

# The Female Disorder

## Introduction

---

*Ferenc Erős*

The essays published in the present selection hopefully invite a wide audience because the social history of psychiatry in Central and Eastern European countries has remained, until now, relatively unexplored. Power mechanisms and processes became manifest in the psychiatric ideology and practice of the region, and the process of deconstruction started, if at all, much later than in the West. The reader should think of the influence of dictatorships and totalitarian states on medicine, especially psychiatry. It is thus relevant that the special issue of *Replika* comes out with articles exploring essential questions related to hysteria: the interplay between power and psychiatric practice in the region; hysteria and gender; the construction of otherness; or the psychoanalytical theories of hysteria by Freud and Ferenczi.

In everyday usage, hysteria refers to something unpleasant, something that, however, we should not take too seriously: a person's theatrical behaviour, simulation, a pretended symptom or act with the aim of eliciting attention or care from someone (e.g. a 'hysterical' suicide attempt); or simply an excessive emotional reaction. In our everyday experience we often encounter hysteria, some of our own reactions may be, from time to time, qualified as 'hysterical.' Hysteria is frequently associated with the 'childish' and the 'feminine,' being hysterical might be a forgivable sin for children and women, but never for men. Thus, inasmuch as everyday thinking can be a subject of sociological, historical, or social psychological investigation, for instance (as it is in the study of social representations), it can be interesting to look at hysteria as it is represented in everyday thinking. How and why a person's behaviour is perceived as 'hysterical,' how hysteria is attributed to various groups of people depending on gender, age, family status or social class, what kind of causal explanations, moral, pedagogical, and medical arguments are used by the so-called 'naive' or 'folk' psychology in the social representation of hysteria.

Hysteria is a concept which has a more rigorous, scientific meaning as well. It was psychoanalysis, a psychological discipline and a therapeutic method born more than a century ago in Vienna, that made hysteria a celebrated concept, a cornerstone of understanding mental disturbances or psychological dysfunctions, and – in a sense – a key for understanding the workings of the human psyche as such. Since the publication of *Studies in Hysteria* by Josef Breuer and Sigmund Freud in 1895, it has been assumed that hysteria is, contrary to the everyday usage of the term, a special kind of serious illness, a neurosis in which unconscious psychic conflicts find their expression in symbolic form, through different kinds of bodily symptoms.

The Freudian discovery of the unconscious and its role in the genesis of hysterical illnesses was, of course, not without precedents. The problem of hysteria goes back to ancient times in philosophy and medicine. Plato, Hippocrates, and Galen set the frames of a discourse in which hysteria is inherently connected to the female body, notably the womb

(*hystera* in Greek) and its disorders. Throughout many centuries, from antiquity to the nineteenth century, hysteria was regarded as a typical female disease. From medical history and philosophy's point of view it is highly instructive to see how the 'feminine' nature of hysteria (its origin in the suffocations and convulsions, the 'wanderings' of the womb, the imbalance of fluids and humours in the female body) was connected to the platonic idea of the 'animality' of woman, and to religious and moral condemnation of hysterical women as 'witches' seized by the devil in the Middle Ages. In his article *The Torn-off Veil* the Hungarian historian of medicine *András László Magyar* introduces the reader to a technique of treating an hysterical woman by the doctor Gibril ibn Batishú in the medieval Arabic world. The story is preserved and, from time to time, recounted in the anecdotal literature of many centuries. According to *Magyar*, the treatment is of a psychosomatic kind: building on woman's assumed feeling of shame, the doctor applies a 'shock therapy' by the sudden removal of her veil. The doctor's subsequent explanation of his choice of such a psychosomatic treatment and its integration into the contemporary medical theory of humoral pathology is highly revealing of how a medieval Arab doctor constructed his knowledge, how "he built his individual modes of therapy on the natural scientific and physiological theoretical foundations inherited from the Greeks."

The medieval Arab case is a telling example of the treatment of a 'female disease' and the underlying concept of gender roles and differences. Another case history, elaborated by the Hungarian historian *Emese Lafferton* leads us to late-nineteenth-century Hungary. In her paper *Hysteria and Deviance in Fin-de-Siècle Hungary*, *Lafferton* analyses the case of a "hysterical" woman, a lesbian, crossdresser, thief and forger called Ilma who was treated by several celebrated professors of psychiatry in Austro-Hungary. Reconstructing the case on the basis of published medical and popular sources, the author explores how the psychiatrist constructs the image of the sick person, how deviance is translated into illness, and how Ilma – instead of accepting her status as a woman, a helpless patient, or a petty criminal – uses well-designed strategies and manoeuvres, and crosses the borders between the male and the female, the normal and the deviant, the healthy and the sick. In *Lafferton's* analysis, the medico-moral treatment of Ilma's case by the doctors renders the person of the hysterical woman a mythic figure, a sister of other mythic characters of womanhood in the cultural imagination: the fallen woman, the actress or the flirt.

The Hungarian example of the medical treatment of 'hysterical' women and its underlying ideology fit the Foucauldian analysis of the modern history of medical, psychological, pedagogical and criminological sciences as a new technology of power. The *birth of the clinic*, the appearance of the institutionalised psychiatry as a separate branch of medicine, the advancement of the biological and neurological sciences, the elaboration of such treatment procedures as hypnosis, for instance, have completely changed the decor and settings of the stage of hysteria, too. Miraculous healers and healings disappeared or were marginalised and instead, authoritative professors stood up on the stage, who in their persons represented the authority of the modern (positivist) science and that of the strong but benevolent state at the same time. Nevertheless, the basic idea about the nature of womanhood and its inherent connection with hysteria survived.

In Freudian theory and practice hysteria plays a central role with all of its implications and ramifications: according to the British psychoanalyst *Juliet Mitchell*, hysteria is "the founding illness of psychoanalysis," which did not disappear at all, though, of course, it assumed different meanings in the progress of Freudian theory and metapsychology. In her paper *Questioning the Oedipus Complex*, *Mitchell* opposes Freud's later formulations on death instincts to his earlier theories where the Oedipus complex was the central issue. "Through the understanding of Oedipal psychosexuality, hysteria itself was comprehended.

Associated always with femininity this understanding (not wrong, I believe, but limited) ties woman back into sexuality (always her ideological resting-place) and misses an essential element of the distinction between the sexes.” By reading ‘death’ back into studies of hysteria, both the centrality of the Oedipus complex and the gender-relatedness of hysteria can be questioned. In Mitchell’s view, “the non-meaning of death is at the centre of hysteria, as hysteria is at the centre of human condition. Hysteria is a borderline phenomenon, a restless moving across what used to be called the nature/culture or the biological/psychological divide.”

The Freudian discovery of early traumatic experiences behind hysterical symptoms and the sexual aetiology of neuroses was indeed revolutionary: Freud stressed the importance of the *understanding* of these symptoms in their tracing back to childhood experiences. He explored the narrative histories of hysterics, and was trying to put together from the fragments of life histories a material sufficient for both diagnosis and treatment. For Freud, hysteria or neurosis in general is not something substantially different from us, it is not confined to the Other, neurosis is a universal phenomenon, a part of our culture, a *conditio humana*. And while the institutionalised psychiatry of the age, as the Hungarian example shows us, resulted in the subordination of deviant woman, Freud’s explicit intention was to liberate women from their sexual misery and subjugation.

It is another question that, as the psychologist *Márta Csabai* points out in her paper *Her Body Her/Self*, Freud was – throughout his whole life – troubled by the *meaning* of female sexuality. By focusing on the issue of the border and distinguishing between ‘inside’ and ‘outside,’ ‘we’ and ‘us,’ Csabai devotes a separate section to the unveiling of woman as a way of searching for the truth, to the secret of nature which is traditionally identified with the naked female body. By pointing out that the “surface of the body can be seen as a border, whose permeability or impermeability determines the status of identity in any time,” she analyses social crisis situations when the maintenance of the body boundaries and the purity of the body becomes a kind of obsession. This might also explain racism, which regards the body of the Other as ‘abject’ (using Julia Kristeva’s term).

The continuous creation of the cultural, political, racial, sexual and social Other belongs to the practice of totalitarianism and fundamentalism. Of course, no society is completely free from these mechanisms and processes. The figure of the ‘hysterical woman’ symbolises the other, alien, inferior bodies – individual and collective bodies, such as the ‘masses.’ It is by no means an accident that mass psychological schools at the turn of the century, first of all, Gustave Le Bon’s *La psychologie des foules* (1895) visualise the masses or the crowd as a monstrous feminine with extreme, uncontrollable emotions and aggressiveness, irritability, irrationality, irresponsibility and suggestibility. The mass as a “woman under influence” was an image used also by the very controversial Austrian philosopher Otto Weininger, the author of *Geschlecht und Charakter* (1903) who constructed the crowd, the women and the Jews as the figures of the inferior Other. The political and social significance of hysteria appears in Freud’s work, especially in his *Mass Psychology and the Analysis of Ego* (1920), a further elaboration of, and a rejoinder to Le Bon’s work on mass psychology. According to Freud, hysterical identifications play a major part in the unconditional admiration of a leader on the part of the masses.

In his well-known book *Male Fantasies*<sup>1</sup> the German writer Klaus Theweleit shows how Nazi propaganda constructed the image of ‘proper’ womanhood and manhood, ‘proper’

---

1 Klaus Theweleit (1987): *Male Phantasies*. Minneapolis: University of Minnesota Press.

female and male bodies as opposed to other bodies that are impure, degenerate, sick, and inferior. An examination similar to Theweleit's analysis would reveal that such images had worked not only in Germany but in other Central and Eastern European countries as well. The concept of hysteria was central to the ideas of the eminent Hungarian political scientist and historian *István Bibó*, too, whose approach proved to be fruitful in understanding certain features of modern East-Central European and German history. In the 1940s Bibó wrote a series of essays in which he attempted to analyse and understand the great political hysterias of his age: Nazism and anti-Semitism.<sup>2</sup> He introduced the term 'collective hysteria' by which he understands such "symptoms" as the loss of the sense of reality, the inability of the community to solve its assigned tasks, uncertain, exaggerated self-evaluation, unrealistic and disproportional reactions to external stimuli. Although in his thinking collective hysteria emerges as the consequence of historical shocks, wars, revolutions, economic and political crises, Bibó warns us that collective hysteria can not be regarded as sum of individual hysterias. His concept of hysteria is metaphoric and has seemingly no gender bias, the logic of his causal explanation, however, is similar to Sigmund Freud's theory of hysteria as the consequence of (repressed) trauma.

Though in a very different context, the topic of collective hysteria is touched in this selection by *György Péter Hárs*, a Hungarian literary critic, who, in his article *Where Have You Gone, Hysteria* speaks about the hysteria of *organs* and *organisations*, drawing a parallel between individual and social dysfunctions. Following the theories and arguments of the Hungarian psychoanalyst Sándor Ferenczi and the British psychoanalyst Wilfred Bion, Hárs raises the issue of the 'hystericisation' or 'eroticisation' of the organs of the body and the organs of a corporation – which results in a falling apart, a dysfunction, a puppet show. Hárs applies this model to the actual environment of Ferenczi, Freud and the psychoanalytical circle: the 'hystericisation' of its members and the relationship between them that lead to a dysfunction of the organisation.

Did hysteria really disappear? Or did never exist as a disease? What is, after all, hysteria? It might be that David Marsden (quoted by *Csabai*) found the only possible solution: "[Hysteria] is used as a cloak for ignorance."<sup>3</sup> History tells us that there must be illnesses which we presently do not know but dismiss as 'hysterical.' Or, according to a statement quoted by the French psychoanalysts Elizabeth Roudinesco and Michel Plon, referring to the "gender bias" in the concept of hysteria: "Hysteria is not *one* illness, it is *the* illness in its pure status, it is nothing in itself but it is susceptible to take the form of all other illnesses. It is a status rather than an accident, it is what makes the woman ill."<sup>4</sup>

So, where have you gone, hysteria? Did it resurrector in our age in different manifestations, for example in the form of *anorexia nervosa*, a mass scale 'female disorder' which invites us to rethink the gendered nature and meanings of bodily messages? Did the disease disappear forever, as did the world of yesterday? Or is it rather with us in the tormented bodies of anorexic woman, in our language and speech? Is it with us in all of our wounds, anxieties, and fears of death? Is it with us in our gestures, in the puppet theatre of our organs, organisations, and of our body politic? Is it with us in art and creativity, whose distorted image is hysteria – as Freud proposed? The answers to these questions may lie in further studies sensitive to the complex factors of power, gender, history, and culture.

---

2 See Bibó's analyses on the "causes and history of the German hysteria" and on "the Jewish question in Hungary after 1944" in István Bibó (1986): *Válogatott tanulmányok (Selected Essays)*. Budapest: Magvető. Vol. I.: 365–483, and Vol. II.: 621–811.

3 Marsden, C. David (1986): Hysteria – A Neurologist's View. In *Psychological Medicine*, 16: 277–288.

4 Roudinesco, Elizabeth and Michel Plon (1996): *Dictionnaire de psychanalyse*. Paris: Fayard. 469.