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Subject(ed) to Desire : Representations of the Diseased as the Norm

Mary S. Duffy

In the history of medicine the disease of hysteria has played a prominent role because efforts to identify its cause and treatment led to the development of the study of the psyche-psychology. The root of the word hysteria is the Greek hystera meaning womb or uterus and the disease has always been thought to be a feminine affliction although historically some physicians have allowed for the description of a similar male disorder as melancholia or hypochondria. Ilza Veith's *Hysteria: The History of a Disease* [1] exhaustively documents the evolution of hysteria from its description in the Egyptian Kahun Papyrus of about 1900 BC to the near present. Veith documents that for most of its nearly 4,000 years of study (by men), hysteria was assumed to be caused by abnormalities of the uterus – specifically uterine – migration to different parts of the body. The "wandering womb" would cause hysterical symptoms in whatever part of the body it took up residence : headaches in the head, choking in the throat, tightness in the chest, swelling in the feet...

The Kahun Papyrus describes 'a woman who loves bed; she does not rise and does not shake it.' The cure for hysterical fits was also the same over the millennia - foul odours applied to the nostrils to force the womb back to its appropriate location - sweet-smelling fumes applied to the vagina to lure the miscreant organ. Sneezing was also thought to have a salutary effect. The cause of the womb's peregrinations? Lack of sex. 1500 years later in his Timaeus Plato describes the perceived reason - not much changed from the days of the Kahun Papyrus:

'The womb is an animal which longs to generate children. When it remains barren too long after puberty, it is distressed and sorely disturbed, and straying about in the body and cutting off the passages of the breath, it impedes respiration and brings

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the sufferer into the extremest anguish and provokes all manner of diseases besides. Such is the nature of women and all that is female.'[2]

In her book *Perilous Chastity*[3] Laurinda Dixon outlines the history of hysteria in order to discuss the seventeenth century genre of *Lovesick Maiden* paintings popular in Holland. Dixon's analysis of these paintings, most notably those by Jan Steen, shows that the treatment for hysterical symptoms had evolved only slightly from Egyptian times. A material such as linen string is depicted smoldering malodorously in a small charcoal brazier to be inhaled at intervals by the afflicted woman. Rather than laying in bed she is seated, cushioned by pillows, in order that the womb might find its natural place with the help of gravity. A small child playing with darts brings to mind cupid and his arrows-an allusion to the ultimate cure for the invalid. Small, concerned dogs might infer that some kind of fidelity is an issue - perhaps this fit of hysteria was caused by the absence of a lover. But what is most striking to the postmodern feminist viewer and interpreter of these paintings and the cultural and medical paradigms they evoke is how predictable they are. Of course the maiden's problem is the lack of a man and a domestic sphere to call her own. It is hard to remember that Jan Steen's contemporaries could not have had this perspective. A woman of the seventeenth century viewing these paintings would have been fearful of illness and mindful of the message of how to avoid such a fate. But all the same, you can't help when reading Perilous Chastity to muse on how little things have changed.

In her book *Backlash: The Undeclared War Against American Women*[4] Susan Faludi begins her exploration of the current reaction against feminism with a description of the famed "Man Shortage" study and the explosive spread of the myth that women in their thirties who had forgone marriage for education and career had a statistically poorer chance of ever marrying than the women who had married young and put family ahead of non-familial achievement. Faludi shows that in spite of the fact that the study was flawed and contradicted by later analysis of the same data, the misinformation was propelled throughout a male-dominated media ready for such a story to put women in their place. Coupled with the infamously ticking 'biological clock' of the baby boom generation, the man shortage story added new stresses to the already pressed population of "emancipated" women. But then emancipated means women who compete directly with men.

In *Reviving Ophelia*[5] Mary Pipher builds on work done by Carol Gilligan and others to describe how contemporary culture is causing girls' transition from childhood to young womanhood to be a time of intense pain and suffering, a time of renunciation of self and adherence to societal norms. This time is described as one in which girls are alienated from themselves in favour of subordination to a culture dominated by men with the result of an escalation of incidence of depression and related eating disorders among adolescent girls.

Is it any wonder then that sales of anti-depressant medication have skyrocketed?

Hysteria's modern name, of course, is Premenstrual Syndrome , a catch all phrase describing (as did the term hysteria in the old days) as many as 150 symptoms ranging from water retention to psychosis. What is of primary importance is that only women can suffer from PMS. However, Susan Nolen-Hoeksema in her book *Sex Differences in Depression* analyzes various studies of PMS symptoms in which women describe their symptoms in relation to various times in their menstrual cycles. Her re-evaluation of published materials led her to write:

'The biological explanations of sex differences in depression have not been well supported. There is no evidence that women have a greater genetic predisposition to depression than men, and the hormonal explanations have received mixed and indirect support at best. To begin with, there does not seem to be as great an increase in risk for depression during periods of hormonal change as is commonly believed. ... Studies seem to find evidence of significant pre-menstrual depression only when women are made aware of the focus of the study. And the increase in rates of depression in girls in early adolescence is not associated with *menarche*. ... Social and environmental factors cannot be ignored as we try to explain the variations across groups in sex differences in depression.' [6]

I cite these disparate sources in order to provide a background for my thesis which is simply that women are driven crazy by the culture in which they are raised. There is evidence that this is true the world over, but I must limit my discussion to Western culture. I want to talk about Depression and it's mysterious shadow Dysthymia because of recent investigations done on the biological causes of these disorders. In discussing these related emotional illnesses I will confine myself to a particular expression of illness common to modern descriptions of depressive illnesses as well as the hysteria of old, women's presumed seductiveness and promiscuity.

Depression has only recently and in some ways incompletely attained the status of an acceptable illness. That is: recent breakthroughs in treatment have to some extent quieted the general assumption that the cause was a weakness of willpower and that depression was at base a defect of character. Although skepticism still abounds and is frequently voiced by those who question the wide-scale use of anti-depressant medications, the illness of depression is generally accepted as real. Depression's shadow Dysthymia on the other hand, is still relatively unknown. I first found the term used in the best-seller *Listening to Prozac* [7] by Peter D. Kramer and was intrigued. Although Dysthymia often is accompanied by episodes of major depression it stands alone as a disorder. The term was first used by Hagop S. Akiskal who describes the dysthymics as:

'individuals, who are introverted, obsessional, self-sacrificing, brooding, guilt-ridden, gloomy, self-denigrating, anhedonic, lethargic and who tend to oversleep, appear to be suffering from an attenuated but lifelong form of melancholia ... These dysthymic individuals were characterized by inability to enjoy leisure and over dedication to work that requires selfless devotion and much attention to detail.

However, this stable adjustment in the vocational sphere was not paralleled in social adjustment. The somber personalities and intense attachment needs of these individuals may drive others away. Such interpersonal losses then cause them to sink into the lower depths of black humor.' [8]

A characteristic of the dysthymic is that, while seeming to be possessed of a 'melancholic' temperament, she is still able to function normally, hold down a job, marry, and raise a family. But the quality of life is not the same as for those who are free of illness, and quality of life is nearly impossible to quantify. Michael T. McGuire a psychiatrist with the Department of Psychiatry/Biobehavioral Sciences at UCLA has attempted with various studies to do just this. McGuire created a center where two populations of women could be simultaneously observed and interviewed at regular intervals : forty six depressives and/or dysthymics between the ages of twenty and forty were matched with women of the same ages with no psychiatric diagnosis. His findings, as reported in Kramer, showed 'inhibition had social consequences. The dysthymic women differed from the control women in terms of access to life's bounty...Experimental subjects had significantly fewer friends, social contacts, and living offspring. They had significantly smaller incomes, and significantly less living space per household.' [9]

But why are some women dysthymic, indeed why are some people depressed and some not? I have a vested interested in asking these questions as I have suffered from both major depression and dysthymia and I am currently on medication for these illnesses. And I have a nine-year-old daughter whose well-being I wish to guard. I was convinced of the heriditability of a predisposition to depression a long time ago and would argue the point with therapists who dismissed my family history of suicide attempts and hysterical outbursts as 'socialized or learned behaviors.' Now the evidence of genetic vulnerability has been widely published.[10] However, it is not that simple. Something must trigger the vulnerability in order for the various manifestations of depression to become pronounced. That something has been described as 'kindling.' This concept was first developed in the 1960s by neurosurgeons interested in an animal model for epilepsy. Seizures are "kindled " in an experimental animal – usually a rat or monkey – by applying an electrode to a relevant part of the brain and passing current. If you pass a small amount of current, at first nothing observable will happen. After a series of intermittent small stimuli, the animal will have a limited seizure.

'If after an interval you again stimulate the sensitized site, less electricity will be required. With enough intermittent stimulation, the animal will exhibit more widespread seizures... in time the animal will start to seize spontaneously, with no stimulus at all.' [11]

Researchers found that this process of kindling actually caused the brain cells "downstream"...'those receiving signals from the electrically stimulated cells, to change anatomically' ... 'Some cells die: others "sprout", or change shape. Kindling rewires the brain.' [11]

Researchers, as reported in Kramer, have postulated that there is more than an analogy between mood disorders and kindled epilepsy: 'a progressive, probably lifelong disorder. It can be induced in normals. The induction can take place through a series of small stimuli, none of which at first causes overt symptoms. The latency to fully expressed illness can be long and the absence of overt symptoms is no guarantee that the underlying process is not under way' (11). Kramer goes on to describe kindling as a sort of 'scarring' and those who are 'physiologically sensitive' as being particularly prone to this scarring. He muses that 'perhaps sensitivity is memory as well...the memory of the body' as we might say 'the wisdom of the body.' This is well put I think-it is certainly my own experience. [12]

From the ritualized stigmatization of women as daughters of Eve throughout Judeo-Christian history through the present day, to the new custom of Friday Flip-Up Day [13] ,female members of our society have been and continue to be regularly shamed, humbled and degraded both in the tiniest increments and the grossest possible ways. But I wonder if the accumulated impact of all those tiny increments of torture aren't the most effective as they are myriad. Those most vulnerable will be most likely to succumb to gross manifestations of illness as in my family. But others will also bear scars.

Now I must discuss my own experiences - because it's what I know in my bones that counts. A few years ago I had a sudden downturn in my ability to regulate my moods in a major depressive episode. It was heralded by an extremely intense, unexpected sexual attraction to a total stranger. A man walked out of a door and WHAM! I was in love. I did not want this feeling, it was extremely creepy. I pushed the experience out of my mind and finally decided I'd had enough behavior mode and went on my knees to a shrink who gave me an antidepressant. It worked like a charm. Then I went on to try to figure out why. This paper is in part a result of this search.

The first thing I found documented in several places is that this reaction, described as seductive or promiscuous, has been noted in the literature. Whatever hit me was not given a name, but I did discover one description that described my feelings and then some. While not a common occurrence, this condition known as Hysteroid Dysphoria is a term describing:

'females whose general psycho pathological state is an extremely brittle and shallow mood ranging from giddy elation to desperate unhappiness. Their mood level is markedly responsive to external sources of admiration and approval. Such a patient may feel hopelessly bereft when a love affair terminates, then meet a new attentive man and feel perfectly fine and even slightly elated within a few days. Their emotionality markedly affects their judgment. When euphoric, they minimize and deny the shortcomings of a situation or personal relationship, idealizing all love objects. When they are at the opposite emotional pole, feelings of desperation are expressed very disproportionately to actual circumstances.

They are fickle, emotionally labile, irresponsible, shallow, love-intoxicated, giddy, and short-sighted. They tend to be egocentric, narcissistic, exhibitionistic, vain and clothes crazy. They are seductive, manipulative, exploitative, sexually provocative, and think emotionally and illogically. They are easy prey to flattery and compliments. Their general manner is histrionic and flamboyant. In their sexual relations they are possessive, grasping, demanding, romantic, and foreplay centered. When frustrated or disappointed, they become reproachful, tearful, abusive and vindictive, and often resort to alcohol.' [14]

As Kramer notes these women became characterizations of femininity, *femmes fatales*. Dixon notes [that] 'The same sentiment was echoed by two physicians in this century, who observed that the diagnosis of hysteria has always been "a picture of women in the words of men", a "caricature of femininity".' [15] And they also become more submissive to men, certainly no coincidence, but how far back into a woman's history must one go to find a smoking gun of repeated abuse – tiny increments of torture – that bring about a final loss of self that is so pervasive?

What I believe to be true is this that the malaise we have known variously as Hysteria, PMS, Depression, and Dysthymia largely have at their root the self-perpetuating myth that a woman can fit into this culture and stay sane. To be female is to be an outcast and to feel oneself to be an outcast, no matter how hard we try to tell ourselves differently. A million little slights, all more or less taking the same vein make our characters physiologically. The more resilient shrug it off. The more sensitive become characatures of the feminine. Some suppress emotions, become officious good girls, others act out as femmes fatales. Some succumb to depression or dysthymia-but who is unscathed? Women the world over live in a world that continues to ignore the fact of its inhospitableness to us and blame the physiologically determined psychological effects on our collective "nature."

The history of art is in part a history of the appropriation of women's bodies for the projection of male fantasies, wishes and denigrations. Dixon points out that Fragonard's playful painting *The Swing* is actually is an illustration a popular therapy for hysterics of the day. She notes 'Plato had recommended "a surging motion, as in sailing or any other mode of conveyance which is not fatiguing" as a cure for melancholia, and the Roman Soranus advocated rocking in a hammock.' (16) What on the surface seems to be a titilating view of a pleasant pastime is in fact a titillating view of a common anti-hysteric therapy.

In Theodore Chasseriaus' *Esther* the Old Testament queen is depicted in all her fleshy glory. He shows her as a glowing blonde, arms raised invitingly as she caresses her hair. She is attended by an Eastern and an African serving maid. Their darkness accentuates *Esther*'s radiance and singularity. She was, after all, chosen for her beauty and submissiveness after her predecessor fell from grace for expressing herself too clearly and for "dis"ing her lord. However, Chasseriau was certainly more interested in depicting the sensuous product of

12 months in scented oil than the queen whose judicious appeals to her Lord saved her people. Joshua Reynolds's *Cupid Untying the Zone of Venus* hardly needs discussion. What existence does this paragon of femininity have except to entice. Where is the dignity of the goddess of Love?

With the little time left I'd like to segue quickly into this century and consider portraits by the centrifugal masters who turned the corner into a freer handling of paint. Cezanne" portraits of his wife always showed a woman who could never quite look the viewer in the eye. The tension of the troubled relationship between the Cezannes hover in the corners of these paintings. Cezanne's portraits were reputed to have been painted with painstaking slowness and this is sometimes given as the reason for Madame Cezannes's blank expression. But she was also a beloved object, taken from the life of a Paris Artist's model to a Provencal tomb to be idolized by her husband, but unlikely to have been understood. Cezanne knew well how to paint a direct gaze...

Matisse was notable for his portraits of real and interesting women, but still it was primarily women's faces and bodies he used to break down the picture surface-benignly has he may have done.

I have always found Picasso less benign. I think we had to convince ourselves that his contorted and scrambled women-and men-weren't a little frightening for all their fascination. For him the painter's eye was all that mattered. Willem De Kooning continued the tradition of refining the female form – emptying it of complexity and establishing – or rather continuing – the parallel worlds of ennui and rage that outlined many women's lives.

To be fair, these elements were always present in their extremes in day-to-day life. Who were any of these men to have been able to see through the overwhelming forces of culture? They interpreted what they found in terms of - women as empty space, raging animal, coy seductress. And my choice for the most awful reduction of women in high art in this manner are Tom Wesselman's *Great American Nudes*. He totally empties the female form of anything not in a man's mind.

This paper was given at a SUNY 'Arts Now' conference panel in New York, 'Looking for Trouble: Reconsidering Dangerous Women' in 1988.

Notes

1. Ilza Veith *Hysteria: The History of a Disease*(Chicago, 1965)
2. Plato *Timaeus* Translated by Benjamin Jowett. (New York, 1949) p.74
3. Laurinda Dixon *Perilous Chastity: Women and Illness in Pre-Enlightenment Art and Medicine.* (Ithaca,1995)
4. Susan Faludi *Backlash: The Undeclared War Against American Women.* (New York.1991)
5. Mary Pipher *Reviving Ophelia.* (New York 1996)

6. Susan Nolen-Hoeksema *Sex Differences in Depression* (Stanford, 1990) pp. 75-76
7. Peter D. Kramer *Listening to Prozac*
8. Hagop Akiskal ;Validating Affective Personality Types' in Lee N. Robins and James E. Barrett (eds) *The Validity of Psychiatric Diagnosis* (New York: Raven Press, 1989) pp. 222-223
9. Kramer p. 169
10. A good discussion of this will be found in David B. Cohen *Out of the Blue*(New York,W.W. Norton, 1994).
11. Kramer pp. 110 - 111
12. Kramer p. 114
13. Friday Flip-up Day means that if a girl forgets that it is Friday and wears a skirt to school, boys are free to "flip" her skirts up, exposing her underwear! I have asked students at Middlebury College from various parts of the U.S. and this quaint "custom" seems to be widespread!
14. as reported in Kramer pp. 74-75, cited Donald F. Klein 'Approaches to Measuring the Efficacy of Drug Treatment of Personality Disorders: An Analysis and Program' in *Principles and Problems in Establishing the Efficacy of Psychotropic Agents* (Washington, D.C.: U.S. Department of HEW, Public Health Service No. 2138, 1971) pp. 187 - 204, quotation on pp. 194-195
15. Paul Chodoff and Henry Lyons *Hysteria, the Hysterical Personality, and 'Hysterical' Conversion* (1958) p. 739
16. Plato *Timaeus* (1949) p. 72, Soranus of Ephesus 'On Acute Diseases' and 'On Chronic Diseases'(1950) p. 47, quoted in Dixon pp. 232-233

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