Hysteria: a women's fight against the patriarchal discourse

ヒステリー：家父長支配の論説に対する女性抗議

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Introduction
The different societies of mankind are always divided into various types of structures, such as science, politics, law, religion, ... In the majority if not all of these societies, a type of patriarchal power has been founded. Patriarchy is a concept which determines the respective place of the man and the woman, this latter being subordinated to the male power. In each society, patriarchy sets up power relations that take many forms such as the division of labour, norms of what a woman should be, ... always putting the woman to a lower position than that of man. (Weedon) The different philosophers of the classical ages, the Fathers of the Church, among others, produced theoretical bases which account the inferiority of the woman on various levels such as a greater ability to sin, weaker cognitive abilities and specially a body whose tasks are to perpetuate humanity and to allow pleasure to man.

My discussion will focus on these two latter ideas, because I closely relate them to a malady called hysteria, which doesn't officially exist anymore (see below). Man has realised that the female body is the most powerful entity, as it produces the perpetuation of any society, which manhood alone cannot achieve. That is why, the control of the female body is at stake. Producing various means of control, such as moral, religious or scientific, manhood almost fully obtained a control over the female body, but woman, inconsciously, produced, against these various patriarchal discourses, a puzzle, namely hysteria. This malady has been and is always a real enigma, as it was always a step ahead from all the different kinds of discourses of any given society. I use the form was, because since 1983, the word 'hysteria' has officially disappeared from the DSM III (Diagnostic and Statistical Manual of Mental Disorders Third Edition), which is the reference when speaking about mental disorders. How do we have to consider the disappearance of hysteria? Is it the final attempt of a patriarchal discourse to destroy what has been a real nuisance for many centuries or, on the other hand, shall we consider it as a victory for womanhood, as there was never a real solution given to this puzzle?
I am going to relate the different historical and social stages through which the malady of hysteria has gone, although I will be less interested in the symptoms of hysteria, as they have undergone throughout the centuries many different forms, and I will always keep in mind that hysteria is the result of a chain reaction that womanhood has set up against the patriarchal forces that subdue them, although I am well aware and I do not deny the existence of a male hysteria. However, the word hypochondriac is rather used when speaking of a man. Moreover, I am not going to try to define exactly hysteria, because, as a French physician called Lasègue once declared: ‘La définition de l’hystérie n’a jamais été donnée et ne le sera jamais. Les symptômes ne sont ni assez constants ni assez conformes, ni assez égaux en durée et en intensité pour qu’un type, même descriptif, puisse les comprendre tous’ (Harrus-Revidi).

In other words, Hippocrates, Freud or Charcot, for example, were never confronted to the same symptoms, though they cured hysterical persons. But I will be rather interested in the relation between hysteria and patriarchal discourses.

History

Four thousand years ago already, in Egypt, physicians describe this malady and diagnose the cause as the dislocation of the womb in the body of the woman. The uterus, looking for fresh air and moisture, moves in the female body and while moving, it compresses the other organs and causes a particular sensation of suffocation. Later, in Ancient Greece, Hippocrates adopts this idea and eventually calls this disease ‘hysteria’, whose meaning is a Greek word for uterus. The Greek physician specially attributes these diseases of the uterus to young girls and widows who suffer from sexual abstinence. Hippocrates describes different symptoms, such as breathing problems, crises of anxiety and, most of all, rich and varied possibilities of somatic symptoms. At the same time, according to Plato, the uterus is like an animal with desires and emotions and whose greatest desire is to produce children. When this desire is not fulfilled, the uterus starts moving in the body and thus it is the cause of physical troubles. Both Plato and Hippocrates suggest that intercourse and pregnancy are the best cure. During the intercourse, the uterus gets what it needs, namely the male semen which provides enough moisture to keep the womb located at the same place. However, intercourse must be practised with moderation, as too much or too little sex may produce the dislocation of the womb as well.

I find Hippocrates’ denomination of the malady and cure interesting enough to add some comments. It is very significant that the moving organ is the reproductive organ and not a different one. The inner bodies of respectively man and woman were a known matter by the Egyptian physicians. At that time, the Egyptian civilisation used to embalm the bodies of the dead and, to achieve this task properly, the embalmers had to open them in order to remove the different organs. Unless they were blind, the main difference between the male and female body was clear enough to draw the conclusion that the womb is the very place where children are created. Hence this difference of anatomy had to be stressed in a way that
showed that it was the cause of women’s problems. So when Hippocrates calls hysteria the various diseases caused by the wandering womb, he clearly perpetuates the tradition shown by his predecessors. Moreover, his suggested means of curing the woman are clearly an attempt to gain a control over her body. His cure places the woman in need of the male body, as only his body provides what her body needs, or else symptoms of hysteria may occur sooner or later. The body of the woman is therefore the recipient of man’s pleasure, as the semence is only produced when ejaculation is provided. However, it is interesting enough to consider the fact that intercourse must be once again subdued to the power of decision of man, because, it must not occur too much or too little. In other words, this means that if a woman does not stick to a particular social rule, she is either a ‘bitch’ or a hysterical person. There is a very thin line between these two opposite sides, and women have to walk carefully on this tight rope, being very cautious not to fall on a side or another.

Later in Rome, physicians also attribute the cause of hysteria to the sexual deprivations. They believe that there is a liquid in the body and the intercourse allows this liquid to leave the body. Its retention is the cause of hysteria. What is at stake at this point is that the possibility of male hysteria is considered, which was out of question before.

The numerous theories about hysteria during the classical ages always take account on the principle of the womb being an independant entity with its own power of decision and therefore subduing woman to its forces, even after it was discovered that it is impossible that the womb can freely wander in the body of the woman. At this point the woman is submitted to the man and the body. However, at that time, the woman suffering from hysteria is considered as a sick person who can be cured. In other words, she is socially not rejected because of this malady but rather made dependant of manhood to regain health.

During the Middle Ages, the idea of hysteria as a malady is completely blurred by the complete state of ignorance of most of the people. Due to the different invasions of the Germanic people occuring between the third and the fifth centuries, the texts of the classical ages disappear and only a few monks scattered here and there detain a certain knowledge. However, the ideas of the womb being the cause of hysteria strongly remain. New ideas are created. Lost in their covents, the Fathers of the Church determine what is the social status of the woman by reinterpreting the texts of the Bible. Because Eva, the first woman, sinned before Adam, all the women are subject to be greater sinners than are men. The representation they have of the womb is slightly different then: Inside, the devil lurks and lures the man who becomes a victim. According to the Augustine theories of pleasure closely related to sin, the pleasure given during the intercourse is an evil invention of the woman who tries to turn the man away from God. That is why intercourse must be done between husband and wife and to procreate as there is no other way, and as the Greek physicians suggested, within a ‘normal’ frame. However, opinions about hysteria socially shift from a malady to a demonic possession. Hence, hysterical
persons are not sick any more, but are possessed. This is a major move. The hysterical woman becomes a witch, which means that she tries to contest and to escape the established power.

This new perception of the hysterical person needs comments. The religious power at that time is very fragile. There is a constant battle between God and the evil forces that lurk around man and woman. Nature is deceitful and disorderly because of the presence of evil. Hysterical persons, now known as possessed, endanger this fragile power by reproducing this disorder against the established order, which is political and religious. Hysteria contests this power, because it is not subordinated to it. The possession manifests itself by an influence which is erotic: visions of incubus or succubus. Moreover, there is a will of shocking an audience. The cure is not zeroed in on the body, but rather on the soul. The exorcists expell the demon out of the body and the soul is saved unlike the body that is burnt. The religious power looks after the souls, but it is the political power which is in charge of the bodies. That is why, during the Middle Ages, there are huge public ceremonies where the witches are burnt. This need of a public elimination is an example of what happens to the ones who contest the authority of those who have it.

Again the possession of the female body is at stake here. Woman does not own her body: it belongs either to the devil and hence must be eliminated, because it is a contestation of the political and the religious power, or it belongs to the husband, and therefore has to bring him a sinful pleasure and produce children. The social condition of the woman does not allow her a lot of room to be a woman. Besides, in 1494, the *Malleus Maleficarum* is printed, ordered by the pope Innocent VIII. This work places the woman in the situation of a scapegoat of all the miseries of mankind. She is given power, evil power that subdues the man. One of this mean of power is sexuality which is severely criticized by the content of the book. Hence, the woman, or rather her body, must be put under the control of male powers, that are the religious and the political.

During and after the Renaissance, hysteria regains its status of malady. No more evil power that must be erradicate but a patient who must be cured. The causes of hysteria are natural and internal and there is a suffering person. This is a major shift in the European societies as the religious interpretations are thus left aside and hence the medical discourse increases its influence. However, physicians, influenced by the early Greek writings, endorse the theory of the womb being the very cause of the hysterical fits. For example, Paracelsus thinks that: ‘wombs deprived of proper nourishment lose their right nature and become cold, this coldness results in a spasm of the lining of the womb that passes to the limbs and the veins of the rest of the body.’ (Tuana) Pare backs up this latter idea, underlining the strong influences of the vapours contained in the womb upon the rest of the female body. At the same time, other scientists, like Lepois, situate the cause of the malady in the brain that influences the womb. He declares: ‘L’hystérie, identifiée à la convulsion, siégeait dans le cerveau et les ésprits animaux circulaient à travers le corps par l’entremise du système nerveux.
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(Harrus-Révidi) In the 17th century, following Lepois, Sydenham gives a perfect clinical description of hysteria, but remains strongly influenced by previous works as he believes that women are more inclined to hysteria than men. However the British scientist, for the first time, claims that hysteria is a psychic illness. He goes then further than his previous colleagues because with this statement, hysteria is no more an organic malady, but rather a disorder of the passions with somatic troubles. The psychic part of the individual is hence able to submit the body itself.

After the ‘rediscovering’ of the Greek texts, the different scientists argued whether the body was subdued to vapours or to ‘esprits animaux’. Later comes the breakthrough of the psychic part. But all of these theories keep in mind that the womb, woman’s sexuality and her ability to produce children, is still the cause of her great ability to suffer from hysteria. Always influenced by the early writings, the physicians try to relate the brains with the uterus, even though they start talking about psychic conditions. The womb does not produce vapours or humours, but as it is in a certain way connected to the brain, its influences on the latter are sufficient to cause the malady. But as scientists argue about psychic matters, the shift of status is important: a hysterical person is insane and can be cured, because there is no organic troubles at the origin of the problems. Hysteria is a mental alienation and thus physicians can turn to moral or psychic treatment. But, on the other hand, the hysterical person must be removed from the society as it endangers it and locked up in asylums.

With the 19th century, as the struggle between partisans of the psychogenetic and organogenetic theories goes on, nothing seems to separate them. However, from the previous century, a new approach emerges: hypnotism. Ancient science used by the priests of several religions, hypnotism is reactualised by a German scientist: Mesmer. According to him, there is a universal fluid that can be transmitted from a person to another. Although science is not exactly clear about hypnotism nowadays, what is at stake here is the fact that it opens a new field of investigations between the therapist and the sick person. The relation of the bond between these two different social entities is an opportunity to get more information about the malady. This was never done before and the scientists of the 19th century use this new field to bring to light different considerations.

Charcot and Liebault are among the first physicians to associate hypnotism and hysteria. The former works at the hospital of La Salpêtrière in Paris and the latter in Nancy. Their approaches to hypnotism are completely different: Charcot believes in a somatic based theory unlike Liébault who believes in a psychological aspect of it. Charcot uses hypnotism in order to prove that there is a somatic dysfunction. He also pretends that only hysterical patients can be mesmerized. On the other hand, Liébault argues that anybody can be hypnotized. After their respective death, hypnotism in France slightly declines.

It is very interesting to note that Charcot, when he demonstrates his theories to the students, uses hysterical women. The relation between Charcot and his patients is very strong. During the
lessons, he is able to provoke, with his voice only, great crises, that will not occur with other physicians. This means that he takes control upon his patients. Like a lion tamer, he dominates the sick persons and makes them perform their great crises. There is a domination of the language upon the hysterical person because, with suggestions, the physician can provoke the hysterical fits. But the issue with this breakthrough is that we are far from the uterus and the sexuality of the patients. A kind of discourse can thus provoke hysteria in particular conditions. These particular conditions are performed as if it was a show. This show of Charcot is so intense that he can get from patients reactions that Freud, for example, will never see in his life in Vienna. Charcot inconsciously demonstrates one of the great asset of hysteria, that is the proclivity to be looked at, to question any audience, specially if the audience is a part of a special important discourse, like the medical in this case.

Freud, being the student of Charcot, is struck by what he sees in Paris. Although being aware of the relation between the patient and the therapist, he cannot help thinking that there are strong links between the etiology of hysteria and the sexuality of the patient. Formulating step by step his psychoanalytical theories, hysteria resists _dare I use this term_ the physician: Freud always needs to adjust his theory to his latest discoveries as hysteria constantly slips away. Eventually he is able to determine an etiology as precise as can be. The notion of sexuality goes beyond the common idea of most of the people have, as Freud does not speak about intercourse only, but widens the frame of the definition of the sexuality. It is rather ‘a system of conscious and unconscious human fantasies involving a range of excitations and activities that produce pleasure beyond the satisfaction of any basic philosophical need.’ (Rose & Mitchell) When studying hysterical persons, Freud notices that they suffer of a repressed excitation that took place in the early stages of life. Unlike Charcot, though he used hypnotism at first and dropped it later, Freud rather uses the talking cure with his patients. This method permits a new breakthrough in the discourse of psychoanalysis. For example, the notion of conversion explains why hysterical patients suffer from paralysis, or other physical traumas. Moreover, Freud is able to give a precise theory about the construction of the personality, which passes through several stages. Both the man and the woman undergo this evolution, but Freud stresses the fact that it is far more difficult for the girl child. The lack of penis creates a condition of envy and thus a sensation of a need of fulfilment. All her personality, her femininity, according to Freud, is based on the acceptance of the missing limb, that she is incomplete. Moreover, the girl child undergoes a very radical transformation of her own sexuality: first she must shift from the first love object _the mother_ to another and second she substitutes the sensibility of the clitoris to the profit of the vagina. This substitution is likely the cause of hysteria for women. With this statement, Freud deliberately expells man from the possibility of being hysterical. The founder of psychoanalysis, who was by the way very influenced by the Greek philosophers because of his early studies,
reattributes hysteria to women exclusively.

The important thing that happens in the late 19th century and the 20th century is the fact that new fields of understanding hysteria are found. The most important fact is to throw a new light on the link between therapist and patient. Until now, the malady was considered a part of the individual only. Lacan goes a step further and insist on the strange link between the hysterical person and the different fields of knowledge and discourse, the sick person is confronted. I use the word 'strange', because with hysteria nothing is really clear.

'L’hystérique, comme objet, est ce que le savoir ne paraît ni pouvoir dire, ni pouvoir cerner, alors que comme sujet, elle est ce qui fait dire le savoir; par elle de nouveaux savoirs s'expriment, alors qu'elle demeure dans son mystère et son inaccessibilité.'

(Harrus-Révidi)

Moreover, Lacan believes in a powerful discourse that can submit the individual. Every discourse has a set of conscious or unconscious rules that must be followed and obeyed. And this is what produces this reaction against these discourses, namely hysteria.

Other scientists, psychologists, rereading Freud attribute hysteria to a rejection of the feminine that is within everybody, male or female. As Olivier points out, for the woman the male desire is too dominating: she is dependant, for her own pleasure, to that of the man. When reattributing herself the right to use her clitoris, she will regain her feminine that Schaeffer defines as ‘la capacité de la femme à admettre en elle une

grande quantité d’excitation libidinale du fait de son vécu corporel et de sa sexualité spécifiques qui la soumettent constamment à la poussée pulsionnelle (règles, défloration, grossesse, ménopause, ...’). Hysteria is a logical consequence of this definition: as long as the woman cannot accept her feminine and as long as man cannot accept hers and represses it with misogynous discourses, the malady will find new ways to tackle and annoy the patriarchal discourses.

Conclusion

Hystera, with its different avatars, has always puzzled the different patriarchal discourses. However what is constantly at stake is the struggle that this very malady leads against them. Reacting against forces that subdue, the hysterical persons, mostly women, counterattack by questioning the very foundation of the discourses that try to circle and frame them. Hysteria follows the developement of the medical discourse, as well as the religious or the political. But behind this malady, there is a human being who suffers from something he was deprived from, that is the possibility to become what he or she is.

Beneath hysteria is underlined a too great part of sexuality which is a constant preoccupation for man. It seems that his life spins around this axis and he expects women to spin too. From Hippocrates to Freud, the principle of gaining pleasure is so important. The womb, this hole in woman seems to attract man so much that he wants to fill it with his penis or his discourses. The body of the woman is completed by a piece of meat or words. The appropriation of the female body is
important because it is a come back to the source. An unconscious reminiscence of what it was before being born, constantly brings the man to the woman to find again the lost paradise. Then who is the master, who is the slave?

The link between these two is so strong that it cannot be broken. Like the night needs the day, hysteria needs a powerful discourse to be measured to.

Is it possible to draw a conclusion at the dawn of the 21st century? Even though hysteria has officially disappeared from the DSM III for several years already, the symptoms have not. It is rather difficult to talk about symptoms because they are in constant mutation. Here today, there tomorrow, like a virus, hysteria is where you do not expect it. In an article, Carlin quotes Elaine Showalter who argues that hysteria is more present than ever: rock concerts with screaming groupies, hospitals, tarot women, ... The new powerful discourse that is at stake are the medias. They produce a frame of being, with soaps, talk shows. People are completely influenced by them and unconsciously develope their own trouble that is going to puzzle the discourse: kidnapped by ETs or raped by Satan. The examples are numerous and as bizarre and puzzling as could be. At the beginning of this new millenium, the forms of hysteria are unexpected, but they always show what you do not want to see.

My feeling about this malady is nuanced. I really believe that it is a reaction against any oppressive form of power, and that anybody can sufer from it, man or woman. I am not surprised at all to see that there were so many women sick with it because they were subjected to a male oppression. Let’s imagine a matriarchy. Would it not be the exact opposite, that is the man suffers from hysteria because he cannot have children, he cannot understand the cycle of the nature, ...? I keep in mind that women had few spaces to express themselves until this second part of the century. There feminine was denied by men and by themselves, because they were framed in different discourses. With the different struggles lead by feminists, I guess that women will regain more freedom to be what they want and not what is expected from them. With the help of themselves, women will reconquer what has always been theirs, in other words, their bodies.

Bibliography


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