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## Hysteria Manifest: Cultural Lives of a Great Disorder - Introduction

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# Hysteria Manifest: Cultural Lives of a Great Disorder

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## H<sub>YSTERICAL</sub> time

“Hysteria,” writes Cecily Devereux in this issue’s opening essay, “is back” (41). Indeed, the past five years alone have provided us with peculiarly frequent cultural manifestations of hysteria, the great disorder<sup>1</sup>: a pathology famously “invented” in late nineteenth century Paris by Jean-Martin Charcot at the Salpêtrière Hospital (Didi-Huberman), the amorphous illness that became, through Sigmund Freud and Josef Breuer’s *Studies in Hysteria* (1895), “the embryonic moment of psychoanalysis” (Bowlby xvi). Recently, hysteria has surfaced onscreen in films including Alice Winocour’s *Augustine* (2012), David Cronenberg’s *A Dangerous Method* (2011), and Tanya Wexler’s *Hysteria* (2011); onstage in Sarah Ruhl’s 2009 Pulitzer-

<sup>1</sup> Our intentionally suggestive figuration of hysteria as a “great disorder” emerges in part from Lacan’s assertion that Freud “reduces Dora to realizing that she has done more than merely contribute to the great disorder of her father’s world ... she was in fact the mainspring of it” (180). We find hysteria to be “great” insofar as it has and continues to be a provocative site of cultural pathology and tension; its greatness further lies in its central role in the development of Freudian psychoanalysis. Finally, hysteria is a “great disorder” because it exceeds definition, escapes conclusive analysis, and persists as a slippery, enigmatic possession of the body; hysteria is a disorder that, in turn, disorders.

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nominated *In the Next Room (or The Vibrator Play)* and a 2013 London revival of Terry Johnson's *Hysteria*, first produced in 1993 (Spencer); in the widespread media coverage of a late 2012 outbreak of mass conversion disorder among female high school students in Le Roy, New York (Dominus); and in an Amazon-produced television series inspired by the Le Roy case—*Hysteria* (2014)—which premiered, auspiciously, as the editors were compiling this issue.<sup>2</sup> What appears to be a sudden cultural reinvestment in hysteria coupled with a puzzling instance of corporeal materializations invites the broad, provocative question, as posed by Devereux in her essay: “What does it mean when hysteria erupts into cultural space” (21)?

Recognizing that we cannot wholly pin down a concept that circulates in defiant resistance to definition, this issue understands hysteria as a diagnostic trope assigned to a series of symptoms—performed, manifested, and/or expressed at the level of the body—and functioning in every case as an index of cultural norms that hysteria always exceeds and sometimes resists. Today, hysteria commonly circulates with reference to collective and individual social performances of excessive behaviour, and although it has been by and large disarticulated from gender and medical discourse hysteria remains haunted by its history and etymology.<sup>3</sup> In the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (2013), hysteria is housed as “Conversion Disorder (Functional Neurological Symptom Disorder),” which encompasses symptoms including weakness or paralysis, abnormal movement, swallowing symptoms, speech symptoms, attacks or seizures, anesthesia or sensory loss, special sensory symptoms, and mixed symptoms. The *DSM* estimates that persistent conversion symptoms

2 Although all of these cultural texts have a particular iteration of hysteria at their cores, they vary in genre and their individual treatments of hysteria. Winocour's film is a haunting portrait of Charcot's most famous patient, Augustine, who escaped the Salpêtrière hospital disguised as a man; Cronenberg's film is based on Christopher Hampton's 2002 play *The Talking Cure*, which itself was based on John Kerr's non-fiction monograph *A Most Dangerous Method: The Story of Jung, Freud, and Sabina Spielrein* (1993). Wexler's film is a romantic comedy centred on the invention of the vibrator as a means of treating hysteria; Ruhl's play takes a similarly comedic approach to the same topic. Johnson's *Hysteria: Or Fragments of an Analysis of an Obsessional Neurosis* imagines the circumstances of a real-life meeting between Freud and Salvador Dalí in 1938, a year before Freud's death. Finally, the recent television pilot focuses on a doctor (played by Mena Suvari) with a mysterious past somehow tied to hysteria, summoned to investigate an outbreak of conversion-disorder-like symptoms among a group of high school girls.

3 Our intentionally capacious definition of hysteria emerges from a 2010 graduate seminar at the University of Alberta entitled “Hysteria: Cultural Texts.”

occur in two to five people per one hundred thousand per year and that conversion disorder is two to three times more common amongst women. Interestingly, hysteria has had a tenacious if not consistently named presence in the *DSM*'s history; four of the five *DSM* editions use the language of "conversion" to depict hysteria (*DSM I* in 1952, *DSM III* in 1980, *DSM IV* in 1994, *DSM IV-TR* in 2000, *DSM V* in 2013) with the exception to this pattern being the *DSM II* (1968) which uses the language of "hysterical neurosis."

"It is as though we have never quite done with hysteria," Rachel Bowlby points out in her introduction to the 2004 edition of Freud and Breuer's *Studies in Hysteria*; "it is always, repeatedly, necessary to return to it, to see what it lacked or promised, to try to understand what is going on in its own apparently unprompted return in the present time" (xviii). In 2012, inspired by our shared experience two years prior in Cecily Devereux's graduate seminar, "Hysteria: Cultural Texts" at the University of Alberta, we—the editors—found ourselves intrigued and perplexed by what seemed to be a renewed fascination with hysteria on behalf of our popular imaginary. We sought to perform the task Bowlby describes: to probe, through the lens of hysteria's contemporary materializations, the cultural desires and anxieties that the great disorder's returns and resurfacings seem to index. In our call for papers, we declared that the issue "aims to read hysteria's present—its current representations, manifestations, embodiments, deployments, and iterations—while drawing on its diverse genealogies and violent, tangled past"; we aspired to "challenge hysteria's grand histories and unearth its minor ones, defy myths of hysteria's origins, teleology, progress, and its ties to medico-scientific objectivity, while emphasizing its present-day potency" ("Hysteria Manifest"). We wondered: How does hysteria form a ground for cultural attachments? How has hysteria been reinvented for a new era, and by whom?

While curating the excellent essays that comprise this collection, what surprised us is that we failed to receive a single contribution that engaged directly with one of hysteria's contemporary cultural lives. It struck us that our contributors, to paraphrase Freud and Breuer, suffered from the desire to reminisce.<sup>4</sup> While the pieces in this volume offer incisive and original thoughts on hysteria's enduring acuity as a trope that shapes critique, performance, and artistic practice, they largely do so by turning back to particular historical moments and texts—second wave feminism, the

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4 Freud and Breuer's original claim is that "hysterics suffer for the most part from reminiscences" (11).

surrealist movement, mythology, South African apartheid, Dora's case,<sup>5</sup> among others—to lay the foundation for their claims, while dwelling only briefly in the present. Upon reading these contributions, in many cases, we initially responded by exerting editorial pressure upon our authors to speak more about the present, to emphasize “why hysteria *now*?” Through our attachments to what we imagined as the fabric of hysteria's present, or nowness, we were developing a particular fixation on what we wanted hysteria to be, how we wanted it to manifest, and the temporal schema we wished it to inhabit. We were attempting to pin hysteria down, to immobilize it, by diagnosing the present with a case of the great disorder. We were seeking a “‘return’ of or to a past, resurrected and relived,” in service of explaining a present “repetition or re-reaction” that might make possible “a future ‘forever’ free of the symptom” of being haunted and puzzled by hysteria's returns (Bowlby vii). We were asking hysteria to enact its own talking cure. And hysteria, as it is known to do, resisted. Elaine Showalter explains that, for Freud, “[h]ysterics were unable to tell a complete, ‘smooth and exact’ story about themselves; they left out, distorted, and rearranged information ... And this incapacity to give an ‘ordered history of their life’ was not simply characteristic of hysterics—it was the meaning of hysteria” (*Hystories* 84). Indeed, what we demanded from hysteria opposes its slipperiness and opacity; the hysteric, writes Georges Didi-Huberman “defies the spectator's desires” and simultaneously “consecrates and defies his mastery” (167). And the essays we received confirmed hysteria's indebtedness to its pasts, an unfinished biography, and a repetition of hysterical embodiments and manifestations.

Like the articles in this collection, contemporary representations of hysteria—such as the cluster of films listed above—stubbornly and persistently render hysteria by looking backward. Even the recent pilot episode of the television show *Hysteria*, which unfolds entirely in the present day, is anchored in an opening credit sequence featuring historical images of hysteria, including those created in the Salpêtrière hospital at the end of the nineteenth century. As a historical event, then, it seems that hysteria is turned to as a fascinating, if tense, encounter between ideas and bodies, doctors and patients, stillness and movement, and the false comfort of examining hysteria at great temporal remove.

This general unwillingness to see hysteria in the flesh of the present and a continued nostalgia for the hysteria of the past point us toward a specific

<sup>5</sup> For more on one of Freud's most famous patients, Dora (Ida Bauer), who ultimately abandoned her treatment with Freud, see *Dora: An Analysis of a Case of Hysteria* (Touchstone, 1997).

archive of hysteria that includes the Charcotian hysteric made visible through the photographic apparatus, the Freudian hysteric made audible through the talking cure and the case study, the avant-garde hysteric as a ground for supranormative literary techniques, and the feminist hysteric as a figure of diagnosis and rebellion. Through these four hysterical inhabitations, we can also track hysteria's service to the fields of neurology, psychoanalysis, literary analysis, and feminism. Taken together, these four pivotal historical apparitions provide us with a series of colours, codes, and conventions for future renderings of hysteria. And these four indexical moments of hysteria live with us today, as is traceable in the corpus of hysterical representations and the contributions to this issue.

We are confronted with a series of questions that reflect less upon hysteria's indebtedness to its rich biography, which is evident, and more so on the insistence on anchoring hysteria in the past when it so evidently holds a grasp on the contemporary imaginary. How is it that hysteria indexes pastness when it continues to circulate today under a series of diagnostic labels, cultural representations, and corporeal embodiments? What is it about hysteria that leaves us reaching for it, even as it is proclaimed dead and buried, its name elided in the *DSM*? When nostalgic for hysteria, what is it we long for; what fever drives our commitments to figuring hysteria as the corpse of a bygone era? What indulgence are we feeding when we reproduce bodies-at-madness, displacing them on to other times? And how can turning backward to hysteria cultivate temporalities that are themselves "hysterical"?

### **Hysterical contagion**

In *Hystories*, Elaine Showalter claims that hysteria "has ... been relabelled for a new era" (4). She investigates those "new and mutating forms of hysteria amplified by modern communications and fin de siècle anxiety" (4) that permit, in concert with other scholars of "the new hysteria studies" (Micale 5), a far-reaching proliferation of sites of hysterical inquiry. Contemporary scholars of hysteria move beyond Charcot's hysterical lesion and Freud's gendered pathology, locating and exploring iterations of hysteria in diverse sites that include chronic fatigue, Gulf War, and multiple personality syndromes, satanic ritual abuse, alien abduction, and recovered memory (Showalter 1997); advertising and consumption (Shutzman 1999); drama and performance (Wald 2007); "transgenderism" (Gherovici 2010); slave narratives (Sharpe 2010); Lady Gaga (Mason 2010); Don Juan and Shakespeare (Mitchell 2000); "faux-Dickensian" literary genres (Wood 2014); the fashion industry (Doonan 2013); and many oth-

ers. Showalter claims that “hysteria ... is more contagious than in the past,” maps its “spread by stories circulated through self-help books, articles in newspapers and magazines, TV talk shows and series, films, the Internet, and even literary criticism” (*Hystories* 5), traces hysteria’s movement “from the clinic to the library, from the case study to the novel, from bodies to books, from page to stage and screen,” and charts the adaptation of hysterical motifs “from myth, popular culture, folklore, media reports, and literature” (*Hystories* 6). Showalter’s titular *hystories*, or “cultural narratives of hysteria,” she writes, “multiply rapidly and uncontrollably in the era of mass media, telecommunications, and email” (5). Hysteria, it seems, is not only back: it is everywhere, located in and circulating around innumerable sites of contact at unprecedented speeds. The cliffhanger-style conclusion to the 2014 *Hysteria* television series pilot echoes Showalter’s sketch of a viral hysteria that has the potential to spread rampantly through mass media: “But if you can get sick just by watching some stranger on a screen,” the show’s protagonist declares ominously, as picture fades to black and credits begin to roll (“Pilot”).

Yet, if hysteria seems to be everywhere and can be spread into or onto anything through a range of media—Showalter redefines hysteria as “a universal human response to emotional conflict,” which suggests massively broad diagnostic possibilities (17)—then what or whom, if anything or anyone, is not or could not become hysterical?<sup>6</sup> Is there a place where hysteria cannot or could not be located? Can we imagine a *hystory* that traces not only the presences, manifestations, and cultural apparitions of hysteria but also considers its absences, silences, and moments of invisibility? In this issue, both Cecily Devereux and Patricia Gherovici’s essays take up a question posed by Lacan in response to a moment of ostensible hysterical absence: “Where have they gone, the hysterics of yesteryear ... those amazing women, the Anna O.s, the Emmy von N.s,” asked Lacan in Brussels, February 1977; “What is there now to take the place of the hysterical symptoms of long ago?” (Showalter, “Hysteria” 334). Gherovici’s essay, “Where Have the Hysterics Gone?,” enters the scene in 1952, when the diagnosis of hysteria “was eliminated from the official American psychiatric nomenclature,” marking “the termination of the entire disease form” and, seemingly, the end of hysteria (47). Gherovici is quick to point out, how-

6 Bowlby also gestures to the largeness of hysteria’s diagnostic net: “At the start of the twenty-first century,” she writes, “hysteria is still, or once again, out and about ... as a questionable and potent name for forms of contemporary malaise” (xv); Julia Kristeva notes that “we are currently witnessing a veritable explosion of hysterical nosography” (“The Sobbing Girl” 130).



ever, that “[i]t was not long before this ‘repression’ produced a predictable Freudian ‘return’ in the shape of a “curious chronological coincidence” (47): Lacan’s “Presentation on Transference,” one among a mere handful of Lacan’s texts that engage intimately with hysteria. Gherovici goes on to probe Lacan’s unusually sparse writings on the subject, arguing that, in spite of seeming silences and invisibilities where hysteria is concerned, the great disorder in fact underwrites Lacan’s entire body of work, which “follow[s] the rhetorical strategies of ... hysterics, using language in innovative ways that are both challenging and enlightening” (55).

While Gherovici’s essay contemplates how hysteria’s invisibilities are symptomatic of its repression and suggestive of its eventual return in different forms and locations, Devereux’s focus is on the conscious efforts of second wave feminists to recuperate hysteria and its hysterics from those silences and invisibilities perpetuated by the patriarchal legacy of psychoanalysis. Feminists including Hélène Cixous and Catherine Clément, for example, sought to appropriate and rewrite a history of how “woman has always functioned ‘within’ man’s discourse,” as they explain in *The Newly Born Woman*, “a signifier that annihilates its particular energy, puts down or stifles its very sounds” (95). Devereux conceives of this genre of critical intervention as “hysterical engagement,” a “process and a methodology ... of destabilizing the system within which the meaning of femininity is fixed, by mobilizing a language that separates words and meanings” (29). For Devereux, hysterical engagement endures in 2014 as a “dangerous methodology” for disrupting the continued accrual of silences around women’s bodies through the making of “radically new definitions and histories,” particularly since “[t]he womb remains ... a site for the contesting of women’s rights” (42).

With hysterical engagement in mind, another question to pose in response to Showalter’s proliferation of hysterical sites might be: Among the many, are there certain iterations, narratives, and loci of hysteria—some *histories*—that lend themselves to particularly potent “insights into language, narrative, and representation” or that pose peculiar and provocative “questions about the self, sexual and gender identity, cultural meaning, and political behaviour,” which Showalter positions as the driving forces behind inquiries into hysteria (*Histories* 7)? Helen Kapstein’s essay, “The Hysterics of *District 9*,” capitalizes on myriad possibilities for and spaces of hysterical engagement to offer an innovative reading of Neill Blomkamp’s popular 2009 science fiction film. Kapstein offers us a vast array of methods for thinking hysteria and its deployment as critical lens, including: “the hysterically funny” (156); hysteria as a formal strategy



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for "capturing postcolonial absurdities, extremes, and visions" in film and fiction (157); the notion of a "hysterical body politic" (162); and "hysteria as potential solidarity, collaboration, and connection" (168). Ultimately, Kapstein's essay invites us to consider how "hysteria and science fiction ... go hand in hand" (173), and how pathology fuses with politics, genre, and form to provide *District 9*'s viewers with an experience of "the inchoate, the fractured, the hysterical of ourselves and our society" (170).

### Hysterical acts

Building on the feminist resignifications of hysteria that Devereux explores, other pieces in this issue touch on the deployments of hysteria as a performative mode; an artistic, aesthetic, and/or cultural practice; a method for critical inquiry strategically undertaken to address particular questions, concerns, anxieties. This seems to bring hysteria into terrain quite different from Freud and Breuer's description of hysteria as the bodily manifestation of "psychical traumas that have not been dealt with by abreaction or by the work of associative thought; they are, likewise, completely absent ... from what normal consciousness is capable of remembering" (17). The lines between unconscious pathology and knowing performance, however, have been blurred since hysteria's "invention" at the Salpêtrière (Didi-Huberman 3). Charcot observed in his *Clinical Lectures* that a major obstacle in the study of neurosis was simulation, "in which the patient exaggerates real symptoms, or again creates all at once an imaginary group of symptoms" (14). Charcot, however, famously provoked hysterical symptoms in his patients, using hypnosis to prompt performances for awestruck audiences in his self-described "living pathological museum" (3) and requiring his patients to hold poses—at length—to be documented by Paul Régnard, one of his photographers, who "was working with wet collodion plates: slow to prepare, slow to exploit, slow to expose, slow to develop" (Didi-Huberman 87–88). It is unsurprising, given how Charcot caused his patients to interiorize, in Didi-Huberman's words, "the theatrical constraint ... as a constraint of the rehearsal of the symptom, a cruel dynamic of auto-mimetic disequilibrium" (254), that the doctor noted the artistic inclinations of his patients, observing "that the desire to deceive, even without interest, by a kind of disinterested worship of art for its own sake ... is a common enough occurrence, particularly in hysteria" (Charcot 3).<sup>7</sup>

<sup>7</sup> Freud, too, gestures to the hazy boundaries between the conscious- and unconscious-ness of hysteria. In "On the Psychotherapy of Hysteria," he notes, "A psychical force, then, aversion on the part of the self, had originally pushed the pathogenic idea out of association and was now opposing its return to memory.

Hysteria and its iterations, circulations, and adaptations remain a curious blend of art, pathology, theatre, mimesis, illness, performance, weapon, critique. The *New York Times Magazine's* coverage of the 2011 case of conversion disorder/mass psychogenic illness in Le Roy, New York, reminds us that the ghosts of the hysteric-as-performer still haunt contemporary manifestations of the great disorder:

Like everything else in high school, the girls' symptoms were broken down by status: there were the kids who were really sick and then the kids whose illness was "psychological" and then the kids who were faking it so they could get on the news. No matter how many times the doctors explained that these symptoms were real, something the girls could not control, the finger-pointing persisted. One mother even went on Facebook to publicly accuse her daughter's best friend of faking, before apologizing the next day. (Dominus)

Perhaps hysteria persists as dangerous, threatening, and a source of anxiety because it *can* be staged, be it out of a "disinterested worship of art," the desire to appear on television, or with the intention to critique, disrupt, challenge, question.<sup>8</sup> Here, we can read the excessively performing hysterical body as an abject body, one which "disturbs identity, system, order. What does not respect borders, positions, rules" (Kristeva, *Powers* 4), a body that "is radically excluded and draws [us] towards the place where meaning collapses," and in so doing, confounds our sense of the social (Kristeva, *Powers* 2).<sup>9</sup>

This issue features two contributions that engage directly with hysteria's visual media to wield the great disorder as a critical and potentially disruptive method, mode, and form of artistic production. Expanding her pioneering reconsiderations of psychoanalysis and the process of subjectivization from the starting point of intersubjective mother-infant

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The hysteric's not-knowing was, therefore, a more or less conscious not-wanting-to-know, and the therapist's task consists in overcoming this *resistance to association* through psychical work" (Freud and Breuer 271).

8 Christina Wald explores the deep ties between hysteria and theatrical performance in *Hysteria, Trauma, and Melancholia: Performative Maladies in Contemporary Anglophone Drama* (2007). Wald understands hysteria as a "performative malady" and a critical trope that represents "the performative quality of gender identity" (5).

9 For more on hysteria and the abject, see Cristina Mazzoni's *Saint Hysteria: Neurosis, Mysticism, and Gender in European Culture* (Cornell UP, 1996).

entanglement (or the “maternal-matrixial Eros of borderlinking”), Bracha Ettinger helps us think the primacy of originary love and loss in light of maternal denigration (124; Ettinger 2005). Rooted in a cultural and psychoanalytically fueled suspicion of the maternal, hystericization takes form, and when improperly acknowledged by the analyst through strategies of psychoanalytic mother-hatred hysteria may take full bloom. For Ettinger, hysteria is “one of the ways a subject unconsciously rebels against the phallic-Oedipal cultural foreclosure of the matrixial links to the m(O)ther in the family, in the society, and in the transference; it is a mode of subversion and resistance” (135). Ettinger’s essay, artwork, and notebook pages fuse psychoanalysis with art, photography, film, myth, and the work of Sylvia Plath to “rethink,” as Ettinger writes, “the human subject as infused by the transsubjective dimension,” forging in the process radically new theories and aesthetics of hysteria and intersubjective subject-making (123).

In their restaging and refiguring of hysteria’s iconographic photography and its role in the invention of hysteria, Ela Przybylo and Michael Holly also produce new ways of “Seeing Hysteria” that render transparent what Przybylo calls “the medico-photographic project of the Salpêtrière” (177). This photographic apparatus, like the psychic apparatus of psychoanalysis, is not contained in any lesion or demarked space but, rather, stretches to include “the lights, the camera, the props, the flash, the photographer, the physician, and Augustine—the hysteric—herself” (178) in addition to, certainly, our own voyeuristic complicity and participation in Charcot’s theatre of “spectacular evidence” (Didi-Huberman 59).

Shannon Bell’s essay, which concludes the issue, returns us to Lacan’s question as reposed by Devereux and Gherovici’s contributions: Where have all the hysterics gone? Bell provides us with an alternative answer: they have become—or have the potential to become—posthysterics. Bell enacts the “radical transformation from the nineteenth-century hysteric to the twenty-first-century posthysteric” as follows (189): she reworks the matheme of Lacan’s Discourse of the Hysteric such that the posthysteric is “outside and excess to what Levi Bryant dubs ‘The Universe of Mastery’” (192); through this transformation of Lacan’s matheme, Dora becomes “D’Or,” who “drives a gold spike” through psychoanalysis’ “tracks,” and “in so doing reroutes the way and destination” (190); finally, Bell positions female ejaculation as the posthysteric’s central performance, which demonstrates “the magnitude of what she as woman is capable of revealing concerning *jouissance*” (198). Posthysterical performance, for Bell, builds on notions of hysteria’s performativity but radically “shifts the terrain from the jewel case of Oedipalized heterosexual practice to the terrain of

queer practice” (208) through the “technological know-how” of female ejaculation (192).

## Hysterical circus

Bell frames her posthysterical as having an unsettling potential, destroying the tracks of psychoanalysis, bringing it to its knees; instigating a new Lacanian matheme and discourse; reteaching us Dora; expanding “public collective enunciation” (197). In so doing, she taps into the “debate as to whether hysteria is resistance or failure, the most famous being [the debate between] Hélène Cixous and Catherine Clément” (197). In *The Newly-Born Woman*, Clément sees the hysteric as “antiestablishment and conservative at the same time. Antiestablishment because the symptoms—the attacks—revolt and shake up [those] to whom they are exhibited.... [And] conservative because ... every hysteric ends up inuring others to her symptoms, and the family closes around her again, whether she is curable or incurable” (5). Cixous, however, claims hysteria is “the nuclear example of women’s power to protest” (154). She continues:

Yes, the hysteric, with her way of questioning others (because if she succeeds in bringing down the men who surround her, it is by questioning them, by ceaselessly reflecting to them the image that truly castrates them, to the extent that the power they have wished to impose is an illegitimate power of rape and violence.)—The hysteric is, to my eyes, the typical woman in all her force. (154)

And the debate goes on:

C[atherine]: Listen, you love Dora, but to me she never seemed a revolutionary character.

H[élène]: I don’t give a damn about Dora; I don’t fetishize her. She is the name of a certain force, which makes the little circus not work anymore. (157)

In response to this debate, Jane Gallop claims that Cixous and Clément are “polarized as advocates of either the hysteric as contesting or the hysteric as conserving” and that a more “reasonable, forceful, [and] clever position” would be “to assume the inevitability of ambiguity” (202).

Regardless of our ability to recognize and embrace hysteria’s inescapable ambiguity when it comes to the resistance/failure binary, given that hysteria “has never stopped coming back, in every kind of guise and dis-

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guise,” as Bowlby points out (xxviii), we might nonetheless consider several questions that attach themselves to hysteria’s returns and continued critical deployment. If we take seriously Showalter’s claim that hysteria represents “a universal human response to emotional conflict” (*Hystories* 17), then we might also contemplate how and where it still operates—as Cixous, Clément, second wave feminists, and several authors in this collection maintain—as an index of specifically *female* oppression. And if so, what is the cultural anxiety or stress that hysteria is surfacing in opposition to or in tandem with? Furthermore, what is the current status of male hysteria? After all, Charcot wrote that “hysteria is met with frequently enough in men; and ... it is attended with all the characters ordinarily seen in the female sex” (77); it was primarily Freud who transformed hysteria into “the symptom, to put it crudely, *of being a woman*” (Didi-Huberman 68).<sup>10</sup> Is the same potential for subversion and critique nascent or present in male hysteria as well as female (post)hysteria?

Emily Christina Murphy’s essay, subtitled “Reading Male Nervous Hysteria in *Murphy*,” turns to Samuel Beckett—his involvement with the surrealist movement, psychotherapeutic treatment at the Tavistock Clinic, and composition of his first full-length novel—to illustrate how *Murphy* functions to partially detach hysteria from its accumulation of feminine signifiers, which have accrued through Freud’s work and the largely feminine iconography of the Salpêtrière and the surrealists. Beckett’s particular aesthetic of male hysteria, Murphy argues, “invites us to imagine how our contemporary cultural approach to mental illness might have looked if a masculine aesthetic of hysteria held the same cultural sway as feminized hysteria” (92). Murphy concludes, quite provocatively, that this alternative focalization might not only render transparent the heteronormative underpinnings of a hysteria that sees female reproductivity as its ultimate telos, but it could also function as a strategy for reclamation that sees “alternate psychic states as potentially desirable” (92).

While Murphy suggests that Beckett offers a kind of alternative archive to the feminized Freudian narrative, Katrine Raymond’s essay proposes that the hysterical body is itself a kind of archive, “a physiological archive of intersubjective interactions,” histories, environments, and losses (102). Raymond draws on Alice Munro’s short story “Meneseitung” (1990) and

10 Although Freud’s body of work on hysteria focuses largely on femininity and female hysterics, he also treated male patients for hysteria. See, for example, Mark S. Micale’s *Hysterical Men: The Hidden History of Male Nervous Illness* (Harvard UP, 1998) in which the author discusses Freud’s five-year treatment of “Herr E.” for hysterical neurosis, a case that Freud, strangely, never published.

new feminist materialist theories (Wilson 2004) to figure the hysterical “mindbody” as a leaky, porous, and permeable accumulation of affects, memories, and traumas that confuse the boundaries between self and environment, past and present. For Raymond, “Meneseitung”’s protagonist—the nineteenth century poet Almeda—seems situated in the ambiguous space that Gallop identifies between Clément and Cixous’s perspectives on hysteria: Almeda’s “excessive openness to the affects of others” translates into a form of paralysis (102–03), yet the model of the archival hysteric simultaneously provides us with “a reorganizing effect on how we view ourselves and the world,” one more attuned to those “semi-permeable boundaries with our material environment” (114).

### Hysterical forgetting

Julia Kristeva has recently written that “analytical thought today has still not sufficiently centered its exploration of hysteria on the fact that, if ‘reality’ is modified in the hysteric, this modification goes hand in hand with a *modified time*” (“The Sobbing Girl” 129–30). She argues that “the hysteric forgets their time,” existing “in a passionate *timelessness*” (133) linked to the suspension of time Freud identifies in the unconscious. An attention to the hysteric’s inhabitation of inner time, for Kristeva, points to the prephysical, the ordinary link to the maternal, and the ordinariness of madness.

Hysterical time opens up on to the unconscious, breaking the linearity of conscious time, reaching to the “*before* and *elsewhere*” that generates hysterical symptoms (Kristeva, “The Sobbing Girl” 132). Through remembering and housing the prememorable and prephysical (of infancy) and the unbearable (of trauma), hysterical time opens us up on to startling spaces uninhabitable by spoken words, audible gestures, or culturally intelligible means of relating. “The hysteric forgets their time” (Kristeva, “The Sobbing Girl” 133), reaching backward to another time unrepresentable and uninhabitable in conscious space, while dwelling in a time unimaginable, unshareable, fundamentally unlike anything that can be accounted for in the economized exchanges of human to human relating. Hysterical time is thus both a suspended time as well as a long-paused present that dwells in the past. It is being without referents and being stuck in a past that is not readily remembered but that manifests itself through excessive bodily capacities and gestures. The expansive inner time of hysteria is confronted by psychoanalysis, which seeks to make life tolerable amidst the certainty of loss and puncture.

The pieces in “Hysteria Manifest: Cultural Lives of a Great Disorder” touch on the subjective, interactional, institutional, and historical aspects

of hysteria's temporalized circulations. Devereux, Gherovici, and Murphy each provide us with a window into a particular history of hysteria. While Devereux leads us through hysteria's *history* by way of the originary moment of feminist investment in hysteria "around 1981" (20), Gherovici visits the strange coincidence of hysteria's diagnostic death and Lacanian invocation (in 1952), and Murphy unpacks the surrealist interest in hysteria (in the 1920s and 1930s) alongside Samuel Beckett's attachments to male hysteria. Ettinger and Raymond provide us with insight on how loss is lived in the body with hysteria arising as a relational disorder that bears great psychosomatic pressure on the bodies it inhabits. Kapstein similarly reflects on the contextual and representative makings of hysteria, looking to hysteria to test out the edges of social inclusion in *District 9*. Przybylo and Holly, as well as Bell, provide hopeful evaluations of our engagement with hysteria's futures. Przybylo and Holly test our seeing of hysteria and our desire to see hysteria as an empowering production while Bell plays out the possibility of posthysteria as a lively pursuit of *jouissance* through female ejaculation.

If "forgetting occurs when remembering is unbearable" (Bowlby xii), the hysteric marks a visceral remembering. The hysteric is "*before and elsewhere*" (Kristeva, "The Sobbing Girl" 132). Kristeva calls this "dead time"—the time of a life suspended in the yawning gap of a past loss, a past suspension of life's coordinates that is sensorial and psychical and that lingers with the body despite our "better judgments" (132). Lauren Berlant, in *Cruel Optimism*, discusses the love object that produces us as losing subjects, making lives that feel unbearable and conditions for failure that are unbeatable. We love, we hope, but our love and our hope are lethal and do not nourish us. There is a slowed time, if we take Berlant to heart, of the ways bodies deteriorate today in the pursuit of myths of riches, deep carnal loves, and successful self-realizing careers.

Berlant's rendition is of slow, deteriorating time under capitalism; the time that is clocked in this account is experienced as a chronic hazard. This anticipatory loss of a prospective future of love and success gets at the heart of hysterical time. First, there is the hush surrounding the possibility that hysteria might be alive and available to bodies today, as much as depression is recognized to be. Recall the *DSM* v's suggestion that conversion symptoms are visible in two to five people for every one hundred thousand per year. What do we do with bodies that slip into hysteria? Aside from the cultural and historical contingency surrounding the arrival of any chartable illness, such as depression or hysteria, and the concomitant shift in diagnostic apparatus reflective and productive of illness-making,



we must come to terms with the continued presence of hysteria. There might be a hysteric in each one of us. It is not impossible for a body to slip into hysterical time, as the pieces in this special issue demonstrate, as Kristeva elaborates through her discussion of the patient the “sobbing girl,” and as the case of conversion disorder in Le Roy makes strikingly apparent.<sup>11</sup>

Second, there is this everywhere, nowhere, before, and elsewhere condition of our relationship to hysteria. Hysterical time, as both a blurred time of loose coordinates and a looking backward lodged in a long, unbearable present, is a metaphor for ways in which we engage with hysteria today. As an unresolved and unresolvable trauma—Charcot, Freud, Lacan, and feminist thinkers were all unable to deduce hysteria’s causes or sufficiently explain its ebbs and flows—hysteria is a particular inheritance of the medical system, which, when all is said and done, strives to process psyches and bodies into subjects willing to produce and reproduce, whenever possible. Through the churning of countless hysterical bodies, and often women’s bodies, neurology and mind medicine were born. To think of today’s engagement with hysteria through the metaphor of “hysterical time” is to mark the great exploitation of “hysterical” bodies at the heart of the medical enterprise, which has never been accounted for. It is also to log the dissatisfaction of not knowing where hysteria came from, or why, but knowing that these questions matter. This unknowability, irresolvability lingers in a suspended relationship to hysteria.

Perhaps, then, if hysteria dwells in a kind of forgotten time or timelessness, it cannot be “back,” just as we could not have expected the authors in this collection to tell us “Why hysteria *now*?” Perhaps we need to approach hysteria with hysterical time in mind, considering how hysteria seems to collapse, stretch, and distort time, resisting linear temporality and rendering our authors’ sites of hysterical inquiry even more potent—through their resistance to and refusal of our bounded, binded temporal demands—than the kind of contemporary analysis we were initially seeking. And, although Kristeva suggests that we have not yet fully explored hysteria’s relationship to time, perhaps discourse about hysteria is and has always been underwritten by the great disorder’s strange and haunting temporalities.

<sup>11</sup> For a discussion of the Le Roy case in a historical context, see Robert E. Bartholomew and Bob Rickard, *Mass Hysteria in Schools: A Worldwide History Since 1566* (McFarland, 2013).

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