



BEYOND THESE WALLS

CONFRONTING MADNESS IN SOCIETY, LITERATURE AND ART

HELEN GOODMAN
BERNADETTE V. RUSSO
JOANA ZÓZIMO

INTER-DISCIPLINARY PRESS

Beyond These Walls

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The Making Sense Of Hub
'Making Sense Of: Madness'



2013

Beyond These Walls:
**Confronting Madness in Society, Literature
and Art**

Edited by

Helen Goodman, Bernadette V. Russo
and Joana Zózimo

Inter-Disciplinary Press

Oxford, United Kingdom

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<http://www.inter-disciplinary.net/publishing/id-press/>

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Inter-Disciplinary Press, Priory House, 149B Wroslyn Road, Freeland, Oxfordshire. OX29 8HR, United Kingdom.
+44 (0)1993 882087

ISBN: 978-1-84888-203-4

First published in the United Kingdom in eBook format in 2013. First Edition.

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The Hysteric as Mad: Unfolding an Exquisite Corpse

Eleanor Bowen and Laura González

Abstract

Despite its disappearance from the diagnostic manuals and the consulting room, hysteria has had a recent cultural resurgence as films, books, and papers update its meaning for our society, marked by dissent, struggle and uncertainty. Its migration into new, more medically manageable conditions (including dissociation, conversion, or post-traumatic stress disorder) highlights the common elements to all forms of hysteria: a struggle with gender, a manifestation of symptoms in the body, and the asking of a question - *Che vuoi*, or, 'What do you want from me?' We put forward the idea that hysteria is a process, a state of mind, rather than a condition, and that its relationship to femininity and the body - following Juliet Mitchell's argument - is the reason it has disappeared from the medical vocabulary. Yet, this state captures something inherently human, ambivalent and conflicted. It names, defines and understands something elusive. Our chapter will question hysteria as madness in relation to an epistemology that, according to Christopher Bollas, is depraved.¹ Even though it seems to be a state impairing the mind's judgment as the body takes over, the psychoanalyst Jacques Lacan placed the production of knowledge within the hysteric in his theory of the *Four Discourses*.² The hysteric knows what the master, the university and the analyst do not. We will argue that hysteria as madness relates to the visionary aspect of the state, to the fact that hysterics articulate and know in the body, that which does not want to be known. In order to safeguard a symbolic universe, hysterics are labeled mad, possessed, delusional, or simply as acting out their symptoms. The outcome of this struggle is visual and performative, so we will draw on visual examples - from our production, and that of others. These implicate the body and the gaze, therefore, a witness, creating a space for discourse.

Key Words: Hysteria, madness, psychoanalysis, performance, photography, possession, drawing.

I watched Andrzej Zulawski's 1981 film *Possession* last night.³ I return to it often, about once a year, and, every time, I get stuck in the same scene. Although I watch until the end credits roll, my mind is thinking about a three-minute segment. Anna (or Helen, for this is a strange film), played by Isabelle Adjani, comes off a U-Bahn train. While walking on the underground passages leading into the street, something odd happens to her. The episode starts with laughter, which becomes more and more extreme. She throws herself against the walls and the floor. She is carrying some shopping, eggs and milk, which get spilled all over her. They even

come out of her mouth as she kneels on the floor, uttering guttural cries from her stomach and holding on to her blue dress, to the piece of fabric between her legs. This image of her, and the sound - which I can only describe as when laughter is not so funny anymore - haunt me for days afterwards. I am fascinated and repelled by it. I should not be surprised, for the film's title alludes to this. Possessions can be both liberating - for one can let go, let someone else do the work - and scary - for one is not oneself anymore. Yet her eyes, her mouth, her whole body, in fact, seem to react as if she suddenly attained insight, then and there. It feels as if she got a joke that no one else did; jokes, it is known, are a manifestation of the unconscious. She reminds me of Blanche or Augustine, Dr Charcot's star hysteric patients, whom he treated at the Salpêtrière hospital in Paris in the nineteenth century.⁴ Like them, Anna seems to know something that amuses her.⁵

I am looking at the kneeling figure of a girl in a drawing I made many years ago. The figure derives from an altarpiece by Grunewald, and is of such violence that I was riveted. I called my drawing *Possession*, asking 'Whose?' Now I am looking again and discover online that this image (which I took to be that of an exorcism) actually depicts a saint healing a young girl of epilepsy, a condition that, like hysteria, possesses the whole person through the body, and must, therefore, be itself possessed, cast out.

The saint's thumb locks over her lower jaw, opening the mouth, pushing the head back in a whiplash motion to release the demon. Her hands fly open, distorted and disempowered as the demon convulses heavenward. The demon itself is disempowered by a face-off with light as it emerges from the dark cavern of her mouth, smashing into daylight. The girl's eyes twist back and sideways as though something in her mind is convulsing also, turning inward.

In *The Invention of Hysteria*, Georges Didi-Huberman⁶ problematises the role of photography as deployed at the Salpêtrière to demonstrate the physically distorting symptoms of hysteria. I am looking now at a photograph of Charcot's patient, the fifteen-year-old Augustine, posed for a portrait *in her normal state*. Showing a slightly self-conscious adolescent girl, this photograph was taken to act as a measure for all of the others in which she appears convulsed in various states of hysteria.

However, photography then was a slow process, and states of 'normality' tended to be taken under the duress of waiting.

In the moments of waiting I try to do what he says but my arm and neck are aching, so I keep moving and that makes him sharp. 'Be yourself,' he snaps. And I am, but time is going by. My jaw hurts and my face is beginning to freeze.

When you go, leaving the chair (and a memory of somebody holding the back of your dress) you're so thankful to be away from the endless need of that man for your time, for you to 'stay just as you are.'

For what? What is it he's after?

‘What is it he’s after’ echoes the question Lacan put in the hysteric’s mouth: *Che vuoi?*, translated as ‘What do you want from me?’ It is addressed to the Big Other, whomever that might be.⁷ In your drawing, it could be a certain kind of knowledge, represented by the doctor, the voice of authority. The young girl might be a bona fide hysteric going through the epileptoid phase Charcot describes.⁸ Doctors used what they call *pelvic massages* to induce a *hysterical paroxysm* as potential treatment; a way, as it is put, *to release the demon*.⁹

Note that we are writing very defined gender roles for hysteria. Its feminine specificity, its relation to the womb, might be the main reason one cannot be a hysteric anymore, as the condition has left diagnostic manuals. Yet there were, and are, many hysteric men, although these tended to be called hypochondriacs.¹⁰ Others think that hysteria was just not a helpful word, given that its definition contained over seventy-five pages of symptoms.¹¹ It was just too much, so it was chopped up into sizeable chunks and replaced with the more medicalised terms *conversion*, *somatic*, and *post-traumatic stress disorder*. Nitza Yarom, however, writes that *hysterical* - a term she favours over *hysteric* - ‘... is a state of mind and an interpersonal, intersubjective event with unique characteristics.’¹² From this, it follows that hysteria might be inherent and possible in every one of us, given the right context. Therefore, the hysteric is not mad, just hysterical. Why then hide her, admit her long term at the Salpêtrière, or treat her as possessed, epileptic, dependent?

I do not want to deviate from the visual and into the psychological too much, for we are both artists who want to demonstrate that the visual and the hysteric can unveil knowledge. Did you know that Sam Taylor-Wood made a work on hysteria in 1997? Like your drawing, it has body but not voice. Someone has stuck a thumb in her throat¹³ but, like Anna/Helen, she also appears to be laughing.

In Taylor Wood’s eight minute film *Hysteria*, a woman laughs until she cries. The track is silent so we do not know what kind of sound (if any) is emitted.¹⁴ Sustaining this activity clearly strains the actor, and this shows in her physiognomy. Forehead, mouth and neck muscles clench, and, at times, she lifts her hands as if to hold her head in place.

As in previous works, Taylor Wood extends the photographic image, making it temporal, so, ‘laugh’ becomes laughing, ‘cry’ becomes crying. In so doing, she elicits *state* from *stasis*, *ek-stasis*. This is not a progression because it goes nowhere although one notices a turnaround in the woman’s demeanor, an entropic inwardness corresponding with the exhaustion of the actor. This is a breach in the image, a cutting off as if a giving up of the self. To what? To the director’s instruction, the demands of the role. Broken in two, she is beside herself.

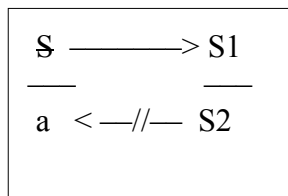
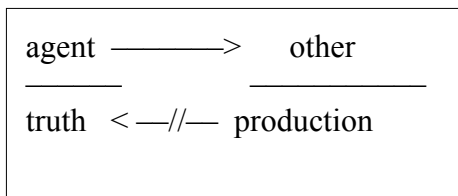
This is no commonplace piece of theatre. It is ecstatic Dionysian enactment. The god of wine and theatre is also the god of death, taking us out of ourselves temporarily, but returning us in the end. However, for many acting out at the Salpêtrière there was no return.

Didi-Huberman examines the same photographs, those 'indisputable documents'¹⁵ that Charcot used as proof. He detects a 'certain moment'¹⁶ when the mutual benefits of staging hysteria (life for the women, information for researchers, and stardom all round) produced a *paradoxical situation*. For the 'more the hysteric delighted in reinventing and imaging herself ... the more a kind of ill was exacerbated,'¹⁷ and 'consent turned to hatred.'¹⁸

In *The Cry*, Augustine is starting an attack, on her back, facing upwards with mouth open in a perfect crescent (somebody has blacked in the shape).¹⁹ In other images, such as *Ecstasy* and *The Call*, she is more specifically posed.²⁰ At first, inmates were complicit mediums for the voracious researching gaze, happy performing such subjects to camera, but Didi-Huberman believes there came a turning point.²¹ *The Cry* shows something real: she is '... wailing, madly crossing her legs, ripping at her straitjacket ... cutting herself off. A cry was the last place she could turn.'²²

From laughter to crying, from *ekstasy* to wailing, all in the space of three to eight minutes. How? Why? Hysteric patients have a reputation of malingering, of being untrustworthy, of inventing symptoms and talking nonsense. They were seen - and sometimes taken advantage of - but not heard.²³ Like Taylor Wood's video, their track is silent to others. Julia Borossa argues that hysteria comes from a relationship to gender where the sufferer is seen either to conform too well - a victim - or to reject her role - a rebel - and that it is this ambiguity of position²⁴ that provides the key to a state that is visionary, as I will explain. Possession is not only possession by a spirit. It can also mean custody and ownership. The hysteric has something the doctor wants, and this she both desires and rejects.

In his *Four Discourses*, Jacques Lacan ascribes knowledge production to the *Discourse of the Hysteric*.²⁵ This theory examines an agent in relation to an other in situations of conflict or power. He sets four stable positions and four wandering elements, which he assigns to the different places, usually through an anti-clockwise movement. The elements are: a split subject (represented by \mathfrak{S}), a signifier that does not make sense, a symptom (S1), knowledge (S2) and the object cause of desire (a).²⁶ This is what the positions and the Discourse of the Hysteric look like:



The hysteric speaks as a split subject (she knows this) from a position of desire.

She addresses her question to the other, her symptom, which binds her to who she is. One of the relations - between agent-hysteric and other-symptom - is impossible, and the second - the lower one, between knowledge and desire - is impotent. Knowledge is the product, but the product is lost.²⁷ How can the hysteric articulate knowledge other than through her symptom? What is she to do with that knowledge? Is the hysteric mad, or too dangerously insightful to be taken seriously? Perhaps this is the 'depraved epistemology' Christopher Bollas wrote about.²⁸ Still, this knowledge is a mystery, an effort not only to be seen, pretty as the symptoms are, but also heard. As Gérard Wajcman wrote, 'While knowledge cannot articulate the hysteric, the hysteric ushers the articulation of knowledge. Intending to talk about hysteria, we found that hysteria made us talk.'²⁹ We have become patients again.

So, my turn to reply.

Reply - *repli*, a folding back, withdrawal or return - like our conversation, which strikes me as being like little waves, over and back. Without an image, I am slightly panicky and wonder how to find a way forward. What you have given me is a backward/forward diagram, threading of articulatory. From this, I understand how the articulation of the split subject goes nowhere, for that which it addresses is the very symptom that portrays and betrays it. Like a photograph, it binds her to who she is, and the movement is circular. Seeking an image, I remember *The Waves*, Virginia Woolf's anti-novel which she envisaged as an image, setting off circular rhythms across the page like a little ship turning and turning. This (as Lacan would say, following the trajectory of discourse 'as a signifying articulation'³⁰) is language sent out, not in a linear way, but circulating, making sense, a rhythm of words with which Woolf articulates the tacit knowledge she calls *ecstatic*.³¹ Taken out of the big picture, it is a language of relations.

Richer's 'synoptic table of the great hysterical attack,'³² supposedly taken from the Salpêtrière photographs, is an index of tiny drawn shapes set out in columns, like a manuscript of some kind. Looking closer, it becomes apparent that these are women in various states of disarray. Shockingly, ridiculously mimicking, miming the classical paintings they see on the hospital walls - a benevolent goddess, or the Virgin Mary gazing heavenwards.

Then, getting desperate, or perhaps simply carried away, you are showing off, sticking your feet in the air or behind your head, doing a backward flip.

Manic, mad, insensible. The body's articulation here is (unlike the straight-forward line of Lacan's speech act)³³ distorted, speech-less. The line of articulation rebounds incessantly between subject (hysteric) and symptom (in this case represented by her photograph), yet we want to find in imagery a way out, a space for discourse, for the voice[s] of hysteria. Charcot's inscription of symptoms is a text that speaks in the doctor's voice: 'Période de clownisme, Période les attitudes passionnelles, Période de délire.'³⁴ Yet, she is miming something, 'The agent suffers the truth rather than delivering it.'³⁵

As a functionary of *truth*, the subject may expose truth by means other than speech. Charcot's pupil, Freud, picked up his master's baton, but instead of running forward, he realised he had to go back:

... Analytic experience is based on the fact that ... we do not know what we say: what we intend to say is not the truth of what we say: the agent of speech conveys a meaning unknown to him.³⁶

Now a series of staccato images, like a little filmstrip, comes to mind. First, there is my grandmother blowing raspberries in the middle of conversations, making silly noises, repeating what my grandfather says, incessantly, going on and on. Even as a small child, I am embarrassed on her behalf. It is not funny. Then, there is the catatonic wife of the angry guy in *American Beauty*, who says nothing and stares ahead indifferently, and the American housewife in *The Hours* (based on Virginia Woolf's *Mrs Dalloway*) who is reading *Mrs Dalloway* in the 1950s, and who bins a birthday cake in front of her young son. The filmstrip goes on, and still we are left with our question. How will the hysteric ever articulate knowledge other than through her symptom, and what will she do with that knowledge?

Writing, about hysteria is our symptom. What does this chapter want from us? We perform, to each other, and for others, in waves, like the hysteric attack. We go through the phases, the *Périodes* of Charcot,³⁷ but, after one spiral, we arrive at the same place. The arrows in the *Discourse of the Hysteric* have motion, but the double oblique lines make us retrace our steps, go back to where we came from. Each time you reply, I write 300 words and, because we have to stop our chapter becomes more a snapshot, an impression of the here and now, than a worked out solution to the problem of the hysteric and her knowledge. We could go on forever.

The hysteric may be considered mad, but in the strict sense of the term, she is not. She is neurotic, not psychotic; she has not foreclosed the reality principle. For Augustine, Anne/Helen and all the other hysterics in our conversation, the battle between reality and pleasure - the two principles of mental functioning³⁸ - is played out in their bodies, with reality swept under the carpet when they rebel, and pleasure mortifying them from the inside when they take up the role of victim. However, the conflict, both intrapsychic and intersubjective, is what brings unconscious knowledge, and that can also be found in the works of art we make, and in those discussed here.

What would you say if we gave voice to Sam Taylor Wood's video? Its lack still troubles me. By silencing her, she is made to look mad, but she is not. Here is my proposition: let us watch *Hysteria* with the soundtrack to Marina Abramovic and Ulay's *AAA-AAA*,³⁹ and, as viewers, return the voice to the woman while expressing our own in a kind of shouted conversation. If this had happened at the Salpêtrière, if Charcot, Freud, and the other [male] doctors had taken up the position of the one who is only *supposed to know*,⁴⁰ the history of hysteria might

have perhaps worked out differently, but we cannot change that. Let us listen and express at the same time. Let the sound move us. The encounter, I hope, will make us laugh and cry too. Thus, by living this experience in the body, by bearing this contradiction, we may come to know.

Notes

¹ Christopher Bollas, *Hysteria* (London and New York: Routledge, 2000), 19.

² Jacques Lacan, *The Seminar of Jacques Lacan, Book XVII: The Other Side of Psychoanalysis (Le Séminaire de Jacques Lacan, Livre XVII: L'envers de la Psychanalyse)*, ed. Jacques-Alain Miller, trans. Russell Grigg. (New York: W.W. Norton, 2007).

³ *Possession* [DVD], dir. Andrzej Zulawski, Second Sight Films, 1981.

⁴ Jean-Martin Charcot, *Lectures on the Diseases of the Nervous System, Delivered at La Salpêtrière*, ed. and trans. George Sigerson (London: The New Sydenham society, 1881). For an account of Blanche and Augustine, see Asti Hustvedt, *Medical Muses: Hysteria in Nineteenth-Century Paris* (New York: Norton, 2011).

⁵ Yet, this knowledge is not a secret, as in the case of cryptophores, but knowledge of a prohibition, as clarified by Nicolas Abraham and Maria Torok in 'The Topography of Reality: Sketching a Metapsychology of Secrets', *Oxford Literary Review* 2, No. 1 (July 1990): 63-68.

⁶ Georges Didi-Huberman, *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière*, trans. Alisa Hartz (Cambridge, MA, and London: MIT Press, 2003).

⁷ The Big Other, in the Lacanian canon, is the internalised voice of authority.

⁸ Charcot, *Lectures on the Diseases of the Nervous System, Delivered at La Salpêtrière*.

⁹ Rachel Maines, *The Technology of Orgasm: 'Hysteria', the Vibrator, and Women's Sexual Satisfaction* (Baltimore: The Johns Hopkins University Press, 1999), 3 and 68.

¹⁰ For a discussion of hysteric in relation to gender roles see, particularly, Juliet Mitchell, *Mad Men and Medusas: Reclaiming Hysteria* (London: Basic Books, 2000) and Mark Micale, *Hysterical Men: The Hidden History of Male Nervous Illness* (Cambridge, MA, and London: Harvard University Press, 2008). For male hysteria as hypochondria, see Sander L. Gilman et al., *Hysteria beyond Freud* (Berkeley: University of California Press, 1993), 13 and 293.

¹¹ Georges Beard catalogued the variety of these hysterical symptoms in *A Practical Treatise on Nervous Exhaustion* (New York: William Wood and Company, 1880), 11-85, and a discussion of them in relation to hysteria as a legacy diagnosis can be found in Laura Briggs, 'The Race of Hysteria: "Overcivilization"

and the “Savage” Woman in Late Nineteenth-Century Obstetrics and Gynecology’, *American Quarterly* 52, No. 2 (2000): 246-273.

¹² Nitzza Yarom, *Matrix of Hysteria: Psychoanalysis of the Struggle between the Sexes as Enacted in the Body* (London: Routledge, 2005), 3.

¹³ Slavoj Žižek analyses this stuck object in *The Plague of Fantasies* (London: Verso, 2008 [1997]), 277. Žižek further elaborates this idea in relation to the voice qua object, the voice that cannot burst out, ‘Grimaces of the Real, or When the Phallus Appears’, *Rendering the Real*, October 58 (Autumn 1991): 44-68.

¹⁴ Sam Taylor-Wood, *Hysteria* (1997), accessed January 23, 2013, <http://www.youtube.com/watch?v=vKAA9lgxges>.

¹⁵ Didi-Huberman, *Invention of Hysteria*, 287.

¹⁶ *Ibid.*, xi-xii.

¹⁷ *Ibid.*, xi.

¹⁸ *Ibid.*, xii.

¹⁹ Figure 45 in *Ibid.*, 113.

²⁰ *Ecstasy* is Figure 64 in *Ibid.*, 147; *The Call* is Figure 60 in *Ibid.*, 143.

²¹ Exploring this turning point is the main argument of Didi-Huberman’s work. *Ibid.*, xii.

²² *Ibid.*, 287.

²³ Julia Borossa, *Ideas in Psychoanalysis: Hysteria* (Cambridge: Icon books, 2001), 26.

²⁴ *Ibid.*, 51-53. She explains it as ‘hysteria manifested itself as both a pathological effect of patriarchy and its subversion’.

²⁵ Lacan, *Other Side of Psychoanalysis*. In the other discourses, desire (the Discourse of the Master), symptoms (the Discourse of the Analyst) and split subjects (the Discourse of the University!) are its product.

²⁶ *Ibid.*

²⁷ Bruce Fink, ‘The Four Discourses’, in *The Lacanian Subject: Between Language and Jouissance* (Princeton, NJ: Princeton University Press, 1995), 129-137.

²⁸ Bollas, *Hysteria*, 19.

²⁹ Gérard Wajcman, ‘The Hysteric’s Discourse’, *The Symptom* 4 (Spring 2003), accessed June 7, 2012, <http://www.lacan.com/hystericdiscf.htm>.

³⁰ *Ibid.*

³¹ Virginia Woolf, *The Waves* (Oxford: Oxford University Press, 1992).

³² Figure 46 in Didi-Huberman, *Invention of Hysteria*, 118-119.

³³ Wajcman, ‘The Hysteric’s Discourse’.

³⁴ Didi-Huberman, *Invention of Hysteria*, 292.

³⁵ Wajcman, ‘The Hysteric’s Discourse’.

³⁶ *Ibid.*

³⁷ Paul Richer, *Etudes Cliniques sur la Grande Hystérie ou Hystéro-Épilepsie*, cited in Didi-Huberman, *Invention of Hysteria*, 292.

³⁸ Sigmund Freud, 'Formulations of the Two Principles of Mental Functioning', in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol XII, ed. and trans. James Strachey (London: Vintage, 2001 [1911]), 213-226.

³⁹ *AAA-AAA* is a recorded performance by Marina Abramovic and Ulay, created in 1977. Its score, which Marina explains at the beginning of the video is: 'We are facing each other, both producing a continuous vocal sound. We slowly build up the tension, our faces coming closer together until we are screaming into each other's open mouths'.

⁴⁰ For a definition of the *subject-supposed-to-know*, see Dylan Evans, *An Introductory Dictionary of Lacanian Psychoanalysis* (London: Routledge, 1996), 199-200.

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beyond these walls

CONFRONTING MADNESS IN SOCIETY, LITERATURE AND ART

Listen closely. Can you hear the echoes of their cries resounding in the night, or is it the shrieks of the condemning? Perhaps it is the outrage of the masses at such weakness, or is it their fear? Madness: a diagnosis, a label, a construction of power, and, for some, a life sentence of isolation. The product of an interdisciplinary exchange spanning four days, this volume is a collection of those voices joined in dialogue who dare to consider the questions of madness. Come, join us as we explore, consider, and probe the boundaries of madness.

Helen Goodman is in the third year of her PhD in the English Department at Royal Holloway, University of London. Her thesis on madness and masculinity in Victorian literature and culture examines fiction, the popular press, medical writings, and archived medical records from London's lunatic asylums.

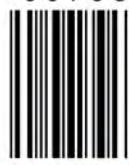
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ISBN 978-1-84888-203-4 £7.95



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Art cover | Diogo Landó
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