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**Mad Travelers: Reflections on the Reality of Transient Mental Illness.** Ian Hacking. Charlottesville, Virginia: University of Virginia Press, 1998, 239 pages, \$27.95 hardcover.

*Reviewed by Jason T. Ramsay, University of Toronto*

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When I first worked with patients suffering from what was once termed neuroses, I came to see that they were in the grips of a paradox. Neuroses is an old term, but it can still be used to encompass disorders that have at their core a forceful desire to escape from the self and a paralyzing inability to do so. To be sure, this observation is not new. The self can be burdensome. Obsessive self-concern, compulsion, excessive anxiety, depression and dissociative disorders can all be viewed from the perspective of this conundrum. This draws on Western folk notions that there is a self, everyone has one, and that it is a causal force. Through our folk psychology the self has been reified by constructs such as *self-esteem*, *self-love* and *self-discipline*. There are numerous turns of phrase for describing the need to escape ourselves such as *You should strive to be selfless* or *You can remake yourself*.

It was not until I spent time with a young man diagnosed with a pervasive developmental disorder that I realized the extent of the need for self-transformation and self-escape. He had a fixation with human physical transformation or morphing: the transformations of people into anything, but especially animals, cartoons or animated objects. There was an inexhaustible supply to draw from: ancient mythologies to television commercials and even print advertising. At the core of his obsession was a desire to escape himself. It was through my attempts to understand his obsession that I realized the degree to which the desire to escape the self has become part of the deep structure of Western culture.

This observation makes an amnesic disorder such as multiple personality seem less alien, more of an extreme pathologization of a cultural practice so pervasive and automated that it goes unnoticed and undisturbed in everyday life. It was this tension between dissociative psychopathology on the one hand, and our culture's obsession with self-escape on the other hand, that drew me to Ian Hacking's historical/philosophical treatise on the fugue state.

In 1887, an epidemic of fugue broke out in the French town of Bordeaux. Known today more for its fine wines than for its contributions to the philosophy of psychiatry, the fugue epidemic has been all but forgotten. In *Mad Travelers: Reflections on the Reality of Transient Mental Illness*, Ian Hacking reconstructs the history of the

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Request for reprints should be sent to Jason Ramsay, Human Development and Applied Psychology, University of Toronto-OISE, 252 Bloor Street West, Toronto, Canada M5S 1V6. E-mail: jramsay@oise.utoronto.ca

first fugue epidemic, paying particular attention to the relationship between a young fugue patient (*fugueur*), Albert Dadas, and an ambitious medical intern, Phillip Tissié. Dr. Tissié noticed Albert, then 26, during morning rounds. Albert had just returned from a remarkable journey, on foot, and was sobbing because despite his exhaustion he felt he could not stop himself from setting out again for parts unknown.

Albert walked across continents, was jailed in Moscow for being a nihilist, had his life threatened and underwent extreme deprivations without being able to recall many of these events. By normal standards, such travels would be the experience of a lifetime, the fodder for fireplace yarns with one's friends and family, or perhaps the basis for an extraordinary, written memoir. For Albert and the other *fugueurs*, the trips were lost time. Individuals left and returned in a state of extreme agitation. Despite their physical exhaustion, they felt compelled immediately to travel again. Their compulsion was uncontrollable, and they feared it. Examination of their childhoods revealed an early interest in stories, exotic locales and some indications that *fugueurs* actually attempted to engage in travel while still young (in Albert's case, the involuntary fugues were interspersed with intentional travel). *Fugueurs* tended to seek a business that they thought would provide travel, such as soldiering. After relatively stable, productive periods, *fugueurs* awakened in other countries, on trains or boats they had no memory of boarding. They might try to make a "go at it" in the new place, or to rely on the kindness of strangers to get by. Inevitably, the *fugueurs* derailed their own plans, and even travel home became arduous. Not one of Albert's trips was a diversion like a week-long vacation, or a jaunt in the country. They were lengthy walkabouts, for which Albert claimed to have little or no memory.

The late 1880's saw a small epidemic of mad travelers. The initial outbreak was confined to Bordeaux, but soon spread to Paris. Italian cases followed. German reports of *Wandertriebe* began surfacing roughly a decade later. In 1887, Tissié published *Les Aliènes Voyageurs*. Charcot became involved and started a debate over the ultimate cause of fugue. Was it the result of a neurological condition, like epilepsy, as Charcot suggested, or was it part and parcel to hysteria?<sup>1</sup> This debate legitimated the idea of the fugue state and the diagnosis of a *fugueur* became an established practice.

Hacking sets up the case of the fin-de-siècle *fugueur* as a mirror to reflect on modern psychiatric classification. Hacking's principal assertion is that the *fugueur* is suffering from what he terms a *transient mental illness*. Hacking defines *transient mental illness* as "an illness that appears at a time, in a place, and later fades away. It may spread from place to place and reappear from time to time. It may be selective for social class or gender, preferring poor women or rich men" (p. 1).

Hacking is too sharp a philosopher not to realize that regardless of his explicit definition of transient mental illness, the echoes of other definitions will arise. In each patient, fugue states appear and vanish, like the manic episodes of bipolar disorder. In their time, *fugueurs* were dismissed by the local constabulary as nothing more than homeless people, living out in the open for any number of reasons, such as financial ruin and not necessarily as a result of mental illness. Hacking implies that these aspects are tertiary to the core of the phenomenon, the compulsive travelling. His investigation sets out to "provide a framework in which to understand

<sup>1</sup>The DSM-IV exclusion criteria for dissociative fugue include neurological disorders such as epilepsy.

the very possibility of transient mental illness" (p. 1). Hacking's book is an attempt to provide an explanation as to how *fugueur* came to be an accepted, full-fledged diagnosis with all the trappings of respectability that attend all diagnoses in the official taxonomy of psychiatric disorders. He wants to understand how so viable a diagnosis faded into the background with the passage of time. In doing so he sets up the possibility of an incisive critique of modern psychiatric taxonomies.

Hacking rejects what he calls the "banal" polarities of "Is it real?" and "Is it a product of social construction?" It is the eschewing of this dichotomy that frames the cases of *fugueurs* and generates a provocative and insightful critique of psychiatric diagnosis. Hacking does not explicate his reasons for disdaining both biological realism and social construction. He undertakes this task through a multidimensional dismantling of fugue, in which both social and biological elements coalesce to give rise to the syndrome. He also does not come back to this dichotomy at the end of the analysis of the fugue state, perhaps because he plans to address the "is it real/is it socially constructed" dichotomy in a later work. In the present book, Hacking proposes an alternative to the real/constructed dichotomy with the neo-Darwinian concept of the *ecological niche*. Hacking's concept of the niche is borrowed from ecological theory and is not new to psychology. He essentially uses a dynamic systems approach to model (theoretically) the forces that shape psychiatric diagnosis. The selection pressures that develop at certain times constrain the kinds of entities that are able to flourish within a particular setting: in this case, ways of expressing psychic malaise. Like any state in the dynamic system, the niche is exquisitely sensitive to initial conditions. Change the environment slightly and the niche vanishes. Hacking deftly argues that the lack of *fugueurs* in North America was due to the absence of the same selection pressures that made *fugueurs* possible in France.

Hacking also argues forcefully that fugue was inevitable in France for several reasons. Hacking calls these reasons *vectors*. Vectors are directional forces. When several vectors converge, a higher order force emerges. In the physics of fluids, the effect of two waves intersecting with each other at right angles is called a superposition. The result is an emergent wave force. Fugue in nineteenth century France is such a superposition. The vectors in Hacking's scheme are medical taxonomy, cultural polarity, observability, and release.

Fugue fit into the ready-made medical taxonomy of hysteria. It did not need a new classification scheme. Fugue also fit between two cultural poles, the advent of tourism on one hand, and vagrancy/degeneracy on the other. It was also a highly observable form of behaviour. *Fugueurs* were "picked up" because they compulsively lost their papers. This brought the behaviour into the public eye. Fugue was an inviting escape from the pressures of life. The conformity of the middle class made it difficult to find release for psychic pressure and suffering. Hacking argues that fugue provided such a release.

Despite Hacking's thorough elucidation of the vectors that could have led to the existence of fugue as a legitimate expression of mental disease, he fails to notice the socially sanctioned means for the shedding of male identity that was already available in Albert's day: this is of course the French Foreign Legion. A fuller investigation of the importance of this French institution and a comparison to the fugue would have significantly strengthened Hacking's argument. Joining the French Foreign Legion during Albert's time (Albert did a stint in the Legion, but deserted) was a legitimate means of erasing one's former identity. Indeed, the French Foreign Legion still is a means of escaping one's past.

This criticism in no way undermines the theory that Hacking sets out, but the omission of so germane a force as the Legion is remarkable considering the scope of his argument. It also highlights a shortcoming of Hacking's book. He pulls back from pushing home the force of his theories, leaving them tantalizingly abstract. For example, although he spends a great amount of time speculating on the nature and causes of nineteenth century fugue, he fails to link that disease expression with its modern equivalent which has most recently been termed dissociative fugue (DSM-IV). This leaves out several provocative cases that appear every year and are reported by media outlets in North America. Hacking overlooks cases reported in the amnesia literature such as the case of Lumberjack, a courier who was picked up by the police wandering downtown Toronto and was found to be in the grips of a fugue (Schacter, 1996). Given Schacter's description, the only noticeable difference between a *fugueur* like Albert and Lumberjack is that Lumberjack did not have a history of military service.

To extend Hacking's Darwinian analogy, are cases like Lumberjack's the coelacanths of psychiatry, antiquated harbingers of the past? Or does their appearance warrant a claim of continuity from one century to the next? Hacking at one-point tosses off the comment that the saber-toothed tiger emerged and faded at least six times throughout the history of the feline species. Does this mean that Lumberjack and other cases could be the reemergence of the *fugueur*? Hacking does not explore this option even though modern cases like Lumberjack are indistinguishable from Hacking's *fugueur*.

In asking how it is that the very notion of a *fugueur* could become psychiatric coinage, Hacking provides a subtle yet penetrating discourse on the tendency of psychiatry to ignore the multivariate factors that make a diagnosis possible and that treat disorders as if they are *real*, that is, treat an artificial concept as if it is a fact of nature, or in philosophical parlance, of a *natural kind*. The properties of a natural kind are independent of any given human conceptualization (Guttenplan, 1995). As well, there is something irreducible at its core, an essence that forms the basis of the natural kind. A psychiatric taxonomy is not composed of natural kinds. We commit a form of "psychological essentialism" when we treat a trait, like a tendency to have fugues, as if it were a true species occurring "naturally in the wild," wholly independent of the vectors of language and interpretation (Gelman, 1993). Diagnostic classification does not exist independent of us, but our tendency to commit essentialism makes it seem as though it does. Hacking is right to dismiss biological essentialism and social construction. Both are determined attempts to reduce a phenomenon down to a simplistic explanation: either that it is real and has an ultimate biogenetic cause, or that it is intentionally constructed by some kind of "therapeutic conspiracy." Such a reductionistic approach gives a phenomenon such as fugue an essence, which is in truth an apparition. In previous work, Hacking (1995) distinguishes natural kinds from human kinds, human kinds being a category of people that are made scientific objects by the application of a label. The labels interact with the people, and a kind of looping effect takes place. Being labeled can cause one to change one's behaviour in subtle ways. The diagnosis and perceptions of the diagnosis mutate. This may or may not be picked up by current psychiatric classification schemes.

This is where Hacking's ecological niche concept is most forceful. There are multiple factors that come together to make a diagnosis viable. Some are internal to an individual, some are external, and some are a complex interplay of both. Hacking shows that this kind of circular causality need not be obfuscating. In applying this

kind of analysis, he preserves the diagnosis as a fluid thing that is sensitive to environmental conditions and apt to change. Hacking's analytical procedures provide a powerful critique of the DSM-IV. At one point, Hacking attacks the validity of the current taxonomic classification scheme for dissociative disorders by arguing that there is a personal stake for the members of the DSM-IV subcommittee that coined the current classification scheme. He argues that they are wrong in linking fugue with trauma, citing as evidence cases of military fugue that seemed to be precipitated by boredom, not fear. He ends his pointed attack by arguing that there are no reliable data to confirm or disconfirm any hypothesis advanced as explanations of fugue, and by implication, the other conditions covered in the current DSM-IV taxonomy for dissociative disorders.

Hacking's book is a provocative, sensitive and passionate examination of the nature of psychiatric diagnoses in general. It is an important work from the point of view of historical scholarship as well as critical psychiatric theory. Not only does Hacking provide us with substantial theory, he also adds two supplementary chapters which examine the physical correlates of Albert's disorder, a historical analysis of the myth of the *Wandering Jew* and a brief treatise on accounts of *fugueur* in nineteenth century Germany. Hacking also appends translations of original documents including reports by Albert's doctor, and Albert's own account of his dreams and illness. The result is a thorough, critical examination of a mental illness that flourished a hundred years ago and the development of the "ecological niche" or vector approach to understanding the causes of mental illness. The compelling quality of Hacking's work should make us reconsider the reality of psychiatric taxonomies that flourish today.

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