

Spiritist delusions and spiritualism in the nosography of French psychiatry (1850-1950)

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During the second half of the 19th and the first half of the 20th century, psychiatry has had to treat and to classify delusional states provoked by the practice of spiritualism, or at least having some relation with it. This is how a new category in the nosography of French psychiatry was born: the spiritist delusions. While it is interesting to follow the different stages in the elaboration of this category, it is salutary to emphasize that the relation between psychiatry and spiritualism cannot be reduced merely to these classifications. Psychiatric and psycho-pathological knowledge genuinely gained from these confrontations with spiritualism, as is vouched for by Ballet's utilisation of mediumistic trances in the elaboration of "chronic hallucinatory psychosis" (C.H.P.). In this review article, we therefore propose first of all to trace the history of spiritist delusions, and then to examine the relations between spiritualism and psychiatric thought.

Spiritist delusions: the birth and death of a clinical entity

Before broaching the question of spiritist delusions themselves, it is important to note that both in France and abroad a certain number of personalities, philosophers or psycho-pathologists but also ecclesiastics, sought to alert public opinion to the dangers that the practice of spiritualism, and its ideology, represented for the human mind. The question of hallucinations, both individual and collective, and indeed of madness in

general, could therefore not be fundamentally divorced from the question of spiritualism, and the debates which animated Western bourgeois society when it began to spread towards the middle of the 19th centuryⁱ.

Allan Kardec (1804-1869), the promoter of spiritualism in France, in his *Book of Mediums* (1861) where he gives the rules for practising mediums and defines what this practice should be, devotes a chapter to the mental risks incurred by spiritualists. This chapter is entitled “*Drawbacks and dangers of practising as a medium*”. Even though practising as a medium is not in itself pathological, he writes, it is nevertheless a state which is liable to cause great physical and moral fatigue, in particular for mediums susceptible to convulsions; for these persons, practising their faculty too often can have adverse effects on their nervous system. In this case, it is overtaxing one’s strength which produces the harmful disturbance. For this reason, Kardec warns, one must prevent the feeble-minded from becoming mediums, and orient them towards other activities in order to procure rest for their sick organs.

It is to be noted that Kardec was well acquainted with the doctrines of mental health of his times, and that he himself had a definition of madness which was shared by the whole spiritualist movement. In addition, it is clear that spiritualism, with its mediums who were faith-healers, considered that it was in a position to provide therapeutic help to the insane (see Charuty, 1985), and positioned itself as a moral support for those who were struck down by the death of persons near to them. Thus, in chapter 6 of the *Book of Mediums*, Kardec gives an explanation of hallucinations. This phenomenon, he writes, has not yet received a satisfactory answer from physiologists and those he calls “hallucinologists”. The doctrine of Spirits – and in particular the doctrine of the eternal soul – can help here. It is a question of a well-known anomaly, one that is entirely physiological, he explains, an anomaly affecting imprints in the brain, which is the

cause of this manifestation. Actually, fixations have the same origin: certain images are not erased; they remain fixed because certain parts of the brain, identified by the phrenology to which Kardec refers, are paralysed by a weakening. What the soul usually “sees” are fleeting “photographic” images in the brain, ephemeral traces of what has been seen, read, experienced. In the case of hallucinations, the soul only “sees” the same images over and over again. Thus, concludes Kardec, hallucinations are the vision by the soul of permanent images; they do not have the pathological character that medicine confers on them.

The intervention of the alienists

The opinion of the schools of medicine and philosophy concerning the phenomena of spiritualism, notably the widespread communication by “turning the tables” or “speaking tables” (Edelman, 1985), already made itself felt ever since the arrival of spiritualism in France in 1853. However, it was only with the presentation of Baillarger to the Medico-psychological Society in 1861, that a fully-blown confrontation emerged between psychiatry and spiritualism, a confrontation that was to last for a century.

Rapidly, the dangers of the spiritualist practices were denounced, in more or less measured terms. Thus Burlet (1863) considered held spiritualism to be one of the principal causes of insanity; on the other hand, Cavalier (1868) thought that it was less dangerous than witchcraft. However, in spite of these polemics, at this point the alienists were not really *interested* by spiritualist practices. This began to change from 1870 onwards, when those who were seeking a basis for an experimental psychology different from the academic spiritualist psychology found the material for a new theory

of the mind in the study of that central person, the medium, and in particular in the phenomenon of automatic writing. This initiative was first taken by Taine (1870), who opened the way for Janet (1889) to follow.

Neurologists and alienists confronted with the dangers of spiritualism

In the period which followed, the relations between spiritualism and psychopathology intensified even more sharply along the two axes that we have just described. On the one hand, this was because the trance-like states of mediums furnished a remarkably fruitful field for experimental investigation; on the other hand, the arguments concerning the morbid causality of spiritualism were accentuated, notably by a new type of argument concerning the relation between spiritualism and insanity in terms of “colouration”.

One style of discourse concerning the morbidity of spiritualism is best illustrated by the Salpêtrière School. Charcot took it as the object of his 16th clinical lesson, and was amply followed by Guinon, Gilles de la Tourette, and many others. The objective was quite clear: spiritualism is an agent which provokes hysteria and neurosis in individuals with a predisposition to those ailments.

On the side of the alienists, the positions were quite similar, and perfectly summed up in the presentation by Vigouroux and Marie to the 10th Marseille Congress in 1899 (Marie & Vigouroux, 1899): spiritualism provokes psychosis in those who are predisposed thereto. However, the conceptions of these clinicians showed that they had taken into account the studies of Janet concerning the trances of mediums; if they used these studies to argue that there is an *analogy* between the medium and the insane,

because both suffer from disintegration, the notion of a subconscious level and mental processes functioning outside consciousness was nevertheless taken into consideration. Secondly, they remarked that “spiritist delusion” can occur even if the subject is not a spiritualist, and even without ever having practiced spiritualism. In this case, the spiritualism merely adds a “colouration” to a delirium that pre-exists.

For Magnan, the question of the relation between spiritualism and insanity can be summed up by this latter aspect of colouration (Magnan, 1890). According to this analysis, spiritualism corresponds to a symptom of degeneracy, and constitutes a form of excessive religiosity. This sort of psychopathological judgement fed into the moralistic discourse concerning these beliefs and practices, akin to those concerning occult practices in general. Many were those who denounced in this vein the mysticism and the decadence of the end of the 19th century.

Spiritist delusions, mediumistic delusions and spiritist madness (1901-1921)

At the beginning of the 20th century there was a wave of delusions, which arose quite suddenly and which lasted for quite a short time, in which spiritualism took a prominent position. This wave led to the creation of the category “spiritist delusion” in the nosography of French psychiatry. Now this new category was deeply affected by the transformation of psychiatric knowledge which was occurring at that time. Thus, it was initially linked to the dogma of degeneration; then, after 1910, it was linked to the new tendencies which were sweeping across the psychiatry of that period, and refashioning it: the doctrine of constitutions, the three great clinical entities (delusion of interpretation, delusion of imagination, and chronic hallucinatory psychosis), but also

clinical and pathological Psychology, including in particular the new study of neuroses.

In this work of construction, one author will stand out: Jules Lévy-Valensi. It was he, indeed, who gathered together practically everything that could be said in psychiatric circles and elsewhere concerning the relations between spiritualism and insanity (1910). The analysis of the psychiatric literature of the beginning of the 20th century – and the article by Lévy-Valensi in particular – allows us to identify two dimensions which were present in the interpretation of this phenomenon: 1) a dimension of certainty: there were indeed a number of points on which a majority of clinicians were agreed; 2) a dimension of doubt, or at the very least of questioning: each certainty was coupled with a possible alternative interpretation.

The certainties

The first certainty concerned the morbidity of spiritualist practices. It was associated with a second certainty, which held that persons subject to spiritist delusion were predisposed thereto. The third certainty, for its part, was more specific: the delusion in question is essentially hallucinatory. Three sorts of hallucinations were particularly well represented, which so to say gave the syndrome its hallmark, to the extent that they were linked to spiritualism: auditory and verbal hallucinations (the raps or knocks and the voice of the Spirits that are heard; and the Spirit that speaks through the mouth of a person); graphic hallucinations (automatic writing); and sensations of levitation of the body, and the impression of the levitation of objects. On this last point, one can add the stories of astral voyages or reincarnation, which are most often considered as signs of dreamlike delirium.

Two further certainties were also widespread in the writing of alienists and psychiatrists. Firstly, it was well established that the subject involved in a spiritualist delirium functions in an automatic fashion. For such a subject, the automatism functions quite unknown to the subject and against his will, to such an extent that there is the appearance of a truly split personality – which is not perceived by the subject, because there is a genuine *dissociation*.

This finding was of course based on clinical reality, but it drew its vocabulary and its references from psychopathological studies of mediums. This current was represented principally by Janet and Grasset. The latter explicitly proposed to consider the phenomena involving mediums from a neurophysiological point of view (Grasset, 1904). In this way, it was generally admitted that there was a continuity between the medium and the delirious patient, since both of them exhibited a disintegration of their nervous system, the one temporarily, the other permanently. Thus Ballet was able to state that the medium in a state of delirium was only an exaggeration of the normal state of the medium, which amounted to putting them on the same plane but at different degrees (Ballet et Dheur, 1903).

This is why it was logical to warn the public against spiritualism as an agent of disintegration and dissociation, and to proclaim that it was toxic for the mind, because it could well trigger a genuine mental contagion. This was the final established certainty, which summed up all the others, by making it quite clear that spiritualism was a social and psychological danger.

Nevertheless, a half-certainty lingered on, which made it possible to shift to the doubts and questionings: this concerned the status of the facts that were alleged by the spiritualists. In fact the majority of clinicians gave credit to the phenomena of automatic writing, of turning tables and raps, and also to second lives – in short, to everything that

in a certain sense was supernatural, but which could be very well explained by the Psychology of the period with its notions of the unconscious and the subconscious, and indeed the subliminal as reinterpreted by Flournoy (1900). However, there was a sort of hesitation with respect to another category of unusual phenomena (telepathy, telekinesis, ectoplasms). Hesitation, and not outright rejection, because although their character placed them at the borderline of official science, they were the object of a study carried out by a number of scientists in various countries, called “metapsychics” in 1905 by the physiologist Charles Richet who obtained the Nobel Prize in 1913 (Richet, 1905). In other words, these phenomena posed a dilemma: were they all due to hallucinations or to errors of interpretation by the scientists who studied them, or not? If so, what was one to think of these scientists? – but if not, might it not be that reality was more complex than it appeared?

The doubts and the questionings

All the certainties that we have just listed above have been revisited at one point or another of the elaboration of the entity “spiritist delusion” in this early part of the 20th century. First of all it was pointed out, following the analysis by Marie & Vigouroux that we have referred to above, that the appearance of a spiritist delusion was not purely due to the pathological action of the spiritualist practices; it could also be encountered in subjects who were not spiritualist adepts. For this reason it was agreed to call the condition a *mediumistic delusion*, because all it took from spiritualism was its particular colouration. In the same vein, Janet pointed out that a spiritualist or mediumistic delusion induced by the spiritualist practices did not only occur in the mediums themselves. In fact, many cases showed that the signs of true mediumnity were not

present in certain spiritualists (these signs being amnesia with respect to the dissociation, and anaesthesia). There was also insistence on the fact that it was not necessarily essential to be predisposed in order to become delirious. The motor of delirium could also be depression, particularly in the case of grief and mourning. Here again it was Janet who contributed elements supporting this view, and who consequently gave a psychological explanation of spiritualist delirium, even if this explanation was to remain fairly isolated.

In view of all this one thing became obvious: there was no single, unified spiritist delusion but a *multiplicity of diversified forms* of spiritist delusion. Their classification then depended on the course of their evolution, and on the mechanisms at work. Very often they were regrouped in the class of chronic systematic religious delusions, but making a distinction between those which could be considered as demonic manias and those closer to theo-manias. They were also classed as delusions of the imagination, emphasis being put on the florid richness of imagination which was very generally found in these cases; or as delusions of interpretation. They were also associated with psychasthenia and hysteria.

However, a number of questions remained in abeyance. In a large majority of cases, the spiritist delusion was curable and only lasted for a short time. That was obviously reminiscent of delirious fits and acute hallucinatory psychoses, but there were certain elements which prevented them being classed in those frameworks. The problem was that they were too rich, too coherent in their structure, and above all that they maintained a certain continuity with the common belief in spiritualism which marked that period. Blondel was thus led to remark, concerning the delirium of a patient, that it offered "*the particular feature that it drew on the resources of the collective convictions adopted by the spiritualist groups to which she belongs; many members of these groups*

could not be classified as insane. This feature thus raises a highly delicate question” (in Lévy-Valensi & Génil-Perrin, 1912). In other words, this amounts to asking the question of the value of a belief, and where the limits of psychiatric investigation should be placed.

From spiritist delusions to spiritist psychoses (1920-1959)

After the First World War, the world of psychiatry underwent a major evolution, especially with respect to the notions of “mental illness” and hence to the relations between the normal and the pathological. In the context of these movements in psychiatric knowledge, the designation of “spiritist delusion” was maintained. Rodiet and Heuyer, in their review of the question of insanity in the 20th century (1931), note that cases of spiritist delusion were the contemporary form of cases of delusions of possession, themselves considered as a medieval form of being deluded under influence, and understood as belonging to the class of chronic hallucinatory psychoses. Nevertheless, this clinical entity was given different definitions according to the school which mentioned it; in particular whether it was the school of Clérambault or that of Claude.

Clérambault himself discussed a case of spiritist delusion on three occasions. Although he claimed that he was the last person to pose the question of hallucinations with a psychological origin, his approach remained the same and consisted of considering that delirious symptoms could be taken as stemming from automatic mental processes; this amounts to saying that neither special practices nor particular emotions could be the cause of this type of delirium, but that its genesis was to be sought in a primordial organic dysfunction. Nevertheless, he did concede that only a thorough

experimental study of the condition of mediums would be able to illuminate the true nature of the trance, and distinguish it from delirium (Clérambault, 1920).

Other authors followed Clérambault, and the current of thought which was created in this way became quite strong, to the point of seeing automatic mental processes at work in all the manifestations exhibited by the mediums. Nevertheless certain authors hinted that, in spite of the similarities between the disorders presented by spiritualists and automatic mental processes, the aetiology of the spiritualist disorders could possibly be related to neurosis, especially in the cases which were curable and where the hallucinatory polymorphism was dominant.

Among the clinicians we can consider as being close to the positions of Claude, Lévy-Valensi and Ceillier used the cases of spiritist delusion to illustrate the relevance of the conceptual framework of “delusion of influence”. A case of spiritist delusion was, according to them, an individual under the influence of a foreign force which directed and oriented his thoughts and commanded his acts and his behaviour in a way which could be permanent or passing. Consequently, it was not surprising to find cases of this sort in syndromes of external action (Claude) or dispossession (Lévy-Valensi) or again of influence (Ceillier). For Lévy-Valensi and Ceillier, it is above all the automatic constitution which predisposes to delirium, on the occasion of practices (such as that of spiritualism) or organic ailments. In these cases, it is then the importance of the disintegration in these patients which makes them tip over into the automatisms. Amongst these patients there are a goodly number of priests, religious persons, dreamers and so on, including the mediums themselves; in the end, all those who “practice” disintegration deliberately and who are easily... influenced, like women (Ceillier, 1925).

However, the psychological origin of spiritist delusion could also have other and less tendentious explanations. Vurpas, in an unpublished talk at St-Anne, considered that it was the result of the shock produced by the emotion involved in the practice of communication with the dead, especially for those who had recently suffered a bereavement; he classified them together with delirious dreams (Encausse, 1935/1943, p. 171-175).

These conceptions opened the way to a deeper understanding of the relations between spiritualism and insanity. Thus, it became possible to envisage the relations between spiritist delusion and personality. This was the theme of the thesis of Kern, under the direction of Claude and the impulsion of Lagache (1936), which also took inspiration from the thesis of Lacan on paranoia taking psychoanalysis as a reference. But if Kern does relate the single case that he analyses to paranoia as defined by Claude, he cannot prevent himself evoking the possibility of another hypothesis: that of hysteria. Several points in the case he analyses allow him to consider this, notably the fact that the affection could be cured. However, this hypothesis was not fashionable at the time, as hysteria was on its way out from psychiatric nosography.

The end of an entity

In 1942 Delay presented what was to be one of the last analyses of a case of spiritist delusion. His account is doubly interesting because he both gives some indications for a dynamic understanding of the process of delirium, and also lays the ground for an ethno-psychiatric approach to this sort of delirium. It is true that the case he studied was that of a young West Indian woman who had grown up in a background of spiritualist beliefs and who continued to cultivate an interest in the occult, which rendered this sort

of approach more appropriate (Delay, 1942).

Finally, one can find one of the last living traces of this entity in the *Traité* of H. Baruk (1959). Here, an ethno-psychiatric approach is overlaid by an approach in terms of social psychiatry, where spiritualism is quoted as an example of an epidemic agent.

Spiritualism and psychiatric knowledge

In parallel with descriptions of the harmful nature of spiritualist practices, and judgements concerning the belief in communications with defunct spirits, at one time significant heuristic use was made of one of the most central aspects of spiritualism: the capacity to function as a medium. These influences are not very well known today, but they were frequent during almost a century.

As soon as 1861, Baillarger sensed that the particular nature of the disturbances in spiritualist practitioners could have an interest. Thus in a communication that he delivered to the Medico-psychological Society, he took the example of a spiritist delusion that he presented in order to demonstrate the role of automatisms in the genesis of the disorder, and to illustrate his conception of psychic hallucination. According to him, it is indeed the “*terrible nature of the emotions*” induced by the practice of spiritualism that causes a disturbance in the functioning of the brain and which allows the inferior faculties to free themselves and to escape from voluntary control by realizing an actual ‘splitting of the personality’.

This expression came to have considerable importance in the debates between spiritualism and psychiatry, as well as the term “automatism” as we have seen. However, these phenomena were described and above all interpreted in diverse ways. We can see an opposition between a theory in terms of mental illness and a theory in

terms of psychology. Thus, the ‘splitting’ was open to two different interpretations: either it was the expression of inferior activities of the mind (sensations, imagination, memory), and in this case it was the sign of a pathological state; or else it was the manifestation of another part of the personality, the Spirit in the case of the spiritualists, the unconscious for the psychologists, in which case it was envisaged as harbouring a possibility for the individual to progress, an overflow or an uncovering of faculties.

Two clinicians made use of spiritualism in order to illustrate these positions, and to make them evolve: Janet and Séglas.

Janet referred to spiritualism throughout the course of his theoretical production, and he held that the case of mediums provided a perfect example of a split personality. His writings during the 1930’s contain only a few allusions to this phenomenon; it was mainly at the beginning of this career that he addressed this question. His entry into the field of mental illness and his attachment to the medical profession gave him the opportunity to air his previous studies published in his doctoral thesis in philosophy on *Psychological automatism* (Janet, 1899). Amongst other things, these studies provided some clinical reference-points for specialists in mental illness confronted with forms of hallucination where involuntary activity came to the forefront. Thus in *Obsessional neuroses* (Janet, 1898/2007), he took the example of a patient, LER, “*a distinguished professor* », who indulged in spiritualism in the course of which he was invaded by the Spirit with whom he was in communication; this Spirit commanded his acts and led the professor to proffer painful and embarrassing utterances. Janet (1898/2007) cited this case to show that the phenomenon of split personality is not always attached to hysteria, but can actually be a symptom of a persecution mania. Conversely, in the course of many clinical discussions and particularly in the case of spiritist delusion, Janet had occasion to note that in spite of the presence of a theme of persecution, one could

discern hysteria or psychasthenia.

These distinctions are obviously based on Janet's deep reflexions and interest for all these "lower" forms of mental activity as a whole. Amongst these forms, the case of mediums took pride of place largely because of its importance in the social landscape of the period. It taught Janet that the mind can disintegrate and split into two; this may be only a short-lived phenomenon, and often reflects "psychological wretchedness", but at times it reveals capacities which are astonishingly intelligent to say the least.

Séglas did not ignore the teaching of Janet. This was particularly the case in the elaboration of psycho-motor hallucinations. More surprising, perhaps, is the use that Séglas (1888) made of mediumship in his efforts to clarify several aspects of such hallucinations; by comparing them and by elucidating their analogies, he advanced towards an understanding of their common underlying moving forces. But Séglas certainly knew that comparing is not the same thing as assimilating or identifying. Thus, at other points in his work, he insists clearly on what differentiates a mental patient from a medium. Although there is a split personality in the two cases, in the case of mental illness the split is forced and reflects an influence and/or a persecution, and moreover goes beyond a mere belief; whereas in the case of a medium the split is only temporary, unconscious, and triggered by the group that the medium belongs to. Nevertheless, Séglas also notes that spiritualism favours "*neo-mystical tendencies*" and prepares the ground for the advent of psycho-motor hallucinations.

Ballet was another author who made use of spiritualism in the construction of the category "chronic hallucinatory psychosis" (C.H.P.), in a series of texts between 1911 and 1914. It is well known that according to Ballet, a characteristic state of chronic hallucinatory psychosis resulted from disaggregation: this is *dissociation* or *splitting* of the personality. In 1914, in an article recapitulating the main features of C.H.P., he says

that it is the nature of this psychosis (and of dissociation) that defines the affection. There are two aspects to this psychosis: the fact of being chronic, and the feature that it “exalts subconscious automatisms”..., the very same feature that is found in the trance of the medium. In other words, there is no difference in the *nature* of the two conditions. This is why, in spite of the precautions taken to distinguish certain psychopathological and clinical fields, it appears that the concept of “chronic hallucinatory psychosis” linked together two areas that are quite different; in our opinion, this is the source of the confusion that this concept has generated (Le Maléfan, 2003). These two areas are chronic hallucinatory delusions of persecution on the one hand, and on the other the non-ordinary psychological state of the medium. It seems obvious to us that making disaggregation the basis of C.H.P. caused mediumship, and with it the spirits, to be linked together and to share the same fate as hallucinatory psychosis. In return, this made it difficult for psychiatric knowledge to detect anything other than ‘psychosis’ in the most characteristic feature of disaggregation: automatism; this was all the more so when the automatism occurred in patients who referred to spiritualism. Moreover, this connection favoured an amalgam between hallucinosis and psychosis which has lasted in clinical practice to the present day.

There have been other borrowings or references to spiritualism during the first quarter of the 20th century, and which have continued up to the 1970’s with Henri Ey (2004 : I, 306-307). During the 1920’s, these references mostly had to do with the nebula of delusions of influence, and because of this they largely overlap with the history of spiritist delusions in the strict sense of the term. We may nevertheless note that, in parallel, the domain of psychical or meta-psychical sciences was also drawn upon. In particular, again in the framework of delusions of influence, we may note a telepathic delusion (1910-21), and then a metapsychical delusion (Aubin, 1927). As for Ey, he

made it clear that the experience of being a medium corresponded to a remarkable, but non-pathological, type of influence.

Conclusion

We have seen that the elaboration of spiritist delusions occurred during the same period as the quasi-totality of the construction of psychiatric knowledge in France, and that their presence had a number of repercussions and was at the origin of thorny questions and substantial challenges for psychopathologists. The nosographic and aetiological problems related to spiritist delusions have never been entirely resolved, not indeed because of a lack of arguments or theoretical frameworks, but because they have always carried with them a sort of excessiveness which has made it impossible to reduce them entirely. In this way they have been objects of resistance for psychiatric knowledge in its encounter with the field of beliefs.

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ⁱ In order to put the spread of spiritualism in France in context, see Cuchet, 2007.

ⁱⁱ The patient presented by Clérambault was Henriette Couédon, a famous clairvoyant of the end of the 19th century. See: Le Maléfan, 2001.