

#3 - Hysterics

Introduction

This is the 3rd part of a 3 part series about the creation of female 'monsters' as seen through different lenses. If you haven't seen the first part, please go find it now and just watch the first minute, because it provides some definitions and framework we're using throughout the videos.

In this third part we're going to look at a couple examples through a scientific/ mental health lens, and see how this connects with a lot of the themes and tendencies we've seen in the history and representation of women in the first two parts.

Hysteria

So, when we think about hysteria, I think most of us think of the Victorian version of it. However, the core concept of hysteria pre-dates the ancient Greeks, and in each cultural and historical permutation, its symptoms and treatments change. Remember from part one Hippocrates' theory of the wandering womb? Womb in Greek is 'hystera.' The idea that a woman's temperament and ailments change with the position of her uterus was an early theory of 'hysteria.' As one historian stated, "for 25 centuries, hysteria has been considered a strange disease with incoherent and incomprehensible symptoms." Another called it, "A dramatic medical metaphor for everything that men found mysterious or unmanageable in the opposite sex."

In the mid-1800s, the founding fathers of psychoanalysis took an interest in scientifically verifying and defining hysteria. The foremost patriarch of this study was Jean-Martin Charcot. By 1880 he had demonstrated that symptoms including motor paralysis, sensory loss, and amnesia could all be psychologically explained by inducing and relieving them in young female patients through hypnosis. He documented his work in photographs and drawings as well as text, and even wrote a whole book theorizing how Renaissance depictions of demonic possession and miraculous healings were actually portraying cases of hysteria. So, how are women depicted in Charcot's images? They look like ghosts or ghouls, something 'spooky,' perhaps possessed or demonic. Some of them even recall the images in Darwin's book, 'The Expressions of the Emotions in Man and Animals,' once again equating female emotional expression with animal, basal nature. In spite of how much time Charcot spent studying his subjects, he had no interest in these women's inner lives. Their emotions were symptoms of their affliction, and their speech he described as 'vocalization.' Without any awareness of their humanity, Charcot cataloged ample evidence of the effects of his patients' psychological affliction without much consideration for its *cause*. In 1896, his follower Sigmund Freud wrote the Aetiology of Hysteria and presented a shocking theory on hysteria's source, based on 18 case studies. He wrote, "I therefore put forward the thesis that at the bottom of every case of hysteria there are one or more occurrences of premature sexual experience..." (in other words, sexual trauma). Within a year, however, he had retracted his own theory, apparently troubled by its enormous social implications and the denouncement of his peers. Instead, he theorized that patients' accounts of sexual trauma were actually just fantasies - and he spent the rest of his career spinning the theories we know him better for (like Oedipus complex and penis envy) to explain away this first discovery.

Psychoanalysis and Trauma

The study of hysteria, and the subsequent invention of psychoanalysis, laid the groundwork for the recognition and study of trauma in the West, and still influence how the West conceptualizes and treats post-trauma today. While Charcot was studying hysteria, the idea of trauma neurosis emerged as a way for the burgeoning insurance industry to call for financial compensation for victims of workplace accidents. Employers who didn't want to pay for damages were quick to weaponize the diagnosis against workers. Called 'sinistrosis,' this variant of trauma neurosis claimed that people feigned mental injury in order to get compensation and not have to work - portraying them as ethically inferior, lacking in the virtue of productivity. It was used to pathologize lower class workers, immigrants, and rank-and-file soldiers (not officers) - in other words, the vulnerable and poor. Although this diagnosis was typically given to men, both hysteria and trauma neurosis were created and used to pathologize and dehumanize vulnerable populations for the benefit of growing, industrializing Western economies and governments. The fact that these two illnesses separated by a gender binary suggests two things: 1) that women were viewed as such different creatures that they could not have the same afflictions as men, and 2) that the underlying, real root causes of these illnesses were also largely gendered - women were more likely to be sexually abused and show recognized symptoms of it, and men were much more likely to be in the workforce.

So through this brief history we see how the 'science' of Western mental health is NOT immune from the political, economic, or social concerns of its time - in fact, it is completely shaped by them.

Pathologizing Non-Western Cultures

Increasingly, the West has sought to bring its diagnoses and treatments for mental illness to the rest of the world, under the assumption that Western medicine is unbiased, and can therefore apply equally to all cultures and people. However, this assumption leads Western mental health professionals to ignore local strategies for coping with trauma and mental illness and to assert their own methods on them instead.

Sri Lanka underwent a brutal civil war that lasted from 1983 - 2009. During that time, Western trauma experts came into the country to aid with what they assumed would be the massive psychological impact of the war. They provided psychological first aid and trauma counseling, but did not give much credence to the beliefs and healing strategies of the Sri Lankans. Sri Lankans have a phrase that roughly translates as the 'gaze of the wild.' Its a phrase used to describe the experience of being looked in the eye of someone possessed by a wild spirit, intent on violence. Once struck by this gaze, people can enter a sort of post-traumatic, semi-trance state where they speak in the voice of the wild spirit, or in a "terrified heart," which might include somatic symptoms like vomiting and physical aches. Long, communal cleaning rituals are very effective in helping people recover from terrified hearts, and the local method of practicing indirect speech rather than addressing violence directly creates community-powered protection and solidarity against opening old wounds. The Western medical concepts that were introduced to the Sri Lankans, which emphasize the need for the individual to replay and speak out about traumatic memories repeatedly in order to heal, are completely antithetical to the Sri Lankan's own healing resources, and can

even cause harm by fracturing community beliefs and practices.

Conclusion

So, although these last couple examples aren't specific to women, I think its important to show alternatives to the Western perspective, with the understanding that it is exactly this framework that has created monsters out of women time and time again. Some of the same factors that we see at play in that characterization - like the lack of physical or emotional restraint, going against expectations, and defying social roles - are evidenced here as the things that can be the most healing.

This is the last of the three videos, so in summation I want to leave us with one thought, which is - these female monsters - Baubo, witches, and hysterics - they have the right idea. If to be a monster means to be what it is natural for you to be, to be outspoken, to challenge the status quo, to engender healing, and to be a part of a greater community - then let us all strive to be monsters.