# The history of hysteria

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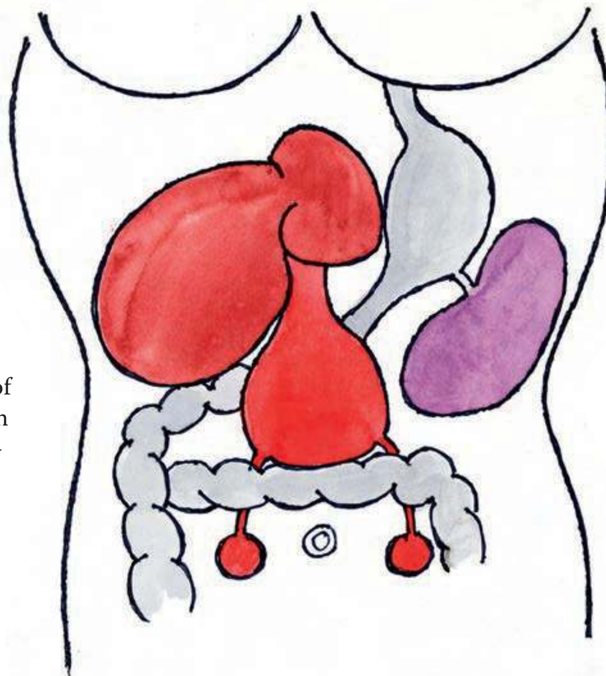
During the four millennia of recorded history, hysteria has been defined in myriad ways. Contemporary thought links hysteria to conversion disorder and views it as a psychologically-generated symptom that suggests neurological or general medical conditions.[1] Hysteria has sometimes been viewed erroneously as any symptom of unknown etiology, typically seen in women; however, many symptoms thought to be hysteric were later recognized as the first symptom of a biomedical condition. For example, what today would be described as epilepsy, transient ischemic attacks, and syncope were described previously as hysteria, using concepts common in the cultural and scientific belief system of the time to frame ideas of disease causation and treatment.



Egyptian papyri from 1900 B.C. (the *Kahun Papyrus*) recount curious behavioral disturbances in women (chronic fatigue, difficulty seeing, diffuse myalgias) thought to be caused by a wandering uterus. Symptoms were thought to result from the crowding of other organs when the uterus ascended into the abdomen. The belief that the uterus behaved as an autonomous, maverick organism within a woman led to treatments based upon that, such as fumigating the vulva with precious and sweet-smelling substances to entice the uterus back into the pelvis, while repelling it from the upper abdomen by ingesting foul-tasting foods or inhaling putrid-smelling substances.[2,3]

Greek theories about hysteria, beginning about 400 B.C., clearly were influenced by the Egyptian wandering womb hypothesis. In *De Morbis Mulierum* (*On the Diseases of Women*), Hippocrates described how the uterus might produce a clinical syndrome with a panoply of symptoms: "the uterus . . . rises toward the hypochondrium, thus impeding the flow of breath. . . . [causing] convulsions. . . . If it mounts higher and attaches to the heart the patient feels anxiety. . . . When it fastens itself to

the liver the patient loses her voice and grits her teeth"[2p10] and so on. The Greeks blamed celibacy for causing the womb to wander, reasoning that sexual "starvation" made the uterus lighter, so that it would ascend into the abdomen. Suggestions for treatment included bandaging below the hypochondrium to prevent further upward wandering, sneezing against closed nostrils to help drive the uterus back into place, ingesting pungent substances and inhaling fetid fumigations, inserting mint pessaries, and marrying in order to become pregnant.[2,3]

During the Roman period (400 B.C. to 400 A.D.), further theories were proposed. In the late first century, anatomist Sonarus of Ephesus proclaimed that while the uterus caused a syndrome involving many symptoms, it was unlikely to wander about a woman's body: "The uterus does not issue forth like a wild animal from its lair, delighted by fragrant odors and fleeing bad odors; rather it is drawn together because of stricture caused by inflammation."[2pp30–31] His theory led to the term "suffocation of the mother" as a synonym for hysteria. Another mechanism was promulgated by Galen of Pergamon (129 to 199 A.D.). He theorized that semen contained an "evil essence" that was retained in the uterus during periods of abstinence. This essence produced corruption of the blood, leading to a cooling of the body and irritation of the nerves, which induced a hysterical fit. He conjectured that retention of sperm in men also would cause hysterical symptoms, and thus advocated frequent ejaculation. His treatments included the application of warm substances to the pudendum, vacuum cups to the groin and surrounding areas, and genital manipulation.[2]

During the Middle Ages and Renaissance (500 A.D. to 1600 A.D.), a prolonged hiatus in medical science occurred. From the fall of the Roman Empire to the Enlightenment, many illnesses and cures were attributed to sorcery, witchcraft, and saints, and little distinction was made between medical, neurological, and psychological disorders. Much human suffering was felt to be the result of God inflicting disease upon people as punishment for sins, or of witches and warlocks doing the Devil's work. Paranoia and fear of witchcraft escalated, and, in the ninth century, Charlemagne decreed the death penalty for any person suspected of practicing witchcraft.[2] Such beliefs led to the infamous Witch Trials, the organized persecution, torture, and murder of thousands of people, many of whom were psychologically and neurologically ill. The fate of "true" hysterics was similar to that of the organically ill.

## Reprieve for the uterus

The end of the sixteenth century marked the beginning of the Enlightenment and the emergence of modern science, which produced a new class of intellectuals who raised doubts concerning many popular superstitions. Ancient medical texts were reopened and new theories emerged regarding many illnesses, including hysteria. English physicians such as Edward Jorden, Thomas Willis, and Thomas Sydenham wrote about the condition. Jorden (1578 to 1632) wrote *A Brief Discourse on the Disease known as the Suffocation of the Mother*, in which he postulated that the pathological locus of hysteria was the brain, not the uterus. He described hysterical patients presenting with insensibility, convulsions, and *globus hystericus* (a lump in the throat), and attributed their conditions to "perturbations of the mind"; his recommended treatment was release of the emotional tension thought to have incited the symptoms.[2,3]

Neuroanatomist Thomas Willis (1622 to 1675), for whom the Circle of Willis was named, performed autopsies on women who had been hysteric and demonstrated no uterine pathology. He also proposed that the brain and spinal cord were the sites of the disease, and theorized that excess "animal spirits" released from the brain traveled via the nerves to the abdomen, where they entered the blood, causing symptoms of hysteria. He also noted hysteria in men, but postulated that it was more common in women because they were weaker in the mind.[2,3] Thomas Sydenham (1624 to 1689) also thought hysteria resulted from an imbalance of animal spirits between body and mind, but felt that this disruption was due to sudden or violent emotions such as anger, fear, love, or grief. He described the symptoms of hysteria as copious urine discharge after a "fit," visceral, muscular, and articular pain, and *clivus hystericus*, the feeling that a nail is being driven through the skull. He observed that women laborers were not prone to hysteria, but that the illness was ubiquitous among torpid upper-class women. He also noted hysteria in men and called it "hypochondriasis," which was thought to be due to some obstruction of the spleen or other viscera. His treatments for hysteria included bleeding and purging, common remedies of the day for purifying the blood of "putrid humors."[3,4]

In the late eighteenth century, gynecologists revived theories that the origins of hysteria lay in the uterus.[2,3,5] During the Victorian era, lascivious behavior was believed to trigger attacks, and doctors described susceptible individuals as having "hysterical constitutions," characterized by eccentricity, deceitfulness, impulsiveness, emotional outbursts, flirtatiousness, and hypersexuality.[3] One gynecological textbook noted, "[Hysteria] is one result of that hopeless contest with nature in which [women] are engaged who seek to unsex themselves by assuming . . . masculine privileges and modes of life . . . at the expense of that increased tendency to cerebronervous disorders."[5p311] Popular treatments for hysteria included douches, cervical dilations, ovarian pressure, intrauterine injections, cervical and vulvar application of leeches, clitoral cauterization, and bilateral ovariectomy.[3]

**Jean Charcot demonstrating during a lecture.** Courtesy of the National Library of Medicine.

## Causes…so saith Charcot

In 1878, French neurologist Jean Charcot (1825 to 1893) rejected uterine and sexual etiologies, attributing hysteria to neurological dysfunction. He noted an association with psychological trauma and a high degree of suggestibility in hysterics. He proposed that there was a hereditary predisposition to nervous degeneration, which was induced by an environmental trigger, usually a physical or emotional shock. He argued that men were also susceptible and published more than 60 case histories of male hysterics.[3] While Charcot found the entire range of symptoms in both sexes, he felt the settings in which hysteria occurred were different: in women, attacks usually followed an intense emotional incident that most often occurred in a domestic environment; men usually became symptomatic after excess working, drinking, fighting, fornicating, or following a traumatic accident in a public setting.[3] His observations implied that environmental and sociological conditions contributed to the development of hysteria.

Hysteria played a major role in the inception of Freudian psychoanalysis in the late nineteenth and early twentieth centuries. The first disease Sigmund Freud described in the terms of psychoanalytic theory was hysteria, and he proposed a new name, conversion disorder, for the condition. His 1894 description of the process of conversion stated, "In hysteria, the incompatible idea is rendered innocuous by its sum of excitation being transformed into something somatic."[4p371] Freud's "incompatible idea" often was felt to be a traumatic sexual childhood event during the "genital phase" of development.[4] Freud described hysteria both as a characteristic presentation of physical symptoms and as a personality style. He maintained the attachment of hysteria to sexuality, and his psychosexual theories are still debated today.

Towards the end of the twentieth century, new theories continued to arise, as did feminist perspectives on old theories. Hysteria previously had been presented from a male scientific perspective; the vast majority of medical anthologies on hysteria had neglected to discuss the experiences of the women who were being diagnosed. The feminist revolution in the 1970s brought forth a critical analysis of the history of hysteria from a female perspective, and much feminist criticism focused on Victorian-era physicians. One author opined that hysteria has represented "everything that men found irritating or irascible, mysterious or unmanageable, in the opposite sex."[3p68] During the Victorian era, doctors not only dictated what was considered "healthy" sexual behavior for women and men, but advised both sexes how to behave in general. Undesirable female behavior was frequently labeled

as pathological; women who did not adhere to strict gender roles faced psychopathological labeling and often harrowing gynecological treatments.[3] The feminist perspective suggests that hysteria often was not a disease at all, but a form of social control over women.

## I'm blind!

Recent scientific advances have helped to differentiate many organic disorders from hysteria: e.g., *clivus hystericus* often became identified with migraine; the Wassermann test, developed in 1903, detected syphilis; and the electroencephalogram, invented in 1920, illustrated the electrical disturbances characteristic of epilepsy. Contemporary descriptions of hysteria include signs and symptoms ranging from the somatic motor (paralysis, paresis, aphonia, impaired balance, pseudoseizures) to the somatic sensory (paresthesias, blindness, deafness, hallucinations) to the autonomic (urinary retention).[1,6,7] Symptoms of blindness and paralysis have been cited most commonly, with abnormal movements, aphonia, deafness, and pseudoseizures also being prevalent.[8,9] Symptoms are generally short-lived and usually respond to almost any therapy offered. Hysterical attacks are diagnosed more frequently in adolescent and young adult women, sometimes in association with the postpartum period, and seldom after age 35.[1,9] In men, attacks are most commonly seen in those with a history of industrial accidents and/or military service.[1,6,8] In both genders, low socioeconomic status, low intelligence quotient, rural residence, and an ill-defined hereditary link are associated factors.[1,6,8] The better educated the patient, the more closely hysteria simulates "real disease."[1,6,8] Recent treatments have included psychotherapy, hypnotherapy, and amobarbital interviews.[6,9] Long-term follow-up studies have shown that from 10 to 60 percent of patients initially diagnosed with conversion disorder ultimately are found to have an underlying organic illness that may have accounted for their original symptoms.[6,9]

Furthermore, while Freud's placement of hysteria under the domain of psychology continues to be accepted by many modern clinicians, recent scientific advancements are elucidating neurochemical influences on many psychological disorders. Given its malleable past, it is not surprising that biochemical theories of disease would be proffered to explain hysteria. Modern researchers speculate that hysteria may result from abnormal cognitive processing in areas such as volition, memory, and motor and sensory control.[7] Other recent etiologic hypotheses include corticofugal inhibition of afferent stimuli (producing a misinterpretation of somatosensory input), a difficult-to-detect organic brain disorder in its early stages, and a disturbance in arousal mechanisms.[6,9] Thus, in this century, as was true for earlier centuries, new explanatory theories tend to reflect the state of medical science and the extant culture.

Despite 4000 years of speculation and hypothesizing about hysteria, we still do not have a clear understanding of the etiologies, pathophysiology, and psychology underlying this condition. Nevertheless, the history of hysteria can teach us about many of the changing thoughts and practices during the history of Western medicine. Hysteria has been described in terms of religion, psychology, culture, sociology, philosophy, science, and feminism, with each perspective possibly tinged by fear, prejudice, and sexism. The history of hysteria may exemplify the importance of questioning how each era, culture, and scientific advance redefines health and illness, and how class, gender, and education can influence such diagnostic conceptualizations.

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