

Writer's Note:

Very few people know much about hysteria's long and complicated history but its connotations still affect all of us today. It would be flat out absurd to claim that we have reached gender equality around the world or even around the country, but it would also be silly to say we have not made commendable progress. My paper is about the history of a disease born from archaic beliefs and how its disproof symbolized a historic step nearer to gender equality. First and foremost, I want this paper to be informative. I want people to learn about the vast amounts of history crammed into the simple 8-letter word, H-Y-S-T-E-R-I-A. I want people to read this paper and think to themselves, "Wow! Did all of this crazy stuff actually happen?" because it did just a few generations ago. But now, in America at least, women have increasing recognition as both a voice and a person.

Very few women's voices were heard and remembered throughout history. Countless people and their stories have been lost in statistics and summaries. This is especially true in the history of hysteria because it is a history of a medically sanctioned suppression of the voices, bodies, and lives of an entire gender. I chose to focus on this subject because I want to honor those who spoke out and fought against these widespread practices. I want to bring back voices to countless individuals swallowed up by time and society. I want readers to learn about this part of history, to understand why and how it occurred, and to imagine and reflect on what it meant to women, humanity, and the ongoing quest for equal rights.

Hysteria

The hysteria epidemic is a relatively unknown black splotch in the history of gender equality. A disease born from a complete lack of knowledge of female anatomy, recorded as early as 1900 B.C.E. in ancient Egypt, hysteria survived unchanged for centuries despite vast advancements in medical knowledge. By the time it reached its peak in popularity in the late 1800s hysteria was an indicator of how little was known about the female body and symbolic of the lacking motivation to further the knowledge. Creative, outspoken, and empowered women were diagnosed with the now-discredited disease and silenced, but a few fought on and continued to voice their opinions. Hysteria began as a disease based on incorrect and incomplete knowledge but it, and its cure, became a tool to enforce sexist ideals. Hysteria was a means of controlling and suppressing the rising fight for gender equality, as well as a symbol of inequality and the oppression of women.

Almost exclusively associated with women, hysteria was believed to be a nervous disease of both body and mind. The term *hysteria* is a word derived from the Greek word for “uterus” *hysteria* or *hysterika*. Although the causes, symptoms, and treatments varied for each patient and time period, the underlying reasoning and presuppositions remained constant throughout the ages. Early explanations for the hysterical patient described a “wandering womb” which has drifted away from its place in the female anatomy. An Egyptian papyrus dating around 1900 B.C.E. describes recipes for tonics meant to “coax a wandering uterus back” to its proper seat in the body (7). Hippocrates listed symptoms he believed were caused by the “migrations of a restless uterus” (5). Plato wrote that a uterus was like “an animal within an animal” that sometimes “roamed” within a woman’s body, causing problems (15). The Galenic physicians living after Plato gained better knowledge of the human body and rejected the detached uterus idea as an explanation for hysteria (7). Known medical explanations regarding hysteria were vague for centuries until the late 1800s.

Hysteria received increased attention in medical studies during the 1800s. Notable doctors such as the French neurologist, Jean-Martin Charcot, and Sigmund Freud studied this “disease”. Charcot suggested that hysteria was an inherited nerve disease, like multiple sclerosis, and rejected the idea that hysteria was a sexual problem unique to women. During his successful medical career, Charcot studied hysteria only in young women using hypnosis. Sigmund Freud, who studied with Charcot, took a different approach to the nature of hysteria. He developed an idea called ‘conversion hysteria,’ supposedly caused by internal conflicts rather than nervous weakness. Conversion hysteria developed when a memory was too painful or embarrassing to share and was converted into bodily symptoms. Rather than hypnosis, Freud studied hysteria through long and intimate discussions with patients, a practice later named ‘psychoanalysis.’ Both Freud and Charcot, despite drastically different ideas regarding the nature of hysteria, led successful medical careers through their research during the height of hysteria (12).

Although hysteria was diagnosed in women almost exclusively throughout history, some doctors believed—or claimed to believe that it was not limited to women. Dr. Silas Weir Mitchell, an American Neurologist and the inventor of the “rest cure” (which was the only known successful hysteria treatment), claimed to have encountered hysteria among soldiers during the civil war (10). A neurologist named George Miller Beard famously described his explanation of why hysteria affected women most. He believed hysteria was caused by “strenuous modern life” (11). “Brain workers”, or scholars, of that day and age were especially vulnerable. Beard wrote that women experienced this nervous illness by attempting to fit

themselves into the work of the stronger sex. Female hysteria was caused by “excess education and intellectual activities” and this intellectual work affected women because they “lacked the mental resources of men” (11).

Beard also claimed that the lower class (“Negroes and savages”) was largely immune to the pandemic (11). Hysteria was most commonly diagnosed in middle to upper class females. This was officially explained in one of two main ways. The first being only upper and middle class citizens possessed sufficient brain capacity to allow a nervous disease like hysteria. And the second reason was that lower class women were actually thought to be sturdier and stronger than the frail women of pampered lifestyles. From the modern point of view there were many reasons why people believed this. One reason was that lower class women did not go to the doctor as often and it was tradition for them to take care of themselves. Another reason was in plainest terms, working class women were too busy to become hysterical. Comparatively uneducated, lower class women needed to work to support their families. They could not afford to be diagnosed, nor did they have time to pursue higher levels of education or other forms of expression, which were mistaken for hysteria.

Towards the end of the 1800s, the number of hysteria diagnoses rose exponentially for upper class women. Lists of symptoms expanded from generic medical observations such as shortness of breath, physical weakness, and muscle spasms to broad and ambiguous symptoms like ‘embarrassing behavior,’ ‘unwomanly activities,’ or even ‘a tendency to cause trouble.’ The possible symptoms became so broad—for example ‘increased sexual desire’ and ‘decreased sexual desire’ were both potential symptoms—that diagnosing hysteria replaced legitimate medical inquiry for many years. As many as one quarter of all women who sought medical attention during the late 1800s and early 1900s were diagnosed with hysteria and many were prescribed the “rest cure.”

The “rest cure” was a treatment for hysteria invented and practiced by the neurologist Dr. Silas Weir Mitchell. It involved strange restrictions and routines, which would now be considered cruel and unusual imprisonment. The rest cure was the only known ‘cure’ for hysteria. It calls for all physical, mental, and emotional labor to be taken away from the patient. Doctors even recommended going so far as to tying a resistant patient down. Despite the outlandish nature of his cure, Dr. Mitchell saw an outward success in his patients and noted that it did prevent some patients from asylums and even saved lives. Since part of the prescription required near constant feeding (and sometimes forced feeding) on milky and meat-based diets, the “rest cure” was genuinely successful in treating anorexia and related disorders. Dr. S. W. Mitchell claimed that the “rest cure” was a physical and moral cure, which boosted patients’ weights and blood counts and also often removed them from poisonous social environments (7). Despite his optimistic views, “the implicit point [of the cure] was the neurologist breaking his... patient’s will” (7). Part of the process was isolation from friends and family, body massages, and no engagement in most activities. Under the “rest cure”, women could not wash themselves, they could not feed themselves, and even needed nurses or aides to turn them over in bed. The cure placed the women in treatment at the same need and dependency as infants (7). Activities like reading, writing, sewing, or even thinking were banned and their caretakers or husbands often tied down women who resisted the prescriptions. Mitchell noted that often by the 5th or 6th day of the treatment, most women stopped resisting and became obedient (2). Most patients saw submission to authority as the only means of escaping the label of “hysterical” and the “rest cure’s” painful conditions.

Many women in the end saw submission and cooperation as the only means to escape the torturous 'cure'. Famous female writers like Virginia Woolf and Charlotte Perkins Gilman survived the rest cure and dedicated their careers to defying the suppression. They wrote personal accounts and stories exposing the real effects of the "rest cure", swaying families to halt treatments and doctors to alter prescriptions. These writing pieces shocked and scared readers into swift changes and significantly helped to discredit the "rest cure". A writer and known survivor of hysteria and the "rest cure", Charlotte Perkins Gilman, wrote and took account of her experience. She was told to "live as domestic a life as far as possible," to "have but two hours' intellectual life a day," and "never to touch a pen, brush, or pencil again [as long as she lived]" (4). Unlike most women, she chose to fight and speak out against the disease and its so-called cure. Her writing and the protests of other women and men helped effectively take down the legitimacy of hysteria and the credibility of the "rest cure."

Gilman, who Dr. Mitchell himself treated, wrote a controversial story called *The Yellow Wallpaper* about a woman driven mad under the conditions of the rest cure. She sent a copy to the doctor and although he never replied, she learned years later that he altered his treatment after reading the story. The story's publication sparked uproar of both support and condemnation. She later published an article explaining why she wrote it. "When the story first came out... a Boston physician made protest... 'Such a story ought not to be written,' he said; 'it was enough to drive anyone mad to read it'... It was not intended to drive people crazy, but to save people from being driven crazy, and it worked" (4). These works and other public protests played a crucial role in ending the practice of the "rest cure", which in turn led to the end of hysteria.

Hysteria is now universally discredited in the medical field but the word is still commonly used today as a quiet echo of its roaring history. Hysteria now means rising spikes of uncontrollable emotion or excitement usually occurring among and amplified by a group of people. Practices of the "rest cure" were ceased after doctors and patients alike outwardly critiqued and condemned its usefulness. Asylums, institutions, and rehabilitation centers today actually focus on immersion into regular activities and extended interactions with other people rather than restriction and isolation. Significant scientific advancements allowed physicians to discover distinctions between diseases and more effective treatments have been developed. Post-partum depression, major depression, post-traumatic stress disorder, anxiety, general dissociative disorders, general somatoform disorders, and simple boredom were all real diseases and conditions mistaken for hysteria and often went untreated. The history of the 'wandering womb' is now considered one of the many socially accepted violations of women's rights during that time period.

Hysteria is a mark of ignorance and hate in United States history. And the culture of hysteria is not yet obliterated. "Hysteria is dead, that's for sure. It carried its mysteries with it to the grave" stated Etienne Trillat in 1986 (6). I disagree though, because the disease's 'death' left behind the symbolic and cultural meanings of the term. Back then women who wandered out of their specific roles back then were diagnosed with hysteria. Now, when women wander out of these roles that still exist in subtler forms, they are suppressed by other means as subtle as the roles themselves. In a book expanding on the themes of hysteria and its continuity, a contributor concluded regarding the feminist aspect of hysteria's life that the story is not yet over.

Hysteria is no longer a question of the wandering womb; it is a question of the wandering story, and of whether that story belongs to the hysteric, the doctor, the

historian, or the critic. The stories of race and gender in hysteria still remain to be told, and thus this... cannot be the final narrative, but it is only another installment in the long and unfinished history of hysteria in Western civilization (6).

I think that the whole history of hysteria is made of stories both told and untold, and that that history is part of the wider and longer story of gender equality, and that is part of the vast story of human equality. Everyone has a story and each story deserves to be told. Hysteria is a story we have of the ignorance in our past. It is important to know what hysteria is because it informs and motivates us to continue on the difficult and indefinite path towards total equality.

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