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Original article

Hysteria: rise and fall of a baffling disease. A review on history of ideas in medicine

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SUMMARY

The article presents a synthesis of the main stages in the construction of the conceptual entity targeted as hysteria.

Several academic papers report historical accounts of hysteria as a long-lasting – although disappeared – disease dating back to Hippocratic evidence. However, both philological research and the history of medicine, together with recent gender studies criticism, suggest that we shall reconsider the very origin of this category, thus questioning the features of its reality conditions across time. An account is given of this revisionism.

Hysteria is here presented as a Renaissance product, virtually dismissed by neurologists in the early 1900 but definitively waned only in 1987 and 1993 by WHO resolution, after having moved from neurology to psychiatry. Its history represents a challenging subject in the theme of objective knowledge in science, drawing our attention to the burden of the political choices taken by an epistemic community within knowledge production, legitimation and validation aiming for a scientific understanding of the world.

An account is given of the multi-layered construction and shifts of hysteria as a disease within the medical models of understanding, and of its progressive deconstruction over time.

Key words: hysteria, philosophy of science, history of medicine, psychiatry, theory of the mind

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Hippocrates: a philological misunderstanding?

Several sources, including academic papers, encyclopedia articles and books, report historical accounts of hysteria as a long-lasting disease dating back to Hippocratic origins:

"The term 'hysteria' has been in use for over 2.000 years and its definition has become broader and more diffuse over time" [1].

"The term hysteria, derived from the Greek word hystera (signifying the uterus), dates back to at least the time of Hippocrates" [2].

"Hippocrates (5th century BC) is the first to use the term hysteria. Indeed he also believes that the cause of this disease lies in the movement of the uterus ('hysteron')" [3].

"There had always been in Western medicine since the time of Hypocrites [sic] a belief in this disease called 'hysteria', which means womb disease" [4].

However, in contrast to the common sense, a number of authors recently questioned this smooth lineage, arguing that the origin of the notion of hysteria proves to be way more recent. A synthesis is here given on this side of the debate.

Although many papers and authors state that the word, together with the first diagnosis, was created by Hippocrates, contemporary philological

researches claim not only that none of the texts collected in the *Corpus Hippocraticum* can be attributed to the father of Medicine (not even the one containing the ritual oath), but also that within the collection of works ascribed to the ancient physician-philosopher there is no reference to a disease called hysteria [5,4]. Philologists also claim that the very word "hysteria" does not belong to the Greek original text.

Indeed, the "female diseases" described in the ancient medical anthology were considered as consequences of a womb suffocation, or suffocation of the uterus, in Greek hystera [ὑστέρα] (lat. utĕrus, sanscr. udáram, meaning "belly"), but such an etiological argumentation did not engage the idea of a proper disease, clearly isolated and identified, nor even a specific disease definition [6,4]. Instead, given that the womb was an exclusively female organ, when a woman expressed an unusual discomfort, unfamiliar among men, a simplistic reification drew the attention to that organ as the source of the disturb. Most of female disorders were believed to be as many consequences of a womb suffocation. De facto, Hippocratic medicine argued that a protracted absence of intercourse could dry up the womb, making it lighter. Conventional wisdom claimed that in this state of lightness the womb could move in many directions, affecting other organs and tissues by contact (liver, heart, diaphragm), along a canal ideally connecting the womb to the mouth [7]. Therefore, any pain, confusion, seizure observed in women and not experienced by men could be explained as a consequence of the *suffocation of the uterus* (histerical suffocation, *uterical*, of the uterus) due to the contact with other organs. The therapy prescribed was to sleep with the husband, so to restore the correct humidity level of the womb and bring the uterus back to its original location. Still, researchers claim that in the *Corpus Hippocraticum* there is no occurrence of the word hysteria [5], nor of a condition or disease called hysteria, nor of a hysterical woman (which would literally mean woman *of the uterus*, uterical woman), and not even a reference to a specific disease of the uterus itself defined that way. A simplistic uterine etiology was an explanation for the most varied discomforts expressed by women. The word histerikon, found in the Greek original text, is precisely an adjective attributed to the suffocation, not to women themselves. More accurately, according to King [5], both the medical category and the word hysteria were added much later to the *Corpus Hippocraticum* by Émile Littré, in the 19th century.

While translating the *Corpus*, Littré introduced his interpretation, being influenced by the modern categories of his own age as by the earlier additions of Galen's translation, therefore spreading in the modern age concepts extraneous to the original Greek version. Moreover Galen himself, in the 2nd century AD, had already mixed the Hippocratic fragments with some considerations of Pliny the Elder, creating the renowned 35th aphorism: "In a woman suffering from hysteria, a sneeze is a good thing".

In brief, those philologists argue that the word identifying a specific disease called hysteria does not belong to Greek antiquity but was, instead, the result of later additions, inaccurate or too free translations, and alterations of the original text.

Hence, the fact that the Greeks explained one or more female sicknesses by means of imaginary womb dislocation does not seem to justify contemporary claims stating that there would be, since the ancient times, a disease called hysteria by Hippocrates, which traveled down to the 20th century. It looks therefore epistemologically incorrect to sustain the Greek origin both of the word hysteria and of the first hysteria diagnosis, as well as the existence of a precise disease dating back to Hippocrates and reaching contemporary times: "here begins the second myth: Hippocrates would be the father of hysteria, result of a wandering uterus because of sexual abstention" [8].

Thereby, the ambiguous reference to a Hippocratic hysteria has at best risen in the modern age, filtered through Galen, filtered again through Littré, to uphold by the authority of the ancients a category created in fact by modern doctors, including Freud, Sydenham and Charcot. The quotation of Greek texts, affected by modern distortion, takes then the shape more of a legitimation demand (a truth-effect device) than of a reliable historical evidence.

"The origin and process of transmission of the error in translation should now be plain. Littré read the Hippocratic corpus in the context of the mid-nineteenth century, in which hysteria was a recognized condition of debated etiology; he expected to find hysteria in the text, duly found it, and drew it out in the headings he wrote for the various sections. Robb translated into English the passages headed by Littré as "Hysteria", and subsequent readers of the Hippocratic corpus have accepted the categories imposed by Littré on his material" [5].

Middle Ages: devil, witches, detentions

"The symptoms of 'hysteria' have also long been ascribed to 'demonic possession and witchcraft'. From the fall of the Roman Empire to the Enlightenment, many illnesses and cures were attributed to sorcery, witchcraft and saints, and little distinction was made between medical, neurological and psychological disorders. Much human suffering was the result of a 'Divine', who inflicted disease as punishment for malefaction or sins, or of witches and warlocks doing the Devil's work. Charlemagne (742-814 AD) sentenced those suspected of

practising witchcraft to death. Such beliefs led to the infamous witch trials, the organized persecution, torture and murder of thousands of people who were psychologically or neurologically ill" [9].

Before considering the criteria for the existence of hysteria during the Middle Ages, we may have to analyze a significant distinction. In fact, removing the Greek reference to hysteria instantly paves the way for (at least) two different readings of the issue.

On the one hand, one could argue that the existence of a phenomenon takes place independently of its definition over time, resuming the Renaissance idea of an absolute nature, whose language and structure, reality and laws one has just to discover [10]. This stable, objective fact would progressively have passed through various names, understandings and definitions across time. Along this line, medical historical approach assumed that both the symptoms and the disease have always existed, while scientific understanding of them has progressively evolved across time. What has been called by hysteria in the ancient Greece (although we saw that's a wrong belief) was then interpreted as witchcraft in the Middle Ages and was again studied scientifically starting from the 17th century taking back its medical name (which, at least by evidence, never existed before). This category remained until 1987, when an even better understanding wiped out the disease, redeploying its symptoms (mainly behaviours) towards other three different disturbs, with three different names. According to this view, antiquity attributed to the movements of the womb the responsibility of the disease, while Middle Ages misread the symptoms as evil signs, ignoring it was all about a natural disease. Sigmund Freud's formulation is probably among the best examples of this kind of interpretation:

> History. – The name 'hysteria' originates from the earliest times of medicine and is a precipitate of the prejudice, overcome only in our own days, which links neuroses with diseases of the female sexual apparatus. In the Middle Ages neuroses played a significant part in the history of civilization, they appeared in epidemics as a result of psychical contagion, and were at the root of what was factual in the history of possession and of witchcraft. Documents from that period prove that their symptomatology has undergone no change up to the present day. A proper assessment and a better understanding of the disease only began with the works of Charcot and of the school of the Salpêtrière inspired by him. Up to that time hysteria had been the bête noire of medicine. The poor hysterics, who in earlier centuries had been burnt or exorcized, were only subjected, in recent, enlightened times, to the curse of ridicule; their states were judged unworthy of clinical observation, as being simulation and exaggerations. […] In the Middle Ages the discovery of anaesthetic and non-bleeding areas (*stigmata Diaboli*) was regarded as evidence of witchcraft [11].

On the other hand, having eliminated the mythic Greek roots, we could henceforth consider hysteria not much as a rediscovery but rather as an invention of the modern age, without reliable historical evidence nor antecedents. Here modern doctors and natural philosophers, while thinking they were recognizing and studying deeper an antique object (a natural, organic, female disease), were actually creating this idea, this cognitive item, for the very first time.

Nevertheless, if the idea of a natural disease called hysteria is a modern creation, as it seems to be, one could still argue that the same behaviours described as symptoms by 19th century physicians have indeed been reported way before the creation of the medical category of hysteria.

A different attempt to define and understand the issue is the one considering those behaviors as a non-verbal language [12]. Here also, a scientific-based approach claims that the same phenomenon observed in modern age was present during the Middle Ages, but with a relevant distinction. The phenomenon representing a continuity across time, in fact, would not be a natural disease, but a series of behaviors, which were accidentally misunderstood as related to a natural disease and which should actually be read as a non-verbal language, a corporal expression of discomfort, conflict, resistance, social suffering and so forth.

Either way, we can indeed follow Freud when he observes that these kinds of deviations, together with many others, have been easily recognized as signs of spirit possession during the Middle Ages and suffered religious-based repression, segregation and killing. On this, also the classical work of Foucault [13] reports that between the Middle Ages and the Renaissance mad people in general (whose madness had not been defined yet as mental illness, still living aside of medicine) were assimilated to others social deviations, just like criminals, beggars, paupers, and therefore destined to the ritual separation from the social order (stultifera navis, colonies, etc.). Among the people interned, one could find as well witches, demon-possessed and "hysterics".

However, it is worth noting that if we give credit to the philological revisionism presented above, at this stage the whole debate around hysteria as a pathology is nothing but an anachronism, since its very first definition had still to come and only appeared in Europe a little later.

1600: brain and nerves

According to Pearce, the first occurrences of the words "hysteria" and "histerical" in French and English date between the 16th and the 19th century:

The word 'hystérique' did not develop in French until 1568; the adjective 'hysterical' appeared in English in 1615 (Crooke): 'Hysterical women, that is, such as are in fits of the mother'. In 1801 the noun 'hysteria' emerged: 'Account of Diseases in an Eastern District of London […] Chronic Diseases […] Hysteria'. And French 'hystérie' appeared in 1812 [9].

Hence, the birth date of the word and concept of hysteria is realistically 1801, while the mention of the word "hysterical" dates back to 1568. It's worth noting that in the 17th century this male epistemic community produced its own standards of truth about hysteria, applying them to women as an objective, unquestioned reality.

Yet, one has to report that it was thanks to this same rising community that the so-called religious bias weakened at the end of the Middle Ages. The English physician Edward Jorden (1569-1632) was in fact the first to consider the women accused of sorcery as victims of a natural disease instead of witches. Jorden intervened several times in their defense in the trials, sustaining that women were affected by "suffocation of the mother", retaking here literally Hippocrates' expression (where "mother" is an archaic word for "uterus"). In his medical treaty *A Brief Discourse of a Disease called the Suffocation of the Mother* of 1603, a curious synthesis of Hippocrates' and Galen's works, mixed with observations of Jorden himself, the physician never stops calling women's condition by "disease", defining it as "Passio Hysterica, Suffocatio, Proefocatio and Stangulatus Uteri". The treaty was written after the trial of Elizabeth Jackson, as Jorden tried, unsuccessfully, to prove the accused was not possessed by the devil but suffering from a natural disease.

Newsworthy, among the external causes of the disease Jorden also suggests a *psychological origin*: the "perturbations of the mind" (notice: mind, not brain). The treaty claims that according to countless historians and physicians there had already been numerous women who "have died upon joy, grief, love, fear, shame and such like perturbations of the mind" [14].

So between the 16th and the 17th centuries the Soffucation of the Mother was resumed from the *Corpus Hippocraticum* and used to try subtract deviant women from the Church tribunals, considering their behaviors not as a mark of the devil but as symptoms of a physical illness, in particular of the uterus, with accidental involvements of the mind. But this genital localization was not meant to last long. As early as in 1618, the French physician Charles Le Pois (1563-1633) suggested for the first time a relation between the Suffocation of the Mother and the nervous system (regarding in particular its convulsive manifestations). The organic explanation gradually removed its attention from the uterus to focus on the nerves, the "blood composition" and the "brain filling".

Sydenham: scientific empiricism and hysterick men

Despite the early suggestions of Edward Jorden, during the 17th century all the behaviors defined as hysterical symptoms continued to be ascribed to a hypotetical, physical, organic disease. Yet, a turning point in the redefinition of this idea was marked by the English physician Thomas Sydenham (1624-1689). Sydenham studied Medicine at Magdalen Hall, Oxford, in 1660 joined the Royal Society of London and in 1676 published the treaty *Observationes Medicae*, which became an absolute academic reference for the next two centuries. In 1668 also the philosopher John Locke entered the Royal Society, taking part in Sydenham's researches as an intern. Based on meticulous observation of phenomena and the minimum possible speculation, the English Hippocrates' approach was destined to impact not only Locke's empiricism, but a broad scientific community.

Among his numerous subjects of interest we find scarlet fever, gout, Saint Vitus' dance (Sydenham's chorea), and also Hysterick symptoms. Those are said to be identical to what he calls by Hypocondriack symptoms, suggesting the latter would be a male manifestation of the same disease. In *The Whole Works of that Excellent Practical Physician, Dr. Thomas Sydenham* (1696) we can find this description:

> very few Women, which Sex is the half of grown People, are quite free from every Assault of this Disease, excepting those who being accustom'd to labour, live hardly; yea, many Men that live sedentary Lives, and are wont to study hard, are afflicted with the same Disease. And tho Hysterick Symptoms were always heretofore supposed to come from a vicious Womb, yet if we compare Hypocondriack Symptoms, which were thought to proceed from Obstructions of the Spleen, or Bowels, or from some other I know not what Obstruction, an Egg is scarce more like an Egg than these Symptoms are one another in all respects [15].

Sydenham was among the first physicians to drive the attention on the male cases reporting hysteric symptoms, and even though his work maintains two different names for the same "disease" (merely distinguished on a gender criteria) his work was ruling out the hypotheses that it would be all about a strictly female condition. Together with that, it also became obviously necessary to disqualify the uterus as the main responsible in the aetiology of the disease. Like Jorden, Sydenham invited to consider the importance of emotion in the genesis of its manifestations. Indeed, this very suggestion opens the door towards a functional, and no more organic, disease definition. But Sydenham also refers to a belief of Galen by which nerves would be empty pipes, where an animating fluid would run (it was called "pneuma psychicon" or "animal spirit"), bringing the sense impressions to the brain:

Sydenham further maintained that hypocondria and hysteria were the same disease; female suffers were simply hysterics, and male suffers were hypocondriacs. His posthumously published *Compleat Method of Curing Almost All Diseases* (1693) noted of "the disease called in women Hysterical; in men the Hypocondriacal Passion" that "when the mind is disturb'd by some grievous accident, the animal spirits run into disorderly motions" [16].

The theory of Spirits (whose confusion could generate the disease) is thus described by Sydenham:

the Confusion of the Spirits, the Cause of this Disease, occasions putrid Humours in the Body, by reason the Function, as well of those Parts which are distress'd by the violent Impulse of the Spirits, as of those which are depriv'd of them, is wholly perverted [15].

The recommended therapy included the collection of eight ounces of blood from the right arm, followed by the administration of herbs purges for three or four days. Then laudanum every night, iron and Artemisia to strengthen the blood, although the best way to fortify the animal spirits was a horse ride every day.

Hence, still far from being identified with a noun (hysteria) and even further from being considered a "mental illness", our disease has thus been gradually created between the 16th and 17th centuries. Via the equivocal reference to Hippocrates and Galen, the Renaissance approach took the phenomenon out of the Christian beliefs to set it in a new, albeit embryonic, scientific debate.

Early 1800s: madness as a disease

Despite the 17th century discourse about hysteric symptoms, passio hysterica, suffocation of the Mother, etc., the first time hysteria was defined as nosological phenomenon in medicine was in the 19th century. Coincidentally, this was also the time when physicians started to look closely at madness, which was on its way to be interpreted as a kind of illness. From the union of an incipient neurological approach to behavioral dysfunctions and this new medical attention towards madness, numerous theories and definitions arose regarding nervous crises. Among them, the definition of hysteria as an independent disease was about to come.

In 1793 Philippe Pinel for the first time separated the "madmen" from the other socially deviant subjects in the asylum of Bicêtre, France. In his 1801 work *Traité médico-philosophique sur l'aliénation mentale ou la manie*, he claimed that "the insane, far from being culprits who need punishment, are patients whose sad state deserves all the consideration due to suffering humanity, and whose lapsed reason one must seek to restore by the simplest means" [17].

The idea that lost reason could be restored, instead of lost once and for all, was an absolute innovation which inaugurated the use of medical knowledge and treatment in respect of "madmen". Moreover, Pinel argued one could not understand the very idea of alienation without confronting the cause which most frequently laid beneath it: violent passions or exasperated by contradictions [17]. Pinel intended to cure his "serious fools" by interviews, "moral therapies", ergotherapy, leeches, opium, purges, isolation and contention. However, although his revolutionary ideas about a restorable reason via a moral treatment, later sistematised by psychoanalysis, with regard to the behaviors earlier interpreted as hysterical symptoms, he simply collected them under the category of "genital neuroses", yet considering their psychological origins [18].

A dispute within the French school

A little later, between 1872 and 1878 it was the French neurologist Jean-Martin Charcot (1825-1893) who actually formulated, defined and described an independent disease called "hysteria" for the first time in medicine. Charcot took service after Pinel at the hospital of Salpêtrière, in Paris, where he was assigned to the convulsions division as chief of internal medicine. Here, he separated epileptics and hysterics [19], described the symptomatology of hysteria and distinguished its permanent and temporary expressions. He also used photography to document hysterical crises, creating a vast visual catalog of the phenomenon encouraging his patients to pose theatrically in front of the camera [20]. Charcot was primarily treating encephalitis, Parkinson, sclerosis, hemiplegia and also was the first to adopt hypnosis as healing method to treat hysteria. In 1882 he published the essay *Sur les divers états nerveux déterminés par l'hypnotisation chez les hystériques* [21], he confirmed the belonging of hysteria to neuropathology and in the same year transformed the Salpêtrière in a proper neuropathology institute, where he created and directed a professorship of Neurology. He believed hysteria was a proper disease caused by a hereditary degeneration of the nervous system, but had no clue about its material origins. In his own words, from 1892: "We do not know anything about its nature, nor about any lesions producing it; we know it only through its manifestations and are therefore only able to characterize it by its symptoms" [22]. As stated by Mark Micale, the main issue with this illness has always been its "missing lesion", an absence that gave way to the most various theoretical speculations:

Theorization on the subject was dominated by Charcot, the celebrated Parisian neurologist who in the late 1870s and 1880s formed a coterie of young doctors and medical stu-

dents around him at the Salpêtrière hospital to investigate in enormous and systematic detail what he christened "the Great Neurosis". […] Nonetheless, ninetheenth-century theories of hysteria remained wholly speculative. […] Ninetheenth-century doctors hypothesized about whether hysteria derived from an anatomical lesion, a molecular change, a nutritional deficiency, or an electrophysiological irregularity of the brain, but inconclusively [22].

Yet, also within the epistemic community which formulated the very category of hysteria as a disease there was no full consent regarding its nature and status. Nor even about it being an illness.

In those same years, Charcot's most brilliant colleague and disciple Joseph Jule François Félix Babinski (1857-1932) was radically denying the fact of hysteria being a disease *tout court*. He claimed that the hysterical manifestations, until then taken as symptoms, were nothing more than artificial creations induced by suggestion. Hyppolite Bernheim (1840-1919), Professor of Medicine at Nancy University, shared his opinion and provided demonstration that the phenomena observed during the hypnotic treatment of Charcot would only happen when the patients knew they had to happen, supporting thus the argument of suggestion [23]. In recent years, Thomas Szasz placed some emphasis on the inner conflicts regarding the methodology of analysis within the French School:

during Charcot's lifetime and at the height of his fame, it was suggested, particularly by Bernheim, that the phenomena of hysteria were due to suggestion. It was also intimated that Charcot's demonstrations of hysteria were faked, a charge that has since been fully substantiated. Clearly, Charcot's cheating, or his willingness to be duped […] is a delicate subject. It was called "the slight failing of Charcot" by Pierre Marie. Guillain, more interested in the neurological than in the psychiatric contributions of his hero, minimized Charcot's involvement in and responsibility for faking experiments and demonstrations on hypnotism and hysteria. But he was forced to concede that "Charcot obviously made a mistake in not checking his experiments. […] Charcot personally never hypnotized a single patient, never checked his experiments and, as a result, was not aware of their inadequacies or of the reasons of their eventual errors [12].

Furthermore, as early as 1904 we have the first statement about the decline of hysteria as a nosological category. The German physician Armin Steyerthal "predicted in a pamphlet entitled *What Is Hysteria?* that 'within a few years the concept of hysteria will belong to history […] There is no such disease and there never has been'" [22]. In a way, he was not far from the truth, although the category stayed until 1987 in the DSM of psychiatry and has been yet diagnosed worldwide in the late 1980s [24].

Still, although during the second half of the 19th century doctors considered the newborn hysteria as the most common nervous disease among women, the diagnosis was almost gone a few years later: "the decline of hysteria as a workaday diagnosis within European and North American medicine occurred rapidly after the turn of the century and was effectively complete by World War I" [22].

In May 1908, eight years after the death of Charcot, Babinski proposed to the members of the Paris Neurological Society to discard the term hysteria altogether. In his *Définition de l'hystérie*, he proposed to start to use the term *pithiatism* instead, meaning a curable form of persuasion:

Dominated by Babinski, one member of the group after another took the floor and publicly denied that these classes of symptoms could be hysterogenic. […] Many members confessed openly to what they now regarded as the misdiagnosis of many cases from their earlier medical practice. The meeting on 14 May dealt with the eight topic on the questionnaire: "Faut-il conserver le mot Hystérie?" Everyone present agreed that hysteria had previously been defined much too elastically. […] Exactly fifteen years after Charcot's death, the most prestigious professional organization in French neurology dismantled the Salpêtrian model of hysteria, symptom by symptom, in two days, just as Charcot had constructed it with such care over two decades [22].

Lastly, Micale's historical survey suggests to take in consideration the gradual absorption, in the late 19th century, of the supposed "hysterical symptoms" by other medical categories. Changes in diagnostic technique and the rise of microscopical observation led to different interpretation of the behaviors and cases earlier considered hysterical. Babinski's toe reflex made it possible to distinguish cerebrovascular paralyses (organic ones) in the vast ocean of hysteria diagnosis. The 1905 observation of Spirochaeta pallida made it possible to identify syphilis, slowly taking away even more cases from hysteria's basket. The third great category receiving hysteria's patients was then epilepsy.

Nonetheless, the idea of hysteria was not yet about to die. From Paris to Vienna, hysteria was just about to start a new life, jumping from organic materialism towards metaphysics, without abandoning the field of medicine.

Janet and Briquet: a malady of the mind

While Pierre Briquet was still claiming that hysteria would be a neurosis of the brain (1859), providing the basis for the modern-day somatization disorder, inside the Pitié-Salpêtrière another view would rise in Charcot's circle: that of the French physician, philosopher, psychologist and psychotherapist Pierre Janet (1859-1947). Precisely with the medical thesis *L'état mental des hystériques*, of 1893, Janet started to define a new field of research, following some more ancient intuitions of Sydenham and Jorden: the mind instead of the body,

and more particularly memory. In his *The major symptoms of hysteria: fifteen lectures given in the Medical School of Harvard University* (1907), Janet broadly defined hysteria as «a malady of the personal synthesis», and more precisely as follows:

> hysteria is a form of mental depression characterized by the retraction of the field of personal consciousness and a tendency to the dissociation and emancipation of the systems of ideas and functions that constitute personality [25].

Here a radically new interpretation of the phenomenon was given: hysteria would be a disease of personality, of the mind in relation with the others and ourselves. Out of a sudden, in the same century when Charcot was medically describing and institutionalizing hysteria as a corporal disease of the nervous system, while Babinski was totally denying it being an illness, Janet claimed hysteria would not really be a disease of the body (of uterus, brain nor nervous system), but a malady of the mind, of the soul, of personality. Janet was the first to claim the psychogenesis of hysteria, and his proposal included the definition of a new category: *psychastenia*, grouping symptoms as phobias, obsessions, compulsions, anxiety, thus largely embracing many behaviors attributed to hysteria.

Some of these 19th century approaches will be resumed in the work of Sigmund Freud.

Freud: neuroses, repression, inner conflicts

In 1909 Babinski published his medical essay *Démembrement de l'hystérie traditionnelle: Pithiatisme* [26]. In 1903, Janet had published *Obsessions and Psychastenia*, and developed a model of the mind and personality in social terms which would become the basis for all the psychological theories from there onwards. Briquet's 1859 *Traité clinique et thérapeutique de l'hystérie* [27] set the basis for the controversial category of somatization. But while hysteria was just about to be left behind by its French fathers, this very diagnosis gained new life within German medicine and psychiatry.

Although widely considered absolute pioneering, the theories of the Austrian neurologist Sigmund Freud (1856-1939), were largely based on the works of his colleagues and mentors, namely Bernheim, Charcot, Janet, Breuer (1842-1925) and Bleuler (1857-1939). Freud actually represents the greatest filter and funnel of the tradition before him. Still supporting Charcot's nosographical classification of hysteria as a morbid neurological phenomenon, Freud inaugurated a systematic analysis of the thoughts of hysterics: psychoanalysis. Adopting Janet's intuition as for the psychogenesis of hysterical behaviors, Freud started to investigate the mental language of his patients, the symbols of their dreams, the logic of free association of thoughts and images and their erotic impulses by mean of dialogue as therapy. Ridiculed by many contemporaries, Freud developed a theory of the unconscious to propose a psychological etiology of hysteria.

Those ideas were not new, being rather developments and applications of Janet's work. Freud himself declares it in *A Note on the Unconscious*: "the theory of hysterical phenomena first put forward by P. Janet and elaborated by Breuer and myself" [11]. Also the concept of unconscious was actually based on Janet's first idea of a "subconscious", a term he created together with the word "dissociation". Restoring some Janet's intuitions, already present in Pinel, Freud also transported the medical concept of *trauma* (wound, injury, lesion) from the physical, organic framework to the psychological dimension [28], converting trauma into a metaphor and looking for the psychical events, the unsolved contradictions, the repressions and conflicts at its origin. Psychoanalytical approach targeted the social reintegration/reeducation of the individual by means of a dialogical treatment, namely to reveal and express the inner conflicts that caused psychological disorders:

> In the course of our investigation into the aetiology of hysterical symptoms, we also came upon a therapeutic method which seemed to us of a practical importance. For we found, to our great surprise at first, that *each individual hysterical symptom immediately and permanently disappeared when we had succeeded in bringing clearly to light the memory of the event by which it was provoked and in arousing its accompanying affect, and when the patient had described that event in the greatest possible detail and had put the affect into words* [11].

Albeit the suggestions that emotion could have a relevant role in the triggering of hysterical crises were already coming from Jorden, Sydenham, Janet and Pinel, it is with Freud that for the first time a doctor, a physician tried to systematically access the mental contents of a patient, under the belief that psychic torment was generated by the tension and contradiction between individual impulses, desires, feelings and the rules imposed by social life and structure [11].

From the womb to the devil's influence, from blood fluids and suggestion to the brain and the nervous system, on the verge of the 20th century the nomadic origin of hysteria was moving towards the abstract location of the mind, of the psyche, of human consciousness and personality without even changing its name.

Sigmund Freud united therefore the psychological approach of Janet (a theory of the mind, the role of memory), the hypnotic techniques of Breuer (the induced access to the unconscious, the alteration of the state on consciousness, the therapeutic talk) as well as Charcot's case studies and nosographical definitions (the

medical corporeity, the catalogue of behaviors read as nervous pathology signs). He also maintained untouched the idea of the inheritance of the disease, presented by Charcot:

> Hysteria must be regarded as a status, a nervous diathesis, which produces outbreaks from time to time. The aetiology of the status hystericus is to be looked for entirely in heredity: hysterics are always hereditarily disposed to disturbances of nervous activity, and epileptics, psychical patients, tabetics, etc., are found among their relatives. Direct hereditary transmission of hysteria, too, is observed, and is the basis, for instance, of the appearance of hysteria in boys (from their mother). Compared with the factor of heredity all other factors take a second place and play the part of incidental causes, the importance of which is as a rule overrated in practice [11].

He also maintained a gender discrimination: yet denying that neuroses had anything to with the womb, Freud claimed that male nervous system had a natural disposition towards neurasthenia as female one had towards hysteria [11], keeping the attribution of the category focused on women. When dealing with men, he would specify they were cases of "male hysteria", thus confirming a gender bias. The distinction so far reified in the uterus was now expressed by the "dispositions" of the nervous system.

In the same century, the German neuropsychiatrist Ernst Kretschmer (1888-1964), professor at the Tubinga Psychiatric Clinic, argued that "hysteria" would be a way to act (or better react) at the disposal of any human being. He claimed that it was determined by biological preformed mechanisms and studies the correlations between individual constitution, psychic personality and predisposition to mental illnesses [29]. Braun, instead, proposed that this dysfunctional state was caused by *epitimia*, a semiconscious elaboration of emotive events, having registered similar elementary reactions in animal behaviors when exposed to harmful stimulation._

Thomas Szasz, DSM, antipsychiatry

The last hysteria theory we will mention, before the category definitely disappeared from medicine, was proposed in the 20th century within psychiatry. In 1952, the American Psychiatric Association published the DSM - *Diagnostic and Statistical Manual of Mental Disorders - The standard classification of mental disorders used by mental health professionals in the U.S.* [30], then spread to other countries starting from 1980, with the third edition.

In the late 19th century hysteria was embracing conditions nowadays included under the DSM dissociative disorders as: somatization disorder, conversion disorder, borderline personality disorder and post-traumatic stress disorder.

Left out of neurology due to the missing lesion evidence, hysteria was adopted as a nosographical category by the newborn medical branch of psychiatry. Yet, the first edition of the DSM did not mention hysteria in the catalog of mental disorders:

> in the second edition of DSM, which had a more psychoanalytical orientation, hysteria came back as neuroses and hysterical neuroses, being divided into conversive and dissociative types. Contrary to the DSM-I, this second edition admitted hysteria also as personality disorder, the so called hysterical personality (nowadays histrionic personality disorder) [31].

Curiously, it was long after the phenomenon had already vanished in European medicine that U.S. psychiatry went back to recover it, furthermore placing it in a tool which would quickly become an international reference for the diagnosis of mental disorders by physicians on a global scale.

Nonetheless, at the same time, throughout the 20th century the very concept of mental illness in medicine was undergoing a profound criticism from many sides. In particular, in 1961 the Hungarian-American psychiatrist and psychoanalyst Thomas Szasz published *vg*, a work containing a new interpretation of hysteria and a strong epistemologic critique to the concept of "mental illness". On the one hand, Szasz read hysterical behaviors as a non-verbal language, on the other hand, he claimed there was no such a thing as mental illness a physician could deal with:

> The claim that "mental illnesses are diagnosable disorders of the brain" is not based on scientific research; it is a lie, an error, or a naive revival of the somatic premise of the long-discredited humoral theory of disease. My claim that mental illnesses are fictitious illnesses is also not based on scientific research; it rests on the materialist-scientific definition of illness as a pathological alteration of cells, tissues, and organs. If we accept this scientific definition of disease, then it follows that mental illness is a metaphor, and that asserting that view is stating an analytic truth, not subject to empirical falsification [12].

Together with this epistemologic readjustment between medicine and psychiatry, brain and mind, came the invitation to consider the setting of a twilight zone for the action of psychiatry within the patient's life:

> Psychiatry, I submit, is very much more intimately tied to problems of ethics than is medicine. I use the word "psychiatry" here to refer to that contemporary discipline which is concerned with problems in living (and not with diseases of the brain, which are problems for neurology) [12].

Szasz argued that mental illness is a metaphor for human problems in living. Mental illnesses are not "illnesses" in the sense that physical illnesses are; and "except for a few objectively identifiable brain diseases, such

as Alzheimer's disease, there are neither biological or chemical tests nor biopsy or necropsy findings for verifying or falsifying DSM diagnoses" [32]. With regards to hysteria, Szasz proposed to look at the "hysterical behaviors" from the point of view of a social semiotic, as nondiscoursive language. Crisis, local paralysis, loss of sensitivity, outbreaks would be nothing more than signals, icons, symbols representing a ritual form of expression of conflicts, sufferings, inner contradictions, traumatic experiences stated in a body language:

> To exhibit, by means of bodily signs – say, by paralyses or convulsions – the idea and message that one is sick is at once more impressive and more informative than simply saying: "I am sick". Body signs portray – they literally present and represent – in exactly what way the sufferer considers himself sick. In the symbolism of his symptom, the patient could be said to present his own complaint and – albeit in a highly condensed form – even his autobiography [12].

Considering nondiscoursive languages as oriented to the expression of emotions more than to the transmission of an information, Szasz invited the medical and state authority to reconsider the very core of therapeutic relation and illness attribution:

> Evidently, in the modern world many people prefer to believe in various kinds of mental illnesses, such as hysteria, hypochondriasis, and schizophrenia – rather than admit that those so diagnosed resemble plaintiffs in courts more than they do patients in clinics, and are engaged in making various communications of an unpleasant sort, as might be expected of plaintiffs [12].

Thus, according to Szasz, one should try to interpret this nondiscoursive language, more than diagnose pathologies based on (not understood yet) human behaviors:

> All the evidence is the other way and supports the view that what people now call mental illnesses are for the most part communications expressing unacceptable ideas, often framed, moreover, in an unusual idiom [12].

What Szasz did with hysteria was part of a larger movement, also called antipsychiatry, inviting society to question psychiatric authority in attributing diagnosis and to consider behavioral disorders as signs of existencial problems instead of medical pathologies. Among the most evident cases of psychiatric misunderstanding of human behaviors we'll notice the DSM nosographical category for homosexuality, scientifically considered a mental illness for decades.

Similarly to Szasz, Scottish psychiatrist Ronald David Laing (1927-1989) and Aaron Esterson (1923-1999) reinterpreted the nosographical category of schizophrenia [33], suggesting the etiology of their patients' disturbs was actually the repression and rejection of their identity within their families. International public debate was growing while Italian communitarian psychiatry, led by the psychiatrist Franco Basaglia, was questioning the purpose of asylums and finally brought to their closure. On the wave of this wide revision, hysteria vanished once for all:

> Under the pressure of public opinion, which considered the word "hysteria" as stigmatising, the équipe who drafted the DSM-III accomodated hysteria in various compartments, abolishing it from psychiatric nomenclature. […] In 1993, with the 10th edition of the International Statistical Classification of Diseases and Related Health Problems (CID-10) by the WHO, and in 1994, with the 4th edition of DSM-IV it was established the end of the category of hysteria, together with its redesignation under new diagnostic classifications [31].

A surprisingly resilient concept

By way of conclusion, we may observe again that contemporary editions of DSM and ICD, together with the broad medical community, desisted from using the word "hysteria" any longer, erasing it from the book and distributing its former symptoms into the three categories of somatization (a derivation from Briquet's syndrome), dissociative disorder and conversion disorder, mainly caused by "long term stress". All sorts of reasons were paving the way towards the end of this category: a remarkably embarrassing gender bias, the unsolved problem of the missing lesion, striking philological misunderstandings, core conflicts between its creators, etc. Nonetheless, while the scientific community killed its rejected creature (or just changed its name?), popular and psychoanalytical tradition still maintains it there. A search of the entry "hysteria" in various dictionaries shows that this word and concept is still alive and well, offering definitions as the following:

Hysteria. Noun.

1. a psychoneurosis marked by emotional excitability and disturbances of the psychogenic, sensory, vasomotor, and visceral functions;
2. behavior exhibiting overwhelming or unmanageable fear or emotional excess [34].

Running into this definition in 2022nd one may ask: will society ever get rid of such an idea? And if not, as it seems to be the case, what are we to make of this most resilient ghost, neglected child of the Renaissance scientific method?

> "And so it is: the burning reality […] is nothing but an imperfect reverberation of former discussions. Hitler, dreadful with his public armies and secret spies, is a pleonasm of Carlyle (1795-1881) and even of J.G. Fichte (1762-1814); Lenin, a transcription of Karl Marx. That is why the true intellectual eschews contemporary debates; reality is always anachronous" [35].

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