1. Introductory Remarks

This paper studies the movement of Freud's concept of hysteria, from its beginnings as a traumatism, or effect of traumatic incidents[1] to its displacement toward repressed ideas and, above all, phantasies. To trace this evolution, I discuss the innovations proposed by Freud's French teacher, Jean-Martin Charcot, in the study of hysteria. These included two remarkable observations: first, the insistence that mind and body were so fundamentally intertwined that a psychological event might produce physiological, even seemingly neurological, symptoms like retention of urine or localized paralysis; second, and against the popular convictions of the time, hysteria was a disorder that affected women *and* men.

As I examine the unfolding of Freud's explanation of hysteria, which leads, ultimately, to his abandonment of the question, I also pursue the social milieu in which Freud worked and the philosophical and medical assumptions prevalent in his time concerning women, Jews, and peoples under European colonial control. While Freud's great discovery of psychic repression and, with this, a complex unconscious established both psychoanalysis as a discipline, and the "talking cure" as its primary therapeutic strategy (over a host of rather exotic nineteenth century measures from magneto-therapy to hypnosis), the evolution of that discovery diminished the importance of trauma as the focal etiology in hysteria. The theoretical gains were thus accompanied by a significant loss. I attempt, here, to show how and why this occurred—while remaining attentive to the categories, organized according to binary oppositions, prevalent in European and American conceptions of masculinity, femininity, Jews and Judaism, and colonized peoples.

2. From Paris to Vienna, 1886: Freud's Report on Hysteria in Men

On October 15, 1886, upon his return from the Salpêtrière clinic of Dr. Jean-Martin Charcot in Paris, a young *Dozent* in neuropathology named Freud presented his findings to his colleagues at the Viennese Society of Physicians. His finding were not controversial, at least they had not been so in France. Dr. Charcot had documented a number of cases of male hysteria, and Freud now proceeded to a discussion of their symptoms and to a Charcot-inspired etiology. Before he could develop his claims, his audience erupted in scandal. The idea of male hysteria "was incredible," they argued. According to Freud, "One of them, an old surgeon, actually broke out with the exclamation: 'But, my dear sir, how can you talk such nonsense? *Husteron* (sic) means the uterus. So how can a man be hysterical?'" As Freud noted years later, his surgeon colleague—who went unnamed but may have been Freud's teacher, Theodor Meynert—not only perpetuated myths like that of the wandering womb, believed to lead to hysteria when it traveled up the body and got "lodged in the throat" (JB, 60),[2] the unnamed surgeon did not even know that the Greek source was the feminine *he hustera*, *not* the neuter *tò husteron.* In other words, the hoary physician hardly 'knew his Greek'. It took a young outsider to rectify both a misunderstood malady and the classical education of his colleague.[3]

Sander Gilman echoes Freud's story in an essay on the cultural creation of what he calls "the Jewish Psyche." This is part of his larger work on the 19th century European cultural imaginary and the ways in which this imaginary conceived of Jews and women. As it happens, the movement of ideas about emotions, passions, and psychiatric disorders, coming out of France toward Austria and Germany parallels in part the rise of urban

Jewish populations in Berlin and Vienna,[4] and the emergence of a new, 'scientific' anti-Semitism in German-speaking cultural institutions (JB, 61). This is of significance here because, in that *fin de siècle* bourgeois society, the notions of cultural decadence—already voiced by philosophers great and bathetic, from Nietzsche to de Gobineau—were flowing together with the theme of species degeneration, derived from hygienicists and from the social Darwinism of Herbert Spencer and Ernst Haeckel (the author of the "re-capitulation theory" dear to scientific racists). Though not yet a full-blown ideology, Spencer's cosmic evolutionism extended Darwin's ideas to cultural and racial groups, legitimating the notion of a hierarchy of collective unconsciouses, each one conditioned by their 'fitness for survival'.[5] As the student of French fascism, Zeev Sternhell put it, "applied to society, Darwin's hypotheses no longer constitute a scientific theory, but become a philosophy, virtually a religion…. These new theories completely reject the traditional, mechanistic conception of man, which argues that behavior is commanded by rational choice."[6] They were not the only theories to impugn rational choice; responses to materialism punctuate the Modern period and psychoanalysis would prove an occasional ally in this. However, in the toxic confluence of 19th century 'sciences', appraisals of character, body and cranial traits, intelligence and dispositions that discerned physiological degeneracy or an ineptitude for survival, were attributed to poor women, non-Europeans, and, preeminently, to the recently expanded Jewish populations of Berlin and Vienna. Gilman writes:

"Freud's understanding as against the understanding of his time was that hysteria did not manifest itself as a disease of the 'womb', but of the imagination. This did not absolve the female from being the group most at risk, however; for the idea of a patho-

logical human imagination structurally replaced the image of the floating womb as the central etiology of hysteria. What was removed from the category of hysteria as Freud brought it back to Vienna was its insistence on another group, the Jews, which replaced the woman as essentially at risk."[7] That is, since the Franco-Prussian War, the emergent "scientific racism" had insisted that Jewish *men* evinced a large number of "symptoms" of hysteria, from claudication, or limping, to histrionic affect.

3. 'Conceptual Contagion' and the Pathological Imagination—of European Science

The replacement Gilman notes here was anything but final. Such replacements—which are really *displacements*—whether from women to Jews, or women to Africans, women to other others, cannot be complete, in fact, because the dynamic quality of symbolic abjections—whether in psychiatry, medicine, or literature—relies on a binary grammar that governs concepts that can be the positive and negative, the active (or virile) and the passive (or effeminate), racially healthy and degenerate. Thus Jews were conceived as possessed of an idiosyncratic intelligence, yet they were degenerate. Senegalese men, for example, were healthy and virile, but infantile. European women could not be healthy the way European men might be; frequently infantile, they were nonetheless not degenerate per se.

Gilman has done extensive work on the conflation of Jewishness and femininity in *fin de siècle* Europe. There are two reasons why his observations are apposite here. The first reason concerns social imaginaries: there is a striking *symbolic contagion* to 19th century ideas on 'femininity', with its associations of weak passions, anxiety, fragile bodies, sexual continence *or* promiscuity (JB, 38-59, 145).[8] In the literary and popular imaginaries, this symbolic contagion spreads to other others, and sticks. In turn, the oth-

ers become anxious, duplicitous, and *otherwise* intelligent, i.e. possessed of a different logic.[9] For example, in the 1880s, the French historian Renan pronounced, "the term Jew…denotes a special way of thinking and feeling."[10] Another case in point is found, some twenty years later, in the tragic work of the Jewish classicist, Otto Weininger, *Geschlecht und Charakter: Eine prinzipielle Untersuchung* [Sex and Character: An Investigation into First Principles]. The book was published in 1903 and grew popular following his suicide in the fall of that year.[11] Its diagnosis: European culture was decaying; degeneracy was manifest in Europe's growing effeminacy and 'Judaicization'. The redemption of Western civilization could only take place through the liberation of woman from herself; i.e., through the sublation of her demands that man use her for sexual pleasure. Whatever their degree of elaboration, the ideas about different others and socio-biological degeneration propounded by these two authors were not unique at the time. Some of the most powerful themes to be found in late 19th century European writings were rooted in the vision of a pathologized effeminacy, conceived of as spreading like a disease to the working classes, Jews, the military and the aristocracy.[12] Thus, Freud's announcement that he had observed male hysterics in Paris produced a double scandal: the possibility of a pathological masculine psyche, and the fact that Freud was holding a mirror to Viennese society in whose eyes he, like other Jewish professionals, was a foreign element in a national body already in social crisis.

To be a Jewish neurologist or physician in Vienna at this time brought up the question of legitimacy by virtue of the same symbolic and conceptual contagion just mentioned. Gilman inventories the arguments that 'Jews did different science', were supposed to have a different gaze in the 19th century academy. In Freud's case this worked

like a gauntlet to be taken up. After the disaster of October 15th, he produced before his colleagues, on November 26th, a case of a Viennese male hysteric: Herr August P. In so doing, Freud began explicitly to *psychologize* the condition of hysteria, moving it from the body *and* the imagination to a trauma-based causality that conceived of mind-body relationship in a new and compelling way.

In a different time and place, the presentation of a male hysteric would have elicited little more than curiosity. But in doing so when he did, Freud held up a mirror that reflected his colleagues' own cultural anxieties over demographic change, ideological tensions, as well as the growing socialist and women's movements. More important still, Freud hobbled an ideological mainstay he scarcely imagined he was touching: the essentialist conception of masculine versus feminine passions and disorders. That conception is the philosophical point I trace later on. For now, I am concerned with the evolution of hysteria as a European idea. When Freud returned to the University of Vienna[13] with a male hysteric recently come under his care, one might suppose he was insisting vainly on a battle that he would win only later on: the psychologization of what was hitherto conceived of *either* as a physiological, a sort of 'auto-immune' disorder (noxious humors in the female body), *or* a religious aberrancy (possession). Freud was modifying a *category* already in semantic flux under the pressure of scientific and political debates. That a neurological disorder proper to women by virtue of their always potentially degenerate bodies could be detected in men demanded the rethinking of the *meaning* of hysteria and the relationship between bodies and psyches. As Gilman argues, hysteria went from being a disease of the body to being a disease of the imagination. Of course, Gilman is implying,

here, the *European* imagination. But Freud's insight disclosed trauma and memory at the root of hysteria's etiology.

4. A Chronology of Hysteria Etiology from the Enlightenment

Dianne Sadoff has traced the evolution of hysteria systematically.[14] Hysteria passes through three overlapping stages, she writes, before Freud learns about it at Charcot's Salpêtrière Clinic. When medicine conceived the body within an *anatomical* paradigm, hysteria was a disease of the womb in a body whose organs were like vessels floating north and south, capable of influencing each other by their sheer proximity (SoF, 71). This 'uterine theory' was present through the Enlightenment, along with enduring suspicions of the demonic possession of certain women. As concern with disease focused more on the *physiology* of the body, hysteria became a disease of imbalanced animal spirits or moiling humors—all in a body conceived as a container (SoF, 59). With advances in neurology and reflex theory, hysteria had its third avatar and became a disease of the nervous system. The womb was said to be connected by nerves and veins to every other bodily organ in a woman: it easily influenced every other organ therein.

In the mid-19th century, the British neurologist and contemporary of Charcot, Thomas Laycock, insisted that this curious female 'wiring' accounted for women's "feminine virtues" *and* passions. Among these, Laycock included "compassion, kindness, piety, honesty, sincerity, constancy" (SoF, 68). But the connections between womb and organs also accounted for women's faults, including "religious enthusiasm, erotomania, nymphomania, monomania, rage, jealousy, craftiness, and cunning" (Ibid). The uterus had become, in the neurological age, the seat of reflex action in women. Sadoff concludes, "When irritated…uterus or ovaries relayed reflex irritation[15] to other parts of

the body, causing attacks, convulsions, insensibilities, and paralyses" (SoF, 66). At each point in this evolution—which follows no simple linear succession—female reproductive organs were *eo ipso* the primary entity or force in hysterical etiology. It should come as no surprise, then, that Freud's Viennese professors would identify female virtue, passions, and vices with the uterus—whether it floated, released humors, or radiated neural irritation. Only when a significant part of the pathological field could be *shifted* from physiology to psychology could there be a properly masculine hysteria. That shift appears to have begun in the psychiatry of Revolutionary France with Philippe Pinel and his innovative typology of "manias." From there, it proceeded through Esquirol, who studied the relationship between reason and mania in institutionalized subjects and, as a hybrid of psychological and moral elements, the pathological field reached Charcot and his colleague, Bourneville, who moved it further toward the psychological.[16] In this complex shift, which involved changes in the symbolic meaning of the male and female bodies, sexuality was implicated early on.[17]

Concerned to distinguish epilepsy from what was called "hystero-epilepsy," and to determine the relationship between localized losses of feeling (notably around the ovaries) and inexplicable paralyses, Charcot's investigations of the mysteries of hysteria spanned some twenty-two years (1872-1894). While his diagnostics moved from the neuro-physiology of "hysterical ischiuria" (retention of urine), seizures, and "ovaria" (traced to neuro-cerebral causes) to traumatism (affecting the illocalizable "psychic apparatus",[18] Charcot ultimately insisted upon three things in the matter of hysteria. First, the disease was a single physiological reality, though he was given to referring to its most visible symptoms in a Christian vernacular as "stigmata,"[19] thereby mythologizing them.

Charcot developed a precise taxonomy of four phases, as well as fourteen ancillary types of hysteria (VC, 177 n. 4). Second, Charcot argued for a certain duplicity—better, a histrionicism—on the part of the hysteric in the *mise en scène* of her or his hallucinations (especially in the third phase of an attack). Finally, Charcot maintained that the predisposing factor in hysteria was the neurological degeneration that ran in "psychopathic families." The importance of such a predisposition became manifest in the disease's precipitating causes: physical traumata, including everything from an acute fright to railroad accidents, falls, or war injuries,[20] which produced paralyses and contractures; and what would now be deemed psychological traumata, which produced a somewhat different set of symptoms (ovaræsthesis, retention of urine, vomiting). Nevertheless, a dualistic perspective insinuated itself into Charcot's causal explanation. Though he observed, in the hysteric, a repeating dissociation of consciousness into pathological and 'normal' states (VC, 176)[21]—anticipating by decades Freud's speculation on the dissociation of life and death drives subsequent to traumatizing events—Charcot also realized that sexual dysfunction or violence lay at the root of the disease, in women at least. In 1886, already a decade after his separation from Bourneville and his theory of '*reviviscence*', Freud reports that Charcot whispered to a gynecologist colleague at a dinner party, "but in these cases [of hysteria] it is always a genital matter, always!"—"toujours la chose génitale, toujours" (SoF, 58).

5. Freud's 'Psychologization' of Hysteria and the Enlargement of the Concept of Sexuality

It would be an insult to Charcot to suppose that this "chose génitale" was a matter of sensationalism. Sexual frustration lacked etiological import, if one failed to acknowl-

edge a neurological predisposition and a trigger of some kind. More interesting is that a part of the etiological difficulties hysteria posed lay in the tension between the posited unitary 'system' of hysteria and the fragmentation of consciousness it provoked (VC, 174-75). Expanding an insight of his predecessor Pinel, to the effect that consciousness had a capacity for multiple states or divisions over time, Charcot observed that mental illness had a periodicity, and the mentally ill—here, the hysteric—was in no way consistently symptomatic. To demonstrate this, Charcot (and later, the young Freud, collaborator of Breuer) created, in his "Policliniques," symptoms of hemiplegia in patients under hypnosis. His aim was to show that if one could alter a patient's state of consciousness, then one might gradually induce or remove hysterical symptoms by way of mild physical traumatism or suggestion. The ultimate object was to construct a bridge between the dissociative mental states of spontaneous hysterical attacks and those that could be precipitated in the clinic and utilized as a therapy.

Thus, in a particularly dramatic session, published in 1888, translated and annotated by Freud upon Charcot's death in 1894, the neuropathologist produced a case of "psychic paralysis by auto-suggestion":

"Mr. Charcot, to the subject: 'Raise your arms in the air, place you hands upon your head.'

"The subject executes these various movements with ease, as she would also do in a waking state. At that moment, Mr. Charcot delivers, using his closed fist, a blow of very moderate intensity to her left shoulder, whereupon the upper left member becomes flaccid, dangling, and inert, absolutely paralyzed to voluntary movement. And, at the same time, in this member, which earlier possessed sensation, we note the absolute and

total loss of cutaneous and deep sensibility, the absolute loss of any notion of muscular orientation."[22]

Charcot continued his demonstration, extending the induced paralysis to the left leg and creating a transient hemi-plegia. His explanation—as recorded by a young Freud sufficiently astonished by this to employ three times the adjective (or adverb) "absolute"—unfolded as follows.

> I will not, at present, insist upon the theory of the production of these paralyses, rather I refer you to the details I have given in this regard in my third volume. I would simply recall that the somnambulized subject [i.e. under *la grande hypnose*] is in a special mental state, particularly favorable to suggestions. In sum, what has happened is this, to my mind: I struck the shoulder lightly. This light traumatism, this local shock, sufficed in a nervous subject especially predisposed, to produce throughout the full extent of the limb a feeling [*sentiment*] of numbness, heaviness, and the indication of paralysis; through the mechanism of autosuggestion, this rudimentary paralysis has rapidly become a real paralysis. It is at the seat of psychic operations, in the cerebral cortex in other words, that the phenomenon evidently takes place. The idea of movement is already the movement in the process of enactment; the idea of the absence of movement is already, if it is strong enough, the realized motor paralysis; all this is in perfect conformity to the data of the new psychology.[23]

Though Charcot's conception of sexuality was narrower than Freud's would be, and despite his observations about the histrionics and mimeticism of his hysterics, he had induced traumatism in all its phenomenality under a controlled alteration of consciousness and body. His observation that "the idea of movement is [neurologically and cerebrally] already the movement in the process of enactment" gave a Leibnizian twist to the more rigid Cartesian mind-body parallelism. It is as though he demonstrated the presence and efficacy of that sensuous gamut Leibniz had termed "les petites perceptions," and he evinced their sway in the absence of any conscious attention to them. If the idea of movement, conscious or semi-conscious, is already in some sense the movement itself, then body and mind are not simply parallel entities, they are interchangeable states. This was a contribution quite different from his more impish observation about *la chose génitale*, and Freud extended it even as he abandoned Charcot's 19th century supposition of inherited neurological predispositions to mental illness by virtue of degeneracy.[24] Charcot paved the way for Freud's subsequent disavowal of rigid distinctions between 'real' and 'imaginary' anxiety, because Charcot first psychologized traumatism by refusing to hold the physiological and the psychological, the real and the imaginary, separate. It was Freud's wager that if the patient him or herself could discern the causative event, in a more conscious state of mind than that under hypnosis, the lessening of the traumatism might prove to be enduring. Initially, then, the reality of male and female hysterics was undeniable, even when their symptoms followed different patterns. The profundity of this mind-body imbrication opened a new set of problems. Charcot's provocative insight—"the idea of movement is already the movement in the process of enactment"—led to two, parallel etiologies for hysteria. On

the one side, traumatic accidents like the train wrecks that produced "railroad spine," or war injuries; on the other side, traumatic incidents like a shock, a sudden fright, or the actualization of a lost memory through association with an occurent mental image or representation.[25]

In pursuing Charcot's psycho-physical imbrication, Freud removed the residual mythico-physiological dimensions of hysteria until he had even renounced the former's techniques of *grande* and *petite hypnose*—not to mention his metallo- and magneto-therapies. Upon returning to Vienna, Freud argued that hysteria was more traumatism than disease (i.e., the psychological *effect* of a traumatic event). Thus, it was neither a disorder of wombs nor the result of their neurological reflex action. Nevertheless, Freud insisted on Charcot's symptom of hysterogenic trigger points, the principal one of which was situated in the area of the ovaries in women—and in a similar place in men, despite their evident lack of these organs. Indeed, as his 1886 narrative suggests, authentic traumatism required that violent or disruptive events be cumulative.[26] Later, following his work with Breuer, hysteria gravitated toward Bourneville's characterization, as a disease of 'reminiscence'. In Freud, however, the reminiscence amounted to a tie of resemblance between events whose incipience might not have been traumatic, and an ongoing event revealed the sexual meaning of the initial ones, endowing them with an affective charge and ideational determination that overwhelmed the psyche, producing traumatism by retroaction. Needless to say, the evolution of Freud's theory of trauma-induced hysteria, even as it remained faithful to Charcot's observations, sought to go beyond claims about *la chose génitale* or the histrionics of the effeminate (degenerate) other.[27] Herr August, Freud's male hysteric, suffered from the anæsthesias, paralyses,

and dissociative states typical of his diagnosed condition. For Freud, these symptoms were precipitated by events in Herr August's life, which were progressively transformed into traumatism. Repetition, micro-trauma, and anxiety became the psychological core of hysteria's etiology. Some seven years before he set forth his psychoanalysis, and speaking as a neurologist, Freud proclaimed:

"When, on October 15th, I had the honour of claiming your attention to a short report on Charcot's recent work in the field of male hysteria, I was challenged by my respected teacher, Hofrat Professor Meynert, to present before the society some cases in which the somatic indications of hysteria—the 'hysterical stigmata' by which Charcot characterizes this neurosis—could be observed… I am meeting this challenge to-day…as far as the clinical material at my disposal permits…"[28]

Following his October presentation, the senior physicians of the General Hospital of Vienna had refused to allow Freud to use their material—so acute was their resistance to him and in some cases, as we will see, their identification with him.

Freud continued, "…as far as the clinical material…permits, by presenting before you an hysterical man, who exhibits the symptom of hemi-anæsthesia to…the highest degree."[29]

What caused the hemi-anæsthesia and, as Freud notes afterward, Herr August's convulsions? Freud described his patient's impoverished family background, his parents, and his siblings. Then he noted the catalyzing traumatic incident. Three years earlier, "his brother threatened to stab him and ran at him with a knife" (SE, 26). This incident was followed by a "fresh agitation": a woman accused Herr August of theft (SE, 26). As a result of repeated distresses, "our patient exhibits, both spontaneously and on pressure,

painful areas on what is otherwise the insensitive side of his body—what are known as 'hysterogenic zones'…Thus…" and note the pronounced alteration in language, mobilizing the legitimacy of Charcotian physiology: "the trigeminal nerve, whose terminal branches…are sensitive to pressure, is the seat of a hysterogenic zone… also a narrow area in the left medial cervical fossa"…as well as "the left spermatic cord [is] very sensitive to pain…into the abdominal cavity to the area which in women is so often the site of 'ovaralgia'" (SE, 30-31).

In the November talk, we hear clearly Charcot's imbricated registers of psychological and physiological symptomatology for hysteria. Though Freud had not yet explored what Bertha Pappenheim would call his "talking cure," his account combined an extended exploration of family background, coupled with anxiety-producing incidents. Indeed, at this stage, the purely physiological explanation seems the more mythic of the components, as though he were following Charcot while neglecting the latter's 'autosuggestion'. Thus, Freud traced the hysterical stigmata on Herr August's body. He located the physiological seat in the nervous system and around the reproductive organs. He recalled Charcot's highly specific "hysterogenic zones," such that Herr August felt pain around the spermatic cord, which, in women, is the usual site for hysterical 'ovaralgia'.[30] Given his trauma-based explanation, and the Charcot-Freud endeavor to surpass simpler mind-body parallelisms, the hysterical male body proved analogous to the pathological female body. More than any neglect of uterine neuro-physiology, it was this structural analogy that scandalized the Viennese physicians. Moreover, that it was presented to them by a Jew—a member of a group about which then popular 'science' ventured characterizations like lustful, vectors of syphilis through circumcision practices, too effemi-

nate to make a good soldier[31]—must have made Freud's observations more like remonstrance than innovation.

Later, when through their collaborative practice Freud and Breuer inflected the psychological characterization of hysteria toward cumulative traumatism and ties of analogies between events, saying, "the hysteric suffers from reminiscence," the separation between traumatic *accident* and traumatic *incident* seemed to deepen. We know now from his correspondence with Fliess that Freud encountered, between 1895 and 1898, events that he could not write up as cases. If his self-analysis of 1896-'97, reveal the outlines of a theory of infantile sexuality and seduction phantasies (DF, 25), the evidence of what he termed "precocious sexual traumatism" in 1896 was overwhelming. In a letter dated December 22, 1897, he reports one scene recalled by a patient from her third year of life. The child's mother is busy and she is listening. The "father is one of those men who stab women, who require, erotically, bloody wounds. When she was two years old, he brutally deflowered her and transmitted to her a gonorrhea such that her life was in danger…The mother, *now*, finds herself in the room and screams: 'Bastard, criminal! What do you want of me? I won't do it! Who do you think you are with?' Then, with one hand she tears at her clothes and with the other grasps them close to her body, which produces a strange impression. Thereafter, disfigured by rage, she stares at a point in the room, covers her genitals with one hand and with the other hand thrusts something away from herself. Then she raises both hands, claws and bites in the air. While screaming and swearing, she leans backward, again covers her genitals with one hand, then falls forward, her head almost touching the ground, and finally falls backwards, gently, to the floor…. What most struck the child was the scene in which the mother is standing and

leaning forward. She noticed that her toes were strongly turned inward. When the child was six or seven months old (!), the mother was in her bed, almost out of blood following an injury inflicted by the father. At age sixteen, she again sees her mother bleeding from the uterus (carcinoma), and this marks the beginning of her neurosis" (DF, 27-28).[32]

We see clearly here how hysteria arises as "the *precipitate* of a reminiscence," even if Freud will use this mixed, chemical and literary, metaphor as late as 1910.[33] What is important is the endurance of Charcot's insight: given the specificity of the circumstances noted, the truth of the child's narrative is at least partly demonstrable. More important, however, is that in such cumulative traumatism, it is absurd to try to set 'phantasy' apart from 'reality'. It is not that Freud wanted to cover up the depravity of Viennese or European *bourgeois* society in his day. He was quite aware of sexual violence; while in Paris, he had attended P. Brouardel's public autopsies at the city morgue, and he kept in his personal library copies of then popular works on "*attentats sexuels*."[34] Rather, 'reminiscence' means that events become *traumas* when, by dint of their connection with a new event that proves analogous or otherwise figurative (standing in as a metaphor or as metonymy), the meaning they acquire overwhelms the psyche as a recollection, whether this be a re-presentation or a re-imagining of earlier experiences. The verifiability of these 'experiences' is less important than the power their subsequently revealed meaning takes on. Thus, as I suggested, hysteria in the sufferer proves to be more than Gilman's under-determined "imagination." Understood in light of reminiscence, and suggesting an unconscious censoring function in the process, Freud's conception of hysteria as traumatism pursued Charcot's mind-body imbrication to its psychological conclusion,[35] as two aspects of a single entity. Thus, whether a forgotten or a censored memory

returns as a somatic symptom or as a psychic one, say as an *idée fixe*, the trauma will have been an incident of some sort. But that incident will carry the kind of power hitherto attributed only to major accidents. This means that catastrophic accidents like railroad spine or war wounds lose some of their significance for hysteria in the wake of what psychoanalyst Didier Anzieu has called "precocious sexual traumatism." We see this clearly enough when Freud insisted that war wounds can mobilize sufficient narcissistic attention in the patient to avoid becoming hysterogenic.[36] In the process of exploring the differences between war wounds and war (and other) traumatism—while acknowledging the psychic costs to the victim of the "inter-fantasmatic" dimension of passive child confronting a seducing (perverse) adult (DF, 25)—Freud gradually distanced himself from *masculine* hysteria even while recognizing that many of his obsessive compulsive patients (generally male) also reported precocious sexual traumatism (DF, 25).

Juliet Mitchell reminds us that, during his active correspondence with Fliess in the 1890s, Freud saw male hysterics as patients. He was quite fond of one, whose fantasies he found impinging on his own in the dream of "Irma's injection."[37] Mitchell is more convinced that Freud dropped the male of male hysterics as he prioritized the Œdipal drama of psychic development and ignored the significance of sibling conflicts along with their psychic implications. She has unfolded those arguments better than I can do here.

What is important is that the unconscious, whose conceptual beginnings go back at least to Charcot's states of consciousness, takes its fully Freudian form thanks to the repression and return of memories liable to become traumatisms (bodily or psychic symptoms). And with Freud's psychological unconscious—which remains a bodily one,[38]

though that proves almost impossible to *think* without sliding back into earlier parallelist conceptions—comes the confirmation of a larger philosophical apprehension that humans are ultimately incapable of exerting sustained control over their passions.[39] Dynamically and genetically, both of Freud's topologies turn on consciousness experiencing itself, and recollecting itself, as passive *in* itself and emerging out of itself. It must experience itself as *subjected to* forces whose immanence is nevertheless so alien that internal-external, intrinsic-extrinsic distinctions lose their meaning. It may actively represent these, verbally or through images, but they may also prove independent of intentional consciousness and overwhelm it.

Thus the career of hysteria—considered essentially as traumatism, and later approximated to neuroses of narcissistic libido[40]—led unexpectedly to a philosophical insight as compelling as the philosopher Kierkegaard's paradoxical "concept of anxiety" (1844). For Kierkegaard, anxiety was a cause and an effect. It was traumatism and trauma; the sign and the efficient cause of the divided self. It was also the emblem of the spirituality of European culture, by contrast with the Greeks: anxiety, not rationality alone, was the modality through which one realized, better, *felt* that one was simultaneously able to act (i.e., free) *and* standing under a formal obligation or imperative, which one only reaffirmed by transgressing it. For Kierkegaard, this was the circle that conditioned of our sense of fallenness. By 1919, Freud conceived anxiety as an inexplicit sense of conflict, we might say a fallenness with a law but without moral wrong—a fallenness, this time, from the plenitude of love or a *Liebesversagung*.

6. The 'Third Copernican Revolution' and the Mutation of the Passions

The arguments for hysteria as the effect of a trauma, and for traumatism (i.e., trauma's psychological effect). together exemplifying our loss of control over the passions dealt a blow to the heritage of philosophical, and popular, autonomy. Freud was anything but alone in effecting this blow, which was made by Nietzsche, Wittgenstein, Weber. These doubled, dialectically, pre-Enlightenment thought according to which the passions indicated a suffering that demonstrated, if nothing else, the inevitable heteronomy of human reason. Michel Foucault's *History of Sexuality* has shown that the talking cure replaced and expanded the religious confession. It also edged into the space of more philosophical schemes for the cultivation of passions into virtues. From variations on the Stoic ideal of *ataraxia,* or implacable mind, to Kant's Categorical Imperative, the Enlightenment philosophical compass pointed toward rational autonomy and the cultivation of a good will. Rationality should guide the passions into peaceable coexistence and, with that, procure responsible freedom for men. If this could not be so, then the promise of the Enlightenment, at least as a beautiful human life, was undermined—and with it, important aspects of its social optimism. It is no accident that Freud would speak of his conception of the unconscious as bringing about a third "Copernican Revolution" (after Copernicus and Darwin).[41] This third revolution dislodged the vision of humans, autonomous in their power of reason to master, and guide, their passions toward virtue. Nevertheless, psychoanalysis also ventured a new *therapeia* for the human condition it brought to light. And certain of his writings show that Freud conceived the possibility of an 'heroic', transformative development, possible for certain humans—like the Moses of Michelangelo.[42]

7. Meynert's (Late) Confession

The episode of Herr August, Freud's male hysteric, has an end we know well; namely, the burgeoning of psychoanalytic practice and the ramifying conceptual bases for reading bodies and discourses that psychoanalysis gave us. But the episode has a lesser, more ironic ending as well. This second ending illustrates the conceptual contagion discussed at the outset. Freud's once revered teacher of neuro-psychiatry, Theodor Meynert, whose work and personality was so significant to him that Freud would exclaim: "I had been struck [by Meynert's research] while I was still a student."[43] This same Meynert, who readily joined the embittered attack on Freud on October 15th, 1886, made him a deathbed confession, years later: "You know," sighed Meynert, "I was always one of the clearest cases of male hysteria." Identification replaced hostility—or hostility had masked an identification, complicated by Meynert's aversion to Jewish students. Freud reported this in 1900, in his *Interpretation of Dreams.*[44]

8. Hysteria's Decline (and Rebirth), and the Return of the Gendered Logic of the Passions

This story should be longer.[45] As Juliet Mitchell points out, "the apparent disappearance of hysteria from Western society is bound up with the advent of the psychoanalysis which it inaugurated. The period of Freud's manifest [concern with] hysteria was over by around 1900. 'Thinking', and speaking the very theory and practice of psychoanalysis, had replaced it."[46] Some psychologists, including Judith Herman, have questioned the actual disappearance of what is today called "conversion hysteria," with its battery of somatic symptoms (anæsthesia, sensitive points on the body, contractions,

clownism).[47] What seems clear is that if hysteria as a class of mental illness has vanished, traumatism—i.e., its diversity of physical and psychological symptoms—has not disappeared. Since the Second World War, what Charcot and Freud called hysteria has exploded into multiple treatable pathologies (Charcot had insisted that hysteria was incurable, given its inherited predisposition). The most important of these is "post-traumatic stress disorder." Conceptually and mythically, the demise of the variable cluster of symptoms—from mutism and sensory loss to ovaralgia to hemiplægia—once labeled "hysteria," must be credited to changes in the cultural imaginary concerning the psychology of women and others, notably Jews and Africans.[48] Moreover, while sexual dysfunction and aggression remain undeniable sources of traumatism, the impact of numerous wars and the resemblance between some hysterical symptoms and those of veterans' "shell shock" argues that what Didier Anzieu called the sexual "incident" could not just replace the "accident" in the etiology of traumatism.[49] Freud ratified this conclusion himself in 1918.

Now we find ourselves facing a double story. First, the philosophical one. It was, it seems, the scandal of hysterical men—victims of trauma—that brought to light a cultural imaginary for which reason, passions, and bodies were approached according to varying arrangements of those mythic binaries mentioned earlier, including the virile and effeminate, the active and the passive, the racially healthy versus racial or familial degeneracy, the neurotic sexuality of entangled immanence versus a creative transcendence. These were variable because, to put it simplistically, women were not the only ones to be conceived to be feminine or effeminate, children were properly infantile while colonized peoples were naturally, but differently so, etc. Most intellectuals so took these binaries,

and their intersections, for granted that they wrote little about them—with the notable 1903 exception of Otto Weininger, his defenders and critics.[50]

The second, psychological story, may be more familiar. His investigation of hysteria led Freud to trauma (cause), repression, and an unconscious different from Charcot's because this unconscious gradually became a metaphoric site harboring—at different 'levels' and with different quotients of sexual energy—passions and ideas. The passions included anxiety, shame, rage, and guilt. Certainly, unconscious passions like guilt opened *philosophical* difficulties for Freud, including conundrums about psychic causality, topography, and economy—not to mention Charcot's very contemporary imbrication of mind and body. Although Freud, following Charcot, thrust hysteria toward the 'psychological' account that revised the meaning of modern philosophy's mind-body parallelism,[51] and though he challenged philosophical conceptions of the passions as mere hindrances to autonomy, he also pulled hysteria as traumatism toward precocious erotic 'incidents' and repressed phantasies, to the neglect of *de facto* catastrophic accidents. This displacement toward repression accelerated with Freud's theory of Œdipal development[52] and his findings among *Kriegsneurotiker*—many of whom, he observed, fared worse if they experienced conflicts in their loyalties to comrades or commanders than if they were physically wounded. After 1905, the theory of Œdipal development opened a new *topos* of the unconscious, different from the primary process-secondary process model of Freud's early work. As it did so, the traumatic incident etiology of hysteria seemed to him ultimately to hold more explanatory power for obsessive compulsion neuroses, like that of the "Rat Man."[53] Indeed, the very question of hysteria as a condition afflicting both men and women lost much of its interest for him after he published his notes on the

abortive treatment of "Dora," his most recalcitrant hysteric. Now, J. M. Masson has shown clearly why it was that Freud believed he could not publish many case studies of hysteria he had once shared with his friend, Fliess. And we have glimpsed part of their unsettling sexual content earlier. While it is also true that he spoke, in the Fliess correspondence, of a male hysteric—one "E" with whom Freud found that he actually shared certain hysterical symptoms[54]—the cases he did write up were of women. For a number of reasons, ranging from Freud's effective self-analysis to what may have been a desire to avoid the traps of anti-Semitic stereotypes about Jewish male sexuality, the disease of hysteria returned to its place of privilege as a feminine pathology. As noted, after publishing the Dora case (first intended to bear the provocative title "Dreams and Hysteria"), Freud abandoned the field to its feminine, or infantile, pole as massively disordered passions, or energies, precipitated by an idea or event that highlighted the erotic dimension of forgotten, precursive incidents. In the popular reception of his work, the hysteric again became a sensitive (feminine, effeminate, or otherwise deteriorated by having inherited syphilis or some other degenerative condition)[55] individual, overwhelmed by adult sexuality. Though it is not my intent to deny Freud's insight into conflicts immanent to the ego in the etiology of hysteria, I must agree with Judith Herman that the meaning of a masculine hysteria resurfaced only after 1918, when "the reality of psychological trauma was forced upon public consciousness once again by the catastrophe of the first World War."[56] Nevertheless, when it did resurface, its connections with feminine hysteria were again obnubilated in favor of a *physical* cause like shell shock—an explanation that Freud himself challenged for its insufficient explanatory power (some soldiers suffered no wounds yet developed hysterical symptoms). Despite the return of physical trauma as

the scientific explanation, popular treatment strategies took on the appearance not of Freud's "talking cure," but of Philippe Pinel's dramatic 'moral' measures from the early 19th century psychiatric wards. They included "shaming, threats, and punishment."[57]

9. Concluding Remarks

In this account, the adherence of traumatism to sexual incidents befalling women or children left its disorder, hysteria, as at least an effeminate (or *Untätigkeits*-, idleness) neurosis. The advantages accruing to Freud's incident (trauma) etiology included the impetus to expand his dynamic, economic, and topological unconscious. The difficulties included a certain re-feminization of hysteria and the erasure, or discrediting, of trauma-based hysteria in men—the very problem Freud had first addressed with youthful temerity. In addition to this, while in 1886 repeated trauma produced Herr August's ultimate breakdown—whose principal symptoms included intense anxiety, disorientation, and anæsthsia—sexual incidents or abuse were apparently not among his recollections, any more than they seem to be part of "E"'s hysterical etiology. Male hysteria had a different relationship, it seems, to the precocious sexual incident etiology of hysteria in Freud's women patients.

I argued earlier that Freud's initial insistence that hysteria was found in men and women, and that it was the effect of trauma, dealt a blow to popular and philosophical convictions that there were passions and disorders typical of women and 'savages',[58] and others typical of men. If we keep in mind that German Idealism either condemned strong passions as pathological (Kant's lectures in *Anthropology* compared emotions and passions to bouts of influenza, which one had to weather or sleep off) or exalted them so far

as they served heroic ends (Hegel praised certain passions in his *Encyclopedia Philosophy of Mind*), then we will glimpse the heritage of 'cultivated' German attitudes[59] toward the passions. Consistent with these, strong passions, in the best of cases, could be brought together with reason to produce virtue. If Romanticism cast doubt upon the possibility of an enduring ethical *Bildung*, Freud's early work did likewise—calling itself a "natural science." It would seem that the young Freud contributed to weakening the *ethos* of a barely conscious sexual essentialism. But after, roughly, 1905, this challenge relapsed into the more familiar, sex-based distribution of passions and disabilities.

The one 'passion' whose import and scope resisted this distribution was anxiety.[60] The history of anxiety in psychoanalysis was complex. At first, it appeared to be the sign of unconscious repression. Later on, it became the predecessor of repression, and even the affect that preceded the formation of the ego itself. This question of a psychic *a priori*[61] reopened the philosophical conundrum of the genesis and status of the subject itself. In so doing, it reconnected psychoanalytic thought to philosophies of the will and of suffering (Kierkegaard, Schopenhauer, Nietzsche, Scheler), even as anxiety traced a sensuous and emotive hinge in the psyche-soma imbrication that Charcot had discerned in hysterical paralysis. Nevertheless, while it crosses the history of hysteria, traumatism and sexuality, the fate of anxiety is stranger and, ironically, more contentious than they.

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[1] I follow psychoanalyst Didier Anzieu's differentiation between trauma as a trigger and traumatism as the effect, physical or psychological, on the victim. Although this distinction is less frequently drawn in English than in French, the language in which Anzieu writes, it has value for us, because it underscores the radicality of Freud's etiology of hysteria. In Freud's German, where only the term "Trauma" existed, the idea that psychological events, of a sexual or violent nature, could leave a durable disorder behind them, with somatic and psychological symptoms was *not* considered when hysteria was in question. Thus, equating hysteria with the effect of trauma, or with "traumatism," allows Anzieu to speak of causes and effects.

That Freud could do so without a concept available for trauma's effects is a credit both to his French teacher, Jean-Martin Charcot and to his diagnostic courage.

[2] This is the famous "*globus hystericus*" or first theory of the origin of hysteria. I discuss the model of the human body that accounted for its plausibility when I turn to Dianne Sadoff's history of anxiety below. Also see Sander Gilman, *Freud, Race, and Gender* (Princeton, NJ: Princeton University Press, 1993), p. 114ff.

[3] See note 41 below for writer Arthur Schnitzler's account of Freud's talk.

[4] See Albert Lindemann, *Anti-Semitism before the Holocaust*, (Essex: Longman Press, Division of Pearson Educative Limited, 2000), p. 53. Lindemann writes, "…From the mid-eighteenth century until the eve of the holocaust, the Jewish population increased faster than that of the non-Jewish population. There was also a more rapid move of Jews than non-Jews into urban areas, especially capital cities." Again, on p. 57: "…a large proportion of the Jews of Vienna by the time Hitler lived there (1908-13) had abandoned the most visible signs of their Jewishness…Their numerical rise was particularly striking: from 6,000 in 1860 to 175,000 in 1910, an increase of around *thirty times within two generations.* Budapest, the other capital of the Dual Monarchy, experienced an even more precipitous increase in the same years, resulting in a Jewish percentage of 23 percent by 1914, compared to Vienna's 9 percent" (p. 57).

[5] See Zeev Sternhell, *La Droite révolutionnaire 1885-1914. Les Origines françaises du fascisme* (Paris: Seuil, 1978), p. 146ff. See his Chapter III "Déterminisme, nationalisme, racisme" whose conclusions--among which this one, that the French mistook nationality, culture, and social Darwinian 'populations' for *races* arranged in a hierarchy—are borne out by Renan, who attempts, below, to rectify them. Cite p. 157…

[6] *Ibid*, p. 147. Sternhell adds, shortly thereafter, "The discovery of the unconscious at the end of the century contributes a complementary, even cardinal, dimension to the anti-rationalist and antidemocratic impetus. In this domain, the work of Gustave Le Bon enjoyed a success almost unequalled to this day. His *Psychological Laws of the Evolution of Peoples*, first published in 1894, goes into its fourteenth edition in 1914, and his best known work, *Crowd Psychology*, which dates from 1895, goes into its 31st edition in 1925, and its 45th one in 1963. Translated into sixteen languages, Le Bon's work…is one of the *greatest scientific successes of all times….*" (Sternhell, p. 148, my translation).

[7] Sander Gilman, *The Jew's Body* (New York: Routledge, Chapman and Hall, 1991), see his Chapter III "The Jewish Psyche: Freud, Dora, and the Idea of the Hysteric," p. 61. Hereafter abbreviated in the test as JB. Gilman has provided an impressive analysis of the discursive relationships, for Freud and 19th century science, between 'race' (including 'the Jews') and gender. See his section "The Transmutation of the Rhetoric of Race into the Construction of Gender" in *Freud, Race, and Gender* (Princeton, NJ: Princeton University Press, 1993), pp. 36-48.

[8] Gilman writes, "The very analysis of the nature of the Jewish body, *in the broader culture or within the culture of medicine*, has always been linked to establishing the difference (and dangerousness) of the Jew. This *scientific vision* of parallel and unequal 'races' is part of the polygenetic argument about the definition of 'race' within the *scientific culture of the eighteenth century.* In the nineteenth century it is more strongly linked to the idea that some 'races' are *inherently weaker, 'degenerate', more at risk* for certain types of disease than others. In the world of nineteenth-century medicine, this difference becomes labeled as the 'pathological' or 'pathogenic' qualities of the *Jewish body*" (p. 39, my emphasis). Many of these qualities are adapted from the vision of the pathogenic qualities of the female body which, itself, is functionally and necessarily pathologized—if only because it goes through phases of toxicity [sic] around menstruation, menopause, etc.

[9] As Gilman notes, in his Chapter V "The Jewish Genius: Freud and the Jewishness of the Creative," *in* Gilman, *Jew's Body, Op. cit.,* pp. 128-149. This different logic is tied to a binarism of creativity and neurosis. Freud struggled against it, and the identification of Jews with madness and sexual degeneracy. The Italian criminal anthropologist, Cesare Lombroso, contributed to this binarism with his work *Genius and Madness* (1864). He wrote, "This fatal privilege [of a combined madness and creativity in Jews] has not attracted the attention of the leaders of that anti-Semitic movement which is one of the shames of contemporary Germany. They would be less irritated at the success of this race [sic] *if they had thought of all the sorrows that are the price of it*, even at our epoch; for, if the tragedies of the past were more bloody [sic], the victims are not now less unhappy…and because of it deprived even of the consolation of being able…to contribute to the most noble among the *selections of species*" (cited by Gilman, p. 131, my italics). Note

even here, in a work dating from eight years after Darwin's *Origin of Species* (1856), the pseudo-Darwinian concept of "selections of species" and "race."

[10] Renan also remarked in his Sorbonne lecture "Qu'est-ce qu'une nation?", delivered March 11, 1882, that the great mistake of the present was to confound a race with a nation. He writes, "De nos jours, on commet une erreur plus grave: on confond la race avec la nation, et l'on attribue à des groupes ethnographiques ou plutôt linguistiques une souveraineté analogue à celle des peuples réellement existants." Renan then defined the nation as a "soul" and as a group that suffered together after having conquered together. The nation was a united domain under a dynasty (the traditional definition), but he was skeptical about the notion of race, and blamed ethnography with its over-use; it had no right to appear in nineteenth century European politics, because there were no pure European races. There were only races that became aristocratic through virtuous acts, and races that lost their virtue through similar means.

"La race, comme nous l'entendons, nous autres, historiens, est donc quelque chose *qui se fait et se défait*. L'étude de la race est capitale pour le savant qui s'occupe de l'histoire de l'humanité. Elle n'a pas d'application en politique. La conscience instinctive qui a présidé à la confection de la carte d'Europe *n'a tenu aucun compte de la race*, et les premières nations de l'Europe sont des nations de sang essentiellement mélangé," he wrote. If race, "made and unmade," was not determinant for Europeans, Renan did insist, in an earlier work, that it had shaped the identity of Jews, see Renan's *The Life of Jesus* (1869) So the question was really where, metaphorically, a different race begins; who constitutes a separate 'race'. Cf. Lindemann, *Op. cit.*, 43, 129.

[11] Gilman puts it succinctly, "What *Sex and Character* did was to restate in a scientific, i.e., biological context, Arthur Schopenhauer's views on women and simply *extend the category of the feminine to the Jew*" p. 133. Note here the enduring normativity of the pessimistic philosophy of will of Schopenhauer; note too, that what is preserved of his thought, here, is largely his gynophobia, which becomes in a more popular work like that of Weininger, a different sort of classificatory device. Schopenhauer, though ignored today, also influenced Freud. For an explicit reference to Schopenhauer, see Freud's "Formulations Regarding the Two Principles in Mental Functioning (note 3, 1911) and his "Beyond the Pleasure Principle" (1920).

[12] A case in point: the scandals about the alleged homosexuality of the chancellor and members of the second Kaiser Wilhelm's entourage in the Second Reich (1871-1918) reached the point of national hysteria by 1907. Germanist James Steakley and others has argued that the [Prince Philipp zu] Eulenburg Affair produced "long range consequences…so severe that the scandal defie[d] dismissal as a mere episode." These included "a far-reaching shift in German policy that heightened military aggressiveness and ultimately contributed to the outbreak of World War I." Consistent with observations about the recurrent patterns of binary logics structuring cultural paranoia, Steakley suggests that "apart from the anti-Semitic interpretation of events advanced in reactionary nationalistic circles and adopted by Wilhelm, the pictorial handling of the scandal reveals a remarkable degree of uniformity. A handful of images appears repeatedly…" See "Iconography of a Scandal; Political Cartoons and the Eulenburg Affair in Wilhelmin Germany" in Martin B. Duberman, Martha Vincinus and George Chauncey, eds., *Hidden from History: Reclaiming the Gay and Lesbian Past* (New York: New American Library/Penguin Books, 1989), pp. 257-63, esp. pp. 234-35.

[13] See S. Freud, *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, James Strachey and Anna Freud, tars. and eds., (London: Hogarth Press, 1966), Vol. I (1886-1899) "Pre-Psycho-Analytic Publications and Unpublished Drafts", pp. 24ff; notably, "Beobachtung einer hochgradigen hemianästhesie bei einem hysterischen Manne" [Observation of a Severe Case of Hemi-Anæsthesia in a Hysterical Man"]. Hereafter cited in the text as *Freud: Standard Edition* with volume and page numbers.

[14] See Dianne F. Sadoff, *Sciences of the Flesh: Representing Body and Subject in Psychoanalysis* (Stanford, CA: Stanford University Press, 1998), pp. 59-71.

[15] The concept of 'irritation' [*Reiz*, *Reizbarkeit*—which also denotes 'stimulation'] was used by Freud when he considered neuro-psychic 'economy' and borrowed the principle of homeostasis or constancy as its compass. Excesses of quanta of energy are experienced as excesses of affect (hitherto, passions), which must be discharged through the musculature. This was one of the functions of the hysterical 'attack': a kind of abreaction of the excitation and the creation of representations. In his letters to Wilhelm Fliess, Freud spoke of types of "irritation" of the genitals, provoking hysterical crises. For a discussion of the notion of "irritation," see Didier Anzieu, "Découverte par Freud du Traumatisme sexual précoce" in *Journal de la Psychanalyse de l'enfant*, Vol. 9 "Traumatismes," 1991, pp. 22, 26ff.

[16] Returning to hospital archives and original sources, Gladys Swain and Marcel Gauchet have argued, against Foucault and against Pinel's mythologisers, that the contribution of French psychiatry lay above all in the discernment of a 'subject' of mania or madness, and that this 'subject' could under certain circumstances be solicited by an experienced physician. Esquirol examined, among other things, the use of rational calculation by persons afflicted with "monomanies instinctives"; how they pursued an object under the sway of an *idée fixe*. Without these insights into the 'deranged psyche', there could be little question of mental *illness* or therapy. See Gladys Swain, *Le Sujet de la folie: naissance de la psychiatrie (Précédé de 'De Pinel à Freud' par Marcel Gauchet),* (Paris: Calmann-Lévy, 1987), p. 37ff.

I mention Bourneville, here, because this "indefatigable and omnipresent" colleague of Charcot was known as the *homme de l'écoute*. If Charcot developed a clinical gaze, apt to appraise and reduce cases to their essential traits, it was Bourneville who listened to the "délire de paroles" present in hysterical crises. As Swain points out, it was he who "never ceased underscoring the role, in this delirium of words, of the *reviviscence* of episodes marking [a patient's] personal history." And it was Bourneville who, long before Freud's creation of his "talking cure," recorded patients' accounts, giving them the dignity of a narrative. Is it remarkable that his 'scenes' closely resemble what Freud, later on, would hear? Thus, while no one yet spoke of traumatism, Bourneville recorded the words of a young girl, raped by her employer, who was institutionalized for hysterical attacks. " 'You pig, you pig, I'll tell father…pig! You're so heavy; you're hurting me.'" See Marcel Gauchet and Gladys Swain, *Le vrai Charcot: Les Chemins imprévus de l'inconscient* (Paris: Calmann Lévy, 1997), pp. 63-65. Here was Breuer and Freud's "reminiscence," dating this time from 1877 (see his *Iconographie photographique de la Salpêtrière,* Paris, 1877, Vol. II, p. 139).

Also see Didier Anzieu, "Découverte par Freud du traumatisme sexuel précoce," *Art. cit.*, p. 20. "The etiology of hysteria according to Charcot is double. The first cause is neuro-biological: it is the nervous degenerescence proper to psychopathic families…The secondary cause, which unleashes [hysteria], is tied to an event [*occasionnelle*]; its mechanism is essentially psychological; some fright not integrated into consciousness produces hysterical symptoms (paralysis, anæsthesia, vomiting, tics, nervous coughs, etc.)." We see from this that it was of primary importance to Charcot to maintain an inherited neurological predisposition to hysteria, "degenerescence"—a veritable obsession of European science in the last half of the nineteenth century.

[17] Pierre Janet was Charcot's other illustrious student. Moreover, the question of *how to understand this sexuality*—as violation, as pleasure and violence—and its relationship to the will and to a multi-layered memory was opened in this period. Unfortunately, " 'Charcot's 'Bourneville period'…ended in 1880, with the nomination of his faithful but idiosyncratic second to [the Hospital] Bicêtre. Bourneville's curiosity will thereupon reorient themselves to the medico-pedagogical problems of idiocy. [And] in 1880, experiments with metals and magnets had been underway for four years, [while] the practice of hypnosis [underway] for two years. Charcot's ideas on hysteria had taken a new course in 1877…[His] investigations were relaunched with the reopening of the problem of local hysteria in light, on the one hand, of …metallotherapy and, on the other hand, of a new theoretical problem, that of traumatism," see Gauchet and Swain, *Le vrai Charcot, Op. cit.*, p. 66. Charcot's turn away from Bourneville *appears to anticipate* Freud's distancing from sexual traumatism following the demise of his friendship with Fliess.

[18] Gauchet and Swain, "The Neurological Appropriation of Hysteria" in *Le vrai Charcot, Op. cit.*, p. 49-96, see p. 49. Hereafter cited in the text as VC.

[19] Even after his collaboration with Bourneville, Charcot was quoted as saying privately that one should always expect "*la chose génitale*" to influence the etiology of female hysteria. Was this remark related to his colleague's transcripts and the work he pursued on demonic possession in art? In all likelihood. It should be noted that his study of the iconography of possession contributed to his quadripartite categorization of hysterical 'phases': the tetanic or epileptoid phase of paralysis, the phase of 'grands mouvements', the phase of 'attitudes passionnelles', and that of depression. See Jean-Martin Charcot and Paul Richer, *Les Démoniaques dans l'Art: Suivi de la Foi qui Guérit* (Paris: Macula, 1984). It is important, when considering the value of dreams for Freud's development of psychoanalysis, that Charcot established these phases according to the permutations of what he called "somnambulism"—or hallucinations in a waking or semi-waking state.

[20] See Didier Anzieu, "Découverte par Freud du Traumatisme sexual précoce," *Art. cit.*, pp. 19-20.

[21] Charcot provided a powerful impetus to Freud's interpretation of dreams by showing that hysterical "somnambulism" and dissociative personalities could be diagnosed as distinct from ordinary sleepwalking.

The difference lay precisely in the dream itself; hysterical somnambulism was found in cases where the dream (or waking dream, hallucination) proved wholly irrecoverable by everyday consciousness. See VC, 176ff.
[22] *Ibid*., p. 19.
[23] *Ibid.*, pp. 19-20.
[24] Freud distanced himself from conceptions, in nineteenth century medicine and neuro-physiology, like degeneracy, but he remained a nineteenth century thinker in his adoption for the psycho-sexual development of something like the old recapitulation theory (ontogeny reproduces phylogeny) embraced by Haeckel, and a certain Lamarckianism. For a discussion of this, see Lucille B. Ritvo, *Darwin's Influence on Freud: A Tale of Two Sciences*, (New Haven: Yale University Press, 1990).
[25] The distinction "accident"-"incident" is made by Anzieu, see *Art. cit.*, p. 23. Anzieu writes, citing Freud, "From the notion of 'accident' we pass to that of an 'incident'. 'Any incident capable of provoking painful affects, fright, anxiety, shame, can act in the manner of a psychological shock,' at least in 'sensitive' subjects."
[26] Anzieu, *Art. cit.*, p. 23; the author is referring to Masud Khan's concept of "cumulative traumatism"; I am arguing that we already see this notion in its incunabula in Freud's presentation of November 1886. Herafter cited in the text as DF.
[27] See *Freud Standard Edition*, Vol. I, p. 24. Hereafter abbreviated and cited as SE.
[28] SE, pp. 24-25.
[29] SE, p. 25.
[30] We should nevertheless keep in mind that Freud added a precious insight into his own diverging views on hysteria in a brief essay entitled "Hysterie," first published in 1888 in the *Handwörterbuch der gesamten Medizin* (A. Villaret, ed.; Stuttgart, Vol. 1, pp. 886-92), and reprinted in the *Freud: Standard Edition,* Vol. I, pp. 39-57. There, he wrote, "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" [p. 41]. There, he added, already demonstrating a potential skepticism over the Cartesian psycho-physiological parallelism that may have been part of Charcot's diagnostic suppositions, but which Freud would challenge explicitly by 1912: "Hysteria is based wholly and entirely on physiological modifications of the nervous system and its essence should be expressed in a formula which took account of the conditions of excitability in the different parts of the nervous system. A *physio-pathological formula of this kind has not yet, however, been discovered*; we must be content meanwhile to define the neurosis in a purely nosographical fashion by the totality of symptoms occurring in it…without any consideration of the closer connection between these phenomena" [p. 41]. This definition was profoundly Charcotian; more ironic, the idea that hysteria was based "wholly and entirely on physiological modifications of the nervous system" was flatly rejected by Freud even before the phenomena called 'war neuroses' and 'shell shock' demanded that the condition of hysteria, *masculine* hysteria, be reexamined. By 1918, he was tying the etiology of neurosis to threats experienced by the Ego. The determinant factor was the persistence of a distinction between endogeny and exogeny. But if 'shell shock' represented an exogenous threat (war, bombing, wounds), it was inner conflicts in the soldiers that determined whether they would develop 'war neurosis'. By this time, Freud and his school were *not* calling this condition "hysteria."
[31] See Sander Gilman's remarkable, *Freud, Race, and Gender*, *Op. cit.*, pp. 66-71. Also see Gilman, *The Jew's Body, Op. cit.*, pp. 53-56.
[32] Also see Gauchet and Swain, *Le vrai Charcot*, *Op. cit.*, p. 65.
[33] See Freud, *Standard Edition*, "Introductory Lectures (1916-1917), "Lecture XXV Anxiety", cited by Lucille B. Ritvo, *Darwin's Influence on Freud: A Tale of Two Sciences*, *Op. cit.*, p. 180.
[34] Anzieu, citing Masson, lists three works: A. Tardieu's *Étude medico-légale sur les attentats aux mœurs* (1878); P. Bernard's *Des attentats à la pudeur sur les petites filles* (1886), and P. Brouardel's *Les attentats aux mœurs* (1909). See Anzieu, *Art. cit.,* p. 24.
[35] Of this censoring function Freud wrote in 1912, "[We] learn that the unconscious idea is excluded from consciousness *by living forces,* [these] oppose themselves to its reception, while they do not object to other ideas, the preconscious ones." See S. Freud, "The Unconscious in Psycho-Analysis" in Joan Riviere, tr., *Sigmund Freud Collected Papers, Vol. IV* (London: Hogarth Press, 1949), p. 27.
[36] See Freud's observations for the Vth International Psychoanalytical Congress in 1918 "Introduction to the Psychoanalysis of War Neuroses" in Freud, *Gesammelte Werke*, 1917-1920, pp. 323-324. There, he

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clearly distinguishes war neuroses from those traumatic, peacetime neuroses that are caused by grave frights or serious accidents but entail no conflict in the Ego. He writes, "In traumatic and war neuroses the person's Ego arms itself against a danger that seems to threaten him from without, or which is embodied by him through an ego formation [Ichgestaltung selbst verkörpert wird]. In peacetime transference neuroses, the Ego appraises its own Libido as the enemy, whose claims appear threatening to it. Both times, the Ego fears its harm: in the latter through the Libido, in the former through external violence."

Also see his 1920 remarks in *Beyond the Pleasure Principle*, "In the case of war neuroses, the fact that the same symptoms sometimes came about without the intervention of any gross mechanical force seemed…bewildering. In the case of the ordinary traumatic neuroses, two characteristics emergence prominently: first, that the chief weight in their causation seems to rest upon the factor of surprise, of fright…and secondly, that a wound or injury inflicted simultaneously works as a rule *against* the development of a neurosis." Excerpted by Peter Gay, ed., *The Freud Reader* (W.W. Norton & Co., 1989), p. 598.

In both cases, one of the concerns is to hold war neuroses separate from 'ordinary traumatic neuroses', and to maintain both of these in contraposition to transference neurosis. The term "hysteria" does not appear, but we can assume it belongs to the transference neuroses. Freud recognized, in 1818, that these distinctions caused significant problems: "the theoretical difficulties, which stand in the way of such an appropriative conception, do not seem unsurpassable," he anticipated, somewhat defensively.

[37] Juliet Mitchell explores the mimetic, identificatory dimension of hysteria, which she perceives in the Freud-Fliess relationship. Her argument concerns the omnipresence, today as in 1900, of hysteria, in women and in men. She argues compellingly that Freud's self-analysis, and the decline of his relationship with Fliess (as with other 'brother' figures) points to a dimension of childhood life ignored by Freud once the transgenerational Œdipus complex became central to his theory psychosexual development. In his work with one male 'hysteric', of which he wrote in *The Interpretation of Dreams* and in his correspondence with Karl Abraham, Freud ventured that his patient's Don Juanism—a sign, for him, of masculine hysterical mimesis and sexual hunger—was something he too experienced. "At the same time as he was analysing 'E' [the patient in question], Freud told his friend and colleague Karl Abraham that the omitted associations in his own famous dream of Irma's injection, the specimen dream of *The Interpretation of Dreams*, were that he, Freud, 'had all the women'. See Mitchell, *Mad Men and Medusas: Reclaiming Hysteria* (New York: Basic Books, 2000), p. 251.

[38] It is a bodily unconscious both through its physical symptoms and given Freud's insistence on the relationship between external events and internal excitations that must be discharged through speech or the muscles.

[39]Freud wrote in the Spencerian-Darwinian language that would long be his own, that the overflow of excitations within the neuro-psychic system constitutes the "prototype …of *psychical repression.* (*Standard Edition*, 5:600), cited by Ritvo, *Op. cit.*, p. 187. He added, in his "History of the Psycho-Analytic Movement," that "the theory of repression…is the corner stone on which the whole structure of psycho-analysis rests." (*Standard Edition*, 14: 16).

What had been interpreted as the even flow of conscious mental life, integrating emotions and reason into itself, and unfolding like a discursive narrative with a clear before and after, now becomes broken into fragments or at least bifurcated into the accessible events and the inaccessible events of the life of the (conscious and unconscious) mind. For Freud, the unconscious should serve as the perplexing, unifying force of the hiatuses of mental life, like forgetfulness, slips of the tongue, etc.

[40] That is, investments of psychic energy directed toward self in the case of a conflict between desires or in that of a non-repressed, physical wound, see note 30, *supra*.

[41] See Freud "A Difficulty in the Path of Psycho-Analysis" (1917), where Freud identifies psychoanalysis as the third "death blow" to man's narcissism. Also cited by L. Ritvo, *Op. cit.*, p. 22ff.

[42] As we know, Freud 'identified' with a number of heroic figures, from Moses, carrier of the Law, to Hannibal and Œdipus. Tracy B. Strong discusses Freud and the heroic, passing through an analysis of Freud's reading of Michelangelo's *Moses* and others as men who (like Freud's thanks to his self-analysis) overcame the necessary split in their self, between moral distinctions and happiness. Michelangelo's Moses, contrary to the story of the descent from the mountain, is on the point of dropping the tablets when, through an act of self-overcoming, he stays their fall, preserving them despite his outrage at the Hebrews' regression. See Strong, "Psychoanalysis as a Vocation: Freud, Politics, the Heroic," in *Political Theory* Vol. 12, No. 1, February 1984, pp. 51-79.

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[43] Freud, *Standard Edition*, Vol. 20, p. 10. Cited by Lucille Ritvo, *Darwin's Influence on Freud*, Chapter 12 "The *Expression of the Emotions*, *Psychiatrie*, and *Studies on Hysteria,*" pp. 170-171. Note that, following his presentation on male hysteria, Freud was excluded from Meynert's laboratory. He writes, "'I found myself forced into the Opposition. As I was soon after wards excluded from the laboratory of cerebral anatomy,' of which Meynert was the chief, and 'for terms on end had nowhere to deliver my lectures, I withdrew from academic life'," Freud, *Standard Edition*, Vol. 20, p. 15; cited by Ritvo, *Op. cit.*, p. 171.
[44] Cited by Lucille Ritvo, *Op. cit.*, p. 170. In another account of Freud's October 1886 lecture, this time by writer-playwright Arthur Schnitzler, the question does not turn on the impossibility of male hysteria, and Meynert and others are even recorded as saying that there were documented cases in Viennese hospitals and German medical journals. The debate, at that point (which Freud does not report completely), was whether trauma alone could cause hysteria in men or whether heredity was not the determining influence. See Gilman, *Freud, Race, and Gender, Op. cit.*, p. 116.
[45] Charcot and his unsung associate, Bourneville (see note 15), first tied sexual dysfunction and even the experience of sexual violence explicitly to the etiology of nervous diseases. The question that remained, of course, was how does the neurological (modifications to the spinal nerves mainly) become the cerebral, and 'where' shall one situate the 'appareil psychique'. I will not go into Freud's complex classification of hysterias here, except in relation to anxiety. In a 1910 essay called "'Wild' Psychoanalysis," an expression denoting the sort of para-analysis that many Viennese physicians were toying with, Freud distinguished between the emotion called anxiety, anxiety neurosis, and anxiety *hysteria*. These differences are clear enough: anxiety is a feeling or "combination of certain feelings in the pleasure-unpleasure series." However, a feeling— whether it is unpleasant or not, whether it has an object or not—is not neurosis. "Anxiety neurosis," like neurasthenia, has a bodily etiology and is tied to sexuality. "Anxiety hysteria" is also characterized by a bodily factor, notably the life, or sexual, drive, *libido,* which follows a typical physiological mechanics of building up and awaiting discharge through activity. However, in building up, the force or drive encounters a developed resistance to it, which creates a conflict difficult to overcome. The distinction between anxiety neurosis and anxiety hysteria lies in the gravity of the *psychological conflict between drives* and their mental 'processing'. And this conflict contributes to a reactive process of holding down, or turning away from certain ideas and feelings: repression. See Peter Gay, ed., *The Freud Reader*, *Op. cit.*, pp. 351-356. Also see notes 29 and 35, above.
[46] Juliet Mitchell, *Mad Men and Medusas: Reclaiming Hysteria*, *Op. cit.*, p. 74. Mitchell is referring to the fact that, after his break with Wilhelm Fliess and the publication of the "Dora" case [1905], Freud's concern with hysteria waned.
[47] Judith Herman conversation at the Radcliffe Institute for Advanced Study, February 21, 2002.
[48] For extensive discussion of the visual construction of the African in the nineteenth century, see Paul S. Landau and Deborah D. Kaspin, eds., *Images and Empires: Visuality in Colonial and Postcolonial Africa* (Berkeley and Los Angeles, Calif.: University of California Press, 2002). For a more extensive historical analysis of these stereotypes, see Gustav Jahoda, *Images of Savages: Ancient Roots of Modern Prejudice in Western Culture* (New York: Routledge, 1999).
[49] For an historically sensitive account of the "traumatic neuroses of war" see Judith Lewis Herman, *Trauma and Recovery: The Aftermath of Violence, from Domestic Abuse to Political Terror* (New York: HarperCollins-Basic Books, 1992), p. 20ff.
[50] Weininger's *Sex and Character* sold off the shelves on the news of his suicide in the fall of 1903. His defenders included, at the time, the renowned publisher of *Die Fackel*, Karl Kraus—and later, Wittgenstein, D.E. Lawrence and others. His detractors included the Austrian feminist, Rosa Mayreder, who wrote a *Kritik* of femininity in response to Weininger's work.
[51] I am speaking of Leibniz and Spinoza, and their less illustrious 19th century philosophical heritage in figures like Fechner and Herbart.
[52] See Mitchell, *Mad Men and Medusas, Op. cit.*, p. 75.
[53] When Freud treated the Russian aristocrat he called the "Wolf Man" in 1918, it was for obsessive compulsion. But he remarked, in that case, that beneath the Wolf Man's obsessive behavior lay both an incident—witnessing his parents in intercourse *a tergo*—and a deep layer of hysteria. This suggests that it is as though hysteria had become, by 1918 and in men at least, akin to an archaic or profound disturbance, which would either be overcome or overlain by subsequent disorders. Juliet Mitchell points out that "Freud's comment on the Wolf Man [and his hysterical fantasy about bearing an infant in his bowel] is not expanded

into further thoughts on male hysteria…However, just as important is his assertion from observing the Wolf Man that, beneath all other neurotic disturbances in man or woman, there is a layer of hysteria." See Mitchell, *Op. cit.*, p. 71.

[54] See Mitchell, *Op. cit.*, pp. 64-65. Drawing on the work of Anzieu and Eva Rosenblum, Mitchell points out that "E" was a patient of Freud's for five years. She adds that, "'E' and Freud also had a number of symptoms in common and shared certain aspects of their reconstructed infantile histories. 'E''s fits of profuse sweating, tendency to uncontrollable blushing and dread of going to the theatre were traced back to his fantasy that he would 'deflower' every woman he set eyes on. Freud, too, had a crucial 'deflowering' incident in his history. 'E' had failed botany at the university and Freud commented, 'now he carries on with it as a deflorator'. Freud remembered how he too was a deflorator. When he was a small child, he had snatched and destroyed his niece Pauline's yellow flowers. This incident became a crucial part of the ground plan of Freud's own later fantasies of defloration." Was "E" Hermann Swoboda, Freud's patient who later passed his theory of essential human bisexuality on to Otto Weininger, who made it the core of his controversial *Geschlecht und Charakter* [*Sex and Character*] and thereby provoked the divorce between Freud and Wilhelm Fliess? While "E"'s identity is not clear, the 'hysteria' characteristic of both Freud and Fliess in their own correspondence, not to mention that of Weininger, the suicide and gynophobe, is undeniable.

[55] See Gilman, *Freud, Race, and Gender, Op. cit.*, pp. 114ff and 174ff.

[56] Judith Herman, *Trauma and Recovery, Op. cit.*, p. 20.

[57] *Ibid.*, p. 21.

[58] The literature on the emotiveness and 'infantilism' of non-Western peoples is vast. See note 48 for two citations.

[59] To an extent, these were also the attitudes of the French. However, from the mid-eighteenth through the nineteenth centuries, materialism in France—from de la Mettrie to Pinel and Charcot—inflected French attitudes either toward physiological explanations of the passions or toward a different romanticism in their regard.

[60] See note 45 *supra.*

[61] The question of how to conceive psychoanalysis's *a priori* arose in a number of contexts, one of which concerned the status, and 'structure' of the unconscious. The debate between Freud and Otto Rank about birth anxiety and its etiology made the search for an *a priori* explicit in the light of an affect, anxiety, which was either associated with perceptual stimulus (Rank's position) or curiously preceded any egological formation (Freud's position). Freud was arguing that it was absurd to speak of perceptual stimulus or memory before the emergence of an ego or self.