NIEL MICKLEM

THE NATURE OF HYSTERIA

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Niel Micklem

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CONTENTS

To my wife, Erika

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1

INTRODUCTION

Judging by any standards of pathology, hysteria must be the most extraordinary disease ever encountered by medicine. Countless generations have found in it a source of inspiration for investigation, research and discussion for the furtherance of medical science. The story of their results does not tell altogether of success or even satisfaction. On the contrary, hysteria has proved to be a source not only of inspiration, but of frustration, baffling uncertainty and downright exasperation. Furthermore, it has maintained a state of dissatisfaction and discord more persistently and for a greater length of time than any other feature of medical pathology. It cannot be surprising therefore, that amongst the foremost characteristics of hysteria is a readiness to cause suspicion in the minds of those who meet it. On many occasions throughout its history the question has arisen whether in fact hysteria should be recognised as a unit of illness. In the second half of the twentieth century the doubts and uncertainties reached a peak that motivated some medical authorities to heed the extent of their misgivings and take official action. Thereafter, in many classifications the name 'hysteria' ceased to appear as that of an illness in its own right.

The lively interest for medicine that hysteria has aroused since it was first recorded in ancient Egypt more than 3,000 years ago has yielded a substantial amount of writing. The most accomplished research worker would be hard pressed to account for all the literature, but more than enough is available to prompt the question whether there can be any grounds for yet another contribution to the field. Can there be any worthwhile aspects of hysteria left for comment? Some

justification of their undertaking is due from anyone who presumes to increase this vast library if that contribution is to escape the censure of 'coals to Newcastle'.

That justification is surprisingly easy to find. A discerning and critical assessment of the present situation with regard to hysteria shows that there are at least two areas of the pathology where something more remains to be said. One of these is the need for comment on the unexpected degree of importance which hysteria has maintained in the face of repeated efforts to deny its existence. This must be judged a distinctive feature of hysteria, considering the extent of doubts about its authenticity expressed in recent centuries. Medical authority has now gone far towards establishing that hysteria is not a unit of illness, yet it continues to excite comment as such; it is referred to as frequently as ever both inside and outside the profession. The other area requiring comment concerns the old question that is now pressing more urgently for an answer: since hysteria continues to exist in spite of medical authority, what is it that exists?

The following essays take up these questions in a way that contributes towards making good yet another deficiency in the available literature, by paying particular attention to the nature of hysteria. That is not to say that no one has touched on the nature of the complaint. They have; but the deductions have for the most part been limited or obscured by the approach adopted. The majority of the investigations have been, directly or indirectly, the work of the medical profession and approached accordingly in an empirical manner appropriate to medical study. Even the more recent contributions from psychologists show evidence of the same influence, having been approached largely through the perspective of a psychology shaped by medicine. They have provided a comprehensive documentation of clinical details about hysteria throughout all the phases of its long existence, together with many theories and explanations of what it is. Few particulars have been overlooked and there is little room for criticism of this conscientious work. Never theless, there is a significant limitation in this research and that is a factor which must be taken into consideration here, for it has immediate bearing on

the necessity for these essays. It is well known, though not always very consciously, that medicine wields a formidable power. Fear of illness and the corresponding degree of dependency on physicians ensure that this power remains undisputed and largely unquestioned. As a result, much is taken for granted and some of medicine's limitations are overlooked and neglected to the detriment of both patient and physician. The medical approach to pathology is one such undisputed factor and one which has a special relevance for this discussion on hysteria in as much as its first and foremost concern is with the manifestations of hysteria in patients and—though it might well be hotly denied—only indirectly concerned with hysteria itself. That oversight has brought familiarity with the appearances and the effects of eccentric presentations, but relatively little about the essence of hysteria itself. It is as if some elusive quality within that disease has a way of obscuring the view. The many unsuccessful attempts of medicine to tie it down have meant that hysteria is denied and rejected for not being what it ought to be instead of being recognised for what it is.

The orthodox approach to the investigation of disease as recognised by the medical profession is not the only way of viewing the pathologies of human existence; but, before introducing an alternative, it is well to have in mind a picture of those characteristics which are in general understood as typical of hysteria. A precise description is a difficult undertaking, for hysteria is protean: a multifaced disease presenting such a wide variety of appearances that it has earned the reputation in some circles of being an absurd ailment with a fair proportion of incomprehensible symptoms. Nevertheless, it has also established to some extent an image consistent enough to have gained recognition as hysteria. This image must fall short on accuracy because it is scientifically structured in a way that has not taken into consideration the long history of the disease. In the minds of many, hysteria starts rather vaguely in the nineteenth century when it was recognised as a prominent form of neurotic illness and the earlier history, spanning a period of millennia, counts for little. From these comparatively recent beginnings, closely associated with the French

neurologist, Jean-Martin Charcot (1835–93), hysteria has remained firmly a manifestation of neurotic illness to the extent that the two words, 'hysteria' and 'neurosis', have become vaguely interchangeable.

The widespread, popular impression of hysteria is itself a slightly 'hysterical' exaggeration of accounts found in the textbooks of medicine. Broadly speaking, hysteria has come to mean two different states: the demonstration of uncontrollable outbursts on the one hand and, on the other, an illness that in some way is not quite genuine. With regard to that illness, symptoms may be mental or physical or both together. The physical symptoms command the singular characteristic of being able to imitate those of almost any illness, but, in keeping with the nature of neurosis, the hysteria is distinguished from the others by the absence of organic cause. For example, hysteria may appear as blindness, deafness, skin anaesthesia, paralysis, spasm, tremor and countless other presentations; but so, too, may many infections, poisonings, allergies, growths and such like aetiologies. Hysteria needs differentiation from those 'genuine' illnesses with their physical symptoms resulting from organic causes.

It is surprising how often the word 'genuine' arises in connection with hysteria; the presence of the disease raises suspicion, followed quickly by a moral censure that hysteria is a fraudulent complaint. Supporting the suspicion of fraudulence there is the so-called hysteric personality which may accompany the physical symptoms or exist independently. A cardinal feature is the high degree of emotionality encountered and the need to exaggerate. Such people desire to be more than they really are and combine their fanciful approach to life with considerable skill in self-deception. Suggestibility is a notable characteristic that carries with it a remarkable capacity for identification with, and imitation of, others. It is widely assumed that all hysteria is a demonstration to achieve some gains for the subject.

Much of this picture, though by no means all, is the result of Freud's studies in hysteria from the end of the nineteenth century. Freud not only regarded hysteria as a neurosis, but made it the central feature in his theory of neurosis as well as