Witnessing through the skin: the hysteric's body as text

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Abstract

How does the hysteric bear witness through her body? This article looks at ways in which, from antiquity to the present day, the hysteric has borne witness to the anxiety of her time, age and sex through the speaking surface of her skin. In the eighth century ce a doctor tears the veil off the caliph's concubine; in the Renaissance physicians and witch-finders look for stigmata; in the eighteenth century hysteria is located in 'the nerves'; in the early twentieth century Charcot displays hysteria to audience or camera and Freud 'wipes away' the memories of Frau Emmy von N. What anxieties mark the surface of the troubled young woman of today? In its conclusion, this article suggests that it is exposure that haunts the outside of her body, circling it without protection, in a world where 'health' is not a pleasure but a duty.

Keywords: hysteria; the body; skin; Freud; gender; surface-effect

Juliet Mitchell wrote in an article of 1998: 'hysteria's existence is co-terminous with written records of human history' (Mitchell 1998: 117). In this sense, hysteria has been witnessing human difference and distress from generation to generation since records began. Hysterics do this in a very direct way, by speaking forth anxieties in the form of behaviour or symptoms. Rather than transmitting memories through language or other textual forms, they stand as the present (both temporal and spatial) of memory as it is made perceptible in a body. If the hysteric's body does the speaking, it is on her surface – gestures, voice, the skin – that the act of speaking takes place. In her, text is skin and skin is text; this is her visibility but also her exposure.

It has often been observed that the incidence of the condition 'hysteria' – or at least the use of the term – has more or less disappeared from view. One possible explanation for this is a kind of maturation process: 'It seems, indeed, that nerve specialists are right in saying that in our day it is becoming much more rare for people to produce obvious hysterias such as, only a few decades ago, were described as comparatively widespread. It seems as if, with the advance of civilization, even the neuroses have become more civilized and adult' (cited in Hárs 1998: 125). This was written in 1931 by Sándor Ferenczi. So even over seventy-five years ago, the elusiveness of hysteria (like the belief in fairies, always noted as something that 'used to be') was lamented. He goes on: 'But I believe that, if we are sufficiently patient and persevering, even firmly consolidated, purely intrapsychic mechanisms can be demolished and reduced to the level of the infantile trauma.

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What I want to do in this essay is look for the hysteric's body again – and in particular to look for what can be seen of this body 'in written records'. Put differently, I am interested in what is *visible and audible* in texts of the bodiedness of hysteria, how it bears witness whether through language or despite it. If we look again at Ferenczi's argument, he is suggesting that the 'infantile' level is not to be found 'deep down', in a past or other far-away place but, on the contrary, it is the very opposite of the 'intrapsychic', inward elements 'contained' inside the individual's psyche. It must thus be, unexpectedly perhaps, an element of the *surface*. Not evident any more *not because* it is too deep to find but because it is right here. We need to find what hysteria is saying in, around and on the skin.

Here is a story from the ancient Islamic world, translated from an eighteenth-century Latin account into English by the Hungarian historian of medicine András László Magyar in 1998. Gibril ibn Bahtishú (d. 827) was a doctor at the Baghdad court in the eighth century CE: this is how he dealt with an alleged case of hysteria in one of the caliph's concubines. It is worth noting that stories of actions similar to what László András Magyar calls this 'therapeutic assault' (Magyar 1998: 70) appear in other sources and continue to be reported in publications in the eighteenth century and as recently as the late 1990s.

> In those days, Errashid's concubine, while tossing and turning during love-making, raised her arm and was seized with a cramp so that she was not able to lower it any more. Since neither the compresses nor the ointments of the physicians could help, Errashid said to Dzhafar: 'This is the end, she will never recover!' Dzhafar, however, answered, 'I have a very experienced physician, he is the son of Bahtishú. Let's summon him here and tell him what has happened to the girl. Perhaps he might find some remedy to her trouble.' [...]
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> 'If thou, the Lord of Muslims, will not grow wrathful,' said Gabriel, 'I have an idea of how I could cure the girl'.
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> 'And what is that?' asked Errashid. But all Gabriel would answer to this was, 'Let the girl stand in front of us all so I can do to her whatever I want to do with her, but I must request of you, Caliph, to restrain yourself and not to be overcome with sudden anger.'
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> At Errashid's summons the girl appeared shortly. When Gabriel saw her, he walked up to her hurriedly and, pulling her head back, tore off her veil as though he were trying to strip her naked. Overcome with embarrassment and shame the girl raised her hands and gripped hold of the bottom of her veil at the same time. At this point Gabriel declared, 'Behold, Lord of all Muslims, the girl is cured.' Errashid then ordered the girl to stretch her arms out left and right. The girl obeyed him, to the amazement and wonder of all the onlookers. The Ruler had 500 thousand drachmas given to Gabriel and made him his own doctor as well as the head of all other doctors. When asked what may have been the cause of the illness, Gabriel answered in the following fashion. 'Movement and the expanding heat caused a slight moisture to circulate into the girl's arm. When she suddenly stopped the movement of lovemaking, this moisture became trapped inside her muscles so that only some similar motion was able to release it thence. This is why I made use of a trick which allowed the heat to spread evenly in the body again and allowed the superfluous liquids to be released from their captivity. (Magyar 1998: 65–6)

I am particularly interested in this narrative because of the use of the surface – veil, nakedness – as a 'cure' for hysteria. The cure is a violent one, and based on two assumptions: first (explicitly), the humoural theory that justifies the change brought about in terms of fluids, heat and so forth; and second (implicitly), the idea that the symptoms are, while involuntary, also a form of deception from which only a violent act of exposure can 'release' the sufferer.

Magyar notes that this woman may have cramped up in order to avoid her sexual duties to the caliph; he also notes a political significance to the (voluntary or involuntary) response of hysterical symptoms: 'simulation is usually the last resort of people who are otherwise forced into some undesirable activity' (Magyar 1998: 71). Like many other observers of the history of hysteria, he brings together two groups of disempowered people, women and slaves. Elaine Showalter agrees: 'As in the nineteenth century [so in the period of "shell shock"], working-class men were linked with hysterical women as the antagonists of doctors' (Showalter 1993: 322).

I shall take a brief tour of pre-modern hysteria, then look at its most important period, the 'long' nineteenth century, and finally take up some examples of the arguable reappearance of hysteria (the hysteric's body) in the last ten or twenty years.

Most people are likely to associate hysteria and the 'famous hysterics', as Jacques Lacan puts it, with the early days of psychoanalysis, in particular with Sigmund Freud's joint publication with Josef Breuer, *Studien über Hysterie* [*Studies in/on Hysteria*] (1895) and his later study, *Bruchstück einer Hysterie-Analyse* (1901, 1905) [*Fragment of an Analysis of a Case of Hysteria*], better known as the case history of 'Dora' [Ida Bauer]. Here is Lacan's lament:

> Où sont-elles passées les hystériques de jadis, ces femmes merveilleuses, les Anna O., les Emmy von N.? Elles jouaient non seulement un certain rôle, un rôle social certain, mais quand Freud se mit à les écouter, ce furent elles qui permirent la naissance de la psychanalyse. C'est de leur écoute que Freud a inauguré un mode entièrement nouveau de la relation humaine. Qu'est-ce qui remplace aujourd'hui les symptômes hystériques d'autrefois ? L'hystérie ne s'est-elle pas déplacée dans le champ social, la loufoquerie psychanalytique ne l'aurait-elle remplacée ? (cited from an unpublished paper given in Brussels in 1977 in Roudinesco 1994: 82–3)
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> [Where have they gone to, the hysterics of yesteryear, those marvellous women, the Anna Os and Emmy von Ns? They didn't just play a certain role, a precise social role, but when Freud started listening to them, it was they who allowed psychoanalysis to be born. In listening to them, Freud inaugurated a completely new mode of human relations. What do we have today to replace the hysterical symptoms of the past? Has hysteria moved sideways into the social world, has it been replaced by the more grotesque extremes of psychoanalysis?][1]

I shall return to this question later on, perhaps not in such a rhapsodic tone, because it may well be the case that the 'sideways move into the social world' is not such a large step from where it always was.

The most common view of hysteria in psychoanalysis is this one: that (as Lacan puts it) hysteria and the famous hysterics were its midwives if not its mothers. We are all familiar with the invention, by Breuer's patient 'Anna O' (Bertha Pappenheim) of

the term 'talking cure' – she also used the term 'chimney sweeping', both in English, when she was temporarily unable to say anything in her native German (Breuer and Freud 1974: 83). Later in the *Studies* we see Freud treating a variety of other women, one (Emmy von N [Fanny Moser]) by massage and 'wiping out' unpleasant memories, another (young Katharina [Aurelia Kronich]) simply through a conversation on a mountainside which he reports like a slice of drama. But, as Sander Gilman and his colleagues show in the volume *Hysteria beyond Freud* (1993), hysteria was around long before that. It was always problematic and always associated with women – even though male hysterics have been identified since at least the early modern period, sometimes carefully labelled by a different term, 'hypochondriacal', 'melancholic', 'neurasthenic' or victims of 'shell shock', probably to avoid the taint of femininity.

Hysteria is a name rather than a condition: most historians or theorists of the condition, and most amateurs with an interest in it, now take it as a term with a variety of contents, a series of *uses*, from antiquity to the present day. Its distinctiveness is the special way it poses a problem of definition to the medical profession. As Roy Porter puts it, 'The body provides sufficient explanation of its own behaviour. Diseases are in and of the organism' (Porter 1993: 238), yet doctors had to justify their practice in a world where Idealism meant that people mistrusted the focus on the 'mere' body. So 'the program widely, if tacitly adopted by medicine since the scientific revolution of locating disease explanations within the body seemed unexceptionable when addressing conspicuous conditions – tumours or dropsy, for instance – involving physical abnormalities. It has proved more problematic, however, where pain flares up seemingly independently of manifest external lesions' (239). The syndrome labelled 'hysteria' was such a condition. The patient's body manifested pain, sensitivity, cramp or paralysis – conditions often so extreme as to make active life impossible. But no physical cause was in evidence. How then to explain, treat or even diagnose such a problem? And what to call it?

The term 'hysteria' comes of course from the Greek word for womb and is associated with a belief (of uncertain provenance but appearing in Plato's *Timaeus* and in Galen) that the womb, a weirdly anarchic 'animal inside an animal' (King 1993: 26, citing Aretaeus), might go wandering upwards and block the woman's airwaves. This invisible but highly risky event could, of course, be treated only by external means, the most popular being to 'lure' the wayward creature back to its place by scent therapy: putting bad smells close by the nose and sweet smells by the vagina. But why were women's troubles diagnosed this way? Because of a theory of 'female difference at the level of the flesh'. Women were believed to be wetter than men, 'loose-textured and soft to the touch, thus by their very nature retaining moisture' (18), and the risk to them was of having insufficient moisture, which would cause the womb to break loose. A popular cure was sexual intercourse – this is universally prescribed, by almost every sort and condition of advisor, though in some times and places masturbation by women practitioners was offered, and in others we note that neurasthenic men might also by advised to marry as soon as possible (see Showalter: 1993: 296).

The unpredictable behaviour of the womb, and above all, the *invisibility* of this unpredictable behaviour, makes hysteria the diagnosis of choice for an invisible,

unpredictable set of symptoms. Some commentators call it 'protean': it is the condition that can take any form, the problem often moving from one limb to another; we recall this in Freud's patients, who display a bizarre variety of coughs, catarrhs, paralyses, olfactory hallucinations, and so on. This parade of symptoms or gestures is also, as noted earlier, associated with the gift of display – Charcot, whose patients were dramatically put on display to his circle of fascinated doctors, artists and amateurs, also used photography as a means of record, and would describe some of the bodily distortions as 'clownism' (Showalter 1993: 308) – and thus with a possible propensity, especially in young women, to deceive and malinger. 'Attention-seeking' is the contemporary version of this view.

Between antiquity and the birth of modern medicine, we see an interesting progression of what George Rousseau describes as 'a condition called hysteria without a stable set of causes and effects […] a paradox. On the one hand, hysteria appears to be a category without content; on the other, hysteria has an amorphous content incapable of being controlled by a clear category' (Rousseau 1993: 92–3). One of its most notorious manifestations – exactly how the two are to be related is much debated – is witchcraft: 'modern hysteria or conversion syndrome […] first rises to prominence as an explicit diagnostic category within the development of demonology' (98; see also Heinemann 2000). Essentially, the search for the 'truth' of possession and the later search to interpret and if possible cure the manifestations of hysteria followed the same process. Whatever their origin – most people tend now to the view that the causes of the condition are a collection of social frustrations (the indoor fate of bourgeois women, the terrors of shelling or the contemporary stresses of the male or female executive) – their 'truth' is sought where it seems to be perceptible, on the surface of the body.

> In the Renaissance and again in the nineteenth century, these somatic [signs or] dysfunctions were often called 'stigmata' by physicians searching for the 'stigma' of hysteria. The line from the fourteenth century to the nineteenth is almost continuous in this sense. Stigma was eventually altered to symptom in the semiology of clinical analysis – in the seventeenth century – and this may be why so many medical lectures appeared in the nineteenth century (like that of the French neurologist Pierre Janet) entitled 'the major symptoms of hysteria'. (Rousseau 1993: 111–12 – and see Gilman 1993: 352)

Central among these stigmata/symptoms was one that interestingly brings together paralysis and surface: the symptom of numbness. Tested for by pricking the skin in various zones with a nail or sharp instrument, this effect was observed alike in the late Middle Ages and in the Paris hospitals of the early twentieth century. What is numbness but paralysis – or perhaps more precisely, anaesthesia – of the skin? If we consider this condition as an involuntary refusal to let the skin feel, we may find it a useful gauge to return to.

In the seventeenth century, hysteria was established as 'a natural disease rather than a theological condition of the soul' (Rousseau 1993: 115), and from then on, tied as it was to 'uterine debility' (117) or at the least 'the derangement of her vaginal cavity'

(118), there grew 'the idea that nature and perhaps even the deity had intended from the beginning to program […] the female species for hysteria' (119). It was Thomas Sydenham (1624–89) who suggested in the 1680s that hysteria afflicted both sexes, was 'the most common of all diseases [and above all, was] a function of civilization' (140).

In the eighteenth century, the system of nerves linking brain to body became the causation of choice. It allowed an apparently mathematical, modern, Newtonian explanation of *how* emotion was manifested in illness and gave a somatic origin to the typical malaises of the age: from vapours, spleen, melancholia and hypochondria to the more dramatic dementia and lunacy. Responsibility was no longer laid on the uterus, it was far more widespread, and spread all over the body, the latter being all 'nerves' – but in the form of a *system*. Rousseau concludes: 'The desexualisation of hysteria was, of course, one part of a movement during the Enlightenment that demystified the entire body' (158).

However, as Porter explains, 'it was during the nineteenth century that hysteria moved centre-stage'. Its 'clientele broadened […] Shop girls, seamstresses, servants, street walkers, engine drivers, navvies, wives, mothers, and husbands too, were now eligible […] The coming of mass society evidently democratized the disorder'. The concept of mass hysteria or 'hysteria epidemics' (Porter 1993: 227) came into being. Hysteria gave 'somatic contours [to] non-specific distress' (229). The element of *memory* – remember Freud and Breuer's observation that 'hysterics suffer mainly from reminiscences' (Breuer and Freud 1974: 58) – is marked on the body too and gradually acknowledged as central to the 'stigmata' of the condition.

Porter uses a series of 'internal' metaphors: 'medicine today remains deeply divided as to whether hysteria is a skeleton in the cupboard or a ghost in the machine; a phantom like "the spleen" or a bona fide disorder' (Porter 1993: 231). But it is increasingly with perceptibility – visibility in Charcot, audibility in Freud: to quote Stephen Heath's formulation: 'Charcot sees, Freud will hear' (Heath 1982: 38) – that the question of what hysteria is and who its sufferers are becomes absorbed. The question of how to 'cure' it and the parallel question of in what sense (or for what reason) it might be feigned also become contained in the perception question, the status of hysteria as *phenomenon*. As hysteria follows the positivist 'rise of thought, from the theological, via the metaphysical, up to the scientific plane' (Porter 1993: 236), so the revision of stigmata into symptomatology progresses, using the machines of the modern centuries. As neurology and pathology develop in the medical world, so psychiatry, with its flower-garden of sub-specialisms, blossoms as well. More particularly, medicine is consulted by the socio-political institutions: law, social policy, hygiene, sanity, race and so on: 'medicine [becomes] the very cornerstone of public morals' (249).

In hospitals, where a literally captive clientele of mainly working-class men and women were available to the medical gaze, there developed a 'massive clinical scrutiny of hysterical pathology' (257). At the Salpêtrière in Paris, 'Charcot had some measure of success in mapping hysteria onto the body' (258). Translated to the middle classes, this spatial metaphor can be connected to another: in what space does the 'permeable' body of women belong? Indeed, the womb reappears disguised in a new political

debate. At the end of the nineteenth and beginning of the twentieth century, when first-wave feminism and the 'New Woman' were appearing (Victor Margueritte's notorious novel *La Garçonne* [*The Boy-Girl*] was published in 1922) the 'hysteria' of feminists was contrasted to the desirable alternative: 'As women made their first inroads into public and professional space, a fascinating alliance of artists, traditional women, and neuropsychiatrists like Charcot united in a campaign to celebrate maternity and the interiority of Women' (Showalter 1993: 306).

As well as treating hysteria by pressure on supposedly 'hysterogenic zones' (307) – the ovaries in women, the testicles in men – Charcot worked by rendering visible the gestures and paralyses, asymmetrical posture or gait, and the aberrant hair or skin of his patients. In *Les Démoniaques dans l'art* (1887) [*Demoniacs in Art*], Charcot and his colleague Paul Richer analyse visual representations from the early Middle Ages. But it is centrally in the new art of photography that, according to Gilman, the new psychiatry found its focus – not only in the effort to expose or catalogue but also to cure. Since hysteria is 'the disease of images and imagining' (Gilman 1993: 353), it precisely fits 'the "startle" effect inherent in the newness of the medium of photography' (355). If we go back to the earliest use of the medium, in the 1840s and 1850s, we find a 'shock cure' remarkably similar to the torn veil with which I began this article. Especially for working-class patients, who had little exposure to high-art portraits or engravings, the shock of seeing themselves as they 'really' looked could (apparently) bring about some sudden and striking cures. A paralysed limb might suddenly loosen up, and this was in itself, albeit another echo of religious miracles ('pick up thy bed and walk'), a very modern miracle 'in a society that demands mobility as a sign of group identity' (370).

We are still very much in that society. If we observe how, since the eighteenth century, social decorum, professional success at any class level (shell-shocked soldiers needing to be returned to the trenches just as much as devoted mothers had to return to their domestic duties) and mobility in the public world seem both to necessitate hysteria and justify its therapies, we can anticipate what might emerge at the end of this history.

But we are not there yet. I want to look a bit more at some versions of the emergence of memory in the psychoanalytic cure. Two different therapies vie in the *Studies on Hysteria*: the main line, invented in tandem (we might say) by Breuer and Anna O, is the 'talking cure' that Freud went on to develop with the consequences we all know. I shall come back to it in a moment. As Maria Torok points out, the case of 'Emmy von N' (Fanny Moser) is exceptional in Freud's repertoire of clinical technique (see Abraham and Torok 1994: 234–48). His normal technique is the cathartic method: bringing a memory 'up' out of the inaccessible 'realm' of unconscious repression, by following the 'thread' of the symptom through free association, what Anna O calls 'talking off' her '"vexations"' (Breuer and Freud 1974: 88). But in the case of Emmy, Freud systematically deletes or 'wipes out' (115) her disturbing memories through hypnosis. 'Wiping out' is both a more radical and, one could say, a more superficial technique: it stays on the surface of the thing. The cathartic method is spatially more extreme: it consists of a myth of emergence from depths.

A nice example of this myth and how it works as a creative act, can be found in the first volume of Proust's *À la recherche du temps perdu* [*In Search of Lost Time*], *Du côté de chez Swann* (1909) [*Swann's Way*]. Here the memory of a loved and lost childhood is 'buried' deep inside, seemingly beyond recall – but it can be recovered by a dual technique, similar to the psychoanalyst's practice but enacted by the 'patient' alone. This technique is a subtle combination of chance and work. The chance element is a sense-experience in the present moment: a middle-aged man tastes a cake crumbled in *tisane* [herbal tea] and experiences a quite unexpected sense of joy. It cannot be in the cake or the tea, for these are quite ordinary, not even tastes that the man particularly likes. The joy is a free gift – but in order to understand it, he has to work patiently at repeating the taste – but carefully, because it quickly loses its savour, bit by bit – alternating this with relaxing his attention.

> Je fais le vide devant [mon esprit], je remets en face de lui la saveur encore récente de cette première gorgée et je sens tressaillir en moi quelque chose qui se déplace, voudrait s'élever, quelque chose qu'on aurait désancré à une grande profondeur; je ne sais ce que c'est, mais cela monte lentement; j'éprouve la résistance et j'entends la rumeur des distances traversées.
>
> Certes, ce qui palpite ainsi au fond de moi, ce doit être l'image, le souvenir visuel, qui, lié à cette saveur, tente de la suivre jusqu'à moi. Mais il se débat trop loin, trop confusément; à peine si je perçois le reflet neutre où se confond l'insaisissable tourbillon des couleurs remuées; mais je ne peux distinguer la forme, lui demander, comme au seul interprète possible, de me traduire le témoignage de sa contemporaine, de son inséparable compagne, la saveur, lui demander de m'apprendre de quelle circonstance particulière, de quelle époque du passé il s'agit. […]
>
> Dix fois il me faut recommencer, me pencher vers lui. […]
>
> Et tout d'un coup le souvenir m'est apparu. (Proust 1954: 46)

> [I empty out (my mind); I place in front of it the still recent taste of that first mouthful, and I feel something quiver inside me, dislodge itself, try to rise up, as though it had been loosed from an anchorage deep within; I do not know what it is, but it is coming up slowly; I feel the resistance of space and the sound of the great distances it is crossing.
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> Of course, the thing trembling in the depths of me must be the image, the visual memory connected to that taste, which is trying to follow it towards me. But its struggles are too far away, too dim and confused; I can just make out the neutral reflection of an imperceptible whirlpool of colours stirred up, but I cannot distinguish its form or ask it, the only possible interpreter, to translate for me the message of the real witness, its contemporary and inseparable companion, the taste, ask it to tell me what particular circumstance, what period of my past it belongs to (...)
>
> Over and over, I have to start again, leaning down towards it. (...)
>
> ———And then suddenly the memory appears.]

The point here is not so much the actual object – past or present – a fairly simple cake called a *petite madeleine* (in the 'real-life incident' Proust was eating a slice of toast dunked in tea); indeed the unimportance of the banal object that provokes the

drama of involuntary memory is essential (see Segal 1981). The crucial thing is the flood of recollections – a whole world remembered, a whole text written – that accompanies the process. Equally important, perhaps, is the mythic effect of 'disanchoring' something 'stuck' far inside the psyche, so that, to use Freud's terms 'where id was, there ego shall be' (Freud 1973: 112). If we follow this metaphor through we find another version of the importance of surface: an object consisting of the new thing coupled with the old thing, a complete memory, enshrined in a creative act, is brought forth – other physical parallels would be giving birth, ending a period of constipation, a masturbatory orgasm, a bout of vomiting. Something 'inside' must be made perceptible by coming 'outside'. Only then can it become a textual witness.

What of hysteria now? I have already mentioned the belief that it has gone, at least as a diagnostic term. The Bible of American diagnostics, the *Diagnostic and Statistical Manual: Mental Disorders*, currently gearing up to its fifth edition, had dropped 'hysteria' already in DSM IIIR (1987), replacing it by a cluster of other terms: conversion disorder, histrionic personality disorder, brief reactive psychosis, and so forth. This has not stopped books and articles pouring forth on the subject, some of them depressingly conventional in their 'terrified doctor' manifestations – a phenomenon George Rousseau already notes in the 1620s (Rousseau 1993: 126) and which, of course, harks back to the witch trials with their combination of aggression and fear. For some up-to-the-minute examples, here are two essays published in 2005, by Lacanians Sergio Benvenuto and Howard S. Schwartz: 'Freud points out that Dora plays the cock tease who encourages and withdraw [*sic*]' (Benvenuto 2005: 15); 'hysteria is not an underlying condition to which attention must be paid, but rather a drama of an underlying condition engaged in for the purpose of garnering attention. […] Taken as referring to an independent self, the term 'the woman' has no meaning (Schwartz 2005: 45–7).

At greater length but still without a gesture towards the feminist debates on hysteria, there is Christopher Bollas's *Hysteria* (2000), which is full of the difficulties the analyst should recognize or expect with a hysteric, who may imitate a whole range of other conditions (only the counter-transference can tell), may be 'malignant' (Bollas 2000: 127–45), 'toxic' (139) or 'entrenched' (147), may enact 'betrayal' (144) or 'seduction' (152–61), may be 'ascetic' (79) or 'precocious' (79) 'flirtatious' (81), combining 'the violence of the nun and the violence of the prostitute' (144), is generally 'lying' (150) but nevertheless is 'always loveable and loving' (173). The most often used epithets are 'teasing' and – on one page repeated no fewer than four times – 'charming'.

One of the strangest arguments of Bollas's book is how the hysteric's mother (usually also a hysteric) damages her child by physical care that dwells on the surface: 'The original paralysis that enervates the hysteric comes through an enervation of maternal touch' (47). This does not mean that she fails to touch or 'celebrate' the child's body or being in general, but that she 'refuses the infant's genital sexuality […] represses her relation to the genital and finds another part of the body to function in its place [; thus] she unconsciously distributes the child's erotism over the surface of

the body, radiating in intensity away from the genital' (47–9). The harm she does is not that she is unloving but that her response to the child's seductive demand is displaced from its genitals to other parts of its body, its body surface or the 'holding' of cooing or storytelling. It is specifically the effect of her 'dead hand touching the genitals' (178; see also 51) that will set in train the child's inability to celebrate its sexuality in a deep or normal way. In fact,

> the hysteric is sexualised along the surface of the body and wears the ornaments of this eroticism quite well, while sexual intercourse is not a part of surface sex. While the normal person finds the surfaces moving the self towards increasing genital excitation and demand, the hysteric finds this sliding towards the genital an unwelcome slope and cools the self off with abrupt cessations of sexual exchange. (164)

I want to remain with this idea of the eroticized surface, though differently from Bollas. In the week after Princess Diana died, a startling number of the many newspaper features referred to her as radiant, glowing, a gleaming star, a crescent moon or other source of light. Most accurately perhaps, Nicci Gerrard describes her as presenting to us the 'dazzling surface of our accumulated desires' (Gerrard 1997: 23).

Didier Anzieu identifies the hysteric with a gleaming skin surface, a 'double enveloppe (la sienne propre unie à celle de sa mère) [qui] est brillante, idéale' (Anzieu 1995: 149) ['double envelope (the child's united to that of the mother) (which) is brilliant, ideal'] or an extra '*enveloppe d'excitation*' (249, italics Anzieu's) ['envelope of excitation'] which 'caractérise non seulement le Moi-peau de l'hystérie mais constitue le fond hystérique commun à toute névrose' (249) ['not only characterizes the skin-ego of hysteria but forms the hysterical background common to all neuroses']. Annie Anzieu elaborates: 'L'hystérique se présente en quelque sorte comme une superficie excitable, dont le contenu ne répond pas à l'excitation' (Anzieu 1996 : 114) ['the hysteric presents her/himself as a sort of excitable surface whose content does not respond to excitation']. If we combine this with Bollas's conviction that the hysteric's surface is fatally eroticized, we might make a further connection with the almost obsessive descriptions of Diana's glowing skin. Whatever the specifics of Diana's childhood or sexual practice, these readings share a belief that the 'gleaming' surface of the hysteric bespeaks a deviation from what Annie Anzieu calls the normal woman's 'psychic cavity' (Anzieu 1989: 41).

I want to suggest a different reading of the surface-effect of hysteria today. It moves away from the interesting though somewhat hectic argument of Elaine Showalter's *Hystories* (1997) that hysteria is alive and well in our time in the form of various obsessive manifestations like chronic fatigue syndrome, recovered memory, multiple personality, satanic ritual abuse and alien abduction. My interest in the surface of the hysteric takes us, rather, back to the question of the feminine. Many people have suggested that anorexia is the hysteria of our day. If we designate anorexia the illness of the 'ideal surface' (that is, the surface as tight as possible on the muscular-skeletal 'real self', without the 'interference' of fat) then we can see in it the over-valuing of the external/*visible* which yet – in a typically hysterical way – ignores the 'visual

evidence' of the mirror. It might be suggested that the treatment of anorexia veers somewhat helplessly between the rest-cure imposed on such famous women as Charlotte Perkins Gilman and Virginia Woolf and the startle-effect or tearing-off of veils that consists of imposing a naked mirror image on the anorexic. Or perhaps hysteria is more like bulimia – Diana's condition – in which, actually, the negotiation of surface and contents is radically *invisible*, moving in a circuit rather than a straight line and thus cheating the scrutiny of others, maintaining secrecy, and probably refusing the 'normally' suicidal tendency of dietary refusal. The bulimic's skin demonstrates its dual function by holding in and keeping out by turns, inviting sensation and protecting against it. This is the basis of the circuit of bulimia – a circle around, into and out of, the surface-point of the skin. My argument about Diana is that the radiance identified by her fans and eroticized, whether by her or them, is (as radiance always is) a similar kind of circuit.

To quote from my book, *Consensuality*:

> Commonly, but mistakenly I believe in this context, we find the notion that Diana was so apt a mirror because she was herself – at first, at least – a blank or empty reflector. Thus to Hugo Young, unlike John Kennedy who was 'the leader of the western world', Diana 'was an empty vessel'; or to Nicci Gerrard she was 'the perfect vessel for our desires' because during the years of her lonely marriage, 'her cosseted surface bloomed and her abandoned inner life dwindled'. By this reasoning the surface represents the inanition of a proper 'psychic cavity': 'like a fur coat, a beautiful but empty skin' waiting to '[grow] some insides'. This is the image of an ideal anorexia, the body as a sheer surface, containing nothing. I want to argue, on the contrary, that we ought to understand Diana's skin in terms of the bulimic circuit, an image of exchange in which fluidity is the key. What flows into and out of the dazzling surface of a beautiful woman is gender. (Segal 2009: 104–5)

My final point is this: it is on the surface of the hysteric's body that we still need to look for the witness of hysteria. And the metaphors of spatiality – *where* is the woman's place? – are as pertinent as ever. The present-day anxiety of especially young, high-achieving women is still focused on their visibility. Specifically, it is an anxiety of *exposure*, one which, I think, is qualitatively different from other, earlier forms of women's visibility. Believing, as many do, that feminism has done its work for them and is now a bit ridiculous; and believing, as everyone now seems to, that the body is radically alterable and that we might be able to lift off our 'second skins' (Prosser 1998) and be our 'real inner selves' – either because, as Prosser argues, our inner male needs to lose our outer female (or vice versa) or because the inner ageing lady we wish our surface to belie is not really a truer self, since 'woman's vulnerability is in her surface appearance, because it is where she *lives*. It's on the surface that she is a woman […] her being/femininity (after all, they are the same) resides […] on her surface' (Blum 2003: 98–9).

I disagree with both Virginia Blum and Jay Prosser in one major way: I stress femininity not as something totally malleable (as the pseudo-Judith Butler argument has it) but equally not as fixed at the level of visibility. It *encircles* that surface, haunts it, preys on it. Hence the particular terror that is *exposure*. The inadequacy of our

'outside' stalks us. Carried by us yet not belonging to us, it makes us all to some degree hysterics, speaking through the text that is our skin. It may just be speaking in ways we do not intend, like that of the classic hysteric, or it may be medicalizing us in a more pervasive way.

In a seeming aside, Rousseau describes precisely the residual but powerful version of hysteria that we live with today:

> [the eighteenth- or nineteenth-century locales of hysteria] have not *disappeared* but have been transformed into other social locations: the health club, the bedroom with its paraphernalia of biofeedback machines, the therapist's waiting room, the pain clinics, even the beauty salons and ever-proliferating malls. Paradoxically, it seems today that these are the locales of *health* and therefore of pleasure and happiness. Yet it may be, upon closer observation, that they are merely the places where modern hysteria – what our vocabulary calls stress – has learned to disguise itself as *health*. (Rousseau 1993: 100)

Note

1. Unless otherwise noted, all translations are my own.

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