

## **A *Dis-ease* between Illness and Metaphor: Reading Hysteria at the Fin de Siècle**

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### **ABSTRACT**

In 1978, Susan Sontag wrote *Illness as Metaphor*, the celebrated essay on the metaphorical and often derogatory uses of illness in Western culture. Sontag's aim was to remove the symbolic stigma attached to cancer and other diseases. In 1989, Sontag wrote a sequel, *AIDS and Its Metaphors*, that attacked the almost universal labeling of AIDS as a plague. Both works aimed to free both patients and panicked population from the tyranny of a set of metaphors.

In this paper, the focused "dis-ease," hysteria, is a very common and imprecise term for a variety of symptoms. Chameleon-like in its manifestations, hysteria, unlike those illnesses addressed by Sontag, is yet not a fully identified illness. Rather, it is a "dis-ease," a disease ill at ease, fluctuating between psychotic geneses and somatic manifestations, between illness and its metaphors, or between so-called "real hysterics," who still present themselves as patients in clinics and waiting rooms, and the wide repertoire of metaphors that has been attached to the condition.

Being a "dis-ease" as metaphor, hysteria is culturally and socially defined. Medically it is not an exclusively female disease, but culturally and socially it is a form of madness which has been particularly associated with women. Indeed, hysteria is metaphorically gendered. It is manifested in the form of the "speaking" feminine body. The feminine body speaks, acts out, consumes, tortures, and even mutilates itself. Being a hysterical woman means exhibiting symptoms emblematic of helplessness,

enfeeblement, and immobilization, acting out thereby, through sickness pantomime, the sufferer's actual social condition.

The purpose of this paper is to read hysteria as an expression of the inscription of gender relations within medical discourse. Also, to read hysteria through its metaphors is to deem hysteria as the chief site of debate over matters related to sex and gender relations. I will apply feminist methods and insights to read hysteria and its metaphors, and to explore the impact of this gendered "dis-ease" on the image of woman since the main gist of this paper is to formulate a feminist-informed reading of hysteria at the *fin de siècle*.

### KEY WORDS

Elaine Showalter  
*fin de siècle*  
Sigmund Freud  
metaphor  
psychoanalysis

feminism  
Michel Foucault  
hysteria  
Mark S. Micale



The word “hysteria” should be preserved, although its primitive meaning has much changed. It would be very difficult to modify it nowadays, and, truly, it has so grand and so beautiful a history that it would be painful to give it up. However, since every epoch has given to it a different meaning, let us try to find out what meaning it has today.

—Pierre Janet<sup>1</sup>

In 1978, Susan Sontag wrote *Illness as Metaphor*, the celebrated essay on the metaphorical and often derogatory uses of illness in Western culture. Sontag’s aim was to remove the symbolic stigma attached to cancer and other diseases. In 1989, Sontag wrote a sequel, *AIDS and Its Metaphors*, that attacked the almost universal labeling of AIDS as a plague. In these two works, Sontag spoke mainly of cancer, tuberculosis, and AIDS, diseases that have appeared commonly and allegorically in the arts and literature of the past and present. As Mark S. Micale notes, Sontag’s purpose is to warn of “the dangers of moralization inherent in the use of disease imagery while also documenting the role of metaphorized illness in some of the strongest works of modern Western philosophy and imaginative literature, from English Romantic poetry, through Nietzsche’s writings, to the novels of Thomas Mann and Albert Camus” (179).

Sontag addresses the need to demetaphorize illness, to free both patients and panicked population from the tyranny of a set of metaphors, and to purify medical writing and thinking of its moralizing figures of speech. As Sontag argues, “My subject is not physical illness itself but the uses of illness as a figure or metaphor. My point is

that illness is *not* a metaphor, and that the most truthful way of regarding illness—and the healthiest way of being ill—is one most purified of, most resistant to, metaphoric thinking” (3). However, when confronted with a *dis-ease* like hysteria, we are unable to demetaphorize or to purify it in the same way because ever since its debut in Hippocrates’s treatise,<sup>2</sup> hysteria is always already a metaphor, a compound of images and associations that are themselves available for subsequent metaphorization.

Sontag perceives that it is those diseases with murky and unknown cures that are most susceptible to metaphorization. In regard to hysteria, the historical record suggests overwhelmingly that it is all imagination, prejudice, and fantasy. Moreover, precisely because its standing as psycho or somatic disease is so uncertain—because, unlike cancer and tuberculosis, hysteria may not be a “real” disease at all—it has invited alternative nonmedical renderings. Because the truth of hysteria is so protean and enigmatic, discussing the disorder virtually demands metaphorization.

In this paper, the focused “dis-ease,” hysteria, is a very common but imprecise term for a variety of symptoms. In the course of its long history, hysteria has stubbornly remained elusive to any precise definition and has thus presented itself as a mirror held up to nature or a mimetic screen on which to project the diagnoses of doctors, the fantasies of patients, and the imagination of men of letters. It has elicited commentary in the most diverse historical settings and styles of disease reasoning. Chameleon-like in its manifestations, hysteria, unlike those illnesses addressed by Sontag, is yet not a fully identified illness. Rather, it is a “dis-ease,” a disease ill at ease, fluctuating between psychotic geneses and somatic manifestations, between illness and its metaphors, or between so-called “real hysterics,” who still present themselves as patients in clinics and waiting rooms, and the wide repertoire of metaphors that has attached to the condition. As Roy Porter points out, “medicine’s flounderings suggest that hysteria proved something ‘other,’ the one that got away. Consensus never crystallized as to its nature and cause. In recent years, hysteria has waltzed in and out of the *Diagnostic and Statistical Manual*, the Eng-

lish-speaking world's authoritative psychiatric handbook" (230). It has presented doctors with a tease by symptoms which were heterogeneous, bizarre, and unpredictable.

Being a "dis-ease" as metaphor, hysteria is culturally and socially defined. It has given rise to metaphors worthy of study in their own right, in much the same way that Sontag has identified those in the domain of illness and AIDS. Medically it is not an exclusively female dis-ease, but culturally and socially it is a form of madness which has been particularly associated with women. Indeed, hysteria is metaphorically gendered. It is manifested in the form of the "speaking" feminine body. The feminine body speaks, acts out, consumes, tortures, and even mutilates itself. Being a hysterical woman means exhibiting symptoms emblematic of helplessness, enfeeblement, and immobilization, acting out thereby, through sickness pantomime, the sufferer's actual social condition.

In his remarkable book, *Approaching Hysteria: Disease and Its Interpretations*, Mark S. Micale deals with hysteria in two dimensions. On the one hand, he conceptualizes "hysteria in strictly medical-historical terms—that is, as actual disease entity that over the centuries generated a wealth of theoretical and therapeutic responses from physicians;" on the other hand, he also takes pains to examine the largely unexamined cultural history of hysteria, which "attempts to reconstitute a number of 'cultures of hysteria' in which the disorder appeared figuratively in past social, political, philosophical, religious, literary, poetic, and visual sources" (xi). In this paper, I am greatly indebted to Micale for the framework and the rich materials offered by his encyclopedic work. However, in my paper I will focus especially on the figurative existence of hysteria and argue that hysteria is not simply an illness in specialized medical science but always a metaphor with cultural significance.

For Elaine Showalter, reading hysteria at the *fin-de-siècle* means to read psychoanalytic theory and the history of medicine as "hysterical narratives" and to recognize "that all medical practice depends on narrative" (*Hystories* 81). In this paper, I will argue in the line of Showalter or in a Derridean fashion that ever since its appearance,

either in medical or in nonmedical texts, hysteria has always already existed figuratively and tropically. Its dis-easiness or uneasiness is largely due to its figurative existence and uses. To read hysteria is always to “figure,” to “metaphorize” hysteria. Reading hysteria from this vantage point of view, the question whether hysteria is a “real” illness seems irrelevant.

Reading hysteria at the *fin de siècle* also means to assume a Foucauldian undertaking to write genealogically about the relationship between medical narratives and literary tropes, and to ask genealogical questions about the knowledge formation of the past and current discourses of the dis-ease. By bringing together in hysteria ideas and interpretations that are at once contradictory and yet intertwined, this paper takes as its subject multifarious existences of hysteria. It is mainly concerned with the ambiguous and ambivalent status of hysteria, namely its dis-ease or un-ease, and the ways this single topic is interpreted by past and present writers, of medicine and non-medicine alike, between actual pathological entities and metaphors. In the meantime, the purpose of this paper is to read hysteria as an expression of the inscription of gender relations within medical discourse. Also, to read hysteria through its metaphors is to deem hysteria as the chief site of debate over matters related to sex and gender relations. I will apply feminist methods and insights to read hysteria and its metaphors, and to explore the impact of this gendered “dis-ease” on the image of woman since the main gist of this paper is to formulate a feminist-informed reading of hysteria at the *fin de siècle*.

### **Figuring Hysteria/Hysteria Transfigured**

Throughout its long career, the disorder has been viewed as manifestation of everything from divine poetic inspiration and satanic possession to female unreason, racial degeneration, and unconscious psychosexual conflict. It has inspired gynecological, humoral, neurological, psychological, and sociological formulations, and it has been situated

in the womb, the abdomen, the nerves, the ovaries, the mind, the brain, the psyche, and the soul. It has been construed as a physical disease, a mental disorder, a spiritual malady, a behavioral maladjustment, a sociological communication, and as no illness at all.

—Mark S. Micale<sup>3</sup>

Hysteria is not a pathological phenomenon, and can in every way be considered as a supreme mode of expression.

—Louis Aragon and André Breton<sup>4</sup>

Hysteria is the disease as metaphor or the metaphor of diseases *par excellence*. Throughout its history, hysteria is often invested with not only a moral but also a gendered paradigm. Hysteria, thy name is woman. For Showalter, hysteria is “the quintessential female malady” (*FM* 129) or “the daughter’s disease” (*FM* 145), reflecting changing gender prejudices through successive epochs. As Micale observes, “In earlier historical writings, the fundamental male-female dimensions of hysteria went unexamined. Astonishing as it seems in retrospect, the element of gender in this most gendered of psychodiagnostic categories was entirely absent from prefeminist historical narratives” (66). In fact, reading hysteria is indeed transfiguring it into a metaphor for the feminine. As Beret E. Strong maintains in her essay, “Foucault, Freud, and French Feminism: Theorizing Hysteria as Theorizing the Feminine,” “Theorizing hysteria has always involved theorizing the feminine” (10). However, hysteria is often figured negatively or pathologically as the disease of the uneasy woman and is metaphorically derogatory: while hysteria is construed to represent extreme femininity, female sexual repression, emotional volatility, emotional exhaustion, exquisite sensitivity, and a natural bent for contradiction, controversy, duplicity, and falsehood, the hysterical female is regarded either as the treacherous, the deceitful, the fragile, the emotional, or even the fanatic.

Medically speaking, hysteria is often considered a most vexing

disturbance. It radically defies definition and is infinitely convertible. Unlike other psychosomatic illnesses, hysteria produces mutable body disorders. In ancient Egyptian and Greek writings, hysteria is considered to be linked with a wandering uterus which wanders erratically. Described as a small, voracious animal, a foreign body that had dried up, lost weight, and come unhooked, this wandering uterus was thought to seek for nourishment throughout the body of sexually dissatisfied women, such as widows and spinsters. As Plato describes it in the *Timaeus*, "The womb is an animal which longs to generate children. When it remains barren too long after puberty, it is distressed and sorely disturbed, and straying about in the body and cutting off the passages of the breath, it impedes respiration and brings the sufferer into the extremest anguish and provokes all manner of diseases besides" (qtd. in Veith 7-8).

Other than Plato's description, within western medical discourses the story of hysteria's excessively abundant and diverse history invariably begins with Hippocrates's treatise *On the Diseases of Women*. In it Hippocrates also introduces the association of hysteria with the female reproductive organs and defines it as a disturbance caused by the pathological migrations of a restless, dissatisfied womb. The recommended cure by both Plato and Hippocrates—apart from a uterine fumigation meant to lure the uterus back to its proper place—was marriage and pregnancy, a cure by submission to the yoke of patriarchy and the institutionalized reproduction of mothering. Hippocrates's move to name hysteria "hysteria" by taking its very name from the uterus achieved social and sexual domination over women by reducing them in scientific theory to a single reproductive organ.<sup>5</sup>

The diagnosis and treatment of hysteria have continued to perplex doctors throughout its medical history because hysteria's protean, creative, and resilient symptoms evolve from complete absence of organic disorders. As Elisabeth Bronfen perceptively notes, "the persistent inability of medical professionals to find a universal, systematic definition for hysteria ultimately illustrates that hysteria can have no autonomous and original identity outside its discursive formations. Instead, hysteria and its medical discourse are mutually



constitutive. Hysteria exists only insofar as it results from a given network of medical, supernatural, religious, and aesthetic discourses, and it does so by marking the blind spot or impossibility of the physician's representational gesture" (102).

Still linked with uterus in both the Middle Ages and the Renaissance, hysteria was often interpreted in the supernatural terms of witchcraft and heresy. The hysteric was judged as someone demonically possessed, or in league with the devil, or victimized by witchcraft. In high Renaissance, Edward Jorden, in his *A Briefe Discourse of a Disease Called the Suffocation of the Mother* (1603), portrayed hysteria as "the suffocation of the mother," linking the disease primarily and primordially with disturbed female generative power: "The disease is called by diverse names amongst our authors, Passio Hysterica, Suffocatio, Prieficatio, and Strangulatus Uteri, Caducus Matricis, i.e. in English, the Mother or the Suffocation of the Mother, because, most commonly, it takes them with choking in the throat; and it is an affect of the mother or wombe, where in the principle parts of the bodie by consent do suffer diversely according to the diversitie of the causes and diseases wherewith the matrix is offended" (5).

During the so-called "classic age of hysteria" which covers the end of the sixteenth and the seventeenth and eighteenth centuries, as Foucault writes in *Madness and Civilization*, the psychosomatic illness came once more to be considered the feminine illness *par excellence*. The female body during this period was conceived as more delicate and less firmly constituted, more subject to the nervous disease of hysteria, especially when a woman led a soft, idle, and luxurious existence. This body was further defined by the formulation of "a body too close to itself, too intimate in each of its parts, an organic space which is, in a sense, strangely constricted" (Foucault, *MC* 154) and turned into metaphors of frailty, rarity, or excessive refinement.

In *The History of Sexuality*, Foucault also notes that this "hysterization of women's bodies" turns hysteria into favored objects of medical, moral, and aesthetic discourses, thus simultaneously becoming "targets and anchorage points for the ventures of knowledge"

(*HS* 105). What was at stake is neither a struggle against hysteria nor an effort to mitigate and control it, but rather the production of hysteria as sexual metaphor and as a knowledge/power construct: “not a furtive reality that is difficult to grasp, but a great surface network in which the stimulation of bodies, the intensification of pleasures, the incitement to discourse, the formation of special knowledges, the strengthening of controls and resistances, are linked to one another, in accordance with a few major strategies of knowledge and power” (*HS* 106).<sup>6</sup>

In the course of the nineteenth century, “hysteria’s golden age,” as Roy Porter calls it, hysteria came to embody the woman who has a greater delicacy of the nervous system, prone to abundant sensibility and fantasizing, capricious role-playing, and errant sexuality. It was also during the golden age of hysteria that “the moral presence of the doctor became normative as never before in regulating intimate lives” (Porter 242). The greatest doctors of hysteria in this time were Jean-Martin Charcot, Joseph Breuer, and Sigmund Freud. In the act of diagnosing of hysterical syndrome, the doctors, who were representatives of the discursive prejudices or preferences of their times, came to project the feminine ideal of their time or their historically specific imaginations of what the feminine body should be onto their patients.

Charcot, the French neurologist, was extremely fascinated by what he called “the great neurosis,” on which he published over 120 case studies. It is with Charcot that hysteria has become a metaphor of histrionics. Charcot’s *La Salpêtrière*, the most spectacular theater of hysteria and museum of living pathology, produced both excessively excitable and histrionic patients. As Showalter remarks, “With Charcot as the producer and director of a great hysterical theater at the Salpêtrière, Paris became the capital of histrionic hysteria” (*Hystories* 100).

Charcot’s famous clinical seances at *La Salpêtrière* were indeed a theatricalized ritual where a mostly male audience enjoyed the spectacle of a woman’s hysterical fits, be this an attack, a fainting spell, or the staging of some bodily dysfunction, with the displayed symptom a metaphorical physical manifestation of the psychic con-

flict. As Catherine Clément shrewdly argues, the clinic resembles “the theater of the body” in which the doctors in a circle who surround the hysteric gaze at the hysterical body with their fascinated eyes, their bodies tensed to see the tensed body of the possessed woman perform (10). In the theater of the body, the female body served only as a prop for a male scenario. Even though the symptoms were set free, the hysteric was still bound, bound by psychiatry, psychoanalysis, and male gazes.

Although the performance of Charcot’s many demonstrations has made hysteria’s metaphorical potential great, it is the ever-changing somatic symptoms that have contributed to hysteria’s inherent performing metaphoricity. Charcot’s *La Salpêtrière* became the site where Sigmund Freud, observing the work of Charcot, first encountered the language of hysteria that would lead him to that other scene, the unconscious, and with it to the birth of psychoanalysis. Indeed it is with Freud that the hysteric was turned into the mother of psychoanalysis. As Etienne Trillat writes in a vivid and figurative language, “If one was able to maintain that hysteria in the age of the Renaissance could pass as the daughter of the devil, this slightly diabolic daughter gave birth to a child at the beginning of the 19<sup>th</sup> century, which would turn into psychoanalysis; all psychoanalytic theory was of hysteria born. Only the mother died after delivery” (qtd. in Bronfen 107-108).

Formulated between 1890 and 1900, Freudian psychoanalysis was based on Breuer and Freud’s clinical encounters with a group of hysterical women. The most provocative and intriguing of these patients were Bertha Pappenheim, whom Breuer named Anna O., and Ida Bauer, whom Freud named Dora. Reading Breuer’s case of Anna O. and Freud’s early case histories, one is most impressed with the metaphors used in their narratives. In *Studies on Hysteria*,<sup>7</sup> the formula Freud and Breuer settle on is that “Hysterics suffer mainly from reminiscences” (*SE* 2, 7). While Breuer, in the case of Anna O., stresses the broken language and multilingual nature of the hysteric’s speech, Freud, in the case of Dora and other cases, emphasizes the fragmentary and discontinuous nature of the hysteric’s narratives.

Through Breuer and Freud, hysteria thus is implicated in psychoanalysis in the sense that psychoanalysis enfolds the disease within it. Psychoanalysis, nevertheless, insists on its scientific authority and asserts mastery over hysteria as the illness of the other, typically of the feminine other.

For Freud, hysterics are unable to tell a complete, smooth, and exact story about themselves. They leave out, distort, and rearrange information because of sexual repression. And this incapacity to give an ordered history of their lives is not simply characteristic of hysterics—it is the meaning of hysteria. As Freud metaphorically describes, the stories of hysterics seem like “an unnavigable river whose stream is at one moment choked by masses of rock and at another divided and lost among shallows and sand banks. Volubility about one period of their lives was sure to be followed ‘by another period in which their communications run dry, leaving gaps unfilled and riddles unanswered’” (*SE* 2: 16). Time and again, Freud maintains that the responsibilities of psychoanalysts are restoring the patient’s narratives, filling the gaps in the hysteric’s stories, and reorganizing the stories into a coherent whole. Freud deplors that his case histories read like short stories and lack “the serious stamp of science.” He blames this quality on the hysteric and does not reflect on the narrative-like nature of case histories.<sup>8</sup> Freud writes: “I must console myself with the reflection that the nature of the subject is evidently responsible for this, rather than any preference of my own” (*SE* 2: 160-61). Sharon Willis analyzes the literary qualities of Freud’s writing and claims that, in some respects, the Dora case “reads like a detective novel, with Freud weaving ever more complex and startling interpretations around the clues he uncovers in the hysteric’s symptoms and dreams” (77). Contrary to his expectation, Freud’s writing shows himself as a skillful writer, brilliant in telling his side of the story through figures of speech.

Critiquing Freud’s aim to fill in the gaps or to formulate a coherent narrative, Claire Kahane points out the faults committed by Freud and questions Freud’s theoretical formulation: “Freud neglected to ask how a woman comes into possession of her own story, be-

comes a subject, when even narrative convention assigns her the place of an object of desire. How does an object tell a story? If, as hysteria disclosed, a story is told in symptoms, reading symptoms is not an easy or straightforward task. Symptoms are over-determined just as language is. How does Freud choose among the various potential meanings an interpretation that will turn a fragmentary narrative into a coherent story?" (21). However the fact is that Freud's speculation about hysteria has turned hysteria not only into a metaphor of fragmentation and discontinuity but also into a metaphor of incommunicability or inarticulateness or silencing, which is reflected through the symptoms such as the *globus hystericus* (sense of choking), *tussis nervosa* (chronic nervous cough), *aphasia* (inability to use words), or *aphonia* (loss of voice). The hysteric's conversion of psychic anguishes into somatic symptoms can be interpreted as the enactment of a message in bodily code or metaphor. These metaphorized symptoms are excessive and exaggerated precisely because they weld together several pressure points or psychic moments.

Freud insists that these symptoms be considered as metaphors of dissatisfied feminine sexual trauma or desire rather than as pathologies of the wandering womb. As Freud and Breuer state in their preface to the volume of 1895, they consider that "sexuality seems to play a principal part in the pathogenesis of hysterics as a source of psychical traumas and as a motive for 'defense'—that is, for repressing ideas from consciousness" (*SE* 2: 29).<sup>9</sup> On the other hand, feminist critics would prefer to read these hysterical symptoms as metaphors for the hysteric's vulnerable social circumstances in a patriarchal society and as discontents with the symbolic identity as well as gender, ethnic, and class designations. For Toril Moi, "The *reason* why the neurotic fails to produce coherence is that she lacks the *power* to impose her own connections on her reader/listener" (92). Martha Noel Evans also maintains, "If the speech of witches and hysterics was universally discounted as mendacious, it is because women did not have the necessary real power to challenge the word of their colonial masters" (282). Under the repressive spirit of the Victorian Age, the situation of the hysteric was even worse. As Bernheimer writes, at this time,

“the number of hysterical women patients increased dramatically and their doctors felt increasingly provoked and outraged by what they perceived as female treachery, malingering, and immorality. Indeed, the medical reaction became so violent that extreme remedies such as ovariectomies and clitoral cauterization were advocated by certain specialists in cases of intractable hysteria” (5). Whether it was in France or England, hysteria was deemed as the female disease *par excellence* of the nineteenth century.

Straddled between psychoanalysis and feminism, hysteria exposes the way we tell, write and interpret the symptoms and stories. It hystericizes and leaves us in the lurch, in the hysteric exchange of words, of metaphors. No matter how one reads the symptoms, in a Freudian way or in feminist fashion, the one thing that we can be sure of is that hysteria is a mode of communication and “a supreme mode of expression.” It communicates through metaphorized symptoms and metaphorized stories, played out in Charcot’s neurotic theater, Anna O.’s private theater, and Freudian counseling rooms. These scenes of simulation embody the performative quality of gender, of subjectivity in the manner described by Judith Butler. As Butler argues, “*gender* is not a noun, but neither is it a set of free-floating attributes, for we have seen that the substantive effect of gender is performatively produced and compelled by the regulatory practices of gender coherence. Hence, within the inherited discourse of the metaphysics of substance, gender proves to be performative—that is, constituting the identity it is purported to be. There is no gender identity behind the expressions of gender; that identity is performatively constituted by the very ‘expressions’ that are said to be its results” (24-25). As Veith also notes, hysterical symptoms “were modified by the prevailing concept of the feminine ideal. In the nineteenth century, especially young women and girls were expected to be delicate and vulnerable both physically and emotionally, and this image was reflected in their disposition to hysteria and the nature of its symptoms” (209). To be sure, when a female subject assumes a particular gender position within a given cultural space, this self-representation is a performance, constituted by the discursive position this particular self chooses to define herself

with.

In past medical writing about hysteria, hysteria has served as a rich projective screen for male feelings of anger and anxiety toward women. The medical history of hysteria, to a certain degree, is always a history of victimology, a record of misogynistic sentiment. The pejorative image of the “nervous woman” has been constituted and a collection of psychosomatic symptoms is assigned by the medical profession. Women have been made the passive, inert objects of a medical will to power. Such negative imaging is necessary in patriarchal cultures that confine power solely to males to ensure civic cohesion.

The ancient woman/womb/hysteric, the historical witch/hysteric, and the attic madwoman/hysteric were pictured either as innately capricious or actively evil beings, or as sinister and sexually rebellious creatures who threatened the social and moral order and demanded official discipline and punishment. As a form of mimetic metaphor, hysteria is the illness of the other, reflecting the sentiment of its era, its repression, its pathologization, its stigmatization, its polymorphism and variability, and its metaphorical proliferation. As Showalter points out in *Hystories*, “both writers and critics in the 1890s saw hysteria as a metaphor for the *fin-de-siècle* sensibility. To conservative critics, hysteria was the *mal du siècle*, a sign of artistic degeneration. By the time Freud described it in his case studies, hysterical narrative had already acquired a negative meaning for readers, a meaning associated with effeminacy and deceitfulness” (83).

Since the 1970s, hysteria has become the topic of a lively critical debate.<sup>10</sup> It is a strange site of fascination. Feminist scholars, such as Hélène Cixous, Catherine Clément, Jane Gallop, Claire Kahane, and Elaine Showalter, have invoked hysteria as the key metaphor for *la condition féminine*. Micalé sees these feminist discourses as part of the so-called “new hysteria studies”<sup>11</sup> which “have appeared during a second *fin-de-siècle* and are historical rather than clinical and scientific” (5). Meanwhile these feminist critics can be called the “new hysterians,” who belong to the context of “the gender revolution of the final third of the twentieth century” (Micalé 289). In a word, this

new hysteria studies “may be viewed as an element in the great metacritique of gender that in retrospect is certain to be regarded as one of the defining features of the thought, culture, and society of the late twentieth century” (Micale 289).

In “The Laugh of the Medusa,” Cixous calls for a revolutionary body of language by women writers that would verbalize the silent discourse of the “admirable hysterics.” In “Sorties,” she even identifies herself with hysterical women: “The hysterics are my sisters. I am what Dora would have been if women’s history had begun” (99). Cixous celebrates the hysteric’s subversiveness and uses hysteria to pose questions about the authority of the doctor and the overall medical-psychoanalytic institution. For Cixous, the hysteric uses her gendered body to articulate the uneasiness between accepting and questioning the patriarchal law which dictates her body and being as an ill person and as metaphor. The hysteric’s strategy is to keep fluid the boundary between personal illness and social metaphors.

Cixous’s Medusan laughter certainly ushered in the hysterical stage of feminism which featured the hysteric as heroine and hysteria as the site to undermine the institutions of language, writing, and psychoanalysis. Cixous calls for an emancipatory *écriture féminine* to shatter the gendered phallogentrism. She interrogates Freudian psychoanalytic theory from within the theory itself through her portrait of the hysteric Dora. In *The Newly Born Woman*, Cixous even poses a rhetorical question “What woman is not Dora?” (147).

As a marginal figure, without power to alleviate her suffering nor to express it in terms that make sense to society, the hysteric sums up virtually everything Cixous and some feminists might wish to say about the suppression of women’s speech. On the other hand, there is also the widespread unease surrounding the celebration of hysteria as a theme in women’s writing. Many critics have questioned this strategy of embracing the hysteric as a positive metaphor of the condition of all women.

Catherine Clément: Listen, you love Dora, but to me she never seemed a revolutionary character.



Hélène Cixous: I don't give a damn about Dora; I don't fetishize her. She is the name of a certain force, which makes the little circus not work anymore. (*NBW* 157)

Is Dora a heroine or victim? Does she contest or conserve? In her essay, "Keys to Dora," Jane Gallop analyzes Freud's text as well as Cixous and Clément's dialogue about hysteria and comments:

The reasonable, forceful, clever position for the two women theorists is to assume the inevitability of ambiguity. To choose ambiguity is to choose to give up one's masterful position, is simply a ruse toward a more resilient mastery. Yet rather than assume the ambiguity, the two writers themselves become polarized as advocates of *either* the hysteric as contesting *or* the hysteric as conserving. (134)

While being a contesteer for Cixous, a conserver for Clément, Freud's Dora has become a contested site not only among the psychiatrists and psychoanalysts, but also among the so-called new feminist hysterians.

In her lengthy argument, Strong voices her critique of Cixous, Clément and other feminists' use of hysteria: "The contemporary French feminists, though celebrating woman's plurality and freedom in her body, have not moved beyond the vocabulary of a stagnant tradition of theorizing hysteria. What is more alarming is that in the 1970s, Irigaray, Montrelay, Cixous, and Clément were actively engaged in *theorizing the feminine*. That their discussions of hysteria in often revolutionary texts tend to echo, if not support, a dangerous ideology threatens feminism's many projects. It is not enough to make an affirmation that was negative; as has been said too often, this is to remain trapped within the snare of binarism. And though we can say that the hysteric speaks the truth of her difference by refusing the so-called 'health' of a sick system, refusal is not everything. The history of hysteria needs to be understood, through a *new* lexicon, in terms of how it has functioned to serve masculine ideology and re-

pression. Then we will break a centuries-old theoretical habit complicitous with a diseased typology of sexual difference" (23-24). What is this "new lexicon" proffered by Strong? Is it a "new Foucauldian language of genealogy"? Or a "new *écriture féminine*"? How can we escape from "the snare of binarism"? From which subject position do we analyze? How do we make "silence" or "the diseased" speak? How do we make sense of the hysteric's metaphorized communications, which are all signs, gestures, sounds, words, minds and bodies?

Hysterical symptoms send out ambiguous gestures. While endorsing the conventional images of woman as the fragile, the weak, and the delicate, the symptoms are a rejection of feminine roles and a hatred of the patriarchy. Hysteria is "passive aggression" (Bernheimer 6).

## Conclusion

There doesn't seem to be anything medicine has not said about hysteria: it is multiple, it is one, it is nothing; it is an entity, a malfunction, an illusion; it is true and deceptive; organic or perhaps mental; it exists, it does not exist.

—Gérard Wajeman<sup>12</sup>

What can we learn from the uneasy figurative existence of hysteria? What do we make out of the so-called new hystericism? How do we locate it at the *fin-de-siècle*? What kind of hysterical desire can we map out at the turn of the century? Does its uneasy figurative existence testify to its mythopoetic power?

Hysteria wanders and traces an ambiguity and oscillation. As Foucault writes, "Hysteria is indiscriminately mobile or immobile, fluid or dense, given to unstable vibrations or clogged by stagnant humors. No one has managed to discover the actual nature of its movements" (*M&C* 142). As a label applied to those who deviate from the norm, hysteria can be a form of subversion and protest but also an embodiment of repression and control. For some, the hysteric

is an arch-histrionic, deceiver, and seductress. For others, the hysteric is making much ado about nothing, while their noises are full of sound and fury signifying nothing.

For Juliet Mitchell, "hysteria is the woman's simultaneous acceptance and refusal of the organization of sexuality under patriarchal capitalism. It is simultaneously what a woman can do both to be feminine and to refuse femininity" (289-90). For Dianne Hunter in her work on Anna O., hysteria is "a self-repudiating form of feminist discourse in which the body signifies what social conditions make it impossible to state linguistically" (484). As for Showalter, she doesn't regard "hysteria as weakness, badness, feminine, deceitfulness, or irresponsibility, but rather as a cultural symptom of anxiety and stress. The conflicts that produce hysterical symptoms are genuine and universal; hysterics are not liars and therapists are not villains. Instead, histories are constructed by suffering patients, caring psychologists, dedicated clergy, devoted parents, hardworking police, concerned feminists and anxious communities" (9).

Like the dis-ease itself, the new hystericism is diverse and polymorphous. The controversy about hysteria and its history has always spread over the confines of the medical community into non-medical domain. The striking heterogeneity of writings about hysteria results in part from individual, disciplinary, and perspective differences among authors. These scholarly writings, nevertheless, have fabulously enhanced our understanding of the subject over the past history.

Defying any definitive nosology and configuration, hysteria forces its investigators to realize the limit of discursive writings. What one can witness is the proliferation of metaphors. Reading about hysteria at the *fin de siècle* only once again testifies to hysteria's chameleon-like and "conversion" existence. It is certainly a way of achieving an understanding of, and perspective on, our world and ourselves. Reading hysteria at the *fin de siècle* is always fruitful. It poses fundamental questions about illness and metaphor, about gender and sexual politics, about feminism and psychoanalysis, and offers insight into language, narrative, and representation. The dis-

ease as a mimetic screen mirrors back to us the same gesture of uneasiness, inbetweenness, and metamorphosis. It forces us to ask incessantly whether it is history, legend, or myth.

For Micale, hysteria as medical illness has long since passed its *belle époque* during which Freud used it to create psychoanalysis. But our “*fin de siècle*—which is also a *fin de millénaire*—has brought the *fin d’hystérie* itself” (293). Micale continues, “However, in place of a surge of medical theorization, we have the new hysteria studies. Far from declining or dying, *historical* discourses of hysteria are now experiencing *their* golden age” (293-94). Indeed, far from having disappeared or exhausted its metaphorical potential, hysteria still wanders and has already undertaken another disguise.

Resisting linear narratives, encoded stories, and monumental images, hysteria offers instead ever new versions of reworked memory traces. Unlike any other neurotic disorder, hysteria as illness is nothing in and of itself, but rather represents and disseminates itself, bodily and figuratively, without end.

## NOTES

<sup>1</sup> Quoted in Ilza Veith, *Hysteria: The History of a Disease* (Chicago: U of Chicago P, 1965) ix.

<sup>2</sup> In her work on the history of hysteria, *Hysteria: The History of a Disease*, Ilza Veith writes: “In the Egyptian papyri the disturbances resulting from the movement of the womb were described, but had not yet been given a specific appellation. This step was taken in the Hippocratic writings where the connection of the uterus (*Hystera*) with the disease resulting from its disturbance is first expressed by the term ‘hysteria.’ It appears in the thirty-fifth aphorism, which reads: ‘When a woman suffers from hysteria . . .’” (10).

<sup>3</sup> Mark S. Micale, *Approaching Hysteria: Disease and Its Interpretations* (Princeton: Princeton UP, 1995) 285.

<sup>4</sup> Quoted in Micale’s *Approaching Hysteria* 194. Originally from Louis Aragon and André Breton’s “Le Cinquantenaire de l’hystérie (1878-1928),” most accessible in Maurice Nadeau, ed.

*Histoire du Surréalisme: Documents surréalistes* (Paris: Seuil, 1948) 127.

<sup>5</sup> For a detailed discussion, see Helen King's "Once upon a Text: Hysteria from Hippocrates," in *Hysteria Beyond Freud*, edited by Sander Gilman, Helen King, Roy Porter, G. S. Rousseau, Elaine Showalter (Berkeley: U of California P, 1993): 3-90.

<sup>6</sup> See especially *Madness and Civilization* 136-58 and *The History of Sexuality* 103-14.

<sup>7</sup> *Studies on Hysteria* consists of a theoretical introduction, "On the Psychological Mechanism of Hysterical Phenomenon," written jointly by Breuer and Freud and first published separately in 1893, Breuer's case history of Anna O., four case histories by Freud, a theoretical section by Breuer in which he propounds his idea that hysteria originates in certain unusual "hypnoid" mental state, and a long final chapter by Freud entitled, "The Psychotherapy of Hysteria."

<sup>8</sup> See Steven Marcus's essay, "Freud and Dora: Story, History, Case History," in which Marcus draws the Dora case out of the clinical discourse of psychoanalysis by treating it as a masterpiece of modernist fiction.

<sup>9</sup> Arguing for Hysteria's sexual etiology, Freud also writes in Book 7: "If it is true that the causes of hysterical disorders are to be found in the intimacies of the patients' psychosexual life, and that hysterical symptoms are the expression of their most secret and repressed wishes, then the complete elucidation of a case of hysteria is bound to involve the revelation of those intimacies, and the betrayal of those secrets" (*SE* 7: 7-8).

<sup>10</sup> As Micale keenly observes, "Perhaps most notable is the sheer diversity of disciplinary discourses that are being brought to bear on the subject today. The history of science and medicine, classical studies, discourse analysis, and cultural studies, British neurology, French Lacanian and post-Lacanian psychiatry, American Women's Studies, and European and American Psychoanalytic Studies—all have of late converged dramatically on the history of hysteria" (10-11).

<sup>11</sup> As Micale perceptively observes and remarks, the new hysteria

studies “originates from many locations in Europe and North America and from a variety of fields of inquiry whose practitioners are not generally familiar with one another’s work. These fields include, within the health sciences, neurology, psychiatry, clinical psychology, and psychoanalysis, and within the humanities, intellectual history, medical and science history, legal history, women’s studies, psychoanalytic studies, art history, and literary history and criticism” (5).

<sup>12</sup> Gérard Wajeman, “The Hysteric’s Discourse,” in *Hysteria: Lacan Study Notes*, edited by Helena Schulz-Keil, special issue (New York: New York Lacan Study Group, 1988) 1.

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