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Jeanne Fery: A Sixteenth Century Case of Dissociative Identity Disorder

Onno van der Hart, Ruth Lierens and Jean Goodwin

This discussion reinterprets a sixteenth-century case of possession and exorcism as Dissociative Identity Disorder (DID), formerly known as Multiple Personality Disorder (MPD). This is perhaps the earliest historical case in which DID can be diagnosed retrospectively with confidence. Jeanne Fery, a 25-year-old Dominican Nun, wrote her own account of her exorcism which took place in Mons, France in 1584 and 1585. Her exorcists produced an even more detailed account describing both identity fragmentation and a past history of childhood trauma. Also well described in both accounts are major criteria and associated features of DID as described in present day diagnostic manuals (American Psychiatric Association, 1987, 1994.) The 109-page description of her treatment course was republished in French in the nineteenth century by Bourneville (1886), a colleague of Janet, who also diagnosed Jeanne's disorder as "doubling of the personality," (the term then in use for DID). This article is the first English-language presentation of these documents.

Previous studies have identified elements of identity fragmentation and possible childhood trauma in other possession cases from this era. For example, we have a detailed account of the 1623 investigation of Sister Benedetta, abbess of a Theatine convent in Italy (Brown, 1986). Benedetta was possessed by three angelic boys who would at times beat her causing chronic pain. These angels would also take over her body, each speaking a different dialect and producing specific facial expressions and tones of voice. Benedetta had amnesia for some acts done by these three, including a sexual relationship they initiated with a young nun in her charge. Associated features in this case included self-mutilation and disordered eating. However, Benedetta's case only hints at the presence of childhood trauma. Her parents were said to be possessed, too; her symptoms became uncontrollable after her father's death. She had been sent to the convent at age nine, the same age at which her sexually abusive alter, Splenditello, remained fixed.

Jeanne Fery's case is not only earlier than Benedetta's but more complete. Her alter identities included Mary Magdalene, who was highly rational and helpful in her treatment, appearing at moments of crisis. This ego state might be described in twentieth-century terms as an internal self-helper (Comstock, 1987). Several internal "devils" are described including Namon and Bélial, the latter attended by seven sub-entities representing the deadly sins. The devils are blamed for her acts of sacrilege but also function as protectors. A demon named Cornau ("Horns") is described as having seduced her with sweets at age four and seems to preside over her subsequent bizarrely disturbed eating. A demon named Sanguinaire demands pieces of her flesh, and this is how she explains her self-cutting. The devil Garga ("Throat") protected her from feeling the pain of beatings in childhood, but then reenacts these during her illness by head-banging, body-banging, and suicide attempts attacking the throat with cutting and self-strangulation.

Jeanne's alters were at times visualized, at times heard arguing inside, and at times took over her body in violent pseudoseizures, rage attacks requiring restraints (from which she escaped), compulsive suicide attempts, regression to a childlike state, and episodes of prolonged sobbing and intense physical pain (especially headache). Sleep disturbance, abysmal sadness, conversion blindness, shivering, disordered eating, mutism, contorted facies, inexplicably lost and found objects, and episodic loss of knowledge and skills completed a clinical picture quite familiar to contemporary clinicians working with dissociative disorders.

Although many symptoms relapsed or exacerbated during exorcism rituals which were probably quite threatening, Jeanne's symptoms and functioning apparently improved overall. Jeanne Fery's recovery may have been facilitated by a prolonged 21-month course of treatment which included constant care from her fellow nuns and her exorcists' consent to her request that they replace her demons as father and grandfather. Some of these "accidental" elements of the exorcism parallel current understanding of trauma-dissociative disorders and the recovery process (van der Hart & van der Velden, 1987; Goodwin, Hill & Attias, 1990).

These historical materials suggest that core features of DID represent a stable diagnostic cluster through time.



Illustration 1-Girl Being Exorcised.

In the context of the Huguenot Wars, Jeanne's exorcists aimed to justify the rituals of Catholicism by proving them efficacious against her multiple severe symptoms.

POSSESSION AND DISSOCIATION

A century ago, William James (1896) remarked that "if there are real demons they might only be hysterics" (Lowell Lectures, unpublished notes, p. 26; quoted by Kenny, 1981). William James' joke personifies the views of his French contemporaries, who reexamined and rediagnosed cases of demonic possession as manifestations of hysteria (Ellenberger, 1970). This broad diagnostic category was described by Janet (1889, 1901, 1907) and others as primarily dissociative in nature. Janet (1907) defined hysteria as "a form of mental depression characterized by the retraction of the field of consciousness and a tendency to the dissociation and emancipation of the systems of ideas and functions that constitute personality" (p. 332); this included disturbances of memory, consciousness, affect and identity as well as of body functions. A simple form of hysteria would be the dissociation of a single movement system, such as the paralysis of a limb; the most complicated form was multiple personality disorder (DID or MPD). Devils, demons or other entities experienced as "possessing" a person were understood similarly as dissociated systems of ideas and functions (Witztum & van der Hart, 1993).

In the most recent diagnostic manual (American Psychiatric Association, 1994), possession states would likely be described as dissociative disorder not

otherwise specified with a reference to the newly proposed diagnosis of Dissociative Trance Disorder. According to Kluft (1988), "possession states, as opposed to delusions of possession as an expression of an underlying psychosis, remain largely isomorphic with contemporary multiple personality disorder (MPD), and should be diagnosed under the rubric of MPD, psychogenic fugue, or dissociative disorder NOS, depending on the details of their phenomenology" (p. 570).

Kluft notes the traditional classification of possession states (Oesterreich, 1921/1966) into somnambulistic (in which the possessed individual is completely inhabited by the possessing entity and has no memory for the episode) and lucid (in which the possessed individual has a sense of struggle against the invading entity). These parallel descriptions by patients with MPD/DID of their shifting relationships with internal entities in terms of control, co-consciousness and amnesia. "The phenomenology of contemporary MPD includes numerous permutations of these two varieties over time" (Kluft, 1988, p. 570).

If a possession case should, on the basis of its phenomenology, be diagnosed as MPD/DID, then one may posit that the etiological factor of repeated childhood traumatization-most probably in the form of child abuse-is also present. Kluft summarizes these compelling data for MPD/DID: "In two large series, 97 percent and 98 percent had experienced child abuse, usually including physical, sexual (usually including incest), and psychological mistreatment, and concomitant neglect was not uncommon" (Kluft, p. 573). Unfortunately, few possession cases include enough childhood history to assess the presence or absence of childhood trauma.

The case of Jeanne Fery

The present case provides strong support for Kluft's premise that possession cases overlap with MPD/DID. The report of Jeanne Fery's case was originally published in 1586. The book was reissued, with the addition of a preface and footnotes, by Dr. Désiré Bourneville, affiliated with the Salpêtrière, in 1886. Bourneville had become well-known in psychiatry because of his publications of photographs of female psychiatric patients (Bourneville & Regnard, 1873-1880) and for founding the so-called Bibliothèque Diabolique, which included a number of reprints of sixteenth-century reports on possession (Bénet, 1883; Bourneville & De la Tourette, 1886; Garnier, 1895).

It was Bourneville who pointed out that Jeanne Fery represented "the most perfect case" of "dédoublement de la personnalité"-an expression introduced by Azam (1876) to denote multiple personality disorder.

The following chronology outlines the account by Jeanne's exorcists of her 21-month illness and treatment course. There follows a summary of Jeanne's own account of the history of her illness.

Chronology of the exorcism

APRIL 10, 1584: Because of possession by evil spirits, Jeanne is brought before the Archbishop; first appearance of Mary Magdalene.

APRIL 12, 1584: The demon Namon reveals his name. Jeanne loses religious knowledge. Jeanne requests a document to be signed by the Archbishop and herself but when this is provided, Namon hides it. Later Jeanne finds it again. It is noted that Jeanne's great aunt is mistress of the convent.

MID-APRIL TO END OF MAY, 1584: Jeanne makes pilgrimages to holy relics. She improves but continues to self-mutilate. The convent tries putting her in prison but decides the infirmary is a more appropriate place for her.

JUNE TO JULY, 1584: The Archbishop is away for six weeks. Symptoms recur including sleep disturbance, eating disturbance, agitation, pseudoseizures, escape from restraints and compulsive suicidality. She tries to throw herself out the window and into the river. She breath-holds, headbangs, trembles, screams and loses the capacity to speak. She is restrained in a chair but escapes and

hides. It is noted that serving as her guard is not an enviable job. Jeanne's guard, Sister Barbe, and Canon Mainsent, the priest both for the Dominican Convent and the lay women of the Beguinage, become more involved in Jeanne's treatment. Sister Barbe attaches an image of Mary Magdalene to Jeanne's bed.

JUNE 28, 1584: Mary Magdalene appears again and Jeanne tells her about written contracts hidden in her body, some written in blood, that bind her to the devils.

MID JULY TO AUGUST, 1584: Jeanne returns to Canon Mainsent the communion wafers she had hidden, screaming throughout this process. She becomes agitated and must be guarded day and night. Her devils try to persuade her to strengthen her ties to them, warning her that if she does not, she will lose knowledge, be constrained to perform onerous tasks, remember things that will make her ashamed and experience pain.

AUGUST 25, 1584: Mary Magdalene appears again and for the first time speaks. Jeanne signs a written contract to break ties with her devils. There is another episode of self-cutting, but a decision is made to continue the exorcism. The exorcists reason that the death-threat has been chronic though secret and is not likely to disappear as an obstacle. The devils return a piece of her flesh that Jeanne had given them. The exorcism is deemed successful because the devils break a tile as they depart, a previously agreed upon signal.

SEPTEMBER-OCTOBER, 1584: Jeanne is quite ill and feeling pain from her self-inflicted wounds. Objects are returned by the devils, including a belt they had tried to use to hang her. She feels freer of her devils except Garga and Cornau.

NOVEMBER 9, 1584: When Jeanne is left alone, Cornau comes to her spitting fire. Jeanne tells the priest Mainsent how she was given to this devil through her father's curse. When she was four, Cornau became her father. He seduced her with candies and sweets. Without him she fears she will become mute and ignorant. Mainsent speaks to Cornau and promises to become Jeanne's father in Cornau's stead. Mary Magdalene appears again and offers protection. The exorcists still do not know about Jeanne's visions of Mary Magdalene. Jeanne becomes like a child. She asks that the Archbishop become her grandfather and he agrees.

NOVEMBER 12-21, 1584: During mass Jeanne points to her vision of Mary Magdalene. She plays with the saint's image like a child with a doll. She points to her heart indicating pain there. Jeanne, regressed and almost completely non-verbal, produces from her mouth a document linking her cure to the Archbishop's promise of protection. The Archbishop begins to teach her as if she really were four years old. She complains of headache. He blesses every part of her body and has someone read her previously written confession. After her confession is read, Jeanne still behaves as a child, but can walk and talk more competently. For nine days the Archbishop questions her about her childhood. She is given absolution and contracts with devils are horned. She is to live in the Archbishop's household with her nurse, Sister Barbe, for one year to complete her liberation from the devils and her relearning. Mary Magdalene disappears. A blindness in Jeanne's right eye, present for ten years, resolves.

JANUARY 5-8, 1585: The Archbishop tries to send Jeanne back to her convent. There is a recurrence of eating and sleeping disturbances, agitation and physical pain. After three days the Archbishop relents. Mary Magdalene is helping again.

MARCH 11-15, 1585: The devils beat Jeanne and give her strawberries. She is unable to eat for several weeks. The doctor is called but physical examination is negative. The Archbishop gives her holy water to drink. Mary Magdalene is present.

APRIL 10, 1585: Mary Magdalene appears to Jeanne while the Archbishop is celebrating mass in the convent. It is the anniversary of her first meeting with the Archbishop. The Archbishop narrows the exorcism team to only himself and two other priests (one is Mainsent) who know Jeanne well and are trusted by Mary Magdalene.

MAY 3 TO MAY 24, 1585: Jeanne sees her devils again at mass on May 3. Despite this, the Archbishop sends Jeanne back to her own convent on May 10 because of malicious rumors about his keeping this young woman so close to him. Jeanne begins trembling and hitting the Archbishop and his assistants with

great force. Later, she claims no memory for this incident. She says that all she recalls is seeing smoke coming out of her mouth. The Archbishop changes his mind again and allows her to stay.

On May 19, Canon Mainsent becomes ill, an illness Mary Magdalene attributes to his consenting to the attempt to return Jeanne to the convent. Jeanne gives him her image of Mary Magdalene which cures him but leaves her feeling possessed again. The image is returned and Jeanne improves.

On May 24, Jeanne expresses doubt about certain doctrines. The Archbishop gives her his blessing. That night she has a vision of Christ and the Virgin Mary and resolves never to doubt again.

AUGUST 19-SEPTEMBER 15, 1585: Another attempt is made to return Jeanne to her convent despite warnings from Mary Magdalene. Once again there is a relapse with recurrence of self-slashing. This time the Archbishop insists that she stay at the convent, but does allow her to have a single room. Mary Magdalene again is present and helps with the extreme pain.

NOVEMBER 12, 1585: Severe pain recurs. Jeanne goes into ecstasy, sings a psalm in Latin and is told by Mary Magdalene that she must publish all her secrets. It is the anniversary of her request for one year's protection by the Archbishop. She assembles everyone, her entire "family." There is a terrible dialogue and fight with the devils, who leave, all 50 of them, thrashing her body in the process. Mary Magdalene is still present and orders Jeanne to write her story after telling it to the assembly.

JANUARY 6, 1586: Jeanne falls into ecstasy during mass and sees Mary Magdalene. Jeanne tells the Archbishop that Mary Magdalene had kept her promise of one year before and that Jeanne is free of devils and has recovered her spiritual strength. She returns to the convent dormitory to resume her place in the community's life.

Summary of Jeanne's own account of her illness

Childhood History:

At age 2, she is given to the devil through her father's curse. At age 4, she is seduced by the devil Cornau who appears as a beautiful young man and gives her apples and white bread. She accepts him as her father. From ages 4 to 12 another devil appears (perhaps, Garga). The devil Garga promises she will not feel the beatings she receives.

Adolescent History:

Seeking more freedom she goes to stay with her mother. She is apprenticed to a seamstress in the city of Mons. She must do everything her devils ask, or be tortured. A multitude of new devils enter. Previously she has only dealt with 2 or 3 (probably Namon, Comau, and Garga). She promises the devils to keep their presence secret. She struggles with the devils about her First Communion. They undermine her resolve in various ways: one takes control of her tongue during confession, another gives her sweets to eat during the prescribed pre-communion fast, and another makes her throat hurt so she spits out the communion wafer.

Young Adult History:

Despite these obstacles, Jeanne enters the Dominican Convent where conflicts continue. New devils appear: Traître, Art Magique, Hérésie and many others. They demand control of her memory, understanding and will. She becomes involved in false ceremonies. She signs with her blood contracts written in strange alphabets. The devils require that she renounce all ties except those that bind her to them. The devils give her banquets and make her happy. They also cause her pain: when she tries to eat on Christian feast days the devils make her body reject the food. The devils Vraie Liberté, Hérésie and Namon involve her in sacrileges. Sanguinaire, BOW and others make her cut out pieces of flesh from her body. She consents to be hanged by the devils. She feels she loves only the devils and is afraid of people. However, she is unable to strangle herself. A devil named Homicide tries to help her cut her throat but she cannot complete this either. She is exhausted and in pain. A doctor is

called and gives her medicine but this does not help because she does not have a physical illness.



Illustration 2-Satan and Seven Devils.

Reformation lore about demonic possession predicted that, as in Jeanne's case, possessing entities would multiply, often increasing by multiples of seven. This illustration also images demons inhabiting the heart, recalling Jeanne Fery's complaints of pain in her heart.

She curses God, father, mother and the day she was born. She cannot eat with the nuns but "feeds her body" alone in the attic. When the nuns try to speak kindly to her she is insufferable.

Diagnosing the Dissociative Disorder

By comparing Jeanne's case with well-known French nineteenth-century cases of MPD/DID, notably Azam's *Félida X* and Louis Vivet, Bourneville (1886a) concluded a century ago that she, too, clearly presented doubled personality (now MPD or DID). Central to Bourneville's opinion were observations of Jeanne's regression to 4-year-old behaviors-playing with the Mary Magdalene image as if it were a doll, and her loss of adult speech. At this point one has not only alters but alters taking control.

Jeanne's own words describe the control issues (Kluft, 1988) which we now think of as pathognomic to MPD/DID: "She was not able to use her' body and always said the opposite of what she wanted to say" (Bourneville, 1886, p. 95).

There is also evidence for amnesia for these switches: the amnesia Jeanne describes for her attack on the exorcists (May, 1585); her global loss of knowledge and skills when presenting herself in a child identity (November, 1584), and her inability to find objects "hidden" by her devils (April 12, 1584). With witnessed identity shifts and amnesia, basic criteria for DID are met. Jeanne Fery also showed the associated features of MPD/DID listed in Third Revised Diagnostic Manual (American Psychiatric Press, 1987): (1) good work function alternated with extreme dysfunction, (2) alters saw, heard and conversed with one another, (3) alters were named and the names had symbolic meaning (Horns, Throat, Bloody), and (4) each alter suffered different symptoms. Modern clinicians will also recognize familiar elements in the treatment course: (1) the constant intrusions of anniversary

reactions (this was observed also in Breuer's case of Anna O. and in other nineteenth-century cases; Vijselaas & van der Hart, 1992), and (2) the struggle for control particularly around interruptions of therapy (van der Hart & van der Velden, 1987; Goodwin, 1993).

To explain Jeanne's possession by "evil spirits" or "devils" and her hallucination of Mary Magdalene, Bourneville (1886a) spoke of a *délire hystérique* (hysterical psychosis): "the devil, that is the bad, those are the terrifying hallucinations-previously called the sad delirium; the saint, that is the good, those are brilliant visions-previously called the gay delirium." Bourneville's emphasis on the dualism of the alters conformed to nineteenth-century ideas that only two core identities would be present, one good and one bad (Hacking, 1991).

Modern students of MPD/DID would agree with Bourneville's diagnosis of dissociative identities, but would tend to regard the so-called evil spirits or devils as perpetrator alters, i.e., alters who were created in the image of the perpetrators of her childhood abuse and then molded by ideas about evil-doing and devils in her particular cultural context.

Although the depleted host often views these entities as persecutors, they also function as protectors, preserving impulses and skills useful in self-protection (Goodman & Peters, 1995). As for Mary Magdalene, we would see her today as a helper personality shaped by the folkloric depictions of this saint as a sexually abused woman who found favor with God. Jeanne Fery hallucinated this helper when she was first brought, against her will, to the Archbishop, when she must have been in a very anxious state, aware of her possibly mortal legal jeopardy (Walker, 1981), and in need of an ally in the fight against her "devils" which the Archbishop was demanding.

The importance of somatic symptoms

Apart from the manifestation of alternate ego states and amnesia, Jeanne Fery presented somatic symptoms. She suffered from losses of blood, vomiting, interruptions of breathing, spasmodic movements of limbs, constant physical pains (in



Illustration 3-Image of a Demon.

Demons, like those they possessed, were depicted as chimeric collages of multiple entities inhabiting different body zones.

head, heart and abdomen), insomnia and faintness, refusal of food, loss of speech, conversion blindness, suicide attempts and thoughts, the demonstration of extreme force, the need to hide in narrow and lonely places, and the compulsion to tear at her

own body. She implies that certain alter identities inhabit and disturb particular body parts, as her blasphemous tongue, her blind eye, her painful throat.

Bourneville (1886a) pointed out that these symptoms were frequently manifested by the hysterical patients of his time. In modern studies of MPD/DID, symptoms such as anorexia and bulimia, suicidality, sleep disorders and auto mutilation are often noted (American Psychiatric Association, 1987). Jeanne's eating disorder particularly exemplifies patterns found in sexual abuse victims: bizarre, solitary eating habits, prolonged fasts, self-punitive or painful ways of eating resulting from comorbid depression, anxiety or dissociation (as a child alter unable to eat solid food) (Goodwin & Attias, 1993). It has also been established that many MPD/DID patients suffer from a multitude of somatic/somatoform symptoms as well (Ross, Heber, Norton et al., 1989; Ross, Fast, Anderson et al., 1990, Ross; Miller, Reagor et al., 1990; Miller & Triggiano, 1992).

Bourneville's classic remarks on Jeanne Fery's somatic symptoms as manifestations of hysteria may apply to current understandings of somatic symptoms in DID. Bourneville (1886a) saw these somatic symptoms not as epiphenomena but as fundamentally dissociative in nature, an intrinsic and inevitable aspect of this disorder. Like Janet (1907) he defined DID as a disorder involving not only alterations in memory, consciousness and identity, but also disturbances in body functions and body sensations.

Child abuse as etiological factor

Repeated childhood traumatization, in particular before the age of five, is currently seen as a central etiological factor in MPD/DID (Putnam, 1989; Ross, 1989) with more than 95% of MPD/DID patients reporting a childhood history of physical and/or sexual abuse, and with those remaining suffering from other kinds of trauma (Boon & Draijer, 1993; Putnam, Guroff, Silberman et al., 1986; Ross, Miller, Reagor et al., 1990; Schultz, Braun & Kluft, 1989).

The case of Jeanne Fery gives indications of early physical abuse and, possibly, of childhood sexual abuse. One of the earliest dissociations, i.e., appearances of "devils," occurred in response to her being beaten as a "small child," and since then the devil Garga helped her not to feel the beatings. The patient also mentioned that because of her fathers curses she was "given over to the power of the devil" at age two, which indicates at least verbal abuse on the part of the father. Then she was seduced by the devil Corneau ("Horns") at age 4, and took this devil as her father. The language suggests sexual abuse perhaps by father at age 4. We are more accustomed today to seeing sexualized alters created to replace the child in an incestuous relationship; Jeanne seems to have created an alter to replace her father. The child at age 4 is incapable of merging the image of the good father with the abuser; today very young children sometimes ascribe their abuse to monsters or vampires (Goodwin, 1989); the cultural container available to Jeanne Fery for this unintegratable image of father was the devil.

As in present-day cases, the entities that represent the identification with the perpetrator protect but also revictimize. Jeanne's illness repeated over and over the abuses from her childhood. One sees her re-experience being cursed (through her sacrilegious acts), being thrashed (through her head and body banging) and resisting seduction and penetration (through her food refusals and bloody self-mutilations, some of which were evidently genital).

THE SOCIOCULTURAL CONTEXT. CHILD ABUSE IN SIXTEENTH-CENTURY FRANCE

Jeanne Fery describes being given to the devil by her father at age 2, being seduced at age 4 with sweets by someone described variously as devil or father, and

being beaten by father regularly from ages 4 to 12 (the latter age perhaps marking the start of her apprenticeship away from home). How likely is this story given what we know of childrearing in that time and place? Fortunately we have richly detailed diaries from the physician Héroard describing the childhood experiences of Louis XIII, born in 1601 (Héroard, 1868) as well as other contemporary accounts of childrearing (deMause, 1974; Marvick, 1974). Children who cried "too much" might be suspected of possession by the devil or of having been conceived of the devil; 24 months was the average age of weaning in the sixteenth century and thus a two-year-old might be likely to cry then, thus triggering such adult curses. This is also an age when children can be effectively and even fatally terrorized because of their developmental capacity to cloak adult verbal cruelty with vivid imagery; Louis XIII developed hallucinations of demons on the basis of similar threats to send him to the devil (Marvick, 1974). Starting in infancy, Louis XIII served as a sexual plaything for the adults around him. The breastfeeding infant was seen as erotic and often appeared as an accessory to depictions of adult intercourse in late Renaissance pornography (Neret, 1994). Courtiers admired, touched, kissed and sucked the baby Dauphin's penis as well as applying hundreds of enemas and laxatives to him (Marvick, 1987; Kahr, 1991). By adolescence, Louis, like Jeanne, had a reputation for ill health. Physical punishment of children was nearly universal. Saint Thomas Moore was a notable if not unique exception in Jeanne's century, reputedly beating his children only with a peacock feather (Tucker, 1974). In France the child was either hit, often on the face, or beaten on the buttocks with a bundle of switches (Marvick, 1974). Louis XIII by age 17 months had learned how important it was not to cry when he saw the whip. He had nightmares about his whippings, and even as an adult would awaken in terror expecting one (deMause, 1974).

In sum, the collateral historical data support Jeanne's childhood recollections as reflecting likely parental behaviors. "These contemporary sources also underline the observable pathogenic effects of those behaviors on other children in Jeanne's era and the interesting fact that such observations seemed to perpetuate rather than deter the abusive treatment of children.

The patient's writing

As described above, at the end of her 21 months of treatment, Jeanne Fery, on her own initiative, wrote her autobiography. Bourneville (1886a) commented that this was in line with the well-known fact that hysterics love to talk about themselves and draw attention to themselves. Attention-seeking may be important to those patients with dissociative disorders who have been severely neglected as well as abused in childhood.

Another source of Jeanne's urge to write may have been to facilitate recovery from trauma by restoring continuity to her life history. The traumata and their aftermath must be positioned within the person's autobiography, as Janet (1919) advised and as modern therapists keep rediscovering (Janet, 1919; van der Kolk & van der Hart, 1991). Modern therapists also rediscover writing as an important means to this end (van der Hart, 1983; van der Hart, Boon & van Everdingen 1990). Writing was necessary even while Jeanne was ill (as in her contracts with the devils) to allow communication among the fragmented ego states and bridging of her dissociative amnesia. Jeanne and her exorcists were wise to tame this strategy and adapt it to the ends of integration. The way in which Jeanne told her story was dependent in part on her perception of the audience (Janet, 1919). By emphasizing the religious dimension of her tormented past, Jeanne Fery adapted her story to the preoccupations of her exorcists and her community. Jeanne's insistence on publication and public proclamation of her "story" involved also an element of family disclosure and confrontation; her great aunt as mistress of the convent was part of the audience, so Jeanne was breaking the family rule of silence in a direct way every time she told her story (Herman, 1992).

THE SOCIOCULTURAL CONTEXT. THE HUGUENOT WARS AND THE BEGUINES

Jeanne Fery's entire life took place against the backdrop of the French civil wars which began in about 1560 as Huguenot and Catholic factions fought for control of the French monarchy. Jeanne's home, at the border between France and the Protestant low countries, was a constant battleground, invaded either from the north or south in Jeanne's lifetime at least three times (1572, 1578, 1583) (Salmon, 1975). Jeanne was an almost exact contemporary of Shakespeare and Queen Elizabeth I; English Jesuits were trained at Douai, only 40 kilometers from Mons, to become missionaries and martyrs in Elizabethan England (Wills, 1995).

The sixteenth century was also the age of the printed book, and pamphlets about exorcism were a potent form of pro-Catholic propaganda emphasizing the efficacy of holy water, blessings, relics, consecrated wafers, and other religious forms less available to Protestant sects (Kelley, 1981; Walker, 1981).

The exorcism of Jeanne Fery contains these elements but also emphasizes the relational aspects of her care: the constant care from her fellow nuns, especially her nurse, Barbe (this may have been facilitated by her aunt's powerful position); the creation of a treatment team; the acknowledgement of the parental level of involvement by her exorcists (as real objects for her to identify with, not just technicians); and the need for structured relearning of basic life skills once her post-traumatic and dissociative structures had resolved. As in the popular memoir "I Never Promised You A Rose Garden," the treatment of the dissociative flight into an imaginary world depended on establishing new relationships with real people (Goodwin, 1993).

Jeanne Fery's misfortune in being born into a war zone was perhaps compensated by her good fortune in inhabiting a convent influenced by one of the few proto-feminist forces extant in her day, the Beguines.

Jeanne's confessor, Canon Mainsent, was also the confessor for the neighboring Beguinage, a community of lay women who took temporary vows to band together for protection and support. The Beguines had evolved around 1200 during the Crusades when many women were left without men for extended periods. Their communities, which can still be visited in Amsterdam, Leuven and other nearby cities, still seem like islands of sanctuary (Bloom, 1994) with their silent chapels, walled gardens, and proximity to flowing water. Not only were the Beguines familiar with the realities of violence against women, but they also had ideas that women could take control of their lives and function in areas usually restricted to men. The theologian Beatrice of Nazareth and the poet Mechtild of Magdeburg were thirteenth-century Beguines who extended the spheres of power and influence for women (McDonnell, 1954).

This connection with the Beguines may account in part for Jeanne Fery's ability to narrate her violence history and the willingness of her exorcists to allow her to advise and control her treatment plan. These qualities distinguish this remarkable exorcism from others of its day (DeMoray, 1883; Garnier, 1895; Walker, 1981).

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