

Notes on Hysteria

- Hysteria was recognized as a disease paradigm from the ancient Greek period until 1952, when the American Psychiatric Association officially removed “hysteroneurasthenic disorders” from the canon of disease paradigms.
- In the ancient Greek period, hysteria (meaning “proceeding from the womb”) was thought to be a disorder of the uterus, which would travel around the body and suffocate the patient. This disorder of the uterus was thought to be a revolt against sexual deprivation, a “retaining of excess fluids.” So from the outset, this was a *gendered* disease paradigm, and one based on faulty hypotheses rather than medical fact.
- The disease paradigm continued even after advances in medical knowledge were made (proving the theory of the traveling uterus to be false); although between the 17th and 19th centuries, the notion of a uterine etiology for hysteria was replaced by one that favored the nervous system. The burgeoning study of psychoanalysis during the 19th century, and in particular Freud’s theories about the sexual origin of mental disorders in the latter half of the century, helped to solidify hysteria as a “female” disease, even as a proportionately small number of men were diagnosed with the disease.
- Throughout history, the symptoms were modified by the prevailing concept of the feminine ideal. In the 19th century, 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.

A later point of view on sexism in the diagnosis of the “hysterical” personality disorder – Pauline Bart and Diana Scully, 1979:
“Psychiatry, like other institutions in our sexist society, has been used as a method of social control in general and of women in particular. Some of the control stems from pejorative labeling... Terms such as “hysterical” double bind women. On the one hand, women are rewarded for having many of the same traits considered hysterical, traits embedded in traditional female socialization, and punished when they lack those “feminine” qualities. On the other hand, when those “feminine” qualities make life difficult for men, they are put down for being hysterical.”
- Hysteria reached “epidemic” status during the late 19th century. Concurrent with its proliferation, the malady exhibited a diminution in severity: symptoms associated were fainting, whims, and tempers so elegantly described as “vapors.” The disease was particularly prevalent in England and the northeastern United States (both newly industrialized societies), and particularly in upper-middle class women as opposed to working class. The sheer numbers of hysterics during this period and their virtual disappearance afterward suggest that it is perceptions of the pathological character of these women’s behavior that has altered, not the behavior itself.

Description of “Hysterical” Traits

- Neurasthenia (a nervous disorder related to hysteria) was an invention of the later half of the 19th century, and those who believed in its existence considered it a new disease caused by the stresses of modern life. The plethora of possible etiologies was matched only by the bewildering array of symptoms: *weeping, irritability, depression, mental and physical weariness, morbid fears, forgetfulness, palpitations of the heart, headaches, mental confusion, fear of impending insanity, and constant worry* (the most noted symptoms). But almost anything could be a symptom of neurasthenia, including *yawning, itching, stomach upsets, ticklishness, insomnia, and muscle spasms*.
- The first personality trait to be linked with hysteria was emotional lability. It was not only that hysteria, like any disease, could upset its victims, but also that emotional distress arising from other sources could precipitate attacks. It was soon believed that constitutional weakness of the nervous system predisposed an individual to hysterical illness in stressful circumstances. Because women were “by nature” more sensitive in their emotional structure than men and were compelled by convention to repress sexual needs, they were far more susceptible to hysteria.
- In the 19th century, another fundamental transition took place in the conceptualization of hysteria. Although it was still widely believed that vulnerability to the disease arose from constitutional factors, there was a growing concern that at least some symptoms attributed to the disease were deliberately produced by patients to achieve certain ends. It was not merely that hysterical patients were suggestible and could therefore unintentionally produce the signs that had been sought for by their physicians; hysterics also wished – even craved – attention and might do almost anything to get it.

Treatment

- Bed rest was a common prescription for the emotional fatigue of hysteria/neurasthenia, though passive exercise such as massage and electrical stimulation were concurrently employed. Curiously, massage was almost invariably directed at the genitalia, though this was rarely seen as a sexual treatment. (Clitoral stimulation was not considered “real sex” in the Victorian era because it did not include penetration.) One can hypothesize about the effects of such treatment alongside the rejection of the reality of female orgasm.
- Especially in the late 19th century, bad rest was accompanied by “moral medication,” or psychotherapy. This consisted largely of long conversations with the patient, eliciting her life history and the circumstances preceding the onset of the hysterical state.
- Less common treatments included mesmerism (a highly ritualized healing ceremony using “magnetic fluid” to remove disease from the body) and hypnotism (popularized by Freud as the sole psychotherapeutic method).

**Again, it is important to view these personality disorders and the “epidemic” status of hysteria in the late 19th century in the light of the cultural influences of the age: corsetry and prevailing notions of idealized feminine beauty, industrialization and the removal of the physical demands of housework for the (newly formed) middle class wife, and an overwhelming lack of public/political power for the female (married or unmarried) all influence both female behavior and male perceptions of that behavior.