

EUROPEAN HUMANITIES UNIVERSITY

Academic Department of Social Sciences

Media and Communication

KARALINA RYNKEVICH

5th-year student

**PSYCHOANALYTIC CONSTRUCTION OF THE MISOGYNISTIC DISCOURSE  
AROUND WOMEN'S HYSTERIA AND ITS REPRESENTATION IN NEW MEDIA**

**THESIS**

Supervisor: professor, PhD

Almira Ousmanova

Vilnius, 2022

## **Karalina Rynkevich**

### Psychoanalytic Construction of the Misogynistic Discourse around Women's Hysteria and its Representation in New Media

**Keywords:** *hysteria, psychoanalysis, feminist critics, media culture, misogyny, representation, deconstruction, patriarchy.*

*The goal of the thesis* is to identify the modes of constructing the image of women as hysterical in media and society. *The object* of the bachelor's thesis is the misogynistic discourse around women's hysteria. *Main tasks:* to find out how hysteria as a women's disease was "invented" and described in early psychoanalysis and psychiatry; to define to what extent psychoanalytic view on hysteria was influenced by patriarchal culture and what role psychoanalysis played in reinforcing the misogynistic discourse on the female psyche; to find a connection between psychoanalytic perusal of hysteria and today's representation in media; to analyse what mechanisms are used to present women as hysterical in media and define possible mechanisms for deconstructing them.

*The research methodology* includes the study of the history of hysteria in Western European culture, the theoretical analysis of the psychoanalytic approach to the study of hysteria as a mental disorder and the critical feminist analysis of the "Hysterical Women" Tropes in cinema, TV series, animated films and computer games.

As a result of the research the following *conclusions were made:* the actual purpose of the medical concept of "hysteria" is not to define a specific physical or psychic condition of women, but to control them by stigmatising their behaviour. "Hysteria" has not confined itself to the frames of a mental illness, diagnosable by psychoanalysts, but has always been used in culture to denigrate women's activism, and to pejoratively describe both the actions and the ideas the marginalized groups present. The outcomes of the research showed that the discursive and visual construction of hysteria as a female disease in early psychoanalysis has influenced the image of women in modern media culture and, thus, perpetuates the misogynistic discourse.

## Каролина Рынкевич

### Конструирование мизогинного дискурса о женской истерии в психоанализе и ее репрезентация в новых медиа

**Ключевые слова:** истерия, психоанализ, феминистская критика, медиакультура, мизогиния, репрезентация, деконструкция, патриархат.

**Цель дипломной работы:** выявить способы конструирования женских образов как истеричных в медиа и обществе. **Объектом** бакалаврской работы является женоненавистнический дискурс о женской истерии. **Основные задачи:** выяснить, как истерия в качестве женской болезни «изобреталась» и описывалась в раннем психоанализе и психиатрии; определить, в какой степени патриархальная культура повлияла на психоаналитический взгляд на истерию и какую роль сыграл психоанализ в усилении мизогинного дискурса о женской психике; проследить связь между психоаналитическим прочтением истерии и сегодняшним представлением о ней в медиа; и проанализировать, какие механизмы используются для репрезентации женщин как истеричных в медиа и определить возможные механизмы их деконструкции.

**Методология исследования** включает изучение истории истерии в западноевропейской культуре, теоретический анализ психоаналитического подхода к изучению истерии как психического расстройства и критический феминистский анализ тропов «истеричных женщин» в кино, сериалах, мультфильмах и компьютерных играх.

В результате исследования были сделаны *следующие выводы:* целью медицинского понятия «истерия» является не определение конкретного физического или психического состояния женщин, а управление ими путем стигматизации их поведения. Феномен истерии не ограничивался рамками психического заболевания, диагностируемого психоаналитиками, но всегда использовался в культуре для дискредитации женского активизма через уничижающие описания как действий, так и идей, представляемых маргинализированными группами. Результаты исследования показали, что дискурсивно-визуальное конструирование истерии как женской болезни в раннем психоанализе повлияло на образы женщин в современной медиакультуре, что способствует утверждению женоненавистнического дискурса в культуре.

## CONTENTS

<b>INTRODUCTION</b>	5
<b>1. THE IMAGE OF THE HYSTERIC</b>	8
1.1 The History of Hysteria as a “Female Disease”	9
1.2 Conceptualisation of Hysteria in Early Psychoanalysis and Psychiatry	16
<b>2. CULTURAL USES OF THE MEDICAL CONCEPT OF HYSTERIA</b>	28
2.1 Medicalization of Female Bodies as the Condition of Subordination	28
2.2 Ignoring, Controlling, and Silencing: Psychoanalytic Contribution to Discrimination	32
<b>3. GENDER, HYSTERIA, AND THE NEW MEDIA</b>	40
3.1 “Hysterical Woman” Trope in Different Media Spaces	40
3.2 The Deconstruction of the Vision of Women as Hysterical by Feminist TikTok Creators	50
<b>CONCLUSION</b>	55
<b>REFERENCES</b>	57
<b>APPENDIX</b>	63

## INTRODUCTION

Patriarchy as a system of oppression is very resourceful: century after century, while the society evolves, it continues establishing new institutions in order to uphold its hegemony. According to Foucault, the clinic became one of such institutions empowered with authority. The 18th century in France was marked by the legitimisation of the exclusion of mad people from the streets. Since women in patriarchy are perceived as the Other per se, insanity rapidly was localised specifically in female bodies under the so-called “medical gaze”<sup>1</sup>. In the society where men signify the “norm”, madness-as-womanness enhanced already huge gender differences and simultaneously served as one of the conditions for controlling female subjects.<sup>2</sup>

Hysteria is at the same time the predecessor and the successor of this discourse. This female malady has a long and dark history at the intersection of medicine and power with gender, race, and class. Indeed, hysteria is not confined to its comprehension in early psychoanalysis, however, its (re)invention in the 18th-19th centuries had an irreversible effect on the perception of women.

**The relevance** of this issue lies in the fact that even after hysteria was excluded from the list of mental disorders, it is still used to denigrate women’s right to emotional expression and is used to justify harmful actions toward women rooted in misogyny. Visual and discursive articulation of hysteria as a “female” disease in the 18th-19th centuries continues to spread the negative effects on the perception of women’s self-expression in public. Furthermore, the misogynistic discourse over this issue could not but influence the representation of women in media spaces, where hysteria got its new incarnation.

In this connection, the following **goal** was set in this work: to identify the modes of constructing the image of women as hysterical in media and society.

To achieve the goal, the following **tasks** were set out:

- to find out how hysteria as a female disease was “invented” and described in early psychoanalysis and psychiatry;
- to define to what extent psychoanalytic view on hysteria was influenced by patriarchal culture and what role psychoanalysis played in reinforcing the misogynistic discourse on the female psyche;
- to find a connection between psychoanalytic perusal of hysteria and today’s representation in media;

---

<sup>1</sup> FOUCAULT, M. The birth of the clinic; an archaeology of medical perception.

<sup>2</sup> QASIM, N., et al. Women’s Liberation: The Effects of Patriarchal Oppression on Women’s Mind. *International Journal of Asian Social Science*, 5(7), 2015.

- to analyse what techniques are used to present women as hysterical in media and define possible ways for deconstructing them.

In this case, **the object** of the research is the misogynistic discourse around women's hysteria, and **the subject** - representation of women as hysterical in contemporary media.

In modern society, screen media play a major role not only in spreading information but also in representing different social groups. The constructed discourse of a mentally diseased female body was absorbed by the entertainment industry and started to serve new purposes in manipulating the audience's emotional experience. The analysis of the patterns of women's representation in media as hysterical is extremely relevant due to the fact that the visual expressiveness of the screen culture provides valuable tools for identifying the connections of the new images with other historical forms of depicting female malady.

In that regard, the following **research question** was posed: what role does the discursive and visual construction of hysteria as a female disease in early psychoanalysis play in the contemporary representation of women in screen media?

In order to achieve the objectives of the thesis, the study of the history of hysteria in Western European culture will be undertaken. It will be followed by the theoretical analysis of the psychoanalytic approach to the study of hysteria as a mental disorder and the critical feminist analysis of the "Hysterical Women" tropes in cinema, TV series, animated films and computer games. In this thesis, an intersectional approach will be used in the analysis of various data, since the issue of hysteria is associated with gender stereotypes, as it was conceptualised within the system of power aimed at objectification and subjugation of the female's bodies.

In Chapter 1, more than two thousand years of the evolution of the "female disease" will be reconsidered from a critical perspective. For the purpose of illustrating the gradually emerging and changing concepts of hysteria over the course of history, a detailed visual scheme will be developed. It will be followed by the analysis of the texts written by psychoanalysts Sigmund Freud and Joseph Breuer, as well as photographic and textual materials in the works of Jean-Martin Charcot. The feminist lens will be applied to identify the main codes for constructing the image of women as hysterical subjects and their visual representation. The acquired information will be synthesised and presented in the general scheme, which will become the foundation for the following chapters.

Based on the preliminary conclusions made in Chapter 1, Chapter 2 will illustrate how the concept of hysteria was constructed under the clinical gaze within the medical institution as the power authority, which became the condition for the subordination of women. The concepts Michel Foucault examined in his book "The Birth of the Clinic" will be instrumental for analysing the

symbolic order of power in the relations between the patient and the psychoanalyst. The impact of this discourse on different oppressing practices will be discussed in the second part of the Chapter.

Consequently, in the final part of the thesis, the visual analysis of the “Hysterical Women” Tropes in screen media will be conducted. The methodology proposed by Sara Ahmed in “Affective Economies” will be used for defining the unspoken structures that uphold the misogynistic discourse around women’s hysteria, which will lead to answering the research question. Subsequently, the modern manifestations of the women’s selves through the audiovisual content on TikTok will be overviewed in the context of the deconstructing practices.

## 1. THE IMAGE OF THE HYSTERIC

The concept of hysteria has a long misogynistic history since it has been imagined as a specific disease inherent to the so-called “female nature”. Elaine Showalter in her article “Hysteria, Feminism, and Gender” refers to several texts written by male authors in order to delineate a common narrative in the early studies of the hysteria phenomenon. For instance, the French physician Auguste Fabre in 1883 wrote that “*as a general rule, all women are hysterical and . . . every woman carries with her the seeds of hysteria. Hysteria, before being an illness, is a temperament, and what constitutes the temperament of a woman is rudimentary hysteria*”<sup>3</sup>.

The construction of the “female disease” has always been described in a hostile tone regardless of the developments in the description of the symptoms and causes of hysteria throughout the decades. In the 20th century, such rhetoric was implemented into the clinical discourse and resulted in a biased definition of the hysteric personality disorder in DSM-III (The Diagnostic and Statistical Manual of Mental Disorders), where the disorder was assumed to be typical for women.<sup>4</sup>

However, this has been a typical example of masculine knowledge, as these interpretations were provided by male physicians, psychoanalysts, doctors, etc. After the rise of the feminist movement and the feminist revision of hysteria, it was concluded that “hysteria” is less a disease and more the product of social construction, based on the oppressed status of women in the patriarchal society.<sup>5</sup> It is not a coincidence that in such circumstances any attempts to explore the nature of any kinds of symptoms if they come out from a person considered as a woman were to be analysed through the lens of the attitude towards this gender.

It is worth mentioning that in the aftermath of wide criticism of the gender-based dimension of hysteria this kind of disease “disappeared” from DSM in 1980.<sup>6</sup> However, this term is still widely used as a reaction to a certain kind of female behaviour, or behaviour which was assumed to be typical for women. It is not a rare situation for women to be penalized under the pretext of their volatile emotional state. According to Harvard Business Review, women are anticipated to be subtle, friendly, and caring, whereas the discrepancy with this narrative by being assertive, forceful, ambitious, and driven led to being dictated to change their behaviour according to their gender role.<sup>7</sup>

<sup>3</sup> GILMAN, S. L., et al. *Hysteria Beyond Freud*. Berkeley: University of California Press, 1993 pp. 286-287

<sup>4</sup> OWENS, C., & DEIN, S. Conversion disorder: The modern hysteria. *Advances in Psychiatric Treatment*, 12(2), 2006, 152-157.

<sup>5</sup> Micale M.S. *Hysteria and its Historiography: A Review of Past and Present Writings (II)*. *History of Science*. 1989; 27(4), pp. 319-331

<sup>6</sup> OWENS, C., & DEIN, S. Conversion disorder: The modern hysteria. *Advances in Psychiatric Treatment*, 12(2), 2006, 152-157

<sup>7</sup> Cooper, Marianne. For Women Leaders, Likability and Success Hardly Go Hand-in-Hand. *Harvard Business Review*, April 30, 2013 [online]. Available from Internet: [link](#)

Moreover, the study found that expressing anger at work is perceived as normal and advisable for men, while women “were accorded lower status, lower wages, and less competence”<sup>8</sup>.

Calling women “hysterical” serves the same purpose - to silence them. It has been long rooted in the society, that it is something inherently unacceptable to be “hysterical”, whilst almost any kind of behaviour can easily be interpreted in this way if a person is a woman. Thus, it is important to figure out what kind of background the “hysteria” had in the history of our society to understand the basis for the prejudiced usage in present-day realities.

### 1.1 The History of Hysteria as a “Female Disease”

The first known description of a mental disorder attributable to women refers to Ancient Egypt where in Kahun Papyrus dated 1900 BC it was described as an abnormal womb movement all-around a woman’s body.<sup>9</sup> However, the “female disease” had not been given any definition.

The history of the term “hysteria” starts in Ancient Greece where, as it was widely assumed, it was conceptualised by Hippocrates. Whereas, most medical, psychological and physician works, with a little exception, based this belief on the book “Hysteria: The History of a Disease” written by Ilza Veith in 1965, where it is written:

*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...”*<sup>10</sup>

Veith’s work was widely quoted, for instance, R. A. Woodruff wrote that “the name, hysteria, has been in use since the time of Hippocrates”<sup>11</sup>, while P. B. Bart and D. H. Scully assumed that the term “hysteria” was coined by Hippocrates<sup>12</sup>. These sources as well as many others, including modern articles, cite Veith as her only source of data about hysteria as a women’s

<sup>8</sup> BRESCOLL, V. L., and UHLMANN, E. L. Can an angry woman get ahead? Status conferral, gender, and expression of emotion in the workplace. *Psychological science*, 19.3 (2008), pp. 268-275.

<sup>9</sup> TASCA, C. et al. Women and hysteria in the history of mental health. *Clinical practice and epidemiology in mental health: CP & EMH*, 8, 2012.

<sup>10</sup> VEITH, I. *Hysteria: The History of a Disease*. University of Chicago Press, 1965, p. 48.

<sup>11</sup> WOODRUFF, R. A., et al. *Hysteria (Briquet's Syndrome)*, 1974. *Hysteria*, ed. A. Roy. Chichester: John Wiley, 1982, 117-129, (quotation, p. 118).

<sup>12</sup> BART, P. B., and SCULLY, D. H. The Politics of Hysteria: The Case of the Wandering Womb. *Gender and Disordered Behavior: Sex Differences in Psychopathology*. ed. E. S. Gomberg and V. Frank (New York: Brunner/Mazel), 354-380 (quotation, p. 354).

disease that had been diagnosed in Greek antiquity. Moreover, the term hysteria in such sources means more than just a problem of a “wandering uterus”, but covers all the women’s complaints about their wombs. For instance, R. Satow mentions that “*in various Hippocratic texts the term hysteria is applied to a large variety of female complaints*”<sup>13</sup>.

However, Helen King in “Once upon a Text: Hysteria from Hippocrates”, based on the E. Trillat’s research, recognised that not only the comprehension of Hippocratic gynaecology as calling “hysteria” every female complaint is a simplification, but also the Hippocratic texts, where the term “hysteria” is used do not exist.<sup>14</sup> Returning to Vieth’s text, it should be noted that first of all, there is no such thing as “thirty-fifth aphorism”, which is “quoted”, in fact, the reference is Aphorisms 5.35 (L4.544). Consequently, it was found and criticised by A. Rousselle that the term “hysteria” is not used there, but was a misinterpreted plural form “hysterika”, which in the context of the sentence is referred to *hysterike pnix* (best translated “suffocation of the womb”). Moreover, *hysterike pnix* was many times interpreted differently with time, however, it has never been used to describe female diseases in general.

The source of misconception can be found in the Emile Littré edition based on Hippocrates's “Diseases of Women” where “hysteria” was given its name. First of all, the translation of the Hippocratic texts provided section headings, which cannot be found in the original texts. Thus, in the three volumes of *Gynaikēia*, the heading “Hystérie” appeared. Secondly, Littré adds medical categories, which did not exist in Ancient Greece: he classified the imagined womb movement as hysteria, while the real movement was described as a displacement. Whereas, in the original ancient texts there was no such distinction and hysterika was rather an organic movement of the womb. It can be concluded that it was Littré who sought such a differentiation to fit into the societal demand of the 19th century when the mass discussions of hysteria took place. As a result of Littré’s confirmation bias, further texts about hysteria were based on this wrong translation together with additional interpretations of the Hippocratic texts, so that the assumption that the term “hysteria” was invented in ancient times and served as a diagnostic category for many centuries became somehow a “tradition” in the discussions of hysteria in the mid-nineteenth centuries.<sup>15</sup>

However, the textual tradition covers only part of the “collective female problem”. Hysteria has a long history which has been modified with time. It is a phenomenon with a branched structure of Western medicine, religion, and traditional gender-binary model, which follow and endorse one another through centuries.

---

<sup>13</sup> SATOW, R. Where Has All the Hysteria Gone? *Psychoanalytic Review* 66, 1979/80. 463-477 (quotation, pp. 463-464)

<sup>14</sup> GILMAN, S. L., et al. *Hysteria Beyond Freud*. Berkeley: University of California Press, 1993. p. 5

<sup>15</sup> GILMAN, S. L., et al. *Hysteria Beyond Freud*. Berkeley: University of California Press, 1993. pp. 7-8

Nonetheless, the Hippocratic texts never mentioned hysteria as a wholesome phenomenon as was shown in Helen King's research, they are believed to be the origin of the medical tradition of considering women's illnesses derived exclusively from their female nature, specifically from the womb:

*The Hippocratic texts suggest that movement of the womb is caused by menstrual suppression, exhaustion, insufficient food, sexual abstinence, and dryness or lightness of the womb.*<sup>16</sup>

It was assumed that a uterus movement may cause various kinds of diseases depending on where a womb moved. For instance, if it made its way to a throat, then a woman may suffer from coughing or even the loss of voice. Since any part of a body can hurt or not function properly, it was a very convenient way to diagnose a woman with a "wandering uterus", as there will be no need in the proper examination. The treatment was also somehow universal, as there was no purpose in curing the actual problem, but just to place the womb in the right place. The most common suggestion was to start living a satisfactory sexual life by getting married or getting pregnant. "Genital massage" as well as using herbal concoctions and balms to place a uterus in the right place was also widely suggested.<sup>17</sup>

Although this is the most common description of the case of a Hippocratic "wandering womb", it is still not relevant for representing hysteria. The passages "Diseases of Women" and "Nature of Woman" are referred to describe the symptoms, which later in the 19th-20th centuries would characterise female hysteria, even though "*grinding the teeth, loss of voice, cold extremities, and limb pains or paralysis*"<sup>18</sup> in Hippocratic texts are mentioned as symptoms which not necessarily are accompanied by uterus movements and \ or suffocation<sup>19</sup>.

Finding good evidence in Hippocratic texts which would serve as a model for an ancient hysteria is disrupted not only by looking at the original texts but also by understanding the difference in the tradition of describing a disease. A model "if symptom *x*, then treatment *y*" is well established, although it is hardly applicable to comprehend Hippocratic medicine. In fact, at that time the focus was on a description of an illness that was perceived not through the lens of a diagnosis, but a set of variable symptoms depending on a person who suffers from it. Thus, hysteria has been categorised later and attributed to Hippocrates.<sup>20</sup>

<sup>16</sup> GILMAN, S. L., et al. *Hysteria Beyond Freud*. Berkeley: University of California Press, 1993. p. 14

<sup>17</sup> TASCA, C. et al. *Women and hysteria in the history of mental health*. Clinical practice and epidemiology in mental health: CP & EMH, 8, 2012

<sup>18</sup> GILMAN, S. L., et al. *Hysteria Beyond Freud*. Berkeley: University of California Press, 1993. p. 16

<sup>19</sup> For example, in *Diseases of Women* 2.110 (L 8.234-238) they arise from a red flux.

<sup>20</sup> GILMAN, S. L., et al. *Hysteria Beyond Freud*. Berkeley: University of California Press, 1993 p. 16

This is not the only case of reviewing hysteria through the lens of ancient texts and using them as evidence of “a female nature”. The womb suffocation is considered a “well known ancient concept”<sup>21</sup> by F. Kudlien in “Early Greek Primitive Medicine” (1968), while C. M. Turbayne in “Plato’s ‘Fantastic’ Appendix: The Procreation Model of the Timaeus”, (1976) links the Hippocratic “Diseases of Women” with Plato’s concept of a uterus as an animal. He finds a connection between a “coined” in Hippocratic texts term “hysteria” (Veith is cited as a proof) and Plato's Timaeus 91a-d, where a womb is described as a living creature inside a woman. At a first glance, it seems logically justifiable at several points.<sup>22</sup>

First of all, both Timaeus and Diseases of Women were written approximately at the same time, thus, it might be assumed that the concepts come from the same ideas: animate and wandering womb can be perceived as if they have the same nature and the only difference is a definition. Secondly, therapy suggested in Hippocratic texts - making a uterus go back to its place by using odorous balms and infusions - can be correlated with a supposition that the treatment “works” because the wild womb desires to obtain pleasant scents and comes when feels them, and on the contrary, goes away from a disgusting smell.<sup>23</sup>

However, neither of these theories is compelling enough to prove the connection between the wild and wandering uterus for one solid reason. The portrayal of a womb as a living organ should be examined in the context of how other parts of the human body are described in Timaeus. As a matter of fact, they are also illustrated as living creatures. It comes from a belief that gods endowed people with a “zoon” that makes human beings desire sexual contact to bear children as a result. The most striking example would be that a penis in Timaeus is described as an insubordinate part of the body, which can not be controlled with a human will, as it behaves like a self-determined living animal.<sup>24</sup> Therefore, “*in both cases [a womb and a penis] what is significant is that the organ moves independently of the will, in an uncontrolled way*”<sup>25</sup>. Thus, since there is a clear “male analogue” to an animate part of the body it is important to highlight how ancient texts were used later to confirm the biased vision of women:

- firstly, by using Hippocratic’s *hysterike pnix* to legitimize the image of hysteria as a “female disease” through authorities;

---

<sup>21</sup> KUDLIEN, F. Early Greek Primitive Medicine. *Journal of the History of Medicine and Allied Sciences*, 1968: 305-336, quotations from p. 330.

<sup>22</sup> TURBAYNE, C. M. Plato's 'Fantastic' Appendix: The Procreation Model of the Timaeus. *Paideia*, special issue, 1976: 125-140, quotation from p. 132.

<sup>23</sup> GILMAN, S. L., et al. *Hysteria Beyond Freud*. Berkeley: University of California Press, 1993, p. 27

<sup>24</sup> Plato, Timaeus 70e: Greek *hos thremma agrion*. From *Once upon a Text: Hysteria from Hippocrates*, p. 27

<sup>25</sup> GILMAN, S. L., et al. *Hysteria Beyond Freud*. Berkeley: University of California Press, 1993. p. 27

- secondly, by connecting Plato's medical concept of a "wild womb" with Hippocratic's womb suffocation and, consequently, to "hysteria", whereas the male versions of such a disobedient body were ignored.

Even though the interpretation of ancient texts by authors in the 19-20th centuries may seem extraordinarily prejudiced, it is not surprising. The tradition of the theory of a wandering uterus which merged with Plato's "wild animal", greedy and withered, which goes around the female body in search of moisture and sexual satisfaction, squeezing the organs and causing suffocation, went further and spread across the Greek East, the Latin West and even the Arab World. Helen King's research vividly shows that across centuries up to the Early Modern World the discussions were slightly modified, but the narrative remained unchanged.<sup>26</sup>

Until the 16th century, therapy for the wandering uterus was accumulated and transformed into new forms of working with odours, for instance, using the wick of an extinguished lamp, which directly goes back to the Hippocratic medicine transmitted by Galen. All the new interpretations of the health conditions of women based on a "sick" uterus ended up as a continuation of Galen's tradition, in which, in contrast to the Hippocratic theory of a womb seeking moisture, it ceased to be hot and light and became filled with cold substances and led to breathing difficulties. In fact, everything that can be observed retrospectively is that the womb is either wandering, changing the temperature, or even causing the rising vapours which transmit the symptoms to the body, but the point remains the same - women are sick and the nature of their sickness is "nature" of their gender. Of course, the medicine of that time cannot boast of a large number of discoveries and methods of medical treatment that would remain relevant these days. However, hysteria was strikingly persistent to drastic changes for two thousand years as if a "female disease" was frozen in centuries. Helen King argues that it is the male doctors who were sincerely indifferent to actual therapeutic discoveries if a patient was a woman, who made it possible for the medical and textual traditions to be handed down through years with minor evolution, and quotes Mary Wack who had called it "*the rustle of parchments in dialogue*"<sup>27</sup>.

It should be specifically noted, that everything mentioned above was "*synthesized into a Christian matrix*"<sup>28</sup>. It is important since it is the development of demonology that made it possible for an ancient theory of a wandering uterus to become an explicit diagnostic category, which endows gender, social context, medicine and religion.<sup>29</sup>

---

<sup>26</sup> GILMAN, S. L., et al. *Hysteria Beyond Freud*. Berkeley: University of California Press, 1993. pp. 54-61

<sup>27</sup> Wack, M. F. *Lovesickness in the Middle Ages: The Viaticum and Its Commentaries*. University of Pennsylvania Press, 1990.

<sup>28</sup> EDWARDS, R., ZIEGLER, V. L. *Matrons and Marginal Women in Medieval Society*. Woodbridge, Suffolk, UK: Rochester, NY, USA, 1995.

<sup>29</sup> GILMAN, S. L., et al. *Hysteria Beyond Freud*. Berkeley: University of California Press, 1993. p. 98

Christian monastic society started to dominate mediaeval medicine in general, so gynaecology inevitably fell under this influence too. There is no need for additional mention that the medical care was completely ruled by the male medical establishment, thus the misogynistic ideas about womb functioning got a second wind. Even though Galen's interpretations of the Hippocratic concepts were much more spread and were even translated into Arabic, the mediaeval Christian society was much more prone to the "pure" Hippocrates' ideas. It might not be obvious at the first glance, but Christian morality was perfectly served by the belief in the wandering womb. On the one hand, unmarried women could be condemned not only because they were not in a rightful relationship with a man and did not seem to be intended to give birth to children, but also because there was a danger of the uterus, which, following Hippocrate, due to the lack of sexual life, could begin to wander and lead to illness. But on the other hand, the church could not allow curing it with sex, because chastity and virginity were the pillars on which decency rested and was protected at any cost. Furthermore, the paradoxical inconsistency and the selective use of ancient ideas in mediaeval medicine resulted in a new explanation for female hysteria through mysticism and demonism.<sup>30</sup> It is vividly portrayed in the 10th-century Latin document the transformation from a wandering womb to a demonic one: "*O womb, womb, womb, cylindrical womb, red womb, white womb, fleshy womb, bleeding womb, large womb, neufredic womb, bloated womb, **O demoniacal one!***"

The invocation quoted below is not only based on the ancient ideas about the wandering uterus but also links the movements with demonic possessions as if the uterus first fell under devils' control and as a consequence started to get around the body:

*The invocation that begins the tract firmly melds the image of the wandering uterus with the concept of demonic possession:*

*In the name of God the Father. Stop the womb of Thy maid N. and heal its affliction, for it is moving violently.*

*I conjure thee, O womb, in the name of the Holy Trinity, to come back to the place from which thou shouldst neither move nor turn away, without further molestation, and to return, without anger, to the place where the Lord has put thee originally.*

*I conjure thee, O womb, by the nine choirs of angels and by all the virtues of heaven to return to thy place with every possible gentleness and calm, and not to move or to inflict any molestation on that servant of God, N.*

---

<sup>30</sup> EDWARDS, R., ZIEGLER, V. L. *Matrons and Marginal Women in Medieval Society*. Woodbridge, Suffolk, UK: Rochester, NY, USA, 1995.

*I conjure thee, O womb, by our Lord Jesus Christ ... who expelled demons ... not to occupy her head, throat, neck, chest, ears, teeth, eyes, but to lie down quietly in the place which God chose for thee, so that this maid of God N. be restored to health.*<sup>31</sup>

Although the connection between hysteria and demonic possessions and witchcraft is the subject matter of the historical dispute and is actively debated<sup>32</sup>, the main point is clearly visible: despite the cultural context of the time, any theory can be transformed to serve humiliating medical practices directed at women.

The Christian marginalisation and demonisation, both literally and figuratively, of women shifted in England after the Restoration period. At the beginning and the end of the 17th century, England changed completely: the monarchy was restored, the population had risen drastically and, what is more important, the Puritan morality didn't have its power anymore: "*Prostitution, female and male, arose as a profession for the first time in England, as did new and sometimes dangerous sexual liaisons between persons of different and same sexes*"<sup>33</sup>. For a 100-year period, this level of societal change could not but affect the views on hysteria.

G. S. Rousseau argues that within this period gender stress was extremely high and it was the first time in Western civilization that hysteria became a male disease to the same extent as a female one. If within the Elizabethan period physicians were connecting melancholy and hysteria, but there was gender-based confusion and they tended to call hysteria a female malady, while melancholy a male, as well as a uterus was still perceived as an organ capable of "producing" hysteria, then by the second half of the 17th century these assumptions had changed. It became possible under the influence of Dr. Thomas Sydenham, who was renowned as the "English Hippocrates" (1624-1689).<sup>34</sup>

He was the first physician, who dispelled the myths not only around uterine aetiology, but also claimed that there is no such organ in a human body which could be in charge of hysterical symptoms. However, it is hard to imagine what was not hysteria for Sydenham, as he wrote that it is the most common disease for people which occurs in all the chronic diseases. In his *Dissertation of a letter to a highly distinguished and learned man, William Cole, MD, on recent observations about*

---

<sup>31</sup> ZILBOORG, G. and HENRY, G. W. A history of Medical Psychology. New York, W.W. Norton & Co, 1941, pp. 31-32

<sup>32</sup> *The link between hysteria and demonic possession is a point of contention. See GLASER, G. H. Epilepsy, Hysteria and 'Possession': A Historical Essay. Journal of Nervous and Mental Disease 166 (April 1978): 268-74; SPANOS, N. P., and GOTTLIEB, J. Demonic Possession, Mesmerism, and Hysteria: A Social Psychological Perspective on Their Historical Interrelations. Journal of Abnormal Psychology 88 (October 1979): 527-46; WACK, M. F., From Mental Faculties to Magical Philters: The Entry of Magic into Academic Medical Writings on Lovesickness. 13th-17th Centuries. in *Eros & Anteros*, pp. 9-32.*

<sup>33</sup> GILMAN, S. L., et al. Hysteria Beyond Freud. Berkeley: University of California Press, 1993. p. 137.

<sup>34</sup> GILMAN, S. L., et al. Hysteria Beyond Freud. Berkeley: University of California Press, 1993. pp. 139-140.

*the treatment of confluent smallpox and also of the affection of hysteria* Sydenham presented many radical findings, among which:

- both men and women can suffer from hysteria;
- the richer the person, the more likely he or she would suffer from hysteria.<sup>35</sup>

From now on, anyone could be diagnosed as hysterical.<sup>36</sup> Even though, Sydenham was still arguing that hysteria is more common for women:

*Women, except for those who lead a hardy and robust life, are rarely quite free from it; those men who lead a sedentary or studious life are subject to the same complaint; in their case, it is indeed called hypochondria, but this disease is as like hysteria as one egg is like another. Men are less subject to it than women because of their more robust habit of body.*<sup>37</sup>

Despite this fact, the major prejudice that hysteria is exclusively a female disease gradually started to fade away. It is hard to expect that a 17th-century physician would abandon a traditional point of view on hysteria, but the shift in the rhetoric after two thousand years was more than promising.

To sum up, the history of hysteria is nothing but, as G. S. Rousseau called it, the “his-story” of the centuries-old tradition, which has a paradoxical tendency to adapt to changing cultural and social conditions, while remaining remarkably stable in what concerned treating women as natural carriers of this disease. Moreover, even though hysteria as a biologically determined disease was challenged later, the misogynistic ideas about women as hysterical manifested themselves in the 19th-century texts, where the Hippocrates and Plato’s ideas became an additional “confirmation” of the new theories around women’s hysteria in a new dimension - psychoanalysis.

## 1.2 Conceptualisation of Hysteria in Early Psychoanalysis and Psychiatry

The Age of Enlightenment ushered in a rise of the scientific interest in madness. The reasonable and rational society simultaneously desired to study the insanity and needed to repress it, reduce it to silence, since sick and poor people threatened the judicious public. The 19th century epidemic of hysteria was preceded by the emergence of the mad-houses, which became the institutions for separating the mentally ill from the healthy and intelligent. The law, adopted in France in 1838, legitimised the exclusion of the sick person: the body started to be controlled by the government

---

<sup>35</sup> PEARCE, J. M. S. Sydenham on Hysteria. *Eur Neurol* 76, 2016. pp. 176-180

<sup>36</sup> SHORTER, E. Paralysis: The Rise and Fall of a 'Hysterical' Symptom, *Journal of Social History* 19, 1986. pp. 549-582

<sup>37</sup> Quote from pp. 302–305 Sydenham in Pearce J. M. S. Sydenham on Hysteria. *Eur Neurol* 76, 2016. pp. 176-180

since it became legal to place a mentally ill person in a clinic involuntarily.<sup>38</sup> The development of medicine as an opposition to the church together with the enhancement of positivist ideas paved the way to restructuring the social order by shifting the institutional power from clerics to doctors.<sup>39</sup> M. Foucault argues that such a reposition resulted in the turn in the functioning of psychiatry as an administrative power, which had led to *“the constitution, at state level, of a medical consciousness whose constant task would be to provide information, supervision, and constraint, all of which relate as much to the police as to the field of medicine proper”*<sup>40</sup>. This drastic change in the mode of vision and treatment of the abnormally behaving people would directly impact the attitude towards the future hysterics.

It is hard to differentiate what exactly became the catalyst for the spread of hysteria: a widely discussed phenomenon by the researchers or it is the outbreak of “madness” which drew the attention of the medical community and their studies were based on the demands of society. To a first approximation, it is necessary to take into account every point in order to both draw conclusions about the origin of the attention to hysteria and to identify the turning point when it was entrenched in the collective unconscious.

The first gender-based differentiation of malady was brought to light with the opening of Salpêtrière - a hospice for the poor women of Paris (a part of the General Hospital of Paris). It was *“an improbable place of femininity”*<sup>41</sup>, as in 1690 there were already 3000 “madwomen”: indigents, homeless, old, epileptics, “misshapen”, “incorrigible women”. By 1873 there was an incredible disproportion of staff and patients - 1 physician for 500 women, no wonder this place was called “the mecca of female death”:

*The rate of cure was estimated at 9.72 per cent. Two hundred fifty-four women died in 1862 of “causes presumed to be due to insanity.”*<sup>42</sup>

Although the term “hysteria” had not been in use, it was a matter of time, as in 1862 Charcot entered the Salpêtrière. Thus, before taking steps towards defining the origin of “hysterical women” in early psychoanalysis, the “scene” in which the symptoms were unfolding should be taken into account. The hospital served as an “optical machine”, where any behaviour was not only viewed through a magnifying glass, but a human psychic system could hardly function “normally” in such

---

<sup>38</sup> IURGENEVA, A. L. Medical Photography of the XIXth Century: the Images of Norm and Pathology. *Визуальные медиа: история и современность*, 1, 2018. pp. 226-227

<sup>39</sup> STEPHENSON, B. Charcot’s Theatre of Hysteria. *Journal of Ritual Studies* 15(1), 2001. p. 32. Available from the Internet: <http://www.jstor.org/stable/44368585>

<sup>40</sup> FOUCAULT, M. The birth of the clinic; an archaeology of medical perception, p. 26

<sup>41</sup> DIDI-HUBERMAN, G. The Invention of Hysteria. Cambridge, Mass: MIT Press, 2003, p. 13

<sup>42</sup> DIDI-HUBERMAN, G. The Invention of Hysteria. Cambridge, Mass: MIT Press, 2003, p. 13-14

circumstances. It was a territory on which not just the insane people were “collected”, but the place where the madness was produced.<sup>43</sup>

Salpêtrière was a machine of insanity which transformed into a machine of hysteria due to a series of events. To begin with, the Sainte-Laure building, which belonged to epileptics, was in a crumbling condition, so the direction of the hospital was required to evacuate it. The situation had prompted the administration to merge this department with the one for hysterical and insane women into one unit “Division of Simple Epileptics”. Charcot, in turn, was one of the two senior doctors of the Salpêtrière, thus, after these transformations, he became the head of the new hospital unit, in which all the possible diseases merged into hysteria.

Georges Didi-Huberman in “The Invention of Hysteria” states that approximately 4000-5000 women became the living material for Charcot’s research, which was conducted in a sort of a “museum of pathology”. His texts were translated into many languages, including English, German, Portuguese, Russian, etc. He was a famous and very active community leader, who subsequently received the title of the founder of neurology, who specifically advocated for the isolation of insane patients. Along this thorny path through the madness, Charcot rediscovered hysteria and gave in a new lease on life.

First and foremost, Salpêtrière itself was the “optical machine” for inventing hysteria rather than detecting it in women. Moreover, the setting for presenting a hysterical body, created by Charcot, was the decisive factor in spotting it from the spectators’ perspective. At that time there were two main ways of showing the “female disease”: by holding public lectures and by photographing women. Let’s review them one after another.

Charcot’s lectures at Salpêtrière were extremely popular and it is not surprising since they were literally more theatrical shows than medicine classes. The father of neurology was convinced that hysteria was a performative disease, so a stage was an essential part of presenting it. In the 1880s, a 500-seat lecture hall served as a centre for demonstrating hysterical spectacles, during which women had hysterical attacks, while Charcot “cured” them with different methods. The most popular were hypnosis and electrical shock aimed at “hysterogenic points” - the ovaries (which brings us back to the history of hysteria as an illness caused specifically by female organs). Women as the actresses taking the role of hysterics were presenting themselves as vulnerable, petulant, malleable, flirtatious, tempting, provocative, deceitful and generally “bad women for men”. This kind of controversial behaviour never was a matter of a moment. On the contrary, the hysterical attacks were thoroughly staged and eventually institutionalised, thus hysterical attacks luckily

---

<sup>43</sup> DIDI-HUBERMAN, G. *The Invention of Hysteria*. Cambridge, Mass: MIT Press, 2003, p. 17

happened every time the lectures started.<sup>44</sup> Even though the hypnosis and other methods successfully worked publically, hysteria had never been curable over time, as the best “actresses” had been performing at Salpêtrière for many years to the sound of Charcot’s description and analysis.

This is not a coincidence since, on the one hand, no one at the hospital was interested in treating women, and on the other, hysteria was hardly a real mental condition. The decorations all over that place served as mirrors in which the image of the hysteric should have been reflected. The most striking example of how it works was painted by André Brouillet in 1887. The picture “A Clinical Lesson at the Salpêtrière” vividly shows the scene of Charcot’s hysteric “Blanche” (Blanche Wittman) repeating the pose depicted on Paul Richer’s drawing of the arc-en-cercle stage of “grand” hysteria.<sup>45</sup> In “Lectures on the Disease of the Nervous System delivered at La Salpêtrière” Charcot described this state as follows:

*The patient suddenly falls to the ground, with a shrill cry; loss of consciousness is complete. The tetanic rigidity of all her members, which generally inaugurates the scene, is carried to a high degree; the body is forcibly bent backwards, the abdomen is prominent, greatly distended, and very resisting.*<sup>46</sup>

Even more important in that scene is that only Blanche sees how she has to act, as for all the men in the room the painting is behind their backs. Moreover, this was not the only picture for women to observe. The big lecture hall as well as the whole hospital was decorated with other images-mirrors for the hysterics to repeat after. Although Charcot claimed that “*it is incontestable that, in a multitude of cases, they [hysterics] have taken pleasure in distorting, by exaggerations, the principal circumstances of their disorder, in order to make them appear extraordinary and wonderful*”<sup>47</sup>, it was him who staged everything to make women behave that way.

Moreover, the whole long-lasting hysterical performance at Salpêtrière Charcot not just directed, but also documented with the help of photography and then published it in “Photographic Iconography of the Salpêtrière” and “New Iconography of the Salpêtrière” (28 volumes in total). Knowing how hysteria was produced, no wonder Charcot used to tell that he was like a

---

<sup>44</sup> STEPHENSON, B. Charcot’s Theatre of Hysteria. *Journal of Ritual Studies* 15(1), 2001. pp. 27-28. Available from the Internet: <http://www.jstor.org/stable/44368585>

<sup>45</sup> GILMAN, S. L., et al. *Hysteria Beyond Freud*. Berkeley: University of California Press, 1993 p. 345

<sup>46</sup> CHARCOT, J. M. *Lectures on the Disease of the Nervous System delivered at La Salpêtrière*, trans. George Sigerson (London: New Sydenham Society, 1877), p. 271.

<sup>47</sup> STEPHENSON, B. Charcot’s Theatre of Hysteria. *Journal of Ritual Studies* 15(1), 2001. p. 30. Available from the Internet: <http://www.jstor.org/stable/44368585>

photographer, that shot everything that was happening around.<sup>48</sup> However, this is problematic from several points of view.

Above sketches, casts and other methods of documenting the states of a hysterical subject, photography was Charcot's favourite procedure. In "The Invention of Hysteria" Didi-Huberman describes in detail how this tool made it possible to "discover" new modes of knowledge about the bodies. Photographs were unconditionally accepted in 19th-century society (in the light of positivist ideas) as the best proof of the objectivity of what was happening to the patient. In such a situation of complete obsession, everything that fell into the camera lens was automatically turned into a symptom of hysteria. This became possible due to the fact that Charcot was sure that hysteria is a condition that is localised exclusively in the female body, and if one "looks closely" the disease will reveal itself to the eye of the viewer. Therefore it was assumed that a camera "sees" the illness too. In this case, of course, a photograph can be presented as a document, only by looking at which, one could perceive a visual description of the disease, if not a detailed anamnesis.

In addition, psychiatry of that time was a medical field, which lacked methods of treatment, whereas, in fact, observation and fixation were the only tools of examination of the sick bodies. Having an administrative power to detain the sick in order to "protect" the society, psychiatric hospitals endowed the patients with the status of a faceless objects of observation with a set of symptoms and body reactions.<sup>49</sup> Visually mediated perception of hysteria was determined precisely by photography, which formed the image of a diseased female body. Photography generated subject-object relations between the viewer and the one who got on camera and claimed to present an unbiased clinical picture of the phenomenon, which the doctor could analyze. The patients acquired the status of the objects of the medical research through the lens of a camera.<sup>50</sup>

Through the analysis of the images in "Photographic Iconography of the Salpêtrière", Didi-Huberman shows that strikingly almost any condition and behaviour was depicted: screams, seizures, ecstasy, delusion, madness, passion, eroticism, crucifixion, involuntary movements and theatrical posing. All these are presented as something emanating from the subjects themselves, while the scenery and context were overshadowed and remained behind the scenes. Thus, we are presented with a picture of the "complicity" of doctors, fantasising about hysteria so strongly that they found it in every movement of their patients' fingers, in every gesture or inadvertent glance, and patients who were perceived as living exhibits in this "museum of pathologies" and who were taught the art of self-presentation as hysterics. They were no longer just mad women admitted to the

---

<sup>48</sup> STEPHENSON, B. Charcot's Theatre of Hysteria. *Journal of Ritual Studies* 15(1), 2001. P. 29. Available from the Internet: <http://www.jstor.org/stable/44368585>

<sup>49</sup> IURGENEVA, A. L. Medical Photography of the XIXth Century: the Images of Norm and Pathology. *Визуальные медиа: история и современность*, 1, 2018. pp. 222-223

<sup>50</sup> Ibid, p 225

hospital but became actresses who competed with each other for the title of “Prima of the Theatre of Hysteria”.

However, the dynamic of mutual fascination had created a paradoxical situation over time. Since Charcot was not limited only to the voyeuristic observation of symptoms, demonstration and documentation of them, but also was fond of experimenting with the treatment of the hysterics, the charm fairly turned into hatred. As already mentioned above, Charcot used hypnosis and electroshock therapy, as well as carried out manipulations with genitals. His patients, and in particular, his favourite “case” - the young girl Augustine, were subjected to various tortures, which were called “treatment”. Charcot, somehow, revived an ancient tradition of curing women through their female organs:

*He had no qualms about plunging his fist into a hysteric’s groin, nor about instrumentalizing the so-called ovarian compression or prescribing the cauterization of the uterine neck, in certain cases.<sup>51</sup>*

It is not surprising that after such manipulations with the body, on the one hand, “hysterical symptoms” such as spasms, screaming, and mood swings took place. On the other hand, this could not but incite hatred and resistance in Charcot’s patients.

For instance, Augustine, who entered Salpêtrière at 14, after being raped at 13, was subjected to painful manipulations of her genitals and uterus, which probably permanently re-traumatized her psyche system, reenacting the scene of abuse to which she was exposed at a young age. Despite this fact, Charcot became famous thanks to the case of Augustine's hysteria. Notwithstanding, Augustine began to refuse to participate in performances and did not want to be photographed anymore, which led to putting her in solitary confinement. It is a remarkable scene of her attitude to the treatment, which ended up with her escape from the hospital, after which nothing more is known about her fate. Augustine has remained in history as a textbook example of a hysterical woman, frozen on the pages filled with staged photographs.

It is important to understand that the image of a hysterical woman is not the personal insidious invention of Jean-Martin Charcot, and such a vision of hysteria was not constructed exclusively by him. The mind doctor here is as much a product of culture as the patient. The European tradition of depicting women having a hysterical attack was too strong so that the gaze of any man in a position of power was set to see the madness “caused” by gender. Since this thesis does not imply a complete reconstruction of the history of the representation of hysteria, some of

---

<sup>51</sup> DIDI-HUBERMAN, G. *The Invention of Hysteria*. Cambridge, Mass: MIT Press, 2003, p. 176

the visual information necessary to form as complete a picture as possible is transferred to the scheme [Appendix].

Charcot marked a transitional stage, which included both the ideas that hysteria was directly related to the uterus and was a disease of the nervous system. Although after Freud's research hysteria will be completely attributed to the category of a purely mental illness, it will remain a predominantly “female problem”. The question of the involvement of the uterus will, as it were, be put out of the brackets, because formally it will have nothing to do with hysteria, but in fact, it is the gender difference that will still matter in who will be considered a hysterical subject and who will not.

As a matter of fact, it was Sigmund Freud who ultimately turned the perception of hysteria as solely a mental condition by publishing “Studies On Hysteria” in 1895. This paper had a great influence on rethinking how patients can be treated and became the foundation for psychoanalysis. The book opens up with Freud and Breuer comments about the invention: the cure for hysteria can be found in the patient’s unconscious. The repressed desires can be brought back to the conscious with the help of a psychoanalyst, who “investigated” what became a unique trigger - an incident, which was so traumatising that the patient could not process it properly or even unconsciously abandoned it. Later, the repressed “come back” in the form of a symptom and a psychoanalyst, using the method of free associations, gradually helps the patient to recognize the desires. After that the symptoms vanished.<sup>52</sup>

It must be admitted that the findings in the book were truly revolutionary for that time, which is why it can be assumed that they simply overshadowed the image of hysteria presented by Freud. Moreover, the hysterical performances staged by Charcot were still fresh in the minds of society, so it might not have been a surprise to read about the new facets of hysteria. The female disease was taken for granted, but the new methods of dealing with it attracted the greatest minds from all across Europe.

In order to make the further critical analysis of the ideas presented in Freud’s texts on hysteria possible, first of all, it is fairly important to examine the symptoms listed in the 5 cases of hysteria, and, secondly, the reasons for these symptoms detected by Freud:

#### 1. Anna O. Case <sup>53</sup>

A 21-year old patient of Breuer started feeling unwell in 1880. She was diagnosed with hysteria, which was evolving according to 4 main stages: Latent Incubation, Manifest Illness, Persisting Somnambulism and Healing. Her mental health conditions manifested themselves through the wide

---

<sup>52</sup> BREUER, J., and FREUD, S. *Studies on Hysteria*. New York: Basic Books, 1957. p. 3

<sup>53</sup> *Ibid*, p. 11

rage of symptoms: uncontrollable eye movements, a squint and problems with vision, paralysis of her right arm and leg, paresis of the neck muscles, fear of swallowing water, paraphasia (last word repeating, pauses in the middle of the sentence, involuntary switch between languages), lethargy, somnambulism, hallucinations. Anna O. had 2 different mood states which “*alternated very frequently and without warning and which became more and more differentiated in the course of the illness*”<sup>54</sup>: she was either melancholic and anxious or (while having hallucinations) was “naughty”, “capricious” and “abusive”.

## 2. Frau Emmy von N. Case <sup>55</sup>

A 40-year old educated and intelligent woman, who opened up the second case of hysteria with a very precise state without any clarifications: “*She was a hysteric*” and that was the reason why Freud claimed it was easy to use Breuer’s method of hypnosis on her. Freud further described Emmy von N.’s somatic symptoms as a series of tics both facial and repeated “clacking” sound while speaking. The manner of communication was also reviewed as a part of the disease: she was constantly interrupting Freud during sessions, for instance, by shouting at him to “Keep still!”, accompanied by stretching her hands with crooked fingers. Freud wrote that such reaction could only be possible in case of hallucinations. Along with these symptoms, Emmy von N. could unexpectedly express fear and aversion, she was demonstrating her emotions vividly and gasping for air (it was outlined as a difficulty in dealing with emotions).

## 3. Miss Lucy R. Case <sup>56</sup>

A 30-year old Englishwoman was sent to Freud by his colleague. Her sense of smell was almost completely lost, but 2 haunting smells pursued her, which she found extremely annoying. Moreover, she suffered from depression, constant fatigue, feeling down, what in turn influenced absence of appetite and low productivity. Separately from these symptoms, Freud identifies hysterical ones as follows: “*The interior of her nose was completely analgesic and without reflexes; she was sensitive to tactile pressure there, but the perception proper to it as a sense-organ was absent, alike for specific stimuli and for others (e.g. ammonia or acetic acid)*”<sup>57</sup>.

---

<sup>54</sup> Ibid, p. 13

<sup>55</sup> Ibid, p. 26

<sup>56</sup> Ibid, p. 61

<sup>57</sup> Ibid, p. 62

#### 4. Katharina Case <sup>58</sup>

During a summer vacation in the mountains, Freud met Katharina - an 18-year old woman, who suffered from anxiety attacks. She described the symptoms as follows: the suffocation, which was felt more like choking, was the leading feeling accompanied by the pressure on her eyes and breasts, general dizziness and fear, repetitive hallucination of her “uncle’s” head (later, in additional notes, the uncle turned out to be her father). Freud concluded that this is “*an anxiety attack introduced by the signs of a hysterical aura*”<sup>59</sup>, thus Katharina experienced a hysterical attack, the origin of which was anxiety.

#### 5. Elisabeth von R. Case<sup>60</sup>

A 24-year old Hungarian woman had been experiencing pain in her legs while walking for 2 years before she came to Freud. She was inclining her upper body and got quickly tired after physical activity, but the manner of walking did not seem pathological. That was the only vivid symptom besides that when the hyperalgesic skin and muscles of her legs were pressed or squeezed, her facial expression did not correlate to the feeling of pain and Freud interpreted it as delight and joy, despite her crying out. This case was the first one when Freud fully completed his analysis of hysteria with his own method and concluded that the patient’s suffering was “*a somatic expression for her lack of an independent position and her inability to make any alteration in her circumstances*”<sup>61</sup>.

Speaking about how all of these different symptoms have always ended up being hysterical, it is important to highlight that Freud himself posed this question in the second part of the book. The solution was non-obvious: all the patients who seemed to be hysterical were treated as if they actually have hysteria and the results of the therapy were considered self-explanatory. Feminist critical observations of “Studies of Hysteria” usually include many remarkable sides of the text in order to expose the patriarchal spirit of the time. It was noteworthy that all the patients, who were perceived as hysterical, were greatly educated ambitious middle-class women, who could not find fulfilment either because of the limits for women at that time or because of the need to become sick-nurses<sup>62</sup>, thus suppressing their own feelings and aspirations. Moreover, what will further become important in the 2nd chapter of the thesis is Freud’s genuine astonishment about the fact that these women, perceived as hysterical at the first glance (instead of diagnosed after a continuous

---

<sup>58</sup> Ibid, p. 72

<sup>59</sup> Ibid, p. 73

<sup>60</sup> Ibid, p. 78

<sup>61</sup> Ibid, p. 102

<sup>62</sup> PIERCE, J. L. The relation between emotion work and hysteria: a feminist reinterpretation of Freud's Studies on Hysteria, 1989. p. 265

work with them), were very intelligent and perspicacious. That is the turn when hysteria was expanded beyond the borders of poor, ignorant and generally marginal women, who ended up in Salpêtrière.

Among all of these, in 1896 Freud published a paper “The Aetiology of Hysteria”, where he argued that in all the cases of hysteria the underlying conditions for the mental disease are the memories of a traumatic experience which are either repressed, or the symptoms are “assisted” by them (for example, in a form of a distorted hallucination). However, what is more important, after the whole process of analytical work, these memories usually turn out to be linked to sexual experiences. Freud both specifies a severe trauma, which may include sexual abuse of immature girls or witnessing a sexual act between parents, and a “minor” trauma, which, surprisingly for Freud, causes serious damage to the psychic system even though it was “just” an event, which today will be classified as sexual harassment.<sup>63</sup> This is quite problematic especially in the light of hysteria as a diagnosis. Among other examples, Freud mentions that a woman experienced an anxiety attack after hearing a riddle which meant to entail an obscene answer and that was the moment when hysteria began to unfold. It should not only be perceived as a harmful idea through the perspective of depreciation of women’s experience but also as a hearth of judging women’s normal reaction to unsolicited proposals, touches and comments and considering it hysterical.

However, later, in 1897 Freud cast aside a seduction theory and claimed that sexual assault did not even take place, but was *imagined* by his patients. From that point, the traumatic incidents were related to “*the repression of sexual thoughts, whether the thoughts were based on real or imagined experience*”<sup>64</sup>. Freud was expecting to get a confirmation of the correctness of his views on the sexual nature of the emergence of hysterical symptoms when he started the analysis of a young 18-year old Ida Bauer. The psychoanalyst named her Dora in the “Fragment of an Analysis of a Case of Hysteria” (1905 [1901]), which later was deemed to be the major text among the historically important trilogy together with “The Interpretation of Dreams” and (1900) “Three Essays on the Theory of Sexuality” (1905). Dora became the next Augustine and the most famous case of hysteria. Although Freud, unlike Charcot, was going beyond the limits of physical expression of hysteria in his analysis, nonetheless Dora ended up becoming Augustine’s non-photographic copy, woven from associations and dreams.

The first time Dora’s father brought her to Freud she was 16 and had been suffering from nervous coughing for 4 years already. She was depressed, experienced constant fatigue and found it hard to concentrate. Freud proposed treatment, but she refused to start as the symptoms subsided. In

---

<sup>63</sup> FREUD, S. The aetiology of hysteria, 1896. 187-221, pp. 171-173. Available from Internet: <http://staferla.free.fr/Freud/Freud%20complete%20Works.pdf>

<sup>64</sup> HERGENHAHN, B. R., and Henley, T. B. An Introduction to the History of Psychology. 2019. p. 525

2 years she committed suicide, which was followed by the loss of consciousness and memory, as well as her specific way of coughing had intensified and led to a complete loss of voice, thus her father decided that she has to come back to Freud. During his analysis, he identified additional hysterical symptoms such as “*the disgust, the sensation of pressure on the upper part of the body, and the avoidance of men engaged in affectionate conversation*”<sup>65</sup>. Ida’s story, in short, comes to the following sequence of events and circumstances: her mother wasn’t in a good mental condition and got an obsession with cleaning when her father fell ill with syphilis; the father was seeing a mistress - Frau K., whose husband Herr K. sexually assaulted Dora when she was 14 and made another attempt 4 years after the incident.

Freud alleged that Dora, actually, couldn’t acknowledge that she was excited by Herr K., because she had to be a decent woman of her time, meaning, having no sexual desires. Moreover, the basis for the desire towards Herr K. was founded in early childhood incestuous wish to be seduced by her father. No wonder, such examination of Dora’s story by Freud had been criticised in many texts<sup>66</sup>, the main point of which was that the patriarchal society constructed a belief that it is hardly possible for a woman to feel a genuine disgust with a man. Even though it can be argued that this case was somehow revolutionary since it was Freud who brought to the fore the discussions about female’s desires and sexuality, which were limited by the ideas of that time<sup>67</sup>, it was still more a phantasy, than an objective interpretation:

*This phantasy continues to be an part of psychoanalytic explanations of hysteria, forcing notion that psychoanalysis is not simply the theory of gender identity and sexuality in patriarchal society, foundly ideological as well.*<sup>68</sup>

The fact that Ida’s slapping Herr K. in the face after his unambiguous words that he doesn’t get anything out of his wife were perceived as a truly hysterical reaction<sup>69</sup> will give impetus to

---

<sup>65</sup> FREUD, S. Fragment of an Analysis of a Case of Hysteria, 1901, p. 587. Available from the Internet: <http://staferla.free.fr/Freud/Freud%20complete%20Works.pdf>

<sup>66</sup> See MOI, T. Representation of Patriarchy: Sexuality and Epistemology in Freud's "Dora". *Feminist Review*, 9 (Autumn, 1981), pp. 60-74; EVANS, M. N. Portrait of Dora: Freud's Case History As Reviewed by Hélène Cixous. *SubStance* Vol. 11, No. 3, Issue 36, 1982. pp. 64-71; ROSE, J. Dora: Fragment of an Analysis. In BERNHEIMER, C. and KAHANE, C. *In Dora's Case: Freud - Hysteria - Feminism*. pp 128-149; RAMAS, M. Freud's Dora, Dora's Hysteria ; SHOWALTER, E. On Hysterical Narrative. *Narrative* 1(1), pp. 24-35.

<sup>67</sup> “*Freud's genius, perhaps, was to underline the wider cultural ramifications of hysteria, the collective features of conditions which so distinctly embodied the psychosexual conflicts of their time. [...]By underscoring the shallowness of sanity, our common thrall to the unconscious, Freud helped to destigmatize hysteria and the madnesses in which we all share*”. APPIGNANESI, L. *Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to the Present*. Virago, 2008. p. 156

<sup>68</sup> RAMAS, M. Freud's Dora, Dora's Hysteria. p. 474

<sup>69</sup> FREUD, S. Fragment of an Analysis of a Case of Hysteria, 1901, p. 607 Available from the Internet: <http://staferla.free.fr/Freud/Freud%20complete%20Works.pdf>

many destructive ideas of the rape culture. If previously, a concept of women's consent did not even exist as they just served men's needs when they desired, then after Dora's case women, who express reluctance to any kind of connection with men and dare to actively resist became "hysterical females", who actually want it, but are mentally unable to realise that and have to be "cured".

Inability to "read" Ida Bauer vividly highlights the systematic mistake in the actual understanding of women on the one hand, and on the other, a complete indifference and lack of desire to recognize feelings and wishes. The fact that Dora "ran away" from Freud after 3 months of analysis speaks for itself.

Summarising the presented history of the gradual invention of women as hysterical, it is important to emphasise that the patriarchal foundation played a major role in the imaginary interpretation of uncountable ways of women's expressions. It became a fertile misogynistic ground for psychoanalysis to adapt the medical condition developed throughout the centuries. In the 20th century, hysteria became mainly a mental condition, which not only inherited many of the harmful ideas of the past but also ended up becoming a distinctive trope of an anxious and "surprisingly sensitive"<sup>70</sup> woman, whose neuroses are rooted in the contradiction of sexual desires. From now on, the hysteria ceased to be a matter of physical fragility and became an issue of psychic instability, which can manifest itself in literally any kind of symptom.

---

<sup>70</sup> BREUER, J., and FREUD, S. *Studies on Hysteria*. New York: Basic Books, 1957. p 171

## 2. CULTURAL USES OF THE MEDICAL CONCEPT OF HYSTERIA

### 2.1 Medicalization of Female Bodies as the Condition of Subordination

The subject-object relations between the doctor and the patient were established by the end of the 18th century with the reorganisation of the mode of seeing the “invisible” body conditions. Human misery was subservient to the medical gaze, which made it possible to describe the states of mind formerly unseen and ineffable. Foucault stated that the “loquacious gaze” was born with the verbalization of the pathological and served as a tool for observing “*a world of constant visibility, [...], lacking any perceptual base*”<sup>71</sup>. The distinctiveness of a patient as a set of subjective symptoms opened to the clinical gaze, determined the world of objects to be examined within the bounds of “positive” medicine. If the intellectual gaze is capable of discovering the undistorted purity of the essence, then *Le regard médical* is a concrete sensitive gaze floating from body to body, the entire path of which is located in the space of tangible manifestations:

*The observing gaze refrains from intervening: it is silent and gestureless. Observation leaves things as they are; there is nothing hidden to it in what is given.*<sup>72</sup>

The clinical experience of that time had the aim to explore the tangible space of the body as an opaque mass, which hid the very mystery of origin. In that case, the diagnosis served as a tool for categorising, separating, and reassembling the body, which was subordinated to the doctor's view. Furthermore, this mode of perception simultaneously shaped the objectifying practices, which by capturing the deviations served the interests of power. The identification of pathologies required a technology, which helped to meet the biopolitical goals of medicine. As soon as a patient's body was placed in the clinical field, it was exposed to the structures of power, where the medical institution had the authority to manipulate the owner of the body with the medical gaze. According to Foucault, power is not just located within the borders of a separate institution, it goes beyond it and both men and women fall into a system of subordination to existence in a certain order, which also creates the conditions for reproducing gender differences. The clinical field was formed around the need to subjugate the body and it was the gaze that was used as the main technology being able to fulfil and correspond to the biopolitical tasks of medicine.<sup>73</sup>

The triumph of the gaze capable of modelling the subject's self-identification was marked by the invention of photography. As it was argued in the previous chapter, the female body became

<sup>71</sup> FOUCAULT, M. *The birth of the clinic; an archaeology of medical perception*. p. 5

<sup>72</sup> *Ibid*, p. 107

<sup>73</sup> *Ibid*.

the technical photo-image that embodied hysteria as a phenomenon. The gaze of the doctor armed with the camera lens was an effective instrument for simultaneously uncovering the hidden mechanisms of body functioning and shaped the patient as a psychobiological object of analysis.<sup>74</sup> It allowed the transformation of the symptom into a sign, the transition from the patient to the disease, from the individual to the concept.

Indeed, the camera doubled the objectifying medical gaze and at the same time was empowered by the authority of the clinical institution. It has spawned the photography that had the value of a document representing the medical knowledge itself, which became the evidence of the possession of the science of the “truth” about the body.<sup>75</sup> The system of oppression, within which women have never been perceived as a fully valued subject, established the medical institution that incarnated the system of relations, where a female body was abstracted from human characteristics to a disease itself. A woman was subjugated to the gaze of clinical photography and became a collection of diseased gestures intended for scientific study.<sup>76</sup>

Charcot’s photography practice transferred a female’s ability for emotional expression to the figure of the Other, which could exist only under constant medical supervision since beyond these borders it threatened the reasonable society. Hysteria was legitimised exclusively under clinical control: the public lectures with staged performances and a collection of photographs “protected” the viewers by creating a gap between “the sick” and “the healthy”. The question is, how the diseased female bodies cease to be detained in the madhouses? Perhaps it would be a disaster if the sick women from the photographs would have “appeared” in public and the enlightened society would have no longer been “protected” by the facet of the pictures. And yet, it is exactly what happened.

Strictly controlled by the clinical institute, hysterical bodies were “displaced” into the bodies of upper- and middle-class educated women as soon as Freud developed his psychoanalytic theory. If psychiatry objectified and separated the “madwomen” from society by medicalising their behaviour, then psychoanalysis has endowed every woman with hysterical characteristics by shifting insanity from mostly poor to intelligent women.

Psychoanalytic discourse combined the gaze and the description language into a new method of medical cognition, enabling to observe the object and immediately defined its state: *“it meant that the relation between the visible and invisible — which is necessary to all concrete knowledge — changed its structure, revealing through gaze and language what had previously been*

---

<sup>74</sup> IURGENEVA, A. L. Medical Photography of the XIXth Century: the Images of Norm and Pathology. *Визуальные медиа: история и современность*, 1, 2018. pp. 218-219

<sup>75</sup> Ibid p. 234-235

<sup>76</sup> Ibid p. 229

*below and beyond their domain*".<sup>77</sup> Charcot's outstanding photographic collection was exhaustive and actually didn't need any supplementary visual representation, but the advent of the psychoanalytic language of fantasy actually brought a new dimension to the study of the hysterics. Moreover, the use of the same terminology in the photographic presentation and psychoanalytic description of the female disease caused the convergence of the two discourses, which will be proved through the analysis of media representation of hysteria in the 3rd chapter.

As it has already been argued above, the positivist approach to the study of a hysterical body was unreliable, but it is also important to specify why the ideas presented in early psychoanalysis have also been an issue of some contention.

Basically, the theory of psychopathology was based mostly on the interpretations of the psychoanalysts, who were included in the symbolic order of power in the relations between the patient and the mind doctor. When it comes to hysteria, the medical gaze of the psychoanalyst could not but be structured according to the objectifying paradigm, where no matter how, a woman was the embodiment of marginal characteristics, which were constructed in comparison to men. When it comes to the examination of Freud's findings, it becomes evident that they generously present an extensive description of the symptoms and their exposition. However, they lack empirical support.<sup>78</sup> Hysteria in psychoanalysis has very much in common with 18th-century psychiatry: even though Freud presented another angle of the origin of the mental disease, he based his theory "*on clinical experience rather on replicable scientific evidence*"<sup>79</sup>, exactly how it did Charcot with the help of photography.

Retrospectively, both early and late Freud's ideas about hysteria, the origin of the symptoms and the methods chosen for treating the patients are considered to be problematic. The newest clinical research cast doubt on the following psychoanalytical findings:

- sexuality issues as a source of hysterical symptoms are over generalised and thus usually mistaken for actual reasons of a mental disease;<sup>80</sup>
- the conclusions made by Freud and Breuer are philosophically overloaded and based on confusing data and its analysis;<sup>81</sup>
- some of the symptoms are incorrectly found to be rooted exclusively in the unconscious, while such a treatment for mental problems as making the patient realise their sources is incorrectly presented as the only optimal way for curing (since the symptoms do not necessarily go away after

---

<sup>77</sup> FOUCAULT, M. The birth of the clinic an archaeology of medical perception. p. 7

<sup>78</sup> CREWS F.C. The verdict on Freud. *Psychol Sci.* 7(2): 63–88, 1996.

<sup>79</sup> PARIS J. Is Psychoanalysis Still Relevant to Psychiatry?. *Can J Psychiatry.* 2017; 62(5): 308-312

<sup>80</sup> MICHAEL, T. M. On the scientific prospects for Freud's theory of hysteria. *The International Journal of Psychoanalysis*, 2018.

<sup>81</sup> MICHAEL, T. M. The case for the Freud-Breuer theory of hysteria: A response to Grünbaum's foundational objection to psychoanalysis. *The International Journal of Psychoanalysis. Forthcoming*, 2018, 32-51.

that, especially when it comes to conversion disorder - the studies of the effectiveness on psychoanalysis showed unconvincing results, however, the connection of emotional trauma and its physical manifestations is always shown to patients as a part of a long process of healing),<sup>82</sup> - the picture of Anna O. case was built on fundamentally wrong analysis and “*itself represents a modern-day fiction about the origins of psychoanalysis*”<sup>83</sup>.

Even though psychoanalysis was intended to be at the forefront of the clinical development of the study of mental conditions, it “*failed to operationalize its hypotheses, to test them with empirical methods, or to remove constructs that failed to gain scientific support*”<sup>84</sup>. Apparently, that might have prompted the development of the humanitarian harnessing of the psychoanalytic approach to study and re-consider cultural, societal and political issues.

Moreover, psychoanalysis was used by the feminist critics of the patriarchal hegemony. For instance, Cecily Devereux, following the feminist tradition of dismantling the propaganda around hysteria, writes that “*symptoms associated with the condition that was named hysteria until in 1980 [...] were by and large redistributed across other psychiatric disorders and, around 1980 were reanimated in second-wave feminist theory as embodied cultural signs of the condition of femininity under patriarchy*”<sup>85</sup>.

It is true that the system of oppression can undoubtedly affect the mental state of a person of any gender since it creates a set of restrictions on the intersection of inequalities, which not only deteriorate physical well-being but also confines personal understanding of the Self. The level of influence of kyriarchy on mental health has been examined in a great number of feminist studies.<sup>86</sup> However, the attempts to use psychoanalytic methods for exposing the myth of hysteria don't seem to be effective enough. When hysteria is discussed as a disease caused by patriarchy, this automatically asserts the truth of the existence of hysteria as, again, a feminine condition. Therefore, it is essential to discuss the peril of the existing social order for women's mental health, but not in rhetoric that would repeatedly affirm the collective sickness of women in the misogynistic terminology. After all, if the set of symptoms caused by culturally determined factors is called “hysteria”, the discourse, filled with the discriminatory history of attitudes towards women, continues to consolidate in society.

<sup>82</sup> GRÜNBAUM, A. Is Sigmund Freud's psychoanalytic edifice relevant to the 21st century? *Psychoanalytic Psychology*, 23 (2), 2006, pp. 257–284.

<sup>83</sup> SKUES, R. A. Sigmund Freud and the history of Anna O.: Reopening a closed case. *Psychoanalysis and History*, 10(2): 131-134. Chippenham and Eastbourne: Palgrave Macmillan, 2006, p. 8

<sup>84</sup> PARIS J. Is Psychoanalysis Still Relevant to Psychiatry? *Can J Psychiatry*. 2017; 62(5): 308-312

<sup>85</sup> SHOWALTER, E., et al. *Performing Hysteria*, Leuven University Press, 2020. 167-188. p. 170. Available from the Internet: <https://lup.be/products/124469>

<sup>86</sup> YU, S. Uncovering the hidden impacts of inequality on mental health: a global study. *Translational psychiatry* 8, 98, 2018; SHARMA, A. The influence Of Patriarchy on Women's health. Pennsylvania State University, 2021; Lahn, Å. L. Gender equality gives men better lives [online]. Kilden, October 15, 2015. Available from the Internet: <https://kjonnsforskning.no/en/2015/10/gender-equality-gives-men-better-lives>

Therefore, it is evident that precisely the medicalization of the female bodies in the conditions of its committal to the psychiatric institution made possible the rethinking of women as subjects “containing” hysteria. Objectified by the gaze of the medical camera, hysteria, with the advent of psychoanalysis, became a disease of white middle-class educated women. The implications of this shift culminated in a collective trait of all women as hysterical in patriarchal society. The influence of this discourse on various modes of oppression will be discussed in the next subchapter.

## **2.2 Ignoring, Controlling, and Silencing: Psychoanalytic Contribution to Discrimination**

The history of medicine is filled with phenomena of emerging, rising popularity and disappearing diseases, which “come and go” due to certain sociocultural circumstances. Obviously, many of them leave a trail of superstitions, prejudices and stigma. Hysteria, perhaps, is one of the most striking examples, since the prerequisites for its development were sown 2.5 thousand years ago and bore fruit in its incomparable blossom at the turn of the 19th century.<sup>87</sup> Despite the fact that hysteria ceased to exist as a diagnosable illness in the second half of the 20th century, it is hardly possible to accept that a simple exclusion from the DSM will permanently remove the lenses customised to see women as hysterical over the years from the gaze of the patriarchal society. The misogynistic history of hysteria not only still influences the way women are treated in the medical field, but it also hides in other cultural spheres, disguised as various forms of “abnormality” of women.

Nonetheless Freud, unlike Charcot, argued that men suffer from hysteria “*far more often than had been expected*”.<sup>88</sup> He did not include such cases in his major works and continued a paradoxical overrepresentation of women in texts as hysterical. Feminists in the 1980s and 90s predicted that women were more likely to be institutionalised as mad or at least having mental issues if they have not been satisfied with their condition.<sup>89</sup> That was exactly what happened.

Back in the mid-60s, Eliot Slater, a British psychiatrist, not only noted that hysteria was hardly diagnosable since the frames were too blurred but also found out that 60% of 85 patients who were assumed to be hysterical, 9 years after the diagnosis appeared to have, in fact, non-mental illnesses (including brain tumour), which, furthermore, led to a dozen of deaths. Slater argued that

---

<sup>87</sup> MICALE, M. S. Hysteria and its Historiography: A Review of Past and Present Writings (II). *History of Science*, 27(4), 1989.

<sup>88</sup> APPIGNANESI, L. Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to the Present. Virago, 2008. p. 139

<sup>89</sup> *Ibid*, p. 59

for the doctors it was much easier to label a woman with hysteria since it usually solved the “puzzle”, as this mental disease generously adapted and took the shape of any other condition.<sup>90</sup>

Shortly after hysteria was excluded from DSM, in 1986, research aimed at figuring out the reasons for misdiagnosing the patient with organic neurological illnesses was conducted. The two major reasons were found: if a patient was a woman and \ or was previously diagnosed with any kind of a mental disorder, they were assumed to be hysterical, which made it more complicated for them to get proper treatment for their actual medical condition.<sup>91</sup>

Decades after, when dozens of studies had proved the inadequacy of hysteria as a scientific concept, the consequences still persisted. Research conducted by The Brain Tumor Charity in 2016 shows representative results. The symptoms of a brain tumour usually include: headaches, vision problems, loss of sensation in an arm or leg, speech problems, personality and behaviour change, loss of consciousness and problems with memory, fatigue, sleep problems, contractions and uncontrollable twitches.<sup>92</sup> All of these symptoms frequently occurred in the anamneses of Freud’s patients. However, the point is far not in re-diagnosing them, but in drawing attention to how women with such symptoms are more likely than men to be misdiagnosed even nowadays. The results of the survey<sup>93</sup> of over one thousand people with brain tumours showed that men are diagnosed faster than women:

- women receive a diagnosis after 1-3 or even 5 years, while men usually get a confirmation within one year;
- between the 1st visit of a general practitioner and getting a diagnosis men to wait less than 3 months, while women wait for more than 10 months;
- before being diagnosed women have to see a doctor more than 5 times, while men need to visit a practitioner 1 to 2 times.

The problem with such delays is motivated by the idea that these symptoms in women are more likely to be mental issues. A 28-year-old woman with a low-grade tumour, who participated in the survey, reported: “*They left me undiagnosed for 3 years and on every hospital admission accused me of **attention-seeking***”<sup>94</sup>.

However, it should be acknowledged that mental disorders play a significant role in shaping personal experience and usually express themselves in various forms, including somatic,

<sup>90</sup> SLATER, E. Diagnosis Of Hysteria. *The British Medical Journal*, 1, 1965, pp. 1395-1399

<sup>91</sup> MILLER B.L., et al. Misdiagnosis of hysteria. *American Family Physician*, 1986, 34(4):157-160.

<sup>92</sup> Brain Tumor: Symptoms and Signs [online]. Approved by the Cancer.Net Editorial Board, 09/2021. Available from Internet: <https://www.cancer.net/cancer-types/brain-tumor/symptoms-and-signs>

<sup>93</sup> Finding Myself in your Hands: The Reality of Brain Tumour Treatment and Care [online]. The Brain Tumour Charity Research, 2016. Available from the Internet: <https://www.thebraintumourcharity.org/about-us/our-publications/finding-myself/>

<sup>94</sup> Brain Tumor: Symptoms and Signs [online]. Approved by the Cancer.Net Editorial Board, 09/2021. Available from Internet: <https://www.cancer.net/cancer-types/brain-tumor/symptoms-and-signs>

behavioural and emotional. In the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders hysteria is replaced with a conversion disorder, but the large range of symptoms historically inherent in hysteria can be found in PTSD (posttraumatic stress disorder)<sup>95</sup>, BPD (borderline personality disorder)<sup>96</sup>, dissociative<sup>97</sup> and other trauma- and stressor- related<sup>98</sup> and personality disorders<sup>99</sup>.

It should be admitted that the DSM is filled with clinically proven diagnoses, which include data, symptoms, circumstances and social influence on specific groups (age, class, gender, etc.) for getting a mental disease. That notwithstanding, it is the hysteria that is used to immediately describe women and generally accuses them of doing anything, that does not fit in the system, which is structured to make men profit from it. A woman could hardly hear “Is that a PTSD that makes to get triggered so easily?” (even though it would still be problematic), but to be immediately called “hysterical”, “crazy”, “sensitive”, “overdramatic” and “seeking for attention”. The point is that hysteria is that kind of a medical concept which, despite the fact it has already been disrupted as a mental illness, became, or better to say, continues to be far not a diagnosis, but a phantasmagorical idea.

Helen King argues that women, who do not stick to the societal expectations, are very much likely to get called “hysterical” not because the “disease” is so unique that anyone can by just looking at a woman or hearing from her easily diagnose her with hysteria, but it is actually both a form of control of the behaviour and a way of keeping women silent and far from active public life.<sup>100</sup>

*In the sense that women have been hystericized by male theories about femininity, Freudian psychoanalysis has functioned as an institution which seeks women’s silence. Hysteria is the disease of this silence.*<sup>101</sup>

From another point of view this could also be interpreted as that when women refuse to keep being obedient, they only can be perceived as “hysterical” since it is hard to find any other description of them. The texts about hysteria are the only texts where women have always played a

---

<sup>95</sup> Diagnostic and statistical manual of mental disorders: DSM-5. – 5th ed. American Psychiatric Association, 2013. p. 271

<sup>96</sup> Ibid. p 663

<sup>97</sup> Ibid. p 291

<sup>98</sup> Ibid. p 265

<sup>99</sup> Ibid. p 645

<sup>100</sup> GILMAN, S. L., et al. Hysteria Beyond Freud. Berkeley: University of California Press, 1993

<sup>101</sup> BRENNAN, K. M. Hysteria and the scene of feminine representation. The University of Arizona, 1990. p. 6

major role. It was the only “condition” which drew the attention of the scientists and even that interest had never been based on an actual commitment to know women better. They (women) have always been perceived as troubled and unwell, thus, no wonder that hysteria absorbed all the possible connotations throughout 2 millennia and is now used in any situation when a woman does not conform to men’s expectations.

The re-invention of hysteria in psychoanalysis proved that this phenomenon is able to expand its meaning as soon as someone decides to use the term for one’s own purposes. It somehow became a floating signifier, which collects fantasies of the mind doctors, changes its definition almost every century, but, in fact, never refers to real women - only imaginary. Especially after hysteria finished its existence as an actual disease, it seems to have broken into a thousand pieces, each of which reflects its part of the history of hysteria. But if we look closely, we will see that the largest pieces are those that carry psychoanalytic interpretations in their heritage. This can be clearly seen in the scheme [Appendix], which shows that the tropes of “hysterical women” in media majorly originate from psychoanalysis.

In 2017, when US Senator Kamala Harris was called “hysterical” on TV for the way she participated in the questioning session, a huge discussion was started. Public media questioned whether the word “hysterical” was an insult or not, as, in fact, a dictionary provides different meanings which are also applicable to men.<sup>102</sup>

Inspired by the incident, Kory Stamper analysed<sup>103</sup> the data to figure out to what extent the word “hysterical” is gendered. She reviewed the Corpus of Contemporary American English with 560 million words, which are used in the 21st century. It contained 6 thousand mentions of the word “hysterical”, which were narrowed down to 1 thousand after selecting one hundred words, which were used in pair with “hysterical” more than 4 times: *“Hysterical is used with female words 49% of the time. Now, compare that to how often it’s used with male words (14% of the time) or mixed groups (23% of the time)”*. Moving forward with data analysis, it was figured out that even when male-tagged words were paired with “hysterical” it did not necessarily mean that the scene referred to them: in many sentences, there was a hidden female tag, for instance, *“She was hysterical and the men calmed her down”*. The action words showed that women rather than men *“cry, sob, scream, rage, panic, giggle, and burst into tears hysterically”* and when men are hysterical - it’s because of exultation, but women are hysterical because of emotional eruption and breakdowns.

---

<sup>102</sup> VALES, L. Columnist Kirsten Powers: 'How was Sen. Harris hysterical? [online]. CNN, June 14, 2017. Available from Internet: <https://edition.cnn.com/2017/06/13/politics/powers-miller-kamala-harris-hysterical-sessions-hearing-ac360-cnntv/index.html>

<sup>103</sup> STAMPER, K. What It Really Means To Call A Woman Hysterical [online]. Dictionary, September 25, 2018. Available from Internet: <https://www.dictionary.com/e/hysterical/>

Even though, some might argue, that today hysteria became less gendered and fell under the influence of the so-called “concept creep” meaning “*the dilution of a rigorous scientific or philosophical concept, detaching it from its core definition in order to expand its usage and apply it to related phenomena, or, in the case of psychological concepts, to situations less severe than intended by the original or prevalent definition*”<sup>104</sup>. However, it had never been really “a rigorous scientific concept”, as it was described above, but rather was shaped as such within certain periods of time. Indeed, it is undeniable that hysteria is widely used as a term to describe mass events and public disputes<sup>105</sup> and when they are considered unpleasant and disturbing, the media pick up the debates and everyone runs into the articles about the #MeToo movement “hysteria”, “hysteria” around refugees, trans and other gender non-conforming persons problems, ecological crisis or #BlackLivesMatter. This indicates that the term “hysteria” is used in cases where the intelligibility, cultural codification and ways of understanding certain phenomena are shattered, and more precisely when these phenomena violate the “traditional order of things” of a sexist, racist and homophobic society. After all, if one pays attention to complaints of mass hysteria, it will become visible that they are never concerned with toxically masculine and \ or oppressive practices, but rather the reaction of marginalized groups to them:

*They are used to discredit all those who call out the systemic violence of xenophobic, misogynist, racist neoliberal authoritarianism, right-wing populism and far right extremism. [...] Such use of hysteria is rhetorical, with hysteria referring to emotional excess lacking argument, reason, and credibility.*<sup>106</sup>

It should be borne in mind that calling activism “hysteria” is hardly a recent invention. In the introduction to the 2nd edition of the book “Complaints and Disorders: The Sexual Politics of Sickness” Susan Fadudi cited the example of a young woman who went to the doctor to get contraceptives in the 70s. The reason she gave was the intention to go to college. She refused to take pills offered by the practitioner because women health activists had shown in their studies that the birth control pills of that time led to severe side effects. To which she received a response from the doctor: “*Oh, that’s just a bunch of feminist hysteria*”.<sup>107</sup> All of the above makes us pay attention

---

<sup>104</sup> SHOWALTER, E., et al. *Performing Hysteria*, Leuven University Press, 2020. 87-105, pp. 87. Available from the Internet: <https://lup.be/products/124469>

<sup>105</sup> Ibid, pp. 88

<sup>106</sup> Ibid, pp. 127.

<sup>107</sup> EHRENREICH, B., ENGLISH, D. *Complaints and Disorders: The Sexual Politics of Sickness*. *New York: The Feminist Press*, 1973.

to the fact that the connection between serious requests for changes in society and the “outbreaks” of hysteria has never been accidental.

Industrialization and urbanization gradually led to the rise of feminism in the late 19th and early 20th centuries. That period of history coincides strikingly with the onset of the epidemic of hysteria as a mental illness that seemed to specifically affect upper and middle-class white women. As Freud regularly emphasized in his analyses, hysterical women were educated, wanted independence and sought personal realisation. At the same time, the women’s rights movement demanded access to higher education, an opportunity to participate in political life and give women their body autonomy (at least by controlling childbirth themselves). It was the medical institute that once again became one of the tools to maintain control over women. The “weakness of the nervous system” of women allowed the rhetoric that they were unable to withstand the intellectual challenges of education. For instance, in 1873 Harvard president Edward Clarke said that women's reproductive system needed blood to function, as well as the mental activity of the brain, so if a woman chose education, it would have had a bad effect on her reproductive abilities and “*the collapse from nervous exhaustion*”<sup>108</sup> will occur.

While hysteria has been used culturally as a way to stop and at least downplay the ambitions of white women, a reflection of the same discourse has been used in quite the opposite sense in relation to women of colour. It became possible because hysteria was dubbed a disease caused by “overcivilization”. The term refers to the scientific and popular ideas of the time that human groups differ in the stage of evolution they have reached. This cultural evolutionism (also referred to as social Darwinism) reflected the anthropologist Edward Tylor’s view that humanity had evolved through stages of “savage”, “barbarian” and “civilised”.<sup>109</sup> It was widely believed that the last stage may have been in danger of extinction because of the weakness caused by its very “civilised” state: the upper-class women were weak, fragile and nervous. This automatically implied that the indigenous people, Africans, Asians, Latinos, who were considered “savages” or “barbarians” - were stronger, their women were more reproductively fertile, and therefore posed a threat to the white population, as non-white women, immigrants and even the poor people had many children.

Laura Briggs concludes that hysteria also implicitly participates in racist discourse, since white “mentally ill” women pose a danger of extinction due to lower fertility caused by hysteria.<sup>110</sup> At the same time, it can be added that it was the feminist movement that “aggravated” this situation

---

<sup>108</sup> BRIGGS, L. The Race of Hysteria: "Overcivilization" and the "Savage" Woman in Late Nineteenth-Century Obstetrics and Gynecology. *American Quarterly*, 52 (2), 2000, p. 248.

<sup>109</sup> STOCKING, G. W. Race, Culture, and Evolution: Essays in the History of Anthropology, 1968. University of Chicago Press, 1982.

<sup>110</sup> BRIGGS, L. The Race of Hysteria: "Overcivilization" and the "Savage" Woman in Late Nineteenth-Century Obstetrics and Gynecology. *American Quarterly*, 52 (2), 2000, pp. 247-267.

with its calls for a political struggle for the use of contraceptives and for the right to abortion. Medical practices of the late 19th century supported the convictions about the racial threat by<sup>111</sup>, on the one hand, representing white women as weak by all means, and on the other, by refusals to provide birth control instruments. It was motivated by the necessity to increase the birth rate since there seemed to be a lot of “nervously weak” and “reproductively fragile” white women, thus, those who did not suffer from hysteria should not have been listening to the feminists and continue to allow their body to be used as an incubator in order to “resist” the non-white population.

As a matter of fact, there is a paradox. Women of colour are described as strong and hardy<sup>112</sup>, which are actually the distinguishing characteristics of men in a patriarchal society. However, these qualities have never been considered good in non-white women. If we will look closely at what is believed to be inherent in the widespread trope of an “angry black woman”<sup>113</sup> a striking resemblance to hysteria will be discovered: black women in American culture are believed to be overreacting, irrational and bad-tempered. Such characteristics as “aggressiveness” are somehow added to their representation due to their race. The “angry black woman” trope appears to be a twin of “hysteria”, which has its own history but essentially was constructed on the foundation of the same sexist ideas. Such stereotyping has subsequently led to the biased treatment of women of colour in the therapeutic setting, which also has been proven<sup>114</sup> to be coming from a result of a prior mistaken analysis based on racial and gender prejudices:

*Black activists and radicals have also been **stigmatized as hysterics and neurotics**, leading to distrust of psychotherapy in the 1960s and 1970s among African-Americans.<sup>115</sup>*

This intersection of the marginalisation clearly shows that the term “hysteria” is far from a real condition, but is a convenient concept developed in the misogynistic society. As soon as a woman demands to be treated as a human being and reacts assertively to unacceptable men’s behaviour, she becomes “hysterical” (including “crazy”, “mad”, “sensitive”, “dramatic”, “overreacting”, “mentally unstable”, etc.). When the woman is black, the racial bias adds to this list of “rage” and another trope is born and immediately serves the need to devalue womanhood.

---

<sup>111</sup> Ibid. p. 250

<sup>112</sup> Ibid. p. 247

<sup>113</sup> **See** WEST, C. M. Mammy, Sapphire, Jezebel, and the Bad Girls of Reality Television: Media Representations of Black Women. 2017; KILGORE, A. M., at el. But I'm not allowed to be mad": How Black women cope with gendered racial microaggressions through writing. *Translational Issues in Psychological Science* 6(4): 372–382.

<sup>114</sup> ASHLEY W. The angry black woman: the impact of pejorative stereotypes on psychotherapy with black women. *Soc Work Public Health*, 29(1): 27-34, 2014.

<sup>115</sup> WILLIAMS, L. Psychotherapy Gaining Favor among Blacks. *New York Times*, 22 November 1989, Sec. I, 1.

Therefore, in this Chapter, it has been proved that the actual purpose of the medical concept of “hysteria” is not to define a specific physical or psychic condition of women, but to control them by stigmatising their behaviour. Moreover, “hysteria” has not confined itself to the frames of a mental illness, diagnosable by psychoanalysts, but has always been used in culture to denigrate women’s activism<sup>116</sup>: every time the marginalised groups of society stand for themselves, “hysteria” is used to pejoratively describe both the actions and the ideas these groups present. It has an undeniable origin in the psychoanalytic conceptualisation of hysteria since it produced the meaning connected with a mental state so that it now can be continued to be used as a tool to belittle any idea that comes from women.

---

<sup>116</sup> SHOWALTER, E., et al. *Performing Hysteria*, Leuven University Press, 2020. pp. 125-147. Available from the Internet: <https://lup.be/products/124469>

### 3. GENDER, HYSTERIA, AND THE NEW MEDIA

#### 3.1 “Hysterical Woman” Trope in Different Media Spaces

The medical discourse, in particular psychoanalysis, shaped the image of the hysteric and then abandoned it on paper, giving the illusion that its history belongs to the past. Indeed, hysteria is no longer the story of a wandering uterus, but it remains to be a matter of the wandering history between the hysteric, the mind doctor, and now the social critic. It must be admitted that claims of the death of hysteria are not only premature but divert attention from its cultural and symbolic meanings.<sup>117</sup> Therefore, instead of making attempts to reinterpret personal experience and symptoms of the hysterics described in the psychoanalytic texts, it should be analysed in what configurations these illustrations fit into the sociocultural framework of the new forms of portraying hysterical women.

The conceptualization of psychoanalysis coincided with the development of cinematography, which became the first expressive language and shaped the screen culture. The film industry formed an original visual system and triggered the expansion of a complex variety of post-cinematic visual images. The “virtual window”<sup>118</sup> delivered intense pleasure to its audience, which quickly became addictive. Access to the seamless delivery of moving images straight to the houses of every family was provided with the emergence of television technology, which, in turn, changed the mode of consuming audiovisual products. It is worth noting, that rapidly growing media should not be considered in terms of technological determinism since it is and was highly influenced by ongoing social processes.<sup>119</sup> Films, TV series and shows, social media platforms, and computer games became a new space of mediated vision, which, inter alia, was affected by societal perspectives, whereas the perceptual intensity of the moving images started to shape everyday practices and vision.

Indeed, the growing popularity of psychoanalytical ideas together with the patriarchal discourse could not but influence the representation of women on screen. The demonstrative character of the media performance perfectly incorporated the image of a hysterical woman: the screen served as a kaleidoscope by looking into which one could see the new bizarre forms of hysteria embedded in female bodies. Certainly, such a performatively constructed phenomenon as hysteria was destined to appear on screens to serve the demand for visual pleasure. Before

---

<sup>117</sup> GILMAN, S. L., et al. *Hysteria Beyond Freud*. Berkeley: University of California Press, 1993. p. 336

<sup>118</sup> FRIEDBERG, A. *The Virtual Window. From Alberti to Microsoft*. Cambridge, Mass, MIT Press, 2006.

<sup>119</sup> WILLIAMS, R., and WILLIAMS, E. *Television: Technology and Cultural Form*. Taylor & Francis e-Library, 2004.

proceeding to specify the particular visual narratives on screen, general preconditions and motives should be indicated.

The trope of a “hysterical woman” is more diverse and complex than it might seem at a glance. To a first approximation, the trope is more associated with fractious women who appear on the screens either for the sake of comedy or for drama. The most common action women at the same time produce and become the aim of is slapping. When a woman is annoying, too talkative, demanding, emotionally unstable or can’t stop screaming or crying, she receives a slap, but if a male character does it, he is usually represented as very restrained and keeping emotions under control, who by punching a hysteric “creates peace”. Frequently, in comedies, hysterical women are hit to make spectators laugh. A striking example is a scene in *Airplane!* (1980), where the passengers make a line to slap a panicking woman one by one.<sup>120</sup> At the same time, very commonly, a female character can hit a man in case she is jealous or he told her something inappropriate (*Gone with the Wind*, 1939; *Pirates of the Caribbean: The Curse of the Black Pearl*, 2003), alongside a woman can hit another female character when it comes to rivalry for a man (*The Opposite Sex*, 1956) or she is visibly furious with this woman (*The Birds*, 1963; *Queen Bee*, 1955). In any case, it is a woman who reacts affectively either she is the object of slapping or produces this action, while male characters do it inexpressibly in order to calm a woman down.<sup>121</sup>

Such a narrative with a deliberate difference between female expressiveness and male calmness is reflected not only in some rare scenes. In fact, thriller and horror movies systematically indicate the difference in the presentation of insane female and male killers. Steven Schneider in “The Madwomen in Our Movies: Female Psycho-Killers in American Horror Cinema” states that in such films, a man in the role of a killer will either be frighteningly silent during the homicides (“*Psycho*”; “*Prom Night*”, 1980; “*Angst*”, 1983; “*Friday the 13th*” series, 1980) or will be allowed to open up and share his motivation in such a way that the viewer will understand it thanks to the backstory (“*Joker*”, 2019; “*The Silence of the Lambs*”, 1991; “*Man Bites Dog*”, 1992; “*Seven*”, 1995; “*The Watcher*”, 2000). While hysterical women murderers embody patriarchal gender norms, which are often based on Freudian themes and symbols.<sup>122</sup>

As a matter of fact, the (ir)rationality serves as the starting point of gender difference, because if “*male psycho-killers tend to be depicted as either rational or in some sense*

---

<sup>120</sup> Hysterical Women. Tropedia [online]. Available from Internet: [https://tropedia.fandom.com/wiki/Hysterical\\_Woman](https://tropedia.fandom.com/wiki/Hysterical_Woman)

<sup>121</sup> However, there are cases, when women “progressively” take male character’s roles and judge other women using the men’s behavioural patterns, which is actually rooted in the internalised misogyny. In the BBC TV series “*Blake’s 7*” (1978-1981) there was a representative episode, when a female character Soolin slapped whiny Piri and said: “*There are two classic ways of dealing with a hysterical woman. You didn’t really expect me to kiss her, did you?*”.

<sup>122</sup> LORD, S., & BURFOOT, A. Killing women: the visual culture of gender and violence. Wilfred Laurier University Press, 2006., p. 243

*hyperrational*”<sup>123</sup>, then it is irrationality in its broadest sense that distinguishes female characters. It is often due to the lack of a coherent story of a heroine because it is very likely that if the viewer understood where her motives come from, then the character’s arc would develop into such a narrative, where actions on the screen that go beyond everyday life would still acquire a “rational” frame.

A thought-provoking example of cross-media evolution is the heroine of the video game League of Legends called Jinx. She appeared in the game in 2013 and, like other characters, was introduced to the players in a 3-minute video<sup>124</sup>. It presents Jinx as impulsive, crazy and obsessed with her weapons. Her favourite way to wreak havoc is to detonate self-made bombs, which look like kid’s toys. When she drives mad, her emotions are metaphorically exploding with the help of the bombs, which appearance inexorably leads to the conjecture that Jinx's madness and impulsiveness lurk in childhood trauma. In addition, as the game progresses, it also reveals that she is talking to herself and hallucinates, reinforcing the image of the mentally diseased. Her story gradually takes shape in small explanations that appear in the lore of other characters, which are poor in explaining the roots of this irrational violent heroine.

A noticeable transformation will take place 8 years later with the release of the animated streaming television series on Netflix, which tells the story of Jinx and her older sister Vi. Back in the time when they were children, Jinx (whose real name was Powder) was clumsy and shy, but she was already making her own bombs that never went off. One day, her older sister and their mutual friends went to rescue Vander - Jinx and Vi’s foster father and the head of their city. The younger sister could not stand aside, took her bombs and crystals (stolen from the laboratory a couple of days before) and went to help her friends. Unfortunately, in an attempt to provide help to her loved ones, she decided to insert the crystals into a bomb, which resulted in a catastrophic explosion that killed all her friends and Vander and only Vi escaped. The older sister, in a fit of despair from the death of her nearest, quarrelled with Jinx. From this moment, their paths diverge for many years since Vi left after the fight (she never meant to leave Jinx alone, but was dragged to jail), while Jinx was “picked up” by the main villain Silco, who, through manipulation, will make her a weapon in his hands.

Visually, the series adds a lot of details that go along with unstable Jinx states<sup>125</sup>:

---

<sup>123</sup> Ibid, p. 244

<sup>124</sup> League of Legends. Get Jinxed (ft. Djerv) | Official Music Video - League of Legends [video]. YouTube, October 13, 2013. Available from the Internet: <https://www.youtube.com/watch?v=0nlJuwO0GDs>

<sup>125</sup> LukeRYS. JINX 「ARCANE AMV」 Crazy [video]. YouTube, december 10, 2021. Available from the Internet: <https://www.youtube.com/watch?v=rPnEhuSxDeg>

1. Her conversations with herself acquire illusory addressees in the images of the very friends who were killed by her bomb. They appear at times of severe stress and cause increased impulsiveness in her actions.
2. Insanity is also shown in the form of drawings, among which the main pattern is the name of Vi, who, according to Silco, abandoned her. In addition to that visual technique, Jinx also leaves behind bright graffiti, and all her screen appearances are accompanied by thoughtful performances with colour and visual details that other characters do not have. For example, when she is in distress, pink colours appear all over the screen and at the very peak, pink becomes the colour of her eyes. This colour is the symbol of her sister: the pain that Jinx experienced because of her abandonment literally becomes the driving force behind her rage and is reflected in her.
3. The explosions of her bombs as an expression of Jinx's mental state never occur for the sake of showing madness per se, but with each blow-up, the narrative of the series progresses.

Overall, she is the most performatively bright character who meets all the laws of the presentation of a hysterical woman, especially from a theatrical point of view. But the difference is that the psychological instability is attributed to the background story, thus her actions are no longer irrational (even though impulsive), while the animation techniques, that Charcot would envy, are present in order to improve understanding of the heroine's states, instead of showing her "inadequacy".

However, creating a full-fledged story does not always protect female characters from perceiving them as inadequate. In fact, in thrillers and horrors, a madwoman inspires fear, since *"feminine attributes give body to an anxiety intrinsic to patriarchal notions of femininity: namely, that the safe, nurturing, maternal female bears hysterical, possessive, violent impulses within her very soul"*<sup>126</sup>.

Hysteria as an artificially created phenomenon could embrace any behaviour that goes beyond the patriarchal ideas of a "normal woman", which were analysed with a magnifying glass and interpreted as an abnormality per se. The examination of a hysterical body was inextricably linked to the modes of control, which found an expression in narrative cinema, TV series and animation movies: if a hysterical woman is fragile, she can be under control and thus doesn't threaten the status quo. However, a hysterical body that goes beyond control evokes fear, which, in accordance with the rules of the display, was amplified through the villainization of such female characters. Moreover, since the hysteria was visualised by the means of photography, foreseeably

---

<sup>126</sup> LORD, S., & BURFOOT, A. Killing women: the visual culture of gender and violence. Wilfred Laurier University Press, 2006, p. 240

they were used for reconstructing that image in a number of widely demanded films and series. In this chapter, it is argued that the screen version of hysteria has given the space for displaying middle- and upper-class white women, whose mental instability can be described majorly with Freud's terminology and characterised majorly by the following symptoms: emotional outbursts, performative behaviour, hallucinations, loss of sensation and generally psychosomatics. While the visual modes of representation are based on Charcot's photographic heritage. It is the intermingling of these discourses that allows hysteria to multiply its images and become a whole constellation of tropes.

The following "hysterical women" tropes in cinema and TV series were distinguished: The Obsessive Woman, The Delusional Woman, and The Tough Crazy Woman.

**1. The Obsessive Woman:** the female character, who is preoccupied with a person or an idea and, in an attempt to take possession of it, produces violent behaviour.

In *Sleepless in Seattle* (1993) in one of the dialogues, Tom Hanks, in an attempt to give an example of a terrible fate caused by a woman, recalls the film *Fatal Attraction* (1987): "It scared the shit out of me! Scared the shit outta every man in America!"

This exclamation introduces us to the threat to the family unit that carries the obsessions of a madwoman - Alex, the main heroine of the award-winning movie. According to the script, she meets Dan, who has a wonderful wife, a daughter and a career. However, that hasn't stopped him from having an affair with Alex, who is very smart, independent and sexy. Dan refuses to continue a relationship with her and doesn't change his mind even after Alex says that she is pregnant. That is the point when the drastic changes in her behaviour start.

The spectators witness how rapidly her identity shifts from an emancipated, evoking interest and attention to an impulsive, angry, violent and generally insane woman. This modification is shown with the help of Alex's clothes: she changes fashionable outfits for shapeless white silhouettes and nightgowns as soon as becomes fixated on the idea of having a romantic relationship with Alex. Comparing her dressing and mimic expression with the photos from Salpêtrière it becomes evident that the theatrical performances of the 18th century imprinted on the photos became conscious or unconscious references for media representation of madwomen.

Moreover, Alex's behaviour is recognised as "seeking for [men's] attention", which becomes especially clear after she said: "You won't answer my calls, you change your number. I mean, I'm not gonna be ignored, Dan!" She is both obsessed with the man and the need for attention: she creates "drama" in order to be in the centre of recognition by Dan. This symptom together with her social status distinguishes her from Charcot's hysterics and makes her behaviour

recognizable in the psychoanalytic discourse: “*The devil in Fatal Attraction is an assured professional woman, well educated, autonomous, empowered, in control of her space, a woman who has not a room but a loft of her own*”<sup>127</sup>. Media space adds to this discourse another dimension: evidently violent actions from Alex starting with a stabbing attack and kidnapping of Dan’s child. That becomes an indication of the collective unconscious fears of hysterical women, who can inexplicably become aggressive.

Another motive for the obsession of female villains on screens is revenge. A textbook example is the controversial 79th episode of *Star Trek: The Original Series*, where the villain-of-the-week Dr Janice Lester has spent 20 years preparing the revenge on Kirk, with whom she previously had a love relationship. The fact that in the entire episode there is not a hint of the reason for the desire for vengeance is noteworthy. That makes all of Janice's actions completely unjustified and impulsive. She is portrayed as being mentally unstable and is called getting “red-faced with hysteria”. The reason for such behaviour is vividly explained in one exclamation of her: “*The world of starship captains doesn't admit women!*” Janice is “sick” because of her repressed desire to be accepted as a human, capable of leadership. An adequate aspiration is twisted in the meaning by focusing attention on the effect together with creating an image of an obsessed with a retribution villain. Moreover, Janice’s mental disorder is locked in her body: she spends a lot of time at the hospital preparing for transferring her mind into a male’s body. The reasons for such an intention are also hidden from the audience, however, it reinforces the idea of a troubled female body, which is depicted within the frames of the Salpêtrière’s visual narrative (and only a male’s body would convert hysterical actions to the discourse of “normality”).

Therefore, the intermingling of psychiatric and psychoanalytic concepts together with screen culture modified a classical image of a hysterical woman and endowed it with madness “in action” accompanied by dangerous actions.

**2. The Delusional Woman:** the character, who, after having a mental breakdown, becomes detached from reality.

One of the most striking examples of a woman who is gradually becoming insane is *Repulsion* (1965), where the main character Carol Ledoux is experiencing distress: it’s hard for her to keep communicating with people, do everyday tasks and she constantly feels disgusted by men’s implications and, basically, anything sexual. When she stays alone in the apartment she starts losing touch with reality. The visual techniques used in the film brilliantly show how PTSD triggers work: the ringing bells of the church outside, the time of the day, touches, phone calls, etc. Carol’s

---

<sup>127</sup> PARK, W., and PEREZ, G.. The Madwoman in the Loft: "Fatal Attraction". *The Hudson Review*, 41(1), 1988, 40th Anniversary Issue, 1988, p. 199.

hallucinations, when dozens of arms breaking through the walls touch her, vividly depict that traumatic flashbacks actually feel real, even though they are “imagined”.

The problem aspect of the film lies in the denigrating of Carol by endowing her with murderous intentions. Even though the spectators might start to empathise with this young, pretty and employed woman, by the end of the movie she, being dressed in a white nightdress, starts impulsively killing people.

Moreover, the trailer which shortly introduces the film drastically changes the perception. It becomes obvious that it had never been the intention to represent what, obviously a victim of abuse, might come through, but it was created to scare the audience with a madwoman, who, besides, enjoys it: “*Repulsion - a shocking plunge into the world of a young woman’s sensual fantasies*”.<sup>128</sup>

This movie is a striking example of ambiguous Freud’s ideas about the reasons for women’s hysteria since, on the one hand, it clearly shows how the traumatic experience incapacitates a person, but on the other, after all, stigmatizes a woman by meaning that it’s “all in her head” and “she actually desired it”. Furthermore, film reviews usually describe “*Repulsion*” as a story of a woman, who is “exiled into her own hysteria”<sup>129</sup> and don’t leave a chance to interpret it as one more example of villainising “hysterical” women.

It is not easy to understand the point of view of a female character, who is hardly conscious of what is going on around her, especially when her story, in fact, is hidden and illustrated with slight hints. It creates the space for controversies, which never end up in supporting a heroine. The screenplay of *A Streetcar Named Desire* (1951) didn’t directly encourage the viewers to accept the point of Blanche DuBois - a middle-aged good-looking former English teacher, who is gradually becoming insane and starts living in her fantasies after a series of painful events presented as rumours about her, which everyone believes in. She is perfectly performative and does everything to keep looking young and attractive. She usually gets panicked about how she is perceived: she takes bath several times a day, constantly changes dresses and even avoids direct light. That drives Stanley - the husband of her sister, at whom Blanche stopped. He actively shows his contempt for her sensitiveness and it is he who rapes her in the end, which becomes the turning point in Blanche's fall into insanity.

In this film, she didn’t kill anyone but was artistically intensified as a character, who desired to be desirable.<sup>130</sup> Her vulnerability makes her different from other villainized tropes, but she is a

---

<sup>128</sup> HD Retro Trailers. *Repulsion* (1965) Original Trailer [FHD]. YouTube, january 21, 2021. Available from the Internet: <https://www.youtube.com/watch?v=-jdUAZ-tstk>

<sup>129</sup> WILLIAMS, C. Film Review: “*Repulsion*” [online]. Cine-vue, january 3, 2013. Available from Internet: <https://cine-vue.com/2013/01/film-review-repulsion.html>

<sup>130</sup> COMANELEA, R. Shifting Shapes in Play and Performance: Blanche DuBois, from Witchy Female to Marginalized Other, *Rocky Mountain Review* 74(1), 2020, pp. 9-30.

pure representation of a delusional hypersensitive hysteric, who is seeking attention from men, but her both obsessive and compulsive actions are driven by fantasies, which make her look ridiculous. The film ends with placing Blanche in a psychiatric clinic against her active will.

**3. The Tough Crazy Woman:** played by an extraordinarily attractive actress, whose character is glorified for her uninhibited sexuality and disregard for social norms.

The trope integrates the qualities of the heroines described above: obsessiveness, low mental attachment to reality, and violent experience as victims. The distinctive feature of a Tough Crazy Woman is her hypersexuality, severe anger, and very notable, usually revealing, dressing. Probably, since they represent explicit madness, it relieves the audience's anxiety and opens up space for sexualization, which, anyhow, is provided by the display system that works in accordance with the male gaze, as the structure of the film is "sharpened" to serve the voyeuristic pleasure.

Harley Quinn is a perfect example of these intertwined characteristics, who has a cross-media background in comic books, animated series and movies. Basically, her story starts with seducing a teacher to get better marks and become a psychiatrist. She starts working at The Elizabeth Arkham Asylum for the Criminally Insane where she meets Joker, falls in love and helps him to escape. In *Suicide Squad (2016)* she is manipulated by Joker to fall into acid to show her loyalty, which becomes the reason for her madness. After that Harley is portrayed as crazy and violent, but at the same time tied to Joker, who is abusing her on full display. That fact vividly illustrates, that even the most insane and dangerous women can be manipulated by a man, even those, who can kill dozens of murderous criminals at once, can be insulted with no consequences. It is the second reason why The Tough Crazy Woman, even though is no less threatening, is not the heroine of horror, but of action movies, who mostly entertained the audience with her sexuality, shown from all possible angles.

Later, in *Birds of Prey (2020)*, Mr. J breaks up with her and that makes the moment of Harley's "emancipation". In the movie, where she is the main character, although she is portrayed as a murderous psychopath, who can be terrifying, she is very cute and playful. Her hysterical laugh could make the audience feel uncomfortable, but her beauty and revealing clothes present Harley more alluring than alarming. The trope remains to refer to the performativity of insane women and obsessiveness with male attraction, but on the screen, among violent behaviour, a hysterical woman is also sexualised.

Harley's copy is a heroine Demencia in an animated TV series *Villainous*, who is obsessed with Black Hat (the main villain), and loves chaos and destruction. She is also a "product" of an experiment - a pretty little psycho, who can be calmed down with tranquilisers Dr. Kenning "Flug"

Flugslys gives her. Demencia is more an “attachment” to the narrative, the one, who has nothing but an abnormal, nonetheless preferable in the patriarchal society, fixation on a male’s figure.

There are several tendencies, which become noticeable in all the 3 variants of the tropes of hysterical women on screen, which go beyond just similarities in mental condition and the way they express these states through emotions. Sara Ahmed argued that “*rather than seeing emotions as psychological dispositions, we need to consider how they work, in concrete and particular ways, to mediate the relationship between the psychic and the social, and between the individual and the collective*”<sup>131</sup>. The examination of the chosen films, TV episodes and animated movies and series shows that the representation of female’s emotions through the psychic maladies doesn’t actually provide a “pure” reflection of them: the unspoken gaps can be revealed with the help of feminist methodology and by “*paying attention to feelings of structure in which the object affectively flows*”<sup>132</sup>.

There is a distinctive emotion that drives the collective unconscious in the patriarchal society in the logic of “affective economies”<sup>133</sup> in the context of hysterical women representation - **fear**. The unconscious threat of losing control over the marginalized communities, through the circulation of the changing cultural and societal norms was navigating the power structures. Fear was the main motive in establishing the clinic institution and its pervasive gaze, it was fear that medicalized and objectified the female bodies, and it is fear that manipulates the modes of representation in media.

The analysis of the selected tropes of hysterical women on screens discloses several modes of fear that form a regular functioning of the mutually beneficial system of exchange between patriarchy, psychoanalysis and media.

To the first approximation, it becomes evident that the screen culture made previously unspoken danger, which the hysterics may “contain”, visible. The tropes manipulate the constructed phobic discourse in order to awaken fear in the audience. Since screen media have to use the audio-visual language for operating the spectators’ emotions, it became the first time in history, when all the possible ways of representing the hysterics were used. From now on, the public knows not only how they look thanks to Charcot’s photography, or what symptoms can help to identify a mentally sick woman after reading Freud’s texts. The hysterical women and all the possible

---

<sup>131</sup> AHMED, S. Affective Economies. *Social Text* 79, 22(2), 2004. Available from the Internet: [https://www.uib.no/sites/w3.uib.no/files/attachments/1.\\_ahmed-affective\\_economies\\_0.pdf](https://www.uib.no/sites/w3.uib.no/files/attachments/1._ahmed-affective_economies_0.pdf)

<sup>132</sup> ÅHÄLL, L. Affect as Methodology: Feminism and the Politics of Emotion. *International Political Sociology*, 12, 2018. p. 43

<sup>133</sup> AHMED, S. Affective Economies. *Social Text* 79, 22(2), 2004. Available from the Internet: [https://www.uib.no/sites/w3.uib.no/files/attachments/1.\\_ahmed-affective\\_economies\\_0.pdf](https://www.uib.no/sites/w3.uib.no/files/attachments/1._ahmed-affective_economies_0.pdf)

prejudices connected with them were converted from the Imaginary to actually visible on the screen (which is still based on the phantasmagorical ideas of the image of women). Moreover, media as an institute enhances such a misogynistic perception of women, which subsequently affects womanhood. However, basically, thrillers and horror movies use all the possible instruments to meet the purpose of raising anxiety in spectators and, if one looks closely, there will be found dozens of narrative and display tools for orchestrating emotions, where hysterical women are just one of the many.

Among the undeniable villainization of hysterical women on screen, one more notable pattern deserves attention in the context of affect theory and feminist critiques. All the presented tropes have one thing in common: female characters express hysterical symptoms and change behaviour in contact with men. Women are depicted as obsessed with the idea of certain relationships (*Fatal Attraction*; *Villainous*), the preoccupation with the illusionary possibility of a romantic connection with men (*A Streetcar Named Desire*), the fear of any contact with male figures and the paradoxical desire of it (*Repulsion*), or being flirty and seductive (*Birds of Prey*). The methodology proposed by Sara Ahmed shifts the focus from analysing personal emotions represented in the film characters to the structures that uphold the discourse. Based on the preliminary findings in previous chapters, it can be concluded that the display of women's "obsession" with [sexual] contact with men or "ostentatious" scare concealing the "desire" is rooted in psychoanalytic heritage. The case of analysis of the world-famous hysteric Dora resulted in Freud's interpretation, that Ida Bauer repressed her desire for sexual contact with Herr K. and this unconscious "truth" was revealed under the clinical all-seeing gaze. However, it is the male-doctors' desires that are reflected in the objectified female bodies, while the power structures of the patriarchal society and medical institut legitimized it. Specifically, the sphere of mental disorders became the most profitable field to continue the practices of the oppressive apparatus, since the rise of feminist ideas started to threaten the system. Activists began to conduct research in the field of women's health, education gradually became more accessible and the general awareness about body autonomy started to contradict the traditional hegemony. In these conditions, the patriarchal ideas found "shelter" in the new perspective field of psychoanalysis, which emerged on a medical basis, thus the medicalization of the female bodies together with their subjugation continued.

The screen media culture with its display system uses the discourse that was offered by the psychoanalysts. The photographic materials of the madwomen from Salpêtrière were adopted together with Freud's textual description of the symptoms of hysterics and the "*surprising*

*dimensions*”<sup>134</sup>, in which their emotional reactions can be expressed. Subsequently, it generated an infinite set of compilations of hysterical women’s images in screen media, but the main purpose was hidden behind the scene: to make the audience believe that the only thing women desire - is men. No matter whether female characters openly chase them and it becomes the basis of the plot, or they fear men - it is presented as if women are not conscious enough about their desires due to mental issues. The critical analysis shows that, ultimately, the phallogocentric ideas are still alive, even though they are not clearly articulated.

### **3.2 The Deconstruction of the Vision of Women as Hysterical by Feminist TikTok Creators**

The previous subchapter vividly demonstrated the connection between the prejudiced vision of women as hysterical in psychoanalysis and how it was reflected across various media spaces. For centuries women lacked non-imaginary representation since it was men who wrote, photographed, and directed their image. The system of production, which works in accordance with the male gaze, serves the objectifying logic of displaying women.

Films and series are not interactive and are established for passive consumption, however, in the 21st-century screen media have already evolved towards more immersive modes of experience. Since the digital turn, social media platforms have grown rapidly: humanity spent more than 1.3 billion years on the Internet just in the previous year, according to the annual Global Digital 2021 report<sup>135</sup>. Online media can be a valuable tool for analysing socially important issues, as the users, on the one hand, generate content in the logic of the (unconscious) patriarchal practices, but on the other, shape the discourse by addressing and making visible different dimensions of oppression and marginalisation.

In that regard, TikTok as one of the most popular applications for creating and watching short videos nowadays is widely used by feminists. Although, the popularity<sup>136</sup> of the platform is not the key point why it was chosen for considering the new models for deconstructing the image of a demonized hysterical woman. First and foremost, this media space is designed for collaboration which makes it easier for women to use global trends to share different experiences. The platform design is based on widely used interactive practices: videos are presented in the form of an “eternal” feed, the application has implemented video recording and hosting functions, users can leave

---

<sup>134</sup> BREUER, J., and FREUD, S. *Studies on Hysteria*. New York: Basic Books, 1957. p. 171

<sup>135</sup> KEMP, S. Digital 2021: The Latest Insights into the ‘State of Digital’ [online]. We are social, January 27, 2021. Available from the Internet:

<https://wearesocial.com/uk/blog/2021/01/digital-2021-the-latest-insights-into-the-state-of-digital/>

<sup>136</sup> TikTok Team. Thanks a billion! [online]. TikTok, September 27, 2021. Available from the Internet: <https://newsroom.tiktok.com/en-us/1-billion-people-on-tiktok>

comments, like videos, subscribe and communicate with others. However, the logic of consuming and creating new videos is contrasting with other social media platforms like Instagram, Facebook and YouTube. The dissimilarities brought the communication between users to a new level and, at the same time, gave space for people with non-popular accounts<sup>137</sup> to be heard, which is crucially important for at least feminist creators.

The examination of the platform functions might be advantageous for understanding the practices for opposing the misogynistic discourse around hysteria, which are exclusive to TikTok.

### **Sound & Music**

TikTok is mostly based on music videos and the way people use songs and original video sounds to create new meanings. This is basically how trends emerge. These trends are typically used differently by the feminist community because their experience is distinct in comparison to heteronormative. The implementation of their vision into the global sound trend leads to a greater spread of the ideas since they don't circulate only among those, who are interested in feminist content.

Moreover, since sound on TikTok is the driving force for the exchange of views and opinions<sup>138</sup>, it should be mentioned that within one sound trend many viral forms of performance appear: some of them are local, some become popular for larger communities, for example, based on ethnicity, while several are promoted globally.

One of the trends, based on Taylor Swift's song "I Bet You Think About Me", became viral and was used by many feminists. Originally, the last lines of the song were used to share personal experiences about why a person can be possibly perceived as "insane" (the vast majority is quite "innocent": too many books in the room, or they own some "weird" things). A TikTok creator @chateaubarefoot used this song to show the absurdity of the image of a hysterical woman.

In her video, she encourages other women "to dress like a ghost and smash a vase in a hit of hysteria" while singing Taylor Swift's song.<sup>139</sup> That shows the absurdity of the modern use of the term "hysteria" in reference to women: her white dress refers to the common clothes for women in Salpêtrière, her mimics express "madness" and her actions are impulsive. But the context of a modern social media platform with funny videos deconstructs this image itself. If a screenshot from the video could be placed in Charcot's "New Iconography of the Salpêtrière", @chateaubarefoot

---

<sup>137</sup> TikTok shows videos on the feed according to first reactions of the "test" audience, the promotion is not based on the number of subscribers.

<sup>138</sup> The Importance of Trending Sounds on TikTok [online]. Movement Strategy, February 28, 2022. Available from the Internet: <https://movementstrategy.com/editorial/trending-sounds-tiktok/>

<sup>139</sup> @chateaubarefoot. Just do it [video]. TikTok, November 24, 2021. Available from the Internet: <https://www.tiktok.com/@chateaubarefoot/video/7034181550845496623? t=8SRyYL9zQKz& r=1>

would have become one of the hysterics of the 18th century. This case demonstrates the strategic use of online media discourse for making vivid how preposterous patriarchal ideas can be, especially in a contemporary context.

One more dimension can be added by combining sound with filters, which create a unified narrative and help to visually recognise the discourse. A prominent example here could be a trend, where women share: why would they kill a man. They use a filter that imitates an old low-quality recording together with an audiotape of a woman, who gives an interview and describes very calmly how she tortured and murdered a man. The user @\_ohheyitsjess acted according to the rules of the narrative and wrote on the video “When he called me dramatic for expressing my feelings and needs”, while in captions mentioned “I’ll show you dramatic”<sup>140</sup>. On the one hand, this shows that any manifestation of women’s emotions is perceived as dramatic. But on the other, that women are aware of manipulations aimed at diminishing their assertiveness and they show it by using such trends.

### **Stitch & Duet**

Giving “likes” and leaving comments is a widely adopted form of interaction in social media, which transformed into an automatic reaction over the years. TikTok platform designers went further and created new modes of interaction to stimulate users to communicate and create more videos (indeed, for marketing purposes):

1. Stitch video function: users can show a part of an original video to which they want to react and continue with recording their own content; there is no more need to save \ screencast someone’s content and edit it separately.

2. Duet video function: allows users to record their reaction and simultaneously show the original video, as the screen is automatically split into 2 parts.

These functions are widely used by feminists to immediately interact with sexist, racist, homophobic, and other discriminative content by confronting their creators and explaining why their statements or behaviour is problematic. That is a powerful tool, as the voices of marginalised groups are not lost in the comment section, especially due to the fact that TikTok has limitations in the number of symbols one can type in a comment (that actually stimulates the use of the newly implemented function).

However, among the “information service” that some content creators provide by stitching videos with analyses of hate speech or harmful actions toward women, there are several more ways of using these functions:

---

<sup>140</sup> @\_ohheyitsjess. I'll show you dramatic [video]. TikTok, August 20, 2021. Available from the Internet: [https://www.tiktok.com/@\\_ohheyitsjess/video/6998558753561890053? t=8SSBDBYDqPG& r=1](https://www.tiktok.com/@_ohheyitsjess/video/6998558753561890053? t=8SSBDBYDqPG& r=1)

- “Tell me ..., I go first”: a video starting with this phrase invites other users to share their experiences. The original video is used as a beginning (for example: “Tell me when you were called hysterical \ overdramatic”) and then others stitch their personal stories. The more people use it, the more popular the trend becomes, and the more representative experiences are spread across the platform.

- Men, whose content is based on describing women’s “typical” behaviour, are usually dueted by women who start performatively acting as was narrated. That instantly shows the gap between real womanhood and the Imaginary and devalues that point of view. Moreover, it is highly probable that if the original discriminative video was liked, commented or shared by a user, the stitched and dueted versions will appear on their feed as well. The promotion of videos with a critical perspective is very beneficial for feminist praxis.

### **Video Reply to Comments**

On TikTok, unlike other social media, even comments are moved to the video dimension. Moreover, the system automatically signs in the description which video was commented on in order to preserve the integrity of the story for those who saw the response to the comment first.

This feature turned out to be very useful in terms of appealing to those users who, with their comments, represent the attitudes of entire groups of society. For example, @baileyyym\_ recorded a video in which she talked about the fact that she was diagnosed with PTSD as a result of rape, and also shared how the medical examination is carried out: what other mental disorders were identified and how she is treated. One of the users left a comment under this video with the following content: “Why are women so dramatic about rape? I’m a man and this is disgusting”.

Although @baileyyym\_ spoke in her video in a rather calm, one might even say, positive manner, was perceived as dramatic. The very fact of having mental problems was the reason for this perception. The woman used the video response function, where she clearly showed that she was in the hospital and this was not just her affective reaction (even though, why is that expected for women to react emotionless to rape?) for the sake of attention, but a real mental state.<sup>141</sup> As a matter of fact, such replies not only normalise and vividly represent women's perspective on an issue but also show male auditory’s attitude.

### **For You Page**

---

<sup>141</sup> @baileyyym\_. Reply to @hamadalgonaim so sorry pls don’t cancel me y’all [video]. TikTok, may 19, 2021. Available from the Internet: [https://www.tiktok.com/@baileyyym\\_/video/6963950130932321541?\\_t=8SRyldiOkEA&\\_i=1](https://www.tiktok.com/@baileyyym_/video/6963950130932321541?_t=8SRyldiOkEA&_i=1)

Generally, TikTok is mostly famous for its so-called “For you Page” - an endless feed, which combines automatically generated content “for you” and videos of the creators, whom a user follows. Basically, anyone can receive any video from any creator. In theory, that is specifically advantageous for the marginalised groups of society because they can shape their presentation from their own perspective (if not taking into account internalized misogyny, for example), which reduces social biases and enhances the critical self-reflexivity of the audience.

However, in practice, TikTok algorithms don’t effortlessly introduce users to content that doesn’t stick to their preferences, defined automatically. Certainly, that is predictable in the logic of delivering constant visual pleasure to the viewer, but the question is: do the proposed videos actually match with users’ preferences or shape them?

First of all, there is very little raw data about a user at the beginning: a photo, location, bio, gender (only male \ female) and age. After registration, among the first videos, TikTok shows only the most popular ones, not in general on the platform, but for the groups of the same gender identity, age and location as the new user. In addition to that, an experiment<sup>142</sup> conducted by Marc Faddoul (a researcher at the University of California Berkeley School of Information who studies AI and disinformation) showed that the application recommends following accounts simply according to the similarities to the facial features of those who were followed previously. Thus, since white male creators are the most popular ones, there will be less chance, for instance, for women of colour to be shown on the feed. Only critical and active reactions might change the situation, otherwise, there will be much less diversity in the content provided<sup>143</sup>.

It can be concluded, that the instruments TikTok developed can perfectly serve the interests of the feminist ideas and can certainly be useful in counteracting the misogynistic comprehension of hysteria as a female mental disorder or a “natural” characteristic of women. The platform’s instruments are extraordinarily interactive and were astutely adopted by feminist content creators for undermining harmful ideas and practices from within. However, the algorithm creates conditions for aggravating social biases by making it difficult to access diverse content, as it initially distributes users into groups based on insufficient information for this. Although, the question of whether it is algorism is prejudiced or it just reflects actual users’ preferences is a matter of another research.

---

<sup>142</sup> STRAPAGIEL, L. This Researcher's Observation Shows The Uncomfortable Bias Of TikTok's Algorithm [online]. BuzzFeed News, February 26, 2020. Available from Internet:

<https://www.buzzfeednews.com/article/laurenstrapagiel/tiktok-algorithm-racial-bias>

<sup>143</sup> DOWLING, M. L. brb going to yeet my eyeballs into the sun [video]. TikTok, June 6, 2021. Available from the Internet: <https://vm.tiktok.com/ZMLYSUn81/>

## CONCLUSION

Hysteria as a phenomenon can be characterized by an astounding ability to adapt to the socio-cultural conditions of any era. The capacity for reincarnation has been combined with paradoxical stability in regard to the hysterical subject. It was a female body which was considered to store the origins of hysteria, whether it is a wandering uterus, demons or mental disorders.

The gradual (re)invention of the “female malady” was based on the patriarchal imaginary perception of women. In the thesis, it was found that in the Western European history of gradual conceptualisation of hysteria, it was mainly articulated as a medical condition. Physical vulnerability had been the main cause of the disease for almost 2.5 millennia before the discourse started to be dominated by the early psychoanalysis and psychiatry in the 18th-20th centuries.

In the 1st Chapter, it was defined that Charcot’s thorough observations and photographic documentation of thousands of states of the madwomen from Parisian streets were the impetus for Salpêtrière’s “optical machine” to create the new facets of hysteria. In fact, this medical institute was not detecting the insanity but constructed a specific image of the hysterics by photographing women and staging theatrical performances for the public. Psychoanalysis became the successor of this discourse, where any glimpse of abnormality was considered to be hysteria in case the patient was a woman. Freud, however, made a drastic shift in the perception of the hysterics by interpreting their symptoms as neuroses originating in the repression of sexual desires. That marked the historical moment when hysteria became primary the mental condition of women.

The examination of the modes of influence of the oppressive structures on Freud’s conceptualisation of hysteria in Chapter 2 revealed that the psychoanalytic practice upheld the hegemony as it was based on the objectifying clinical gaze. Psychiatric institutions medicalized female bodies by endowing them with hysteria in order to subjugate and control women. *Le regard médical* of the mind doctors capable of seeing the invisible disorders was legitimised by the clinic with its authority to manipulate bodies to meet the biopolitical objectives. This misogynistic discourse was reinforced straightforwardly with the rise of feminist ideas in order to silence women, who started confronting the systems of power. As a consequence of the psychoanalytic shifting hysteria from being a disorder of the marginalised poor women of Salpêtrière to the upper, educated class, it became possible to label all women hysterical.

Subsequently, in Chapter 3 it was found that Charcot’s performatively staged photos of the hysterics and Freud’s narrated analysis of cases of hysteria were merged through the screen media. The analysis of the selected tropes of hysterical women - The Obsessive Woman, The Delusional Woman, and The Tough Crazy Woman - showed, that cinema, TV series and animated films use the photographic image of the hysterics, while the symptoms and their social status correlate with

psychoanalytical textual descriptions. The examination of the selected media tropes casts a light on the unseen behind the performative insanity displayed on the screens: those characters are imagined to desire to be with a man or not knowing yet that they desire it. Further use of the “affective” methodology for critical feminist analysis has shown that the actual purpose of such a representation of women in media is hidden behind the brackets: based on the psychoanalytical discourse, the oppressive structures shape the image around the hegemony of a phallogentric society, where being a man or at least being with a man is an intrinsic value. At the same time, depicting women as mentally unstable is purposeful for preserving the society of an idea, that women are capable of understanding their desires and the right to have body autonomy. In that regard, feminist TikTok creators adopted the newly implemented functions for developing and producing contemporary forms of social media activism, which is still limited by the major system of display and interaction with the content on the platform that works advantageously for the patriarchal order of things.

Therefore, in the thesis, it has been found that the medical concept of “hysteria” has never been an issue of either physical or psychic women’s conditions, but served the purpose to control them by creating a stigma on their emotional expression. The outcomes of the research showed that the discursive and visual construction of hysteria as a female disease in early psychoanalysis has influenced the image of women in modern media culture and, thus, perpetuates the misogynistic discourse.

The research findings on the history of the hysteria conceptualisation and the analysis of its representation in screen media made it possible to develop a visual scheme where the evolution of hysteria as a female disease in Western-European culture is depicted. It demonstrates that the oppression of women in patriarchy can be undertaken by the means of one single phenomenon invented specifically for subjugating women - *hysteria*.

## REFERENCES

1. ÅHÄLL, L. Affect as Methodology: Feminism and the Politics of Emotion. *International Political Sociology*, 12, 2018.
2. AHMED, S. Affective Economies. *Social Text* 79, 22(2), 2004. Available from the Internet: [https://www.uib.no/sites/w3.uib.no/files/attachments/1.\\_ahmed-affective\\_economies\\_0.pdf](https://www.uib.no/sites/w3.uib.no/files/attachments/1._ahmed-affective_economies_0.pdf)
3. APPIGNANESI, L. Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to the Present. Virago, 2008.
4. ASHLEY W. The angry black woman: the impact of pejorative stereotypes on psychotherapy with black women. *Soc Work Public Health*, 29(1): 27-34, 2014.
5. BART, P. B., and SCULLY, D. H. The Politics of Hysteria: The Case of the Wandering Womb. *Gender and Disordered Behavior: Sex Differences in Psychopathology*, ed. E. S. Gomberg and V. Frank (New York: Brunner/Mazel).
6. Brain Tumor: Symptoms and Signs [online]. Approved by the Cancer.Net Editorial Board, 09/2021. Available from the Internet: <https://www.cancer.net/cancer-types/brain-tumor/symptoms-and-signs>
7. BERNHEIMER, C. and KAHANE, C. In *Dora's Case: Freud - Hysteria - Feminism*. New York, Columbia University Press, 1990.
8. BRENNAN, K. M. *Hysteria and the scene of feminine representation*. The University of Arizona, 1990.
9. BRESKOLL, V. L., and UHLMANN, E. L. Can an angry woman get ahead? Status conferral, gender, and expression of emotion in the workplace. *Psychological science*, 19.3, 2008.
10. BREUER, J., and FREUD, S. *Studies on Hysteria*. New York: Basic Books, 1957.
11. BRIGGS, L. The Race of Hysteria: "Overcivilization" and the "Savage" Woman in Late Nineteenth-Century Obstetrics and Gynecology. *American Quarterly*, 52 (2), 2000.
12. CHARCOT, J. M. *Lectures on the Disease of the Nervous System delivered at La Salpêrière*, trans. George Sigerson (London: New Sydenham Society, 1877), p. 271
13. COMANELEA, R. Shifting Shapes in Play and Performance: Blanche DuBois, from Witchy Female to Marginalized Other. *Rocky Mountain Review* 74(1), 2020
14. COOPER, M. For Women Leaders, Likability and Success Hardly Go Hand-in-Hand [online]. *Harvard Business Review*, April 30, 2013. Available from the Internet: <https://hbr.org/2013/04/for-women-leaders-likability-a>
15. CREWS F.C. The verdict on Freud. *Psychol Sci.* 7(2): 63–88, 1996.

16. DOWLING, M. L. brb going to yeet my eyeballs into the sun [video]. TikTok, June 6, 2021.  
Available from the Internet: <https://vm.tiktok.com/ZMLYSUn81/>
17. DIDI-HUBERMAN, G. *The Invention of Hysteria*. Cambridge, Mass: MIT Press, 2003
18. EDWARDS, R., ZIEGLER, V. L. *Matrons and Marginal Women in Medieval Society*. Woodbridge, Suffolk, UK: Rochester, NY, USA, 1995.
19. EHRENREICH, B., ENGLISH, D. *Complaints and Disorders: The Sexual Politics of Sickness*. New York: *The Feminist Press*, 1973.
20. EVANS, M. N. Portrait of Dora: Freud's Case History As Reviewed by Hélène Cixous. *SubStance* 11(3), Issue 36, 1982.
21. Finding Myself in your Hands: The Reality of Brain Tumour Treatment and Care [online]. The Brain Tumour Charity Research, 2016. Available from the Internet: <https://www.thebraintumourcharity.org/about-us/our-publications/finding-myself/>
22. FOUCAULT, M. The birth of the clinic; an archaeology of medical perception.
23. FREUD, S. Fragment of an Analysis of a Case of Hysteria, 1901. Available from the Internet: <http://staferla.free.fr/Freud/Freud%20complete%20Works.pdf>
24. FREUD, S. The aetiology of hysteria. 1896. Available from Internet: <http://staferla.free.fr/Freud/Freud%20complete%20Works.pdf>
25. FRIEDBERG, A. *The Virtual Window. From Alberti to Microsoft*. Cambridge, Mass, MIT Press, 2006.
26. GILMAN, S. L., et al. *Hysteria Beyond Freud*. Berkeley: University of California Press, 1993.
27. GLASER, G. H. Epilepsy, Hysteria and 'Possession': A Historical Essay. *Journal of Nervous and Mental Disease* 166 (April 1978): 268-74.
28. GRÜNBAUM, A. Is Sigmund Freud's psychoanalytic edifice relevant to the 21st century? *Psychoanalytic Psychology*, 23 (2), 2006.
29. HD Retro Trailers. *Repulsion (1965) Original Trailer [FHD]*. YouTube, January 21, 2021.  
Available from the Internet: <https://www.youtube.com/watch?v=-jdUAZ-tstk>
30. HERGENHAHN, B. R., and Henley, T. B. *An Introduction to the History of Psychology*, 2019.
31. *Hysterical Women*. Tropedia [online]. Available from Internet: [https://tropedia.fandom.com/wiki/Hysterical\\_Woman](https://tropedia.fandom.com/wiki/Hysterical_Woman)
32. HUMPSINK, I. O. Straight TikTok versus Alt TikTok: the creation of deviance from within [online]. *Diggit Magazine*, 28 May, 2021.

33. IURGENEVA, A. L. Medical Photography of the XIXth Century: the Images of Norm and Pathology. *Визуальные медиа: история и современность*, 1, 2018.
34. KEMP, S. Digital 2021: The Latest Insights into the ‘State of Digital’ [online]. We are social, january 27, 2021. Available from the Internet: <https://wearesocial.com/uk/blog/2021/01/digital-2021-the-latest-insights-into-the-state-of-digital/>
35. KILGORE, A. M., et al. But I'm not allowed to be mad: How Black women cope with gendered racial microaggressions through writing. *Translational Issues in Psychological Science* 6(4): 372–382.
36. KUDLIEN, F. Early Greek Primitive Medicine. *Journal of the History of Medicine and Allied Sciences*, 1968: 305-336.
37. LAHN, Å. L. Gender equality gives men better lives [online]. Kilden, October 15, 2015. Available from the Internet: <https://kjonnsforskning.no/en/2015/10/gender-equality-gives-men-better-lives>
38. League of Legends. Get Jinxed (ft. Djerv) | Official Music Video - League of Legends [video]. YouTube, October 13, 2013. Available from the Internet: <https://www.youtube.com/watch?v=0nJJuwO0GDs>
39. LORD, S., & BURFOOT, A. Killing women: the visual culture of gender and violence. Wilfred Laurier University Press, 2006.
40. LukeRYS. JINX 「ARCANE AMV」 Crazy [video]. YouTube, december 10, 2021. Available from the Internet: <https://www.youtube.com/watch?v=rPnEhuSxDeg>
41. MOI, T. Representation of Patriarchy: Sexuality and Epistemology in Freud's “Dora”. *Feminist Review* 9, 1981.
42. MICALE M. S. On the “Disappearance” of Hysteria: A Study in the Clinical Deconstruction of a Diagnosis. *Isis* 84, 3, 1993, 496-526.
43. MICALE M. S. Hysteria and its Historiography: A Review of Past and Present Writings (II). *History of Science*, 27(4), 1989.
44. MICHAEL, T. M. On the scientific prospects for Freud’s theory of hysteria. *The International Journal of Psychoanalysis*, 2018.
45. MICHAEL, T. M. The case for the Freud-Breuer theory of hysteria: A response to Grünbaum’s foundational objection to psychoanalysis. *The International Journal of Psychoanalysis*. Forthcoming, 2018
46. MILLER B. L., et al. Misdiagnosis of hysteria. *American Family Physician*, 1986, 34(4):157-160.

47. OWENS, C., & DEIN, S. Conversion disorder: The modern hysteria. *Advances in Psychiatric Treatment*, 12(2), 2006, 152-157.
48. PARIS J. Is Psychoanalysis Still Relevant to Psychiatry?. *Can J Psychiatry*. 2017; 62(5): 308-312
49. PARK, W., and PEREZ, G. The Madwoman in the Loft: "Fatal Attraction". *The Hudson Review*, 41(1), 1988, 40th Anniversary Issue, 1988.
50. PIERCE J. M. S. Sydenham on Hysteria. *Eur Neurol* 2016; 76
51. PIERCE, J. L. The relation between emotion work and hysteria: a feminist reinterpretation of Freud's Studies on Hysteria, 1989. 255-270.
52. QASIM, N., et al. Women's Liberation: The Effects of Patriarchal Oppression on Women's Mind. *International Journal of Asian Social Science*, 5(7), 2015.
53. RAMAS, M. Freud's Dora, Dora's Hysteria. *Feminist Studies* 6(3), 1980.
54. SATOW, R. Where Has All the Hysteria Gone? *Psychoanalytic Review* 66, 1979/80.
55. SHARMA, A. The influence Of Patriarchy on Women's health. Pennsylvania State University, 2021.
56. SHORTER, E. Paralysis: The Rise and Fall of a 'Hysterical' Symptom, *Journal of Social History* 19, 1986.
57. SHOWALTER, E. On Hysterical Narrative. *Narrative* 1(1), 1993.
58. SHOWALTER, E., et al. Performing Hysteria. Leuven University Press, 2020. Available from the Internet: <https://lup.be/products/124469>
59. SKUES, R. A. Sigmund Freud and the history of Anna O.: Reopening a closed case. *Psychoanalysis and History*, 10(2): 131-134. Chippenham and Eastbourne: Palgrave Macmillan, 2006.
60. SLATER, E. Diagnosis of Hysteria. *The British Medical Journal*, 1, 1965.
61. SPANOS, N. P., and GOTTLIEB, J. Demonic Possession, Mesmerism, and Hysteria: A Social Psychological Perspective on Their Historical Interrelations. *Journal of Abnormal Psychology* 88 (October 1979): 527-46
62. STAMPER, K. What It Really Means To Call A Woman Hysterical [online]. Dictionary, september 25, 2018. Available from Internet: <https://www.dictionary.com/e/hysterical/>
63. STEPHENSON, B. Charcot's Theatre of Hysteria. *Journal of Ritual Studies* 15(1), 2001. Available from the Internet: <http://www.jstor.org/stable/44368585>
64. STOCKING, G. W. Race, Culture, and Evolution: Essays in the History of Anthropology, 1968. University of Chicago Press, 1982.

65. STRAPAGIEL, L. This Researcher's Observation Shows The Uncomfortable Bias Of TikTok's Algorithm [online]. BuzzFeed News, February 26, 2020. Available from the Internet:  
<https://www.buzzfeednews.com/article/laurenstrapagiel/tiktok-algorithm-racial-bias>
66. TASCA, C. et al. Women and hysteria in the history of mental health. *Clinical practice and epidemiology in mental health: CP & EMH*, 8, 2012.
67. TikTok Team. Thanks a billion! [online]. TikTok, september 27, 2021. Available from the Internet: <https://newsroom.tiktok.com/en-us/1-billion-people-on-tiktok>
68. The Importance of Trending Sounds on TikTok [online]. Movement Strategy, february 28, 2022. Available from the Internet:  
<https://movementstrategy.com/editorial/trending-sounds-tiktok/>
69. TURBAYNE, C. M. Plato's 'Fantastic' Appendix: The Procreation Model of the Timaeus. *Paideia, special issue*, 1976.
70. Vales, L. Columnist Kirsten Powers: 'How was Sen. Harris hysterical? CNN, june 14, 2017. Available from Internet:  
<https://edition.cnn.com/2017/06/13/politics/powers-miller-kamala-harris-hysterical-sessions-hearing-ac360-cnntv/index.html>
71. VEITH, I. Hysteria: The History of a Disease. University of Chicago Press, 1965.
72. Wack, M. F. Lovesickness in the Middle Ages: The Viaticum and Its Commentaries. University of Pennsylvania Press, 1990.
73. WACK, M. F., From Mental Faculties to Magical Philters: The Entry of Magic into Academic Medical Writings on Lovesickness. 13th-17th Centuries. in *Eros & Anteros*. pp. 9-32.
74. WEST, C. M. Mammy, Sapphire, Jezebel, and the Bad Girls of Reality Television: Media Representations of Black Women. 2017.
75. WILLIAMS, C. Film Review: "Repulsion" [online]. Cine-vue, january 3, 2013. Available from Internet: <https://cine-vue.com/2013/01/film-review-repulsion.html>
76. WILLIAMS, L. Psychotherapy Gaining Favor among Blacks. New York Times, 22 November 1989, Sec. I, 1.
77. WILLIAMS, R., and Williams, E. Television: Technology and Cultural Form. Taylor & Francis e-Library, 2004.
78. WOODRUFF, R. A., et al. Hysteria (Briquet's Syndrome), 1974. Hysteria, ed. A. Roy. Chichester: John Wiley, 1982.

79. YU, S. Uncovering the hidden impacts of inequality on mental health: a global study. *Translational psychiatry* 8, 98, 2018.
80. ZILBOORG, G. and Henry, G. W. A history of Medical Psychology. New York, W.W. Norton & Co, 1941.
81. @chateaubarefoot. Just do it 😊 [video]. TikTok, november 24, 2021. Available from the Internet:  
[https://www.tiktok.com/@chateaubarefoot/video/7034181550845496623?\\_t=8SRyYL9zOKz&\\_r=1](https://www.tiktok.com/@chateaubarefoot/video/7034181550845496623?_t=8SRyYL9zOKz&_r=1)
82. @\_ohheyitsjess. I'll show you dramatic [video]. TikTok, august 20, 2021. Available from the Internet:  
[https://www.tiktok.com/@\\_ohheyitsjess/video/6998558753561890053?\\_t=8SSBDBYDqPG&\\_r=1](https://www.tiktok.com/@_ohheyitsjess/video/6998558753561890053?_t=8SSBDBYDqPG&_r=1)
83. @baileyyym\_. Reply to @hamadalgonaim so sorry pls don't cancel me y'all [video]. TikTok, may 19, 2021. Available from the Internet:  
[https://www.tiktok.com/@baileyyym\\_/video/6963950130932321541?\\_t=8SRyldiOkEA&\\_r=1](https://www.tiktok.com/@baileyyym_/video/6963950130932321541?_t=8SRyldiOkEA&_r=1)

# APPENDIX

## Visual Scheme “Conceptualisation of Hysteria over the Course of History”

<https://www.figma.com/file/sGrt7KDeV8PScJb0IRQutb/Conceptualisation-of-Hysteria-over-the-Course-of-History?node-id=0%3A1>

