, points strongly to some derangement of organic sensations. What else shall we make out of the anesthetic

states of these patients, for instance, already observed by Ribot? Or of the patient's complaint "I am of marble"? Or of another patient's assertion, in the experience of Dr. Prince, that she has lost her body sense, that her hand seems not to be hers?

Indeed, the suspicion of a sensorial disturbance is more than justified, while the present authors' contention is not. Before we have recourse to the apperceptive functions for an explanation of the troubles of dissociation we should inquire more closely into the perception sphere of these patients. Our perceptions are schematic, anyway. As we approach higher mentality the sensorial elements are reduced to a minimum. This is a simple and well-known fact. In the ordinary course of experience it is only necessary to take in or perceive a few of the most characteristic features of a scene to see the whole, just as the habitual reader takes in only a few letters to read the whole line. Were it not for this habit of the mind, proofreading would be less troublesome. It is in accord with the economizing tendency of our psychic activity that the sensorial elements in an act of habitual attention are reduced to a minimum. At the same time it is only proper to conceive that a threshold of schematization must be reached, especially in the case of new impressions, beyond which the sensorial elements are no longer sufficient for the reconstruction in terms of mental imagery of an object observed, or of some scene witnessed. The real problem seems to be: Does the subject pass beyond this threshold of schematization of sensorial elements when dissociation of personality takes place? It would be interesting, in this connection, to examine the subject's range of imagery, which would represent, of course, the material intermediate between sensation and perception. A methodical examination of this kind would furnish valuable data. Here there lies open a field for research rich in promise.

But to return to our authors. On the question of memory in connection with dissociation, they are far from clear. It appears, for instance, that they do not distinguish sufficiently memory from imagination. The two processes are treated almost as if they were identical. The same carelessness is noticeable on the subject of the relations between memory and the logical processes. One example might suffice; on page 49 occurs the following statement: "The facts forgotten by Mme. A. were such that simple reasoning should have been sufficient for their recall; and being of a methodical and reflective turn, Mme. A. recalled them easily enough, without, however, recognizing them."

This is rather unreliable psychology. In what sense is that a memory at all which we do not recognize? Besides past images

are recalled through association and not through reasoning. This patient's complaint that she can no longer add her new sensations to her old self is a bit of information which should have been seized upon by the authors. It comes nearer the core of the trouble which results in dissociation than the authors' contention that the patient's sensations undergo no change.

A word about the authors' general conclusions: They trace dissociation to "a derangement of psychic functions, in which . . . subjective states become detached from self," "se déroulent en dehors de lui," or in which "le moi les laisse échapper de sa pensée devenue indifférente." (P. 121.) The statement, while true, seems too vague.

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LA DÉMENCE PRÉCOCE; ETUDE PSYCHOLOGIQUE MÉDICALE ET MÉDICOLEGALE. *Par Dr. Constanza Pascale.* Paris. F. Alcan, 1911, 302 pages.

THIS medico-psychological study of dementia præcox reminds one that the old sectionalism has not been overcome completely as yet, notwithstanding the international and cosmopolitan character of the science. Thus Dr. Pascal's work is based upon material derived chiefly from French sources, notably the works of Dromard, Dide, Masselon, Régis, Séglas, Sérieux, so that for the extremely important work done elsewhere on this subject one must consult other sources of information. In other words, Dr. Pascal's work is not a complete survey of the subject with which it is concerned. Considering its size, perhaps this work was not meant to reflect the present state of knowledge on the problem of dementia præcox, but rather to give its author an opportunity to record, in a personal way, the views and conclusions to which her hospital experience with this condition have led her. It is incontestable that works of such character have a certain merit of their own, even if they do not add materially to our knowledge of the problem as a whole.

For clinical purposes psychic activity may be looked upon from three broad aspects: affectivity, intelligence, and volition. Accordingly, the author discusses dementia præcox from each of these standpoints. She attempts to delineate sharply the meaning of such terms as mental, intellectual, and demential weakness, respectively; there is at present a great deal of confusion in the use of these terms. After pointing out some reasons for distinguishing between these terms which should help in their proper use the