

## **FAUSSE RECONNAISSANCE ('DÉJÀ RACONTÉ') IN PSYCHO-ANALYTIC TREATMENT - (1914)5**

It not infrequently happens in the course of an analytic treatment that the patient, after reporting some fact that he has remembered, will go on to say: 'But I've told you that already' - while the analyst himself feels sure that this is the first time he has heard the story. If the patient is contradicted upon the point, he will often protest with energy that he is perfectly certain he is right, that he is ready to swear to it, and so on; while the analyst's own conviction that what he has heard is new to him will become correspondingly stronger. To try to decide the dispute by shouting the patient down or by outvying him in protestations would be a most unpsychological proceeding. It is familiar ground that a sense of conviction of the accuracy of one's memory has no objective value; and, since one of the two persons concerned must necessarily be in the wrong, it may just as well be the physician as the patient who has fallen a victim to a paramnesia. The analyst will admit as much to the patient, will break off the argument, and will postpone a settlement of the point until some later occasion.

In a minority of cases the analyst himself will then recollect that he has already heard the piece of information under dispute, and will at the same time discover the subjective, and often far-fetched, reason which led to this temporary forgetfulness. But in the great majority of cases it is the patient who turns out to have been mistaken; and he can be brought to recognize the fact. The explanation of this frequent occurrence appears to be that the patient really had an intention of giving this information, that once or even several times he actually made some remark leading up to it, but that he was then prevented by resistance from carrying out his purpose, and afterwards confused a recollection of his intention with a recollection of its performance.

Leaving on one side any cases in which there may still be some element of doubt, I will now bring forward a few others which are of special theoretical interest. With certain people it happens, and may even happen repeatedly, that they cling with particular obstinacy to the assertion that they have already told the analyst this or that, when the nature of the circumstances and of the information in question makes it quite impossible that they can be right. For what they claim to have told the analyst already and what they claim to recognize as something old, which must be familiar to the analyst as well, turn out to be memories of the greatest importance to the analysis - confirmatory facts for which the analyst has long been waiting, or solutions which wind up a whole section of the work and which he would certainly have made the basis of an exhaustive discussion. In the face of these considerations the patient himself soon admits that his recollection must have deceived him, though he is unable to account for its definite character.

The phenomenon presented by the patient in cases like this deserves to be called a 'fausse reconnaissance', and is completely analogous to what occurs in certain other cases and has been described as a 'déjà vu

. In these other cases the subject has a spontaneous feeling such as 'I've been in this situation before', or 'I've been through all this already', without ever being in a position to confirm his conviction by discovering an actual recollection of the previous occasion. This latter phenomenon, as is well known, has provoked a large number of attempts at explanation, which can be divided roughly into two groups.<sup>1</sup> One class of explanation looks upon the feeling which constitutes the phenomenon as deserving of credence, and assumes that something really has been remembered - the only question being what. The second and far larger class of explanation includes those which maintain, on the contrary, that what we have to deal with is an illusory memory, and that the problem is to discover how this paramnesic error can have arisen. This latter group comprises many widely different hypotheses. There is, for instance, the ancient view, ascribed to Pythagoras, that the phenomenon of *déjà vu* is evidence of the subject having had a former life; again, there is the hypothesis based on anatomy (put forward by Wigan in 1860) to the effect that the phenomenon is based on an absence of simultaneity in the functioning of the two cerebral hemispheres; and finally there are the purely psychological theories, supported by the majority of more recent authorities, which regard the *déjà vu* as an indication of an apperceptive weakness, and assign the responsibility for its occurrence to such causes as fatigue, exhaustion and distraction.

<sup>1</sup> One of the most recent bibliographies of the subject is to be found in Havelock Ellis (1911).<sup>8</sup>

In 1904 Grasset put forward an explanation of the *déjà vu* which must be reckoned as one of the group which 'believes' in the phenomenon. He was of opinion that the phenomenon indicates that at some earlier time there has been an unconscious perception, which only now makes its way into consciousness under the influence of a new and similar impression. Several other authorities have agreed with this view, and have maintained that the basis of the phenomenon is the recollection of something that has been dreamed and then forgotten. In both cases it would be a question of the activation of an unconscious impression.

In 1907, in the second edition of my *Psychopathology of Everyday Life*, I proposed an exactly similar explanation for this form of apparent paramnesia without mentioning Grasset's paper or knowing of its existence. By way of excuse I may remark that I arrived at my conclusion as the result of a psycho-analytic investigation which I was able to make of an example of *déjà vu* in a female patient; it was extremely clear, although it had taken place some 28 years earlier. I shall not reproduce the little analysis in this place. It showed that the situation in which the *déjà vu* occurred was really calculated to revive the memory of an earlier experience of the patient's. The patient, who was at that time a twelve year-old child, was visiting a family in which there was a brother who was seriously ill and at the point of death; while her own brother had been in a similarly dangerous condition a few months earlier. But with the earlier of these two similar events there had been associated a phantasy that was incapable of entering consciousness - namely, a wish that her brother should die. Consequently, the analogy between the two cases could not become conscious. And the perception of it was replaced by

the phenomenon of 'having been through it all before', the identity being displaced from the really common element on to the locality.

The name 'déjà vu' is, as we know, applied to a whole class of analogous phenomena, such as the 'déjà entendu', the 'déjà éprouve' and the 'déjà senti'. The case which I am now about to report, as a single instance out of many similar ones, consists of a 'déjà raconte'; and it could be traced back to an unconscious resolution which was never carried out.

A patient said to me in the course of his associations: 'When I was playing in the garden with a knife (that was when I was five years old) and cut through my little finger - oh, I only thought it was cut through - but I've told you about that already.'

I assured him that I had no recollection of anything of the kind. He insisted with increasing conviction that it was impossible he could be mistaken. I finally put an end to the argument in the manner I have described above and asked him in any case to repeat the story. Then we should see where we were.

'When I was five years old, I was playing in the garden near my nurse, and was carving with my pocket-knife in the bark of one of the walnut-trees that come into my dream as well.<sup>1</sup> Suddenly, to my unspeakable terror, I noticed that I had cut through the little finger of my (right or left?) hand, so that it was only hanging on by its skin. I felt no pain, but great fear. I did not venture to say anything to my nurse, who was only a few paces distant, but I sank down on the nearest seat and sat there incapable of casting another glance at my finger. At last I calmed down, took a look at the finger, and saw that it was entirely uninjured.'

<sup>1</sup> Cf. 'The Occurrence in Dreams of Material from Fairy Tales'. In telling the story again on a later occasion he made the following correction: 'I don't believe I was cutting the tree. That was a confusion with another recollection, which must also have been hallucinatorily falsified, of having made a cut in a tree with my knife and of blood having come out of the tree.' 0

We soon agreed that, in spite of what he had thought, he could not have told me the story of this vision or hallucination before. He was very well aware that I could not have failed to exploit such evidence as this of his having had a fear of castration at the age of five. The episode broke down his resistance to assuming the existence of a castration complex; but he raised the question: 'Why did I feel so certain of having told you this recollection before?'

It then occurred to both of us that repeatedly and in various connections he had brought out the following trivial recollection, and each time without our deriving my profit from it:

'Once when my uncle went away on a journey he asked me and my sister what we should like him to bring us back. My sister asked for a book, and I asked for a pocket-knife.' We now understood that this association which had emerged months before had in reality been a screen memory for the repressed recollection, and had been an attempt (rendered abortive by resistance) at telling the story of his

imagined loss of his little finger - an unmistakable equivalent for his penis. The knife which his uncle did in fact bring him back was, as he clearly remembered, the same one that made its appearance in the episode which had been suppressed for so long.

It seems unnecessary to add anything in the way of an interpretation of this little occurrence, so far as it throws light upon the phenomenon of 'fausse reconnaissance'. As regards the subject-matter of the patient's vision, I may remark that, particularly in relation to the castration complex, similar hallucinatory falsifications are of not infrequent occurrence, and that they can just as easily serve the purpose of correcting unwelcome perceptions.<sup>1</sup>

In 1911 a man of university education, residing in a university town in Germany, with whom I am unacquainted and whose age is unknown to me, put the following notes upon his childhood at my disposal.

'In the course of reading your study on Leonardo da Vinci, I was moved to internal dissent by the observations near the beginning of Chapter III. Your assertion that male children are dominated by an interest in their own genitals provoked me to make a counter-assertion to the effect that "if that is the general rule, I at all events am an exception to it". I then went on to read the passage that follows with the utmost amazement, such amazement as one feels when one comes across a fact of an entirely novel character. In the midst of my amazement a recollection occurred to me which showed me, to my own surprise, that the fact could not be by any means so novel as it had seemed. For, at the time at which I was passing through the period of "infantile sexual researches", a lucky chance gave me an opportunity of inspecting the female genitals in a little girl of my own age, and in doing so I quite clearly observed a penis of the same kind as my own. Soon afterwards I was plunged into fresh confusion by the sight of some female statues and nudes; and in order to get over this "scientific" discrepancy I devised the following experiment. By pressing my thighs together I succeeded in making my genitals disappear between them; and I was glad to find that in that way all differences between my own appearance and that of a female nude could be got rid of. Evidently, I thought to myself, the genitals have been made to disappear in a similar way in female nudes.

'At this point another recollection occurred to me, which has always been of the greatest importance to me, in so far as it is one of the three recollections which constitute all that I can remember of my mother, who died when I was very young. I remember seeing my mother standing in front of the washing-stand and cleaning the glasses and washing-basin, while I was playing in the same room and committing some misdemeanour. As a punishment my hand was soundly slapped. Then to my very great terror I saw my little finger fall off; and in fact it fell into the pail. Knowing that my mother was angry, I did not venture to say anything; but my terror grew still more intense when I saw the pail carried off soon afterwards by the servant girl. For a long time I was convinced that I had lost a finger - up to the time, I believe, at which I learnt to count.

'I have often tried to interpret this recollection, which, as I have already mentioned, has always been of the greatest importance to me on account of its connection with my mother; but none of my interpretations has satisfied me. It is only now, after reading your book, that I begin to have a suspicion of a simple and satisfying answer to the conundrum.' 2

There is another kind of *fausse reconnaissance* which not infrequently makes its appearance at the close of a treatment, much to the physician's satisfaction. After he has succeeded in forcing the repressed event (whether it was of a real or of a psychical nature) upon the patient's acceptance in the teeth of all resistances, and has succeeded, as it were, in rehabilitating it - the patient may say: 'Now I feel as though I had known it all the time.' With this the work of the analysis has been completed.