

# Hysteria, Feminism, and Gender Revisited: The Case of the Second Wave

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“Où sont-elles passées les hystériques de jadis,” asked Jacques Lacan in 1977, “ces femmes merveilleuses, les Anna O., les Emmy von N?... Qu’est-ce qui remplace aujourd’hui les symptômes hystériques d’autrefois?” [“Where have they gone, the hysterics of yesteryear ... those amazing women, the Anna O.s, the Emmy von N.s? What is there now to take the place of the hysterical symptoms of long ago?”] We might answer that the despised hysterics of yesteryear have been replaced by the feminist radicals of today.

*Elaine Showalter*

*“Hysteria, Feminism, and Gender”*

**W**HEN THE THIRD EDITION of the American Psychiatric Association’s (APA) *Diagnostic and Statistical Manual of Mental Disorders* (DSM III) appeared in February 1980, hysteria,<sup>1</sup> while it appeared in the index, had apparently lost the status it had held through the first and second editions as an identifiable and specific clinical disorder.<sup>2</sup> Like some other historically familiar and, crucially, saliently “female” conditions, hysteria had shifted to another category of reference. Thus, in 1980, for *nymphomania*

<sup>1</sup> Hysteria had been identified in the DSM II of 1968/1974 as “hysterical neurosis.”

<sup>2</sup> The DSM I (1952) uses the term “conversion hysteria” (33).

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readers were asked to “See Psychosexual disorder not elsewhere classified 282–283” (489), for *frigidity* to “See Inhibited sexual excitement 279” (487), and for *hysteria* to “See Conversion disorder 244 (247), Dissociative disorders 253–260, [and] Factitious disorders 285–90” (488).<sup>3</sup> As a term used not only in relatively recent medical and psychiatric discourse but for centuries “as a dramatic medical metaphor for everything that men found mysterious or unmanageable” in women (Micale, “Hysteria and its Historiography” 320) and as “evidence” of both the instability of the female mind and the social function of women defined in relation to their reproductive capacity (their “wandering” wombs), hysteria’s implicit demotion to a broader, less specific category of disorder might have been met with a generally good-riddance kind of relief at this point in the twentieth century, well into the Second Wave of feminism that had taken shape in the Women’s Liberation Movement of the 1960s. Indeed, given what Charles Bernheimer suggests is the persistence for centuries of recommending a “cure [through marriage and pregnancy and thus] by submission to the yoke of patriarchy” (3),<sup>4</sup> the disappearance from the North American diagnostic manual of the etymologically gendered term *hysteria* might have been anticipated to generate some small celebration, at least among those interested in the status and the rights of women.

In fact, however, at more or less the same moment hysteria was removed from the *DSM*, it was emerging at the centre of a new discourse of academic literary feminism that had taken shape as a critical and political practice, as Jane Gallop suggests, “around 1981.”<sup>5</sup> In the 1970s and 1980s, in what Elaine Showalter described in 1993 as “a new twist in the history of the disorder,” hysteria was being “reclaim[ed]” “in the name of feminism” (286), figuring prominently in the foundational texts of what Showalter had earlier characterized in 1985 as the “new feminist criticism” and what in many contexts would be called feminist theory (*The New Feminist Criticism*). Historically linked with femininity for hundreds of years, hysteria’s involuntary, uncontrollable, somatic symptoms were coming to be understood in the emerging critical feminist discourse not as a medical condition but a cultural one, an embodied index of forms of oppression

3 For a discussion of frigidity and hysteria as similarly “misunderstood,” see Elizabeth Grosz, *Sexual Subversions: Three French Feminists* (134–35).

4 Ilza Veith outlines the ancient Egyptian identification of hysteria and its treatment in chapter 1, “The Beginnings,” of *Hysteria: The History of a Disease* (1–8).

5 The reference is to Gallop’s important study of anthologies of feminist theory and their context in the U.S., *Around 1981: Academic Feminist Literary Theory* (1992).

that Showalter described as “a specifically feminine protolanguage, communicating through the body messages that cannot be verbalized” (“Hysteria, Feminism, and Gender” 286). This “feminine protolanguage” could be functionalized as a space for marking feminist reaction and resistance to the patriarchal oppression it indexed: as such, it could be seen to operate not only as what Juliet Mitchell represented at the time as a “pre-political manifestation of feminism” (cited in Showalter, “Hysteria, Feminism, and Gender” 333)<sup>6</sup> but as a new manifestation of feminism at that moment.

At one level, the “reclaiming” of hysteria in feminist theory and criticism is the logical obverse of its removal at the same moment from the medical discourse of the *DSM*. Both gestures suggest that what is called hysteria is not a clinically diagnosable condition—what, in effect, the *DSM* undertakes to confirm in its reassignment of the symptoms. However, both also suggest that there is nonetheless something needing to be named and engaged with, some way to account for what hysteria’s archive affirms is an obsessively documented history of women demonstrating somatic symptoms of unknown pathology. And if the logic of the removal of the term from the *DSM* and its conversion to “Conversion disorder” is not absolutely clear, at least as far as its significance for the long relationship of hysteria to gender (is it feminist? is it better?), the logic of hysteria’s mobilization and, according to some critics, its “roman[ticization]” in feminist theory (Mary Kelly cited in Showalter, “Hysteria, Feminism, and Gender” 286)<sup>7</sup> is also difficult to determine with any precision. What does it mean when hysteria erupts into cultural space, as it did in the 1970s and 1980s in the rise of the new feminist criticism? Of what is it symptomatic or indexical at that moment? How do we read what Elaine Showalter characterizes as the “strange ... modern marriage of hysteria and feminism” (“Hysteria, Feminism, and Gender” 286)? What are the implications and, crucially, the effects of seeing feminism, as Juliet Mitchell put it, as “the demand for the right to be hysterical” (cited in Showalter, “Hysteria, Feminism, and Gender” 334 n191)? What do we learn about the history of feminism

6 Showalter is citing Juliet Mitchell’s 1984 book, *Women: The Longest Revolution. Essays on Feminism, Literature, and Psychoanalysis* (London: Virago, 1984), 117. See Showalter 344 n191 (“Hysteria, Feminism, and Gender”).

7 Showalter is citing an interview with Mary Kelly by Hal Foster, first published in *Interim* (New York: The New York Museum of Contemporary Art, 1990), 55. See Showalter, “Hysteria, Feminism, and Gender” 336 n1. This interview was subsequently republished as “That Obscure Subject of Desire: An Interview with Mary Kelly by Hal Foster,” in Mary Kelly, *Imaging Desire* (Cambridge and London: MIT Press, 1996, 1998) 165–79. Kelly suggests there that “it’s exactly the continuing romance of hysteria [for feminism] that interests me” (171).

in the late twentieth century, or at any time, if we read it through and in relation to hysteria?

This paper returns to the historical context that is the scene of feminist theory and criticism around 1981 in order to reconsider the ways in which hysteria, dissociated from its clinical categorization, was mobilized in and *as* feminism, how to identify the condition signified by the symptoms of the “great disorder” in feminist theory and criticism of the late twentieth century, and how to understand what we might call, with a nod to director David Cronenberg and screenwriter Christopher Hampton, feminism’s “dangerous methodologies” in this historical context.<sup>8</sup> Beginning from the notion that we might see feminist writing on hysteria in the late twentieth century as a significant supplement to hysteria’s immense archive and as itself an archive of “case” studies, the paper offers a somewhat literalized version of what Jane Gallop has called “symptomatic reading” of parts of this archive. It reads feminist writing not only as what Diane Price Herndl has called “articulate hysteria” (cited in Showalter, “Hysteria, Feminism, and Gender” 333) but as texts that, precisely in their engagement with hysteria as a language and a subject position as well as a historical problem, may strategically functionalize a critical symptomatology not simply toward “romantic” embodiment but, rather, toward what might be understood as a *cure* for what Claire Kahane describes as “the dis-ease of women in patriarchal culture” (31). These texts do so through the foundational interrogation of and interference with the discursive and ideological apparatuses by which patriarchy is reproduced.<sup>9</sup>

8 The reference is to the 2011 film *A Dangerous Method* (dir. David Cronenberg), “based,” its tagline ran, “on the true story of Jung, Freud, and the patient who came between them” (“A Dangerous Method,” IMDb). The patient, Sabina Spielrein, suffering from hysteria, is admitted to the care of Jung. The film is based on Hampton’s 2002 play, *The Talking Cure*, itself based, Wikipedia reports, on John Kerr’s 1994 “non-fiction book *A Most Dangerous Method: The Story of Jung, Freud, and Sabina Spielrein*” (New York: Random House/Vintage, 1993) (“A Dangerous Method,” Wikipedia).

9 Gallop describes “the sort of reading” she does as “symptomatic” in *Around 1981*:

It comes out of psychoanalytic method by way of deconstruction. Its emphasis on the text resembles a tradition in American literary studies inaugurated by the old new criticism and still dominant when deconstruction hit [North America]. Once [t]here, deconstruction of course did not remain uncontaminated by the domestic variety of close reading. Where new critical close reading embraces the text in order to more fully and deeply understand its excellences, “symptomatic reading” squeezes the text tight to

Central to this paper's argument is the idea that the reconsideration of this period in feminism's history brings into relief a body of writing and a feminist politics whose engagement with hysteria is indexical of social and cultural conditions experienced by women at the moment this writing flourished and that also importantly represents a critical practice whose radical possibility was suspended in the 1990s shift to a foreclosing "post." By the end of the 1980s, Gallop suggests, feminism shifted its focus from "theoretical debate" to "the institutionalization of feminist literary criticism" (*Around 1981* 3). Around the same moment, the surge of writing on feminism *as* hysteria that began in the 1970s slowed and gradually shifted ground, becoming increasingly absent from academic teaching and citation and appearing to be anachronistic, stranded in its own moment, pre-postfeminism. The "strange" case of feminism and hysteria represents an important moment in the histories of both and its reconsideration, this paper suggests, helps to explain the prominence of hysteria at particular moments—such, it might be observed, as this one in the early twenty-first century, when the term is once again in common use and the condition is once again in evidence across a range of categories, a point to which I will briefly return in the conclusion.

### **A brief hystery: "the feminist historiography of hysteria," feminist theory, and "hysterical engagement"**

Although hysteria has a long and murky history, it is only at the end of the nineteenth century that the clinical condition whose symptoms would be included in the *DSM* in 1952 is "invented," as Georges Didi-Huberman puts it (*Invention of Hysteria*). Jean-Martin Charcot had famously "scientificized" hysteria in the 1880s in France at the Salpêtrière hospital, demonstrating the condition's symptoms in lectures using live subjects and cataloguing the symptoms through a series of published photographs and images (*Clinical Lectures*). As his student Sigmund Freud put it in a eulogistic essay in 1893 following Charcot's death, Charcot had disarticulated hysteria from its earlier "superstitious" analysis and treated it "as just another topic in neuropathology; he gave a complete description of its phenomena, demonstrated that these had their own laws and uniformities, and showed how to recognize the symptoms which enable a diagnosis of hysteria to be made" ("Charcot" 20). Charcot had initially maintained

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force it to reveal its perversities. New criticism is appreciative, even worshipful; symptomatic reading tends to be demystifying, even aggressive. (*Around 1981* 7)

that hysteria's symptoms were the result of a "lesion" or some kind of unknown internal injury that affected the nervous system.<sup>10</sup> The "truth" of the symptoms could be proved, his demonstrations suggested, in his ability to induce them in his patients through hypnosis. Although Charcot began with male patients, his demonstrations depended on women, who thus came to epitomize the hysteric in Charcot's lectures.

Charcot's student for a time, Freud subsequently turned his focus to hysteria, working with Joseph Breuer in Austria in the 1890s, studying hysterical patients and developing the new science of psychoanalysis. Freud and Breuer published their *Studies in Hysteria* in 1895. Freud would continue these studies, publishing what may be the best-known study of this period, *Dora: Fragment of an Analysis of a Case of Hysteria* in 1905. Freud's early theories situated hysteria not in a physical lesion but in a kind of internal psychical scar produced through trauma or repression. He had begun to consider this approach as early as 1893, when he observed that the results of "a trauma" and of "a traumatic suggestion" are the same ("On the Psychical Mechanism" 28–29): "we have found," he wrote in a lecture "On the Psychical Mechanism of Hysterical Phenomena," that in hysterical patients there are nothing but impressions which have not lost their affect and whose memory has remained vivid" (37). Later, Freud would pathologize the condition both more vaguely and more problematically, as "characteristically feminine" ("Female Sexuality" 227), the condition of femininity traumatized by women's own inevitable *lack*. "In a whole series of cases," he wrote in 1909, "the hysterical neurosis is nothing but an excessive overaccentuation of the typical wave of repression through which the masculine type of sexuality is removed and the woman emerges" ("General Remarks on Hysterical Attacks" 124). Hysteria would emerge in Freud's writing, that is, as the effect of women's inability to achieve identity through the Oedipal moment of recognition: in effect, he suggested, women are always already psychically scarred by the recognition of their own "castration." The "lesion" is thus always already there in the psyche, at least from the Oedipal moment, an effect of the female genitalia conceived as loss and absence.

10 Charcot writes:

We have known for a long time that certain diseases, which are pathologically dependent on a diathesis, are sometimes developed at the insistence of a traumatic lesion.... But what is less known perhaps is that certain local phenomena of hysteria, and in particular the contracture of a limb, manifest themselves sometimes in the same way and under the same influences. (*Clinical Lectures* 32–33)

See also 13–14.

Charles Bernheimer suggests that “Freud invented psychoanalysis between 1895 and 1900 on the basis of his clinical experience with hysterical patients, nearly all of them women” (1). To think about this experience another way, while hysteria was reframed with reference to new laws and was new in principle, its recommended treatment in psychoanalysis would remain what Bernheimer observes it had been for centuries: marrying and having babies and in this way regaining the “lost” phallus. The “invention” of psychoanalysis through hysteria as it can be traced in Freud’s work is thus also the articulation and establishment of a system of understanding identity and subjectivity in which women are always constituted as the negated obverse of men—the castrated other left behind in the man’s completion of the Oedipal process, the woman whose lack of a penis condemns her to spend her life desiring its replacement or substitution, first, and “normally,” through children. By consequence, with reference to “normal” subjectivity, any objection women may register to this system is simultaneously expressible only somatically, through the body; the objection is pathologized as symptomatic of the historically persistent and, in the last decade of the nineteenth century, newly redefined women’s “disease” of hysteria.

The basis of psychoanalysis, the “invention” of modern hysteria (by Freud and Breuer, after Charcot) is thus also the “invention” of modern femininity and the affirmation in modern medical discourse of women’s necessary function as bearers of children. In the late nineteenth century, this affirmation operates in the context of imperial efforts to establish industrial capitalism as the normal and natural structure of nations: it is evident in the rise of eugenics as a discourse of “race” preservation and regeneration that mobilizes a rhetoric glorifying women as breeders, in the growing tension between women seeking to work outside the home and government and other institutions insisting that they stay there, and in the range of global efforts to prevent the development of forms of birth control and the circulation of information about it—indeed, in all the gestures toward claiming the womb as patriarchal property. Psychoanalysis is only one of many patriarchal apparatuses that took discursive shape at the end of the nineteenth century, but it is the one in which hysteria was established as the condition of women who objected to patriarchal apparatuses or who *failed* to develop “normally” and that made opposition to the system it was inventing comprehensible as a pathology—and, moreover, as hysteria’s diagnosis suggests, as a pathology without origin other than the fact of femininity. Hysteria emerged through nineteenth-century psychoanalysis as patriarchy’s same old story and same old “dis-

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ease” but in a new and mystifying apparatus that ramped up the pressure on women to do what the condition of femininity itself called upon them to do if they were “normal.”

Although this is the point in the late nineteenth century at which the “hysterics of yesteryear” mourned by Lacan in the epigraph to this paper emerge through the publication of Freud and Breuer’s *Studies in Hysteria*, feminist writing on hysteria, with a few exceptions, begins not at this point in the history of hysteria but in the context of the Second Wave of feminism at the end of the twentieth century, in work that is, unsurprisingly, grounded in studies of psychoanalysis. This feminist writing saliently returns to this moment, to the “Anna O.s,” the “Emmy Von N.s,” and, perhaps most significantly, to the “Doras” of nineteenth- and early twentieth-century studies on hysteria or, in other words, to the hysterics whose cases formed the ground for the new psychoanalysis. As it turns to the “hysterics of yesteryear” in the 1970s and 1980s, however, feminism does so in the context of psychoanalytic theory at that moment. By the 1970s, psychoanalysis had become central to theories of language and identity across academic disciplines primarily through the circulation of the work of Jacques Lacan and was established by the 1970s as a key site for the late twentieth-century constitution of women as inescapably *other* to a speaking male subject. Women, engaged since the 1960s across the feminist movement in forms of social and cultural revolution, were, it would appear in the later twentieth-century psychoanalytic model of coming to subjectivity, emphatically pushed back into a role as man’s negated obverse, excluded from consciousness and the *cogito* by virtue of their service as the *other* and the unconscious: this is the well-known story of what Lacan theorized as the mirror stage. In this theory of subjectivity, the male enters into the symbolic through a process of recognizing his separation from his mother, who continues, as in Freud’s earlier account of the Oedipal moment, to mark absence: she is what he is not; he has what she does not. The sign of absence, the castrated female *is* the symbolic: the phallic language that always refers to what is not there. In this conception of identity, women are excluded from language *as* subjects because they are always already subjectivity’s other and thus not *self*-referential.<sup>11</sup> It is possible to see the rise of psychoanalysis in late twentieth-century academic contexts as an index of a desire to affirm a “discourse of mastery,” foundationally and contextually. Psychoanalysis and much later twentieth-century

11 Freud characterized this contradiction as genital: women are *unheimlich* or both home and unfamiliar.

theory generally, in their exclusion of women except as oppositional and always already marginal figures (they argue against; they undertake to insert themselves within), work to establish patriarchal “law,” to make it invisible (there is no explanation for your symptoms), and to pathologize resistance. To think about it another way, the reductive model of psychoanalytic subject formation could be seen to be a renewed push to affirm the necessity and inevitability of women’s secondary status in relation to men: it is one apparatus among many across a range of economic, social, political, and professional registers in the late twentieth century.

One of the first and most influential texts to take up hysteria in this context was Catherine Clément and Hélène Cixous’s *The Newly Born Woman*, published in France as *La Jeune Née* in 1975 and in the U.S. in a translation by Betsy Wing in 1986.<sup>12</sup> Alongside *The Newly Born Woman* and similarly foundational in the development of a new feminist critical practice were Luce Irigaray’s two early volumes, *Speculum of the Other Woman*, published in France in 1974 (*Speculum de l’autre femme*) and in the U.S. in a translation by Gillian C. Gill in 1985, and *This Sex Which Is Not One*, published in France in 1977 (*Ce Sexe qui n’en est pas un*) and in the U.S. in a translation by Catherine Porter also in 1985.<sup>13</sup> These texts are conceived at least in part as direct responses to psychoanalytic theory and to Lacan as well as to Freud: Irigaray, like Clément, studied under Lacan and was, as is well known, “expelled from Lacan’s *école freudienne*” (Kelly 170). All three books, generally speaking, address the problem of hysteria as a condition of femininity constituted in psychoanalytic theory as lack—“No Thing,” as Irigaray famously put it in *Speculum of the Other Woman* (48)—as the “articulation” of women’s exclusion from language, where the male subject is constituted. Along with these texts and likewise responding—if not in precisely the same ways—to “Lacanian thinking” (Yarom 213) was the work of Julia Kristeva, whose theories of the relation between hysteria, language, and gendered subjectivity are central to the emergence of feminist theory—indeed, broadly to theories of language

12 Mark S. Micale suggests that “the first piece of writing [that could be characterized as a feminist historiography of hysteria] appeared in an article by the Swiss-German medical historian Esther Fischer-Homberger in 1969.... Fischer-Homberger set out simply to document the long tradition of misogynistic sentiment in medical writings on this disease” (“Hysteria and its Historiography” 321).

13 Gillian C. Gill and Catherine Porter have translated many other works of feminist theory and theory. See also Gill’s translations of Irigaray’s *Marine Lover of Friedrich Nietzsche* (1991), *An Ethics of Sexual Difference* (1993), and *Sexes and Genealogies* (1993).

and gendered subjectivity.<sup>14</sup> Her work, like that of Cixous, Clément, and Irigaray, began to circulate outside of France in the 1970s and in translation by the early 1980s.

It hardly needs to be noted that the publications of Cixous and Clément, Irigaray, and Kristeva represent the foundational texts of feminist theory in the late twentieth century: as any anthology of twentieth-century feminism or, for that matter, of twentieth-century literary theory will affirm, this is certainly well established. What I would like to draw attention to here is the point that these, particularly *The Newly Born Woman* and the early work of Irigaray, are also the foundational texts of feminism and hysteria as a category of writing and critical practice. That is, they work to historicize and problematize hysteria while also mobilizing hysteria's somatic symptomology *in* their writing, the writers themselves "act[ing]," as Elizabeth Grosz has suggested of Irigaray, "as the hysteric" (136). In developing a language that thus mobilizes and makes central the condition of hysteria as it had been constituted in psychoanalytic theory, the point was not to affirm hysteria as a mental disorder—to restore it to the *DSM's* categories—but to draw attention to the constitution of hysteria as the condition of femininity that is one of the legacies of late nineteenth-century psychoanalysis, to demonstrate the way women's writing operates symptomatically in patriarchy, and, crucially, to foundationally interfere with the conditions that produce the disorder. This language in the feminine—or *l'écriture féminine*—is this feminism's signal practice and is explicitly engaged with hysteria.

In *The Newly Born Woman*, Cixous and Clément make a distinction between their two practices. Clément's work, they suggest in their headnote to the third section of the book, the "trans-cribe[d]" conversation called "Exchange," "takes off from [their] social practice, which is teaching" (*The Newly Born Woman* 135). Cixous's practice, in contrast, emerges from what they call "hysterical engagement" (135), a critical practice that does not only historicize hysteria and understand it to be the pathologizing of femininity in psychoanalytic discourse, as an apparatus of industrial capitalist patriarchy from the end of the nineteenth century, but that undertakes to subvert that discourse. "Hysterical engagement" is also the name for a critical practice that undertakes to "reclaim" hysteria in order

14 Mary Kelly, whose 1984 to 1989 work *Interim* reconfigures the poses and gestures identified by Jean-Martin Charcot as characteristic of hysteria, draws attention to the centrality of Kristeva's theories as they relate to hysteria and feminism when she points out that "Kristeva's influence ... is evident everywhere" in this project (171).

to make the point that its invention represents the ground of the problem women confront across all the registers of socially engaged gender as they try, with reference to the prescriptions and proscriptions of psychoanalysis and other patriarchal apparatus, to “speak as women.” It is the name for the development of a language and a critical practice that undertakes, as Cixous puts it, to turn the force the hysteric embodies as resistance to patriarchy back on to patriarchal structures, as Elin Diamond puts it, to “throw ... a wrench into the system, upsetting its sociolinguistic and gender arrangements” (62). That is, women reclaimed hysteria because its “protolanguage” served as a simultaneous index of forms of gender oppression and a space to stage resistance to it.

It is not overstating the case to suggest that these writers undertook to dismantle the structures within which femininity could only signify as man’s negated obverse and to establish the possibility of a female subjectivity *not* defined with reference to the Oedipalizing male—or, in effect, to completely rethink the Western conception of the subject and of his relation to and control of language and meaning. This “hysterically engaged” writing practice, *l’écriture féminine*, undertook to articulate the way women’s writing could exert what Cixous called a “force capable of demolishing [the] structures” of patriarchal institutions (*The Newly Born Woman* 154). Such writing seeks to “demolish,” through language and in language, the system within which women could in the first place be diagnosed so often and for so long as hysterical when their relationship to themselves as reproductive entities could be seen to have been ruptured—when the womb “wandered” or when women refused “normal” development. Its goal is not to immortalize the figure of the hysteric and the “dis-eased” language of hysteria but, as Cixous suggests, “to break the old circuits. It will be the task of woman and man,” she writes, “to make the old relationship and all its consequences out of date; to think the *launching* of a new subject, into life” (*The Newly Born Woman* 89). This new subject refers here to the birth of a being understood without reference to the Oedipal, as well as to an idea, a language, and to what she and Clément call “la jeune née” or the newly born woman.

On these terms, “hysterical engagement” is a process and a methodology, like (and with) *l’écriture féminine*, of destabilizing the system within which the meaning of femininity is fixed, by mobilizing a language that separates words and meanings. Many feminists who follow Cixous and Irigaray—theorists, writers, and especially artists—in the 1980s and 1990s can be seen to be engaged in this work of unfixing femininity from the terms of psychoanalysis. This is also the case for the many artists and

writers undertaking this work in this period who return to the scene of Charcot's late nineteenth-century work with hysterical patients and to the complicatedly staged photographic "evidence" of hysteria in the images of the *Nouvelle Iconographie de la Salpêtrière* (1889), images that work to fix, literally, the definition of hysteria in the visual classification of symptoms.<sup>15</sup> This fixing pertains to the static representation of the figure in Charcot's museum—the woman "caught" in a hysterical posture (which necessitated her actually holding the pose in order for the camera to "catch" it)—and to the fixing that is the photographic process. It also pertains to the fixing that is the attempt to stabilize meaning, the gesture of what Clément and Cixous describe as the "discourse of mastery" (*The Newly Born Woman* 138) and that is central to psychoanalytic theory of subjectivity. In this discourse, the hysteric "reflects [the man's] image to him, *fixes* it as a subject and subjects it to the law, to the symbolic order, to language, and does it in a way that is both inalienable and alienating" (*The Newly Born Woman* 137). But it does so, Cixous suggests, while also demonstrating that "the law" is itself an "invention": "hysterical engagement" as feminist critical practice works to "reclaim" hysteria, but it does so in order to draw attention to the ways in which a "discourse of mastery" operates by undertaking to control the term itself. In this, hysteria represents and, arguably, reveals "the law" and the impulse to assign and fix meaning. It is not a symptom of biological, uterine femininity but, rather, of patriarchy as it claims the uterus as the space of its own reproduction.

By 1980, what was usually (albeit, as Christine Delphy argued in 1995, somewhat problematically) referred to as "French feminism" began to take shape for feminists everywhere. Even in the 1970s, a conversation among feminists between France, Britain, North America, and elsewhere had begun, and the "new feminist criticism," profoundly influenced by French texts, was emerging in English-language contexts.<sup>16</sup> Some of the conversation had started with the circulation of feminist works in French; some with the early translations that established strong connections between feminists in France and in North America and Britain. For example, Cixous's essay "The Laugh of the Medusa" had appeared in the first volume of the American feminist journal *Signs* in 1976, marking, as Jane Gallop has observed, its foundational relation to North American feminism and

15 These artists and writers include Mary Kelly, as already noted, in her *Interim* project, as well as Dianne Hunter, in the 1988 collaborative dramatic work *Dr Charcot's Hysteria Shows*, and Anna Furse, in *Augustine: Big Hysteria* (1998).

16 See for example Gallop's discussion in *Around 1981*, "The Problem of Definition" (21–38).

functioning as one crucial articulation of the emergent feminist critical practice which the appearance of *Signs* itself indicates.<sup>17</sup> This essay was subsequently republished, with work by other feminist scholars, as well as Irigaray and Kristeva, in the 1980 anthology *New French Feminisms*, a text that itself, as Gallop notes, “represented and canonized the phenomenon” it named (*Around 1981* 41) (see Delphy).

What is clear, however, is that around 1981 there is not only a ground for the development of the “phenomenon” of hysterically engaged feminism in France but a context for its circulation elsewhere. At the same moment French feminists were turning to psychoanalysis and the invention of hysteria, other feminists elsewhere were likewise reconsidering the history of the “great disorder.” Mark S. Micale, whose bibliocritical mapping of hysteria has been so instrumental in shaping what he has characterized as “the new hysteria studies” of the late twentieth century (*Approaching Hysteria* 5),<sup>18</sup> focuses in the second part of his monumental, serially published, three-part “review of past and present writings” in 1989, on what he calls “feminist historiography of hysteria.” “To a great extent,” he writes,

the history of hysteria is composed of a body of writing by men about women. Until the penultimate decade of the nineteenth century, medical texts concerning hysteria were produced exclusively by men, men who assumed the status of professional observers, and the subjects about whom they wrote were predominantly female. Inherent in this simple fact is the basis for the largest body of recent scholarship on the subject under consideration. We may loosely refer to this literature as the feminist historiography of hysteria. (“Hysteria and its Historiography” 319)

Micale’s review draws important attention to new histories of hysteria in which gender is a focus and a problem, demonstrating how clear and emphatic is the emergence of these histories in the 1970s and 1980s as “the largest body of recent scholarship” on hysteria (“Hysteria and its Historiography” 319). These histories are noteworthy not only in number but for their focus on early psychoanalytic practice and the emergence of

17 Gallop suggests that “If ‘French feminism’ is a movement constituted in the transmission of certain French women’s writing into America, its central text is [Keith Cohen and Paula Cohen’s] translation [of ‘The Laugh of the Medusa,’] first published in 1976 in *Signs*.” *Signs* 1.1 (1976): 875–93. Reprinted in Marks and de Courtivron, *New French Feminisms*, 245–64.

18 Micale describes “the new hysteria studies” as a “corpus of texts” comprising material published more or less between 1985 and 1995, and as works that are “historical rather than clinical and scientific” (*Approaching Hysteria* 5).

hysteria since its representational cataloging or its nineteenth-century “invention” and its functionalizing as the ground of psychoanalysis by Freud and Breuer (see Didi-Huberman). One important example cited by Micale is the volume *In Dora’s Case: Freud—Hysteria—Feminism*, edited by Charles Bernheimer and Claire Kahane and published in 1985. This volume presents a dozen essays concerned specifically with the figure, texts, and historical perception of Ida Bauer or “Dora,” as she was known through Freud’s well-known 1905 “Fragment of an Analysis of a Case of Hysteria.”<sup>19</sup> *In Dora’s Case* was followed in 1993 with the volume *Hysteria Beyond Freud*, edited by its five contributors, Sander L. Gilman, Helen King, Roy Porter, G. S. Rousseau, and Elaine Showalter. Showalter’s essay in this volume, “Hysteria, Feminism, and Gender,” is one of the first historicizing critiques of the complicated relationship she identifies in her title, after Dianne Hunter’s groundbreaking essay “Hysteria, Psychoanalysis, and Feminism: The Case of Anna O.,” published nearly a decade earlier in the journal *Feminist Studies* in 1983.

Alongside these studies of psychoanalysis and its gendered history in and through the invention and treatment of hysteria, feminist studies of women and what was typically characterized as *madness* also began to appear in the academic context. Micale cites Elaine Showalter’s *The Female Malady: Women, Madness, and English Culture, 1830–1980*, which appeared in 1985, the same year her edited volume, *The New Feminist Criticism: Essays on Women, Literature, and Theory* was published (“Hysteria and its Historiography” 326–27). Sandra M. Gilbert and Susan Gubar’s big book, *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination*, first published in 1979, is another important work from this period. Unlike Showalter’s book, which devotes two chapters to hysteria, one to “Feminism and Hysteria” (145–64) and one to “Male Hysteria” (167–94), Gilbert and Gubar’s study of “madness” is not explicitly or exclusively focused on hysteria. Nonetheless, like and with Showalter’s *Female Malady*, it does attend to the cultural conditions seen to produce responses in women that share symptoms and significance across the categories of “madness” and hysteria. Both of these studies, that is, are a part of the feminist focus on hysteria working to revise the ways in which the condition had been understood and a part of the broad engage-

19 Bernheimer and Kahane note three significant collections of essays preceding *In Dora’s Case*: in France, in 1973, a special issue of the *Revue française de psychanalyse*; in 1980, a volume edited by Mark Kanzer and Jules Glenn, on *Freud and His Patients*; and in 1983, a special issue of the journal *Diacritics* entitled “A Fine Romance: Freud and Dora” (see Bernheimer and Kahane 277–78).

ment with hysteria across feminist theory and criticism. These studies also work, importantly, to mobilize that revised historical understanding in the critical analysis of women's writing, to demonstrate how women are driven "mad" by patriarchal ideology, and how that "madness" erupts in women's writing which can in consequence be read as symptomatic of patriarchal oppression.<sup>20</sup>

While drawing important attention to American feminists such as Carroll Smith-Rosenberg, Dianne Hunter, and Elaine Showalter, Micalé, it is worth pointing out, does not in 1989 engage explicitly with the texts of French feminism. He refers briefly to the work of Catherine Clément (although without mentioning Cixous) and does so not with reference to the text of *The Newly Born Woman* itself but to Elaine Showalter's reference to it (or, at least, to Clément) in 1985 in *The Female Malady*. I do not make this point to castigate Micalé for his exclusion of writers who might be thought in another context (such as, in this paper, what we might call the feminist historiography of feminism) to be central to any consideration of feminism and hysteria. The point, rather, is to draw attention, first, to an important distinction his review underscores, between what he characterizes as "the camp of social history" ("Hysteria and its Historiography" 233) and what Cixous and Clément characterize as "hysterical engagement" and, second, to the way in which the two practices operate together and need to be seen in conjunction—and tension—with one another. The object is to achieve a fuller picture of Second Wave feminism as it turned to the problem of hysteria and to better understand the centrality of the disorder in feminist theory and criticism of the late twentieth century. The "historical" and the "hysterical," as the feminist engagement with "hysterical engagement" itself demonstrates, work together, indexically and critically: the historical, that is, is more "engaged" and the hysterical more historical than might at first be apparent.

Although it is not hard to see how "French feminism"—a critical practice for late twentieth-century social change—might not be included in a bibliography of the history of hysteria, it is also clear that the work of "French feminism" is historical in the sense of its return to the development particularly of Freud's theories of hysteria, and particularly to the case of Ida Bauer or "Dora." Not, however, historiographic in the way a "social history" of hysteria might be, "hysterically engaged" feminist studies, rather,

<sup>20</sup> It is also the case that the emergence of studies in feminism and psychoanalysis is one aspect of what Micalé calls "the new hysteria studies," that is a foundational part of the imbricated emergence of feminism and hysteria and that is too large to be considered here.

are interested in a work that might be better understood as an analysis of the ways in which theories of hysteria could be seen historically to be mapped on to femininity, a point Juliet Mitchell makes in 2000 in her book *Mad Men and Medusas: Reclaiming Hysteria* (186) (see also Moi 850 n19). They are collectively and individually less a “history” of hysteria as a “social history” than a critique of the implications of this mapping for women and, most importantly, a series of radical gestures to disarticulate femininity thus understood from psychoanalytic theory and from cultural understandings and imperatives for gender. The texts thus operate as “cases” of hysteria, crucially, serving not the male analyst of history but women and feminism and mobilizing hysteria as a resistant and subversive discourse, a practice of representation, and a women’s language. In inhabiting hysterical discourse—patriarchy’s powerful nineteenth-century invention for affirming women’s need to reproduce—as well as in their radical objective, these are arguably late twentieth-century feminism’s more “dangerous” texts methodologically, something that is certainly suggested in other feminists’ response to them through the period of the 1980s and 1890s.

The strongest feminist voice making a case against “hysterical engagement” in the late twentieth century was certainly that of Elaine Showalter. An American literary and cultural critic who has been especially attentive to the question of hysteria across much of her writing, Showalter published *The Female Malady* in 1985, followed it with an important essay, “Hysteria, Feminism, and Gender,” in the 1993 volume *Hysteria Beyond Freud*, noted above, and, in the late 1990s, the book, *Hystories: Hysterical Epidemics and Modern Culture* (1997). In its focus on the ways in which the symptoms of hysteria might be seen to signal a range of conditions that have been “relabel[ed] for a new era” (*Hystories* 2), this latter study might be characterized not so much as a “feminist historiography of hysteria” as a “hysteriography” of history that makes an argument for seeing an increase in “epidemics of hysterical disorders, imaginary illnesses, and hypnotically induced pseudomemories” in both women and men at the end of the twentieth century (*Hystories* 2). In its attention to gender, the study is feminist in principle; in its focus on the ways in which men are subject to the symptoms of hysteria in conditions such as “chronic fatigue syndrome,” “Gulf War syndrome,” “recovered memory,” and “multiple personality syndrome,” it undertakes to disperse hysteria’s symptoms and to disarticulate them from women, a gesture that is comprehensible, from one perspective, as a kind of liberation or equalization such as might also be seen to be implicit in the APA’s redefining of the disorder in 1980.

Showalter, as is evident in the epigraph to this paper, diagnoses contemporary radical feminists with the hysterics whom she characterizes as “deviants and marginals” (332). In doing so, she effectively works to counter radical feminism’s revolutionary engagement with language and with the primacy of the male subject constituted therein. On the one hand, her argument is that this radical feminism is ultimately “conservative”; on the other, it is that it is not just unproductive but counterproductive:

When unhappiness and protest go unheard for a long time, or when it is too dangerous for these negative emotions to be openly expressed, people *do* lose their sense of humour and their powers of self-criticism, whether they are feminists, people with AIDS, black activists, or East Germans, Rumanians, and Bulgarians. Anger that has social causes is converted to a language of the body; people develop disabling symptoms, or may even become violent or suicidal. (“Hysteria, Feminism, and Gender” 335)

“Hysterical engagement,” from this perspective, is not liberatory but “disabling” for feminism, a claim that, in the context of feminist writing on hysteria and its history, can be seen to operate as a kind of self-fulfilling prophecy or, that is, a perverse disabling of feminism’s engagement through hysteria with language as an index and a system of gender-based oppression. Rather than “demolishing” patriarchy, hysterically engaged feminism, from this perspective, puts feminism itself in danger.

That Showalter regards “hysterical engagement” as dangerous is evident in the representation of French feminist writing in the 1993 essay, which begins (as this paper does two decades later) with a profession of surprise at that historical moment when academic feminism marked its imbrication with the history of hysteria. “Hysteria has taken many strange turnings in its long career,” Showalter writes, “but one of the most surprising is the modern marriage of hysteria and feminism, the fascination among feminist intellectuals, literary critics, and artists with what Mary Kelly calls ‘the continuing romance of hysteria’” (see note 7 above). “This ardent reclaiming of hysteria in the name of feminism,” she continues, “is a new twist in the history of the disorder,” and one for which the 1993 essay shows unambiguous disapproval: this “marriage” is “strange” (“Hysteria, Feminism, and Gender” 286) (or queer); the gesture of feminism’s embrace of hysteria is “ardent” or excessively emotional; the relationship is best understood as a “fascination” (332) and, repeating Mary Kelly’s term, a “romance” (334), a kind of girlish fantasy of a relationship, over-

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wrought and driven by a self-centred desire or a desire to constitute the self in and through the fantasy of the relationship. Furthermore, feminists, when they are “hysterically engaged,” act “melodramatically” (286), their work not doing any “real” critical work but, rather, “romanticiz[ing] and appropriat[ing] ... the hysteric nostalgically” and self-indulgently, without “the detachment essential for self-criticism” (334). Their work is not useful or productive, not radical or important, but “paradoxical” and “bizarre,” a kind of implicitly childish act performed by otherwise intelligent and “successful” women (“like Cixous”) (332).

“Hysterically engaged” feminism, the essay suggests, is particularly “bizarre” in its “singl[ing] out [as a feminist heroine]” the figure of Ida Bauer or Dora, described by Showalter as “a notoriously unsuccessful hysteric” (332). In focusing on the historical moment and figure of Ida Bauer, Showalter argues, feminism reproduces Dora’s own “hysterical narrative” in which “her rebellion [is] ultimately turned back on the self” (333). In contrast, “successful” hysterics (the term is used by Lucien Israël to describe hysterics who are “cured” or move past the repetition of their symptoms) turn their condition into productive work (see also Hunter, “Hysteria, Psychoanalysis, and Feminism” 269). Showalter follows Catherine Clément in drawing attention to Bertha Pappenheim, or Anna O. as she is called in Freud and Breuer’s *Studies in Hysteria*, as a hysteric who is “successful” because she “becomes a writer, social worker, and feminist leader” (“Hysteria, Feminism, and Gender” 332; Clément and Cixous, *The Newly Born Woman* 156). “Hysterics,” Showalter maintains, “should be classed not with feminist heroines, but with deviants and marginals who actually reinforce the social structure by their preordained place on the margin. Indeed,” she suggests, “their roles are [not at all radical but are] ultimately conservative” (“Hysteria, Feminism, and Gender” 332). They do not “break through [their] private language and act” unless they move to another kind of feminist practice (332) of social engagement.<sup>21</sup> “Dora’s feminist power, paradoxically,” Showalter observes, “is as a tragic literary figure” (333), an “unsuccessful” hysteric and—because—a failed feminist, or someone who didn’t leave a record of feminist work, as did Pappenheim. Thus Showalter suggests that feminism, when it “romanticiz[es] and appropriat[es]” hysteria, certainly through the record of the embodied response of and resistance to patriarchal domination traceable in Freud’s account of analysis of Dora, and when it represents itself as “a kind of

21 Showalter refers to Clément’s argument: “Raising hell, throwing fits, disturbing family relations can be shut back up” (*The Newly Born Woman* 156).

articulate hysteria” (Herndl cited in Showalter, “Hysteria, Feminism, and Gender” 333), dooms itself to failure.

In its implicit suggestion that it is more dangerous methodologically to embrace hysteria in a “strange” marriage—to remobilize a language of “deviants and marginals”—than to refuse to acknowledge or question what Cixous and Clément characterize as the “discourse of mastery” underpinning and determining meaning, Showalter’s “Hysteria, Feminism, and Gender” marks both difference from and connection with the feminist texts it rejects. If read symptomatically, that is, it is not hard to see this essay as itself hysterically engaged, precisely in its insistence that it is not: in its “strange” refusal to acknowledge its *own* “anger,” so evident throughout the essay, it presents, that is, a kind of *belle indifférence*, one of the symptoms attached to hysteria’s diagnosis from the earliest days of Freud and Breuer’s *Studies*. It is a term which Jon Stone observes “seems to have gained popularity after Freud used it to describe ‘Elizabeth von R.’ in *Studies in Hysteria*, ... [i]t appeared with more regularity towards the middle of the twentieth century, predominantly in the psychoanalytical literature, before it achieved more widespread usage” (Stone 2006). By 1968 the term was functionalized in the *DSM II* to designate the hysterical patient’s “inappropriate lack of concern or *belle indifférence* about the ... symptoms” s/he exhibits (*DSM II*, 1968, 39–40). In 1994, in the *DSM IV*, the term was slightly modified to name “a relative lack of concern about the nature or implications of [a] symptom [that a patient] may also present in a dramatic or histrionic fashion” in Conversion Disorder (*DSM IV* 454). Showalter’s writing *against* “hysterical engagement” thus compellingly and, perhaps, paradoxically affirms both the conditions in which feminist theory and criticism emerged in the 1970s and 1980s and the profound and intimate relationship of hysteria and feminism. Feminist writing on hysteria, that is, is at some level *always* comprehensible as a kind of “hysterical engagement” and is always itself symptomatic of the conditions to which feminism responds.

ALTHOUGH FEMINISM AS A POLITICS OF RESISTANCE to the terms of patriarchy is evident across many histories, the term itself and its operation as a name for some kind of organized coherent movement of opposition to gender inequality does not come into ordinary circulation in the English language until the end of the nineteenth century. Lucy Bland has suggested that the term “feminism” “only arrived in Britain (from France) in 1895” (142); prior to that time, as the *OED* indicates, “feminism” in English usually identified a “feminine quality or character; femininity,” from 1841 in

women and from 1875 also in men. The French term *féminisme*, attributed to early socialist-Masonic philosopher Charles Fourier, emerged in 1837 as a political term, moving into wider use in France by the early 1870s (see, for instance, “Feminism,” Wikipedia). The term “feminist,” in reference to a woman articulating or staging some kind of refusal of gender inequality, seems to have developed alongside but not necessarily in conjunction with the name for the movement. That is, the terms to refer to a single woman and to a collective seem to have different histories in English, with “feminist,” according to the *OED*, making an appearance in English to refer to a feminist reformer in 1852. The terms’ circulation and their accretion of meanings through the nineteenth century are admittedly a little blurry, as they travel across national boundaries and languages and as the number of women who could or would identify as feminists increases to take shape as a movement. What, however, is certainly apparent is the relative stabilizing of both terms by the end of the nineteenth century and their naming of individuals and a movement working publicly, in language and gesture, to counter what can be understood as an expansion of gender inequality in imperial nations.

Feminism, to put it another way, from the moment it emerges in the English language sometime in the second half of the nineteenth century, does not so much represent a gendered discontent that is an effect of some conception of modern consciousness (by this time in the development of the world women could see more and better) as it does a response to the enforcement of key and inter-imbricated principles of industrial capitalism in imperial nations: in the Anglo-imperial context, these principles are affirmed and enforced systemically across ideological registers—of, for instance, reproduction, separate spheres, gendered commerce, the value of female labour, “race” regeneration, colonialism and colonization, mobility, marriage, independence, and sexuality. This is a big history and one toward which this paper can only gesture. The point, however, is that what is characterized as feminism emerges, as a term and a politics, from a culture of new and emergent forms of gender inequality.

It is not, I suggest, accidental or randomly coincidental that modern feminism—the “First Wave”—emerges at the same moment at the end of the nineteenth century as modern hysteria: both feminism and hysteria, it should be possible to see, represent what Elizabeth Grosz describes as women’s “rebellion against and rejection of the requirements of femininity” (134). If feminism erupts in the 1890s because of the aggressive operation of patriarchal ideology across so many registers, hysteria erupts at the same moment from the same cause, albeit with particular reference to

psychoanalysis, an apparatus of patriarchy working to normalize the systemic functionalizing of femininity in relation to reproduction. At the end of the nineteenth century, hysteria and feminism thus index, above all, an attempt to affirm “the law” in social and cultural structures, to make seemingly inevitable something that is itself, as Cixous so succinctly suggests, invented.<sup>22</sup> In the last quarter of the twentieth century, the resurgence of the two in what Showalter characterizes as a “marriage” is likewise evidence of such a moment. If, in other words, hysteria and feminism erupt in the nineteenth century in response to new forms of patriarchal pressure, they should likewise be seen to erupt in the 1970s in a similar context. The emergence of feminism at the end of the nineteenth century and its resurgence in the last quarter of the twentieth mark a consciousness of renewed pressure on women to perform femininity in increasingly restricted ways: feminism marks a tipping point; hysteria likewise marks that point. To put it another way, hysteria and feminism emerge in arguable tandem in the nineteenth and in the twentieth centuries in response to serious pressure on women to perform femininity on specific and restrictive terms. Feminist writing on hysteria is thus always indexical of such pressure.

Hélène Cixous suggested in 1976 that the kinds of “women’s stories” in which the record of hysteria can be found “are not inscribed in a void or in an ahistorical time when their repetitions would be identical. Each time there is a repetition of memories, a return of the repressed, it will be in a specific cultural and historical context” (*The Newly Born Woman* 6). “Hysterically engaged” feminism in the late twentieth century, as it undertook to demonstrate the ways in which hysteria itself could be seen as an index of the attempt to establish law and mastery (*The Newly Born Woman* 138), was specifically historical, indexing and critiquing both its own context and the context that preceded and underpinned it. While they engage

22 c: Do you know what that story makes me think of? The mirror stage—the fact that the chimpanzee looks behind the mirror to see who is there, another chimpanzee, itself, or nobody—whereas man identifies and constitutes himself with the mirror. It reflects his image to him, *fixes* it as a subject and subjects it to the law, to the symbolic order, to language, and does it in a way that is both inalienable and alienating. The law exists.

H: Except that the chimpanzee actually is the chimpanzee and we are the result of our relationship to the door. What is the discourse of mastery? There is one. It is what calls itself “the law” but is presented as “the open door” in precisely such a way that you never go to the other side of the door, that you never go to see “what is mastery?” So you never will know that there is no law and no mastery. That there is no master. The paradox of mastery is that it is made up of a sort of complex ideological secretion produced by an infinite quantity of doorkeepers. (Cixous and Clément 137–38)

with the current moment of “history”—what underpins their texts—they also return to the scene of modern hysteria in the 1890s because it is arguably at that point that women’s exclusion from a language of subjectivity is theorized and institutionalized. In the same period, the writing that Micale characterizes as the feminist historiography of hysteria likewise returns to that scene but undertakes to stand outside of it, discursively or, as is evident in the case of Elaine Showalter’s writing, through a rejection of the terms of engagement.

In one sense, what is compelling and ultimately what matters most with regard to Second Wave feminism and hysteria is that the effect of both those who are historiographic and those who are “engaged” or those working to trace a history of gender oppression across a range of categories and those embracing a discourse of hysteria is ultimately the same: that is, not only do both approaches demonstrate an interest in dismantling the structures that produce hysteria as a disorder; they also equally index in and through their writing the conditions that produce hysteria’s somatic symptoms. This archive thus serves the important purpose of affirming what it means when hysteria erupts into cultural space and when feminism takes shape in involuntary symptoms of unknown pathology. In another sense, however, there are lessons to be learned from this archive and from the history of Second Wave feminism and hysteria.

Showalter’s insistence on removing the uterus from the scene of hysteria while leaving hysteria intact raises an important question: is it more “dangerous” for feminism to embrace hysteria, as so many foundational texts of feminist theory do, and insist on its historical function as an index of oppression based on women understood with reference to reproductivity or to disarticulate hysteria from the womb and thus from femininity, as Showalter and the APA in 1980 both undertake to do? Feminism’s “reclaiming” of hysteria works to emphasize the etymological, social, cultural, political, and economic constitution of women as beings defined first with reference to their wombs. In insisting on the centrality of the womb as the crux of the problem for femininity in the twentieth century, “hysterically engaged” feminism does a conceptually “dangerous” work of “reclaiming” the uterus as a space for the construction of feminine subjectivity. Feminism’s rejection of hysteria as a condition of femininity in patriarchy, by contrast, is also “dangerous.” In its refusal to recognize the terms of its own context and in its overwriting of the historical legacy of the *hystera* in hysteria, it obscures the fact of patriarchy’s continued and renewed pressures. By disarticulating the word—hysteria—from its origin, it works to render invisible the system that continues to

affirm its meanings, while rendering their origins inscrutable. Hysterical engagement, by contrast, focuses explicitly on the “discourse of mastery” and attempts to decentre the male subject in language. This focus is not about a simple renaming. Nor is it about re-meaning hysteria as Showalter undertakes to do. It undertakes, rather, to make the point that hysteria in the late twentieth century represented an attempt to fix the meaning of hysteria—and of femininity—while suggesting that meaning itself was endlessly deferred and decentred. In this sense, the feminist “reclaiming” of hysteria also represents a paradoxical affirmation of the fixing of the putatively unfixed—not as *différance* but *indifférance* or, we might say, with reference again to one of hysteria’s most contested symptoms, a *belle indifférance*, a kind of beautiful affirmation of the way in which language operates to confine women to one kind of negated meaning, a refusal to let it mean something else or to be renamed, as long as the conditions persist. Not “conservative,” certainly “deviant,” “hysterical engagement” is a “dangerous methodology” that bears revisiting in this moment of Third Wave feminism and the reinvigoration of the term *hysteria*.

Hysteria, it is not hard to see, is back. During the first decade and a half of the twenty-first century the term has circulated across a range of social and cultural diagnoses. What Micale in 1995 called “the new hysteria studies” have begun to multiply, and something that we might call the new new hysteria studies is evident in academic study. In addition to a clear surge in scholarly writing on hysteria, between 2011 and 2012, three feature films returned to the scene of hysteria at the end of the nineteenth century.<sup>23</sup> I have already mentioned Cronenberg’s *A Dangerous Method*. Alongside this film are Tanya Wexler’s 2011 *Hysteria* (the vibrator movie) and Alice Winocour’s *Augustine* in 2012. A new series called *Hysteria* has just been released on Amazon (2014). Despite its disappearance from the *DSM*, the term shows up regularly in the analysis of symptoms of unknown pathology. Despite its seeming disarticulation from the uterus, these symptoms

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is back.

23 What we might call the new new hysteria studies—academic studies produced since around 2005—include, for instance, Nitza Yarom, *Matrix of Hysteria: Psychoanalysis of the Struggle between the Sexes as Enacted in the Body* (London and New York: Routledge, 2005); Christina Wald, *Hysteria, Trauma and Melancholia: Performative Maladies in Contemporary Anglophone Drama* (Houndmills: Palgrave Macmillan, 2007); Lilian R. Furst, *Before Freud: Hysteria and Hypnosis in Later Nineteenth-Century Psychiatric Cases* (Lewisburg: Bucknell UP, 2008); Asti Hustvedt, *Medical Muses: Hysteria in Nineteenth-Century Paris* (New York and London: Norton, 2011). Didi-Huberman’s *Invention of Hysteria*, published in translation into English in 2003, is a foundational text in this most recent surge.

are most often situated in female bodies, raising, I suggest, important questions for feminism in its putative Third Wave.

WHAT WOULD IT MEAN to understand femininity not in terms of reproductivity? Not with reference to the fetishized womb of maternalist ideology and the fetishized vaginal of pornographic representation? Not as the “dark continent” and the *unheimlich* of everyman? To define women not in terms of the onset and end of menstruation? To not see women as “crap” because they eventually “go off and suckle something”?<sup>24</sup> To not debate women’s rights around abortion and birth control, both of which figure prominently in North American debate about women’s health and rights in 2012 and 2013? To not punish women who have babies and go back to work—economically, professionally, categorically? To not subject women every 152 seconds to some form of sexual assault while accusing them of “hysteria” or a newly named but identical pathology when they object to a system that makes them vulnerable to assault on precisely the terms by which they are valued—as figures whose value is situated *in utero*?<sup>25</sup> The womb remains in 2014, as in the years around 1981, a site for the contesting of women’s rights. It is thus also still a site for a struggle for identity and meaning that is not comprehensible in terms of patriarchal ideology and psychoanalytic discourse that represents hysteria as an index and the disease of the woman who will not, as Stephen Heath puts it, “play the game, [who] misses her identity as a woman” (51). What is needed in the new hysteria studies, in this instalment of “hystery,” is a return to the principles of the late twentieth-century “reclaiming” of hysteria—or, at any rate, to that desire to make radically new definitions and histories and to find a cure for what is still in the end, even (and maybe more emphatically) in the context of renaming, patriarchy’s dis-ease enacted in women’s bodies.

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24 Neil French, cited in Anne Kingston, “Why Women Can’t Get Ahead,” *Report on Business, Globe and Mail*, 21 November 2005: 57.

25 The statistic for women in the U.S. aged twelve or over is noted by Rape, Abuse, and Incest National Network (RAINN). See [www.rainn.org/getinformation/statistics/frequency-of-sexual-assault](http://www.rainn.org/getinformation/statistics/frequency-of-sexual-assault).

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