Medicine’s Hysteria Romance: Is It History or Legend?

There doesn’t seem to be anything medicine has not said about hysteria: it is multiple, it is one, it is nothing; it is an entity, a malfunction, an illusion; it is true and deceptive; organic or perhaps mental; it exists, it does not exist.

—Gérard Wajeman

THE DIAGNOSIS and treatment of hysteria have perplexed physicians throughout its medical history. Self-consciously exposing hysteria as the neurotic symptom par excellence that broadcasts the fallibility of any medical discourse seeking a cure for the vicissitudes and transformations of the body, the seventeenth-century physician Thomas Willis claimed, “If a disease of unknown nature and hidden origins appears in a woman in such a manner that its cause escapes us, and that the therapeutic course is uncertain, we immediately blame the bad influence of the uterus, which, for the most part, is not responsible at all. . . . what has so often been the subterfuge of so much ignorance we take as the object of our treatment and our remedies” (Foucault 1961, 138). The polymorphism and variability of hysteria’s symptoms caused the nineteenth-century physician Charles Lasègue to declare that hysteria had never been adequately defined, and furthermore, that no precise definition would ever be found by a physician (Israël 1976, 3). In a somewhat more nostalgic mode, but also addressing the mutability of this neurosis, Lasègue’s contemporary Pierre Janet felt that the word hysteria “should be preserved, although its primitive meaning has much changed. It would be very difficult to modify it nowadays, and truly, it has so grand and so beautiful a history that it would be painful to give it up” (Veith 1965, ix). Next, recognizing that the lack of a precise nosology could be a strength rather than weakness, the surrealist poets André Breton and Louis Aragon proclaimed hysteria the greatest poetic discovery of the nineteenth century (Aragon and Breton 1928).

This abundant and versatile nosological propositions led the historian Mark S. Micale (1995) to conclude, in his comprehensive overview of the medical literature on hysteria, that the extraordinary accumulation of meanings of hysteria over more than a millennium actually produced an interpretive overload: “Hysteria during the European fin de siècle came to mean so
many different things that by around 1900 it ceased to mean anything at all” (1995, 220). In other words, not simply the symptoms brought forth over the centuries by hysteria as a syndrome, but rather its discursive function within medical and aesthetic texts can be characterized and classified. Two striking features remain consistent within the protean history of this concept. First, the language of hysteria forces its investigator to realize he cannot define or identify his subject, and thus it demarcates the limitations of the system of representation that seeks to classify—and also produces hysterical symptomology. In response to the unanswerable questions “Is hysteria an illness like any other? Is hysteria an illness or not?” Etienne Trillat notes, “Hysteria, in so far as it is an illness, is a reduction, but also an original creation, the fruit of a process, of a type of thinking which, by drawing the thing it dreads into the interior of certain parameters, certain medical canons, transforms it into a perceptible object. Which is why it is quite in vain to ask oneself what hysteria might have been before the advent of medicine” (1986, 10).

In a sense the language of hysteria stages the performative quality of any syndrome; it presents a parody of psychosomatic illnesses, in the way Judith Butler has described for the construction of gender. Making the claim for hysteria that she makes for femininity, one might argue that symptoms assume a particular position within the parameters set up by any given medical nosology only as a performance. In other words, like gender, hysteria comprises what the physician chooses, dislocates, or excludes in order to support the position he seeks to ascribe to this disorder. The persistent inability of medical professionals to find a universal, systematic definition for hysteria ultimately illustrates that hysteria can have no autonomous and original identity outside its discursive formations. Instead, hysteria and its medical discourse are mutually constitutive. Hysteria exists only insofar as it results from a given network of medical, supernatural, religious, and aesthetic discourses, and it does so by marking the blind spot or impossibility of the physician's representational gesture.

Of course, nosology, like any other system of classification, must necessarily construct a class to encompass what does not fit anywhere else, that cannot be accounted for in any other of the classes. As Slavoj Žižek notes, every structure needs a class for what eludes the general and universal—the purely negative defined as being not x, not x₁, not x²—an element that reserves a place for what is excluded from classification and that marks the lack in and of the structure, its inconsistency. In fact, only when this paradoxical element is added can the structure be completed. The existence of a class whose definition resides in being purely negative is also the condition that makes all other elements in a given structure possible. Now, if the hysterical, as I have already suggested, defines her desire by trusting in her phantasies of happiness and plenitude, even while she insists that neither this desired object nor that desired situation is really it, so too the syndrome of hysteria is treated by its analysts and interpellators as that element which
explodes all other classes in the effort at classifying disease. It is precisely not this syndrome, not that disorder, and perhaps not even a sickness in the strict sense. The one question about hysteria that remains constant throughout the plethora of semantic encodings is whether to include it in a given nosological classification (whether it is called an observable somatic disturbance, an illness of the soul, or a sacred or supernatural phenomenon)—or whether it acts as the exclusion that grounds all other inclusions.

What also remains strikingly consistent in the medical history of hysteria, as Micale notes, is the “extreme, almost obscene interpretability” of what defies definition. Hysteria has elicited commentary in the most diverse historical settings and styles of disease reasoning: “The disorder has been viewed as a manifestation of everything from divine poetic inspiration and satanic possession to female unreason, racial degeneration and unconscious psychosexual conflict. It has inspired gynecological, humoral, neurological, psychological, and sociological formulations, and it has been situated in the womb, the abdomen, the nerves, the ovaries, the mind, the brain, the psyche, and the soul. It has been construed as a physical disease, a mental disorder, a spiritual malady, a behavioral maladjustment, a sociological communication, and as no illness at all” (1995, 285). In other words, while the individual hysteric daunts her physician because she exhibits an extraordinary ability to transform her symptoms according to any alterations in her psychosocial conditions, so too the syndrome of hysteria in general appears to adapt its symptoms to the prevailing ideas and mores in a given historical, social, and cultural context. To add one more area of discrepancy, while Micale concludes that hysteria, having exhausted its metaphorical potential by the end of the early twentieth century, receded rapidly from the medical, aesthetic, political, and social arena,2 the psychoanalyst André Green (1976) notes at the end of his overview, of then-recent psychoanalytic work in hysterical disorders that far from having disappeared, hysteria has merely adjusted yet again to the times; even at the end of the twentieth century it continues to live among us in travesty.

Defying any definitive nosology, hysteria is a neurosis that elicits two opposing responses. On the one hand, physicians argue that since it cannot be defined within the parameters of existing medical discourse, this psychosomatic disturbance is actually nothing. Lucien Israël calls this an attitude of rejection, one which claims that the illnesses brought forth by the hysteric are not real and that these patients, who make so much ado about nothing, in fact have no valid complaint. On the other hand, other physicians affirm hysteria by subsuming it among psychosomatic disturbances, claiming it is like any of these other neurotic disorders (Israël 1976, 3). Clearly these two attitudes, far from being mutually exclusive, are mirror images of each other. For even if hysteria is nothing in and of itself but rather mimics the symptoms of other diseases, the anguish, pain, and disorder that hysteria causes is real to its patients and their peers. At the same time, if hysteria should be taken seriously as a psychosomatic disorder as real as any other
neurosis, it also cannot be denied that its history within medical literature (as well as the cultural transformations of this discourse) is specific, if only because hysteria has repeatedly been the illness par excellence for drawing nosological lines of demarcation. Thus, as Israël notes, hysteria as a subject of medical history mirrors back to its interpellators and analysts—to us—precisely the same gesture of indecision that the hysteric’s unsatisfied desire also performs. It forces us to incessantly ask whether it is history or legend. Is it real or simulated? And what is the difference?

Micale highlights the simultaneous construction of demarcations and blurring of boundaries at the core of hysteria’s vicissitudes within medical discourse, suggesting the reason it is so difficult to classify hysteria is that it has two histories: a medical-scientific and a popular-cultural one. And while hysteria sometimes seems to be a metaphor or icon in visual and narrative arts, quite distinct from the nonmetaphorical concept of it in medical theory and clinical practice, these two realms usually prove to be intimately and inextricably entwined. As the protean and resilient mimetic force of hysteria infects the very discourses meant to contain and explain it, “the standard distinction between scientific and fictional texts dissolves and the traditional division within the history of science and medicine between professional theory, enlightened lay opinion, and popular belief is utterly untenable” (1995, 180).

I would add two other aspects that are crucial in hysteria’s murky interface between medical theory and cultural legend. For one, if hysteria is to be understood as the performance of a given historical moment, then the hyster's voicing discontent allows the critic to analyze what has gone awry in this particular cultural formation. For another, as Barbara Johnson notes about the interplay between allegorization and identity politics, “Just because identities are fictions does not mean that they have not had, and could not have, real historical effects. . . . It is just that the ‘cause’ of the cultural messages cannot easily be tied to intentions” (1994, 73). I will therefore briefly sketch some of the metaphors medical discourse has brought forth in its valiant effort to explain hysteria. I will follow Foucault’s argument in the Archaeology of Knowledge (1969) that statements distinct in form and dispersed in time form a group if they refer to one and the same object, yet it is also the case that the hysteric of ancient Greece is a differently constructed category than the hysteric on the eve of modernism.

At the same time it is worth remembering, as Martha Noel Evans has noted, that although the word hysteria derives from the Greek word for the womb, ustera, its neuter form usteron signifies what comes late or behind, what falls short or is inferior: “At the intersection of uterus and that which comes after, the neuter plural, usteria (meaning literally ‘things of the uterus’) signifies the placenta, or more precisely, the afterbirth” (1991, 4). From this etymology she deduces that hysteria is not only a knot that combines a scientifically observable manner of pathological behavior with a mythopoetic creation of language, an actual disorder with its verbal con-
struction, but furthermore, that, any discussion of hysteria is belated, coming after the spectacle its host performs: "The hysteria that generates theory is in a sense invisible, like the uterus, and can become known only as an afterbirth, as what comes after the mysteries of love—the product of the gendered encounter between theory and its object" (5). In other words, the discursive exchange I am interested in is one where the metaphors chosen by physicians are in part taken from cultural texts that were popular at the time, only to engender new cultural representations in turn. Hysteria, precariously negotiating the interface between mimesis, imagination, representation, and deception, involves not only a sympathetic correspondence between mental and somatic disturbances but also an identification between analyst and patient, whether this transference is based on supporting a mutual desire or sustaining a mutual dislike. Not the truth of any one definition of hysteria but rather that a wish for such a classification generated such a grand historical narrative is what interests me about the vicissitudes of this concept within medical discourse. What intrigues me is the richly resilient conversions and inversions that wish continues to find in cultural texts.

II

The story of hysteria's excessively abundant and diverse history within western medical discourses, which comes to mirror the mutable and intangible quality of this psychosomatic phenomenon, invariably begins with Hippocrates' treatise On the Diseases of Women. In it he introduces the association of hysteria with the female reproductive organs and defines it as a disturbance caused by the pathological peregrinations of a restless, dissatisfied womb. Considered to be a small, voracious animal, a foreign body that had dried up, lost weight, and come unhooked, this wandering uterus was thought to seek for nourishment throughout the body of sexually dissatisfied women, such as widows and spinsters. As a result, the uterus would upset the normal body functions by settling in improper sites, causing overall perspiration and palpitations. If it came to rest in the hypochondrium, an impediment of the flow of breath would result in epileptic convulsions, spasmodic seizures and suffocation. If it attached itself to the heart, the patient would feel anxious and oppressed and would begin to vomit; if to the liver, the patient would lose her voice and grit her teeth, and her complexion would turn ashen. If its motion was arrested in the loins, the patient would feel a lump on her side; if it settled in the legs or arms she would become paralyzed; if in the throat, she would experience strangulation. Finally, if the uterus mounted to the head, the patient would feel pains around the eyes and nose and feel drowsy or lethargic. The cure Hippocrates recommended—apart from a uterine fumigation meant to lure the uterus back to its proper place—was marriage. Yet this, Veith notes, "translates the sexual element, initially implied in the earliest concepts of hysteria, into tangible..."
terms” (1965, 13), a conversion on the part of the physicians that continued as the standard prescription for more than two thousand years (and that I will discuss, in another chapter, as the protective fiction favored by Freud in his case histories).

Just as crucial for Veith, the physicians of ancient Greece not only maintained the uterine origin of the hysteria syndrome, excluding it from the category of mental disease, but they also insisted on a natural origin over any divine or demonic causation. The belief that evil spirits were at fault, foreshadowed in the medical discourses of antiquity by the linking of hysteria to bestial instincts, did not take hold until monotheism supplanted the pantheism of ancient Greece, finding its first ardent proponent in Augustine. The earlier emphasis on dissatisfied sexuality as the primary cause of hysteria readily transferred to Christian notions of human suffering the manifestation of innate evil, a result of original sin. In the course of the Middle Ages, mental illness became coterminous with spirit possession—the devil tricking humans by taking over the imagination rather than the body—and hysteria came to be understood as the illness par excellence of the soul. Now the hysteric was no longer the sexually dissatisfied woman but rather a figure that appeared different than she really was, in the guise of a normal person when in fact she was the dangerous host of evil spirits. In her alliance with the unholy powers of the devil, the hysteric (who could be either male or female) was considered to be demonically possessed. In this configuration, as Trillat notes, medieval practice anticipates the writings of such Enlightenment physicians as Thomas Sydenham, in part because hysteria becomes linked with melancholia as a state of possession occurring whenever a vulnerable woman becomes the victim of her dark humors. At the same time, it is at this juncture, when hysteria came to be connected with demon possession, that the trace is set to knot hysteria with deceit. For Sydenham and many theorists after him, as I will show, the essential trait of hysteria is found in the patient’s ability to fool the physician, to simulate illnesses, to present herself other than she really is.

The crucial difference, of course, is that while the physicians of the early Enlightenment felt sympathy with hysterics, indeed to a certain degree identified with them, medieval culture transformed a medical question into a moral one and shifted all interest in understanding and curing into an issue of punishment. Nevertheless, these physicians and witch hunters also articulated the murky interface between body and mind, between true representation and the trickeries of simulation that would both fascinate and distress future analysts of hysteria. The medieval cultural assumption was that whereas the so-called healthy imagination represented material objects in shapes and figures that were clearly distinct from their point of reference, the devil presented these objects, insofar as he produced a hallucinatory scene, so that what was represented appeared to actually be present. Imagination perverted by the devil, for which hysteria came to be considered a perfect example, allowed one to believe that the deceptive image was identical with the object (Trillat 1986, 44).
The devil's deception goes in two directions. On the one hand, he tricks the hysteric into believing that the products of her imagination are real, while on the other, he deceives the world into believing those under his influence continue to belong to normal society. That the imagination thus led astray emerges as multifarious and chameleon-like is an equation that sub­tends the gothic literature of England (and also points to a much later phe­nomenon, which I will return to in discussing Cronenberg's postmodern, hysterical performances of the imagination gone awry). At the same time the deception raises the disturbing question of intent. For if the hysteric, with her imagination so disordered that phantasy and body language jarringly conflate, seeks to deceive, why express such excess in her performance? As with Woody Allen's Zelig, the chameleon hysteric, seeking to trick the inter­pellator into believing, presents a strategy noticeable as deceit precisely because it misses the mark, offering up a surplus in the mimicking and disclosing the simulation.

The central text of the inquisition, the Malleus Maleficarum (1494), argued that hysterics, exhibiting strange paroxysms, sudden and transient attacks of paralysis and body pains, partial numbness, mutism and blindness—falling into a trance and behaving in shocking, lascivious ways—were witches, whose bodies had been paralyzed and whose senses were bewildered by a spell cast upon them. As though in response to a salient symptom of medieval hysteria—strange confessions made by hysterics that included phantasies of intercourse with the devil—the proposed cure was interroga­tion, whose aim was to exact a confession from the possessed soul, and subjecting the hysteric to often cruel bodily investigations. Although physi­cians in the late-nineteenth century were no longer interested in punishing the hosts of evil spirits, art historian Georges Didi-Huberman has meticu­lously documented the influence that iconographic representations of demon possession did in fact have on the work of Jean-Martin Charcot, who sought to make tangible the hysteric's symptoms—their convulsions, stigmata, anesthesia—with recourse to the age-old metaphors transmitted from medi­eval culture. Indeed, one could view psychoanalysis as the hybridization of ancient and medieval medicine: namely, between an organic disorder that occurs when a foreign body takes possession of the human soma, on the one hand and a mental disorder that results when a person is possessed spiritually by a mental construct, a fancied voice emanating from outside of, or other to, the conscious, rational self. This slow merging of two initially dis­tinct attitudes began when early Renaissance theorists such as Paracelsus rejected the demonic model of explanation, returning to Hippocrates' dis­cussion of the altered womb as the cause of a loss of reason and sensibility (only to argue that one of the manifestations of the hysteric disorder was its inducing a state of unconscious phantasies where reason is taken and per­verted into an imagined idea) (Veith 1965, 106). As Trillat suggests, "If one was able to maintain that hysteria in the age of the Renaissance could pass as the daughter of the devil, this slightly diabolic daughter gave birth to a child at the beginning of the 19th century, which would turn into psycho-
analysis; all psychoanalytic theory was of hysteria born. Only the mother died after delivery” (1986, 212).

The turning point in medical discourses about hysteria occurred in the seventeenth century. Physicians such as Edward Jordan argued that although hysteria originated in the womb, it emerged only when vapors emanating from a disturbed uterus would ascend to produce symptoms in other body parts or when a sympathetic interaction between another organ and the uterus made the latter a partaker of grief. The faculty afflicted most often by emanations from the uterus or in sympathy with it was the brain; for Jordan, the perturbations of the mind were actually responsible for the disease, that is, not the uterus but the uesteria, the afterbirth, resulting from a sympathetic consent between organs. As the organ governing the imagination, reason, and memory, the brain’s sympathetic involvement with the disturbed womb would result in hallucinations, impairment of intelligence, or mental alienation. With the brain as controlling point for the five senses, the affliction resulted in loss of sight, hearing and anesthesia: as the organ monitoring body motion, an afflicted mind could understandably cause the spasms, paroxysms, palsy, fainting spells, convulsive dancing, and other motoric attacks for which hysterics had come to be known. Knotting together the dissatisfied womb with a brain that, in sympathy, comes to be equally dissatisfied, Jordan was the first to point out the interface between wandering desire and wandering phantasy, which was to become such a rich topos in romantic literature.

As Jordan’s contemporary Robert Burton argued in The Anatomy of Melancholy, calling hysteria the melancholy of maids, nuns, and widows, we are torn to pieces by our passions. The brain is troubled “not in essence, but by consent” with the vapours originating in the womb, “that inflammation, putridity, black smoky vapours, etc; from thence comes care, sorrow and anxiety, obfuscation of spirits, agony, desperation, and the like, which are intended or remitted should the amatory passion be aroused, or any other violent object or perturbation of the mind” (1621, 415). The symptoms he lists (uncannily presaging the ailments of Radcliffe’s gothic heroine, Adeline, in The Romance of the Forest) include diverse body pains, troublesome sleep, world weariness, discontent, a longing for solitude, despondency and despair, a proclivity for visions, and the sense of conferring with spirits while in a state of dissociation. Yet this distress exists only while the influence of the vapors lasts. Significantly, the afflicted, under normal circumstances, are pleasant and merry by disposition and cannot explain the origin of the symptoms that come on them so mysteriously, only to disappear as suddenly as they came. Burton’s argument is particularly interesting in that hysteria be seen as an illness by consent. Furthermore, he reflects on his own implication in his object of inquiry: for, arguing against enforced sexual abstinence only to conclude that the best and surest remedy for hysteria is marriage, he first recognizes the futility of prescribing a cure for women “that out of strong temperament, innate constitution are violently carried
away with this torrent of inward humours and though very modest of themselves, sober, religious, virtuous, and well given . . . yet cannot make resistance.” But he stops his narrative. Astonished, he notes, “But where am I? Into what subject have I rushed? What have I to do with nuns, maids, virgins, widows? I am a bachelor myself, and lead a monastic life in a college, it is certainly very foolish of me to speak thus, I confess ‘tis an indecorum . . . . Though my subject necessarily require it, I will say no more” (417–18). We are strangely reminded of Freud, of course, some three hundred years later checking himself similarly once he finds himself on a path that might lead far afield of his proposed theoretical trajectory.

Perhaps the most significant turning point in medical discussions of hysteria can be read in the writings of Thomas Sydenham, for whom hysteria was (next to fever) the most common disease of his time. Like Thomas Willis, he did not limit hysteria to women, maintaining instead that they were simply more susceptible to hysteria than men. He was not only the first—in his Epistolary Dissertation—to compare the multifarious and inconstant appearances of hysterical disease with the shapes of Proteus and the colors of the chameleon, but moreover he also included-hysteria among the afflictions of the mind: “The frequency of hysteria is no less remarkable than the multiformity of the shapes which it puts on. Few of the maladies of miserable mortality are not imitated by it. Whatever part of the body it attacks, it will create the proper symptom of that part. Hence, without skill and sagacity the physician will be deceived; so as to refer the symptoms to some essential disease of the part in question, and not to the effects of hysteria” (1679, 85). In other words, for Sydenham hysteria is baroquely representative; like an actor it can assume countless different figurations. Its symptoms not only appear in great and varied forms, but in so doing also follow no rules, instead making up a confused and irregular assemblage. Never ultimately adhering to any one illness, exchanging one symptom formation for another, this array of imitations of illness arises not from one organ but from the sympathetic alliance between the vapors and the brain as locus of the animal spirits. As Trillat notes, hysteria is not an illness like others for Sydenham, and it won’t readily fit into any nosographic system: it emerges superimposed on a parallel level; it imitates all other illnesses, it renders these in a deceptive guise. “Hysteria is the grand fallace (fallacy).” Its particular power resides in the ability to deceive, and a physician facing the deception nevertheless seeks to contain this strange phenomenon within the parameters of his respective medical discourse by reading it under the aegis of the phallus, that symbolic function that assures the difference between true and false, authenticity and simulation. For Trillat, then, the ambiguity of hysteria so poignantly articulated by Sydenham is that it is “a malady, which isn’t one, while being one. . . .” (1986, 54).

Sydenham describes physical disfunctions, pains, fits, and motoric disturbances noted by other physicians, but above all he distinguishes the mental anguish that seems far greater than somatic pain. By explaining that the
nature of the disease is first and foremost an incurable despair, which induces in the patient the sense of having to suffer “all the evils that can befall humanity,” Sydenham not only moves the seat of hysteria from the womb to the brain, but he also tacitly leaves behind the traditional explanation that sexual dissatisfaction is at the root of the hysteric attack. With the brain’s distressing insight into human vulnerability, Sydenham notes melancholic symptoms of “forebodings, brooding over trifles, cherishing them in their anxious and unquiet bosoms. Fear, anger, jealousy, suspicion, and the worst passions of the mind arise without cause.” When these patients feel joy, hope, or cheerfulness, they do so only at intervals “few and far between,” whereas both the joyful and the painful passions are indulged without moderation: “All is caprice. They love without measure those whom they will soon hate without reason. Now they will do this, now that; ever receding from their purpose” (1679, 89). Anticipating Freud’s discovery that our dreams broadcast to us a truth we cannot directly confront, Sydenham also traces the melancholic etiology of hysteria to the hysteric’s dream work: “All that they see in their dreams are funerals and the shadows of departed friends. Thus they are racked both in mind and body, even as if life were a purgatory wherein they expiated and paid the penalty of crimes committed in a previous state.” And like Freud some two hundred years later, Sydenham explains that those afflicted by hysteria are neither maniacs nor madmen but rather “persons of prudent judgement, persons who in the profundity of their meditations and the wisdom of their speech, far surpass those whose minds have never been excited by such stimuli” (89).

Agreeing with Hippocrates’ claim that the womb is the cause of innumerable sorrows and troubles, “in calculation (though not in the view of the nature of the disease),” Sydenham is saying that the symptoms are numerous and multiform, a “farrago of disorderly and irregular phenomena.” But for him the remote or external causes are overordinate actions of the body coupled with overordinate commotions of the mind “arising from sudden bursts of anger, pain, fear.” Thus, when a patient complains of an ailment he as physician cannot determine by the usual rules of diagnosis, Sydenham inquires about mental suffering: “I never fail to carefully inquire whether they are not worse sufferers when trouble, low-spirits, or any mental perturbation takes hold of them. If so, I put down the symptoms for hysterical.” Like Jordan and Willis, he explains the hysteric’s imbalance of the mind-body relationship as arising from a disorder of the animal spirits—yet not in the manner of an explosion. Rather, he postulates an economic model that Freud would ultimately return to. Attuned to where the body has already been weakened, the animal spirits leave their proper station and violently take over the vulnerable site. Sydenham’s discussion of an irregularity of the spirits, held at bay while both mind and body are firm and strong but brought into full force once mental or somatic constancy is lacking, anticipates Freud’s discussion of the foreign body wandering through the psychic apparatus and calling forth (in sympathy), somatic responses. These spirits,
after all, are messengers broadcasting a knowledge of vulnerability and mutability that is audible once the body and mind can no longer hold onto their protective shield of firmness and strength.

Rejecting both the sexual encoding of hysteria and its organic site in the womb, Sydenham concludes, “It is clear then, to me, that it is not any corruption of either the semen or the menstrual blood, to which, according to the statements of many writers, this disease is to be referred. It is rather the faulty disposition of the animal spirits,” of vapors led astray from their proper site in the body, activating the animal spirits in the brain to produce imaginations equally strange to the normal state of mind. The origin of hysteria is not lodged in the humors but because the organs are weakened, a disorder of the animal spirits can reign. As a cure he proposed purifying and fortifying the body and the mind by restoring the blood, so that the patients could withstand attack from foreign bodies working in sympathy with each other and prevent these spirits, vapors, and imaginations from even setting out on their faulty paths. In that sense Sydenham must be seen as a product of the baroque age, even if his dictum—that hysteria is chameleon-like and multiform—transformed the privileged definition of hysteria in the eighteenth century. Unlike his successors Whyatt and Cheyne, Sydenham incorporates a knowledge of death into his definition of hysteria, indeed recognizes that hysteria broadcasts a message about human frailty and vulnerability. Yet at the same time he, too, ultimately seeks to make the patient’s body and mind strong enough to resist this knowledge.

By the eighteenth century, the shift undertaken by Sydenham had become firmly entrenched. Transforming the discussion from vapors into hypersensitivity and excitation, hysteria gained recognition as a disorder of the nervous system. The symptoms that described hysteria now included some familiar ones but also new ones reflecting the rise of bourgeois culture: paroxysms, sudden sensations of cold, trembling, shivering, feelings of oppression and suffocation, physical pains that migrated from one place to another, fainting spells, lethargy, despondency, catalepsy, nervous asthma, nervous cough, giddiness, dimness of sight, ringing in the ears, delirium, hallucinations, amnesia, and a histrionic vacillation between laughter and crying. In contrast to Sydenham’s appraisal, however, which considered hysteria as common as fever and thus neither class nor gender specific, the new view of hysterical disorder limited it to a certain part of the population, those well-born and idle, of delicate nervous constitution, and sexually or socially dissatisfied (the latter no longer called spinsters or widows but mythomaniacs or nymphomaniacs). The hysterical of the late-eighteenth and early-nineteenth centuries was a sensitive creature, prone to dreaming, melancholic somnambulance, or febrile insomnia but also capricious, fantastic, unforeseeable, deceitful, and lustful. As the French psychiatrist Pinel claimed, she was the product of the conditions of the bourgeois family; a young woman was encouraged in her genital neuroses by an imagination obsessed with lascivious reading and resided within a domestic situation that imposed
severe restraint and a secluded life. She first found an outlet for her frantic desires in the habit of masturbation, then in lewd behavior, and finally in the hysterical fit.

In his study *Madness and Civilization*, Michel Foucault analyzes the transformation within medical discourses of the "classic age of hysteria," through which this psychosomatic illness came once more to be considered the feminine illness par excellence. The significant nosographic shift, according to Foucault, is that by the mid-eighteenth century, physicians were forced to admit their failure to define the organic reality of hysteria. Instead they conceptualized both hysteria and its masculine counterpart, hypochondria, as diseases of the nerves and as pathologies of the mind. Physicians of the Enlightenment felt completely safe in assuming that hysterics were young girls looking for husbands or young widows who had lost theirs, while they viewed hypochondriacs as individuals too much given to study and meditation. Thus, Joseph Raulin notes "this disease in which women invent, exaggerate, and repeat all the various absurdities of which a disordered imagination is capable, has sometimes become epidemic and contagious" (Foucault 1961, 139). Yet when it came to determining the actual disturbances in the qualities of the nervous fluids, the dynamic properties of other body fluids such as blood or lymph, or the secret nature of the chemical makeup of the body, only contradictory qualities annulling each other seem to have prevailed. "Hysteria," Foucault concludes, "is indiscriminately mobile or immobile, fluid or dense, given to unstable vibrations or clogged by stagnant humors" (142).

Faced with this impasse, during a century in which neither theoretical nor experimental innovation occurred in the area of pathology, physicians suddenly decided to replace the theme "of a dynamic upheaval of corporeal space," one that accepted the brain's controlling and distributing a disease whose origin was visceral by using a morality of sensibility. This change developed because physicians had decided to view hysteria as a *disorder* in which the body had become indiscriminately penetrable to the influence of animal spirits, that is, to the imaginations located in the brain: "the hysterical body was thus given over to that disorder of the spirits which, outside of all organic laws and any functional necessity, could successively seize upon all the available spaces of the body" (Foucault 1961, 147). This hysterical body emerged as a curious hybrid of real illness and deception. While the organic symptoms were imitations of all possible organic disorders, the actual defect lay in a derangement of internal mobility—in the disorder and excessive movement of the animal spirits.

The significant shift not only to a moral but also a gendered paradigm, however, ultimately took place as physicians claimed that "the more easily penetrable the internal space becomes, the more frequent is hysteria and the more various its aspects; but if the body is firm and resistant, if internal space is dense, organized and solidly heterogeneous in its different regions, the symptoms of hysteria are rare and its effects will remain simple" (Foucault 1961, 142).
1961, 149). Once the resistance of the organs to the disordered penetration of the spirits is aligned with notions about the strength of the soul, which keeps thoughts and desires in order, the spatial density of the body readily converts into moral density. Concomitant with this construction, the female body, by the mid-eighteenth century conceived as more delicate and less firmly constituted, (especially when a woman leads a soft, idle, and luxurious existence) readily exhibits a laxity of the heart. This, in turn, once more is somatically confirmed when an internal space becomes so permeable and porous that hysteria breaks forth. For Foucault, this conversion of Hippocrates’ metaphor of the perpetually mobile womb within the body into that of the body’s interior ruled by a lawless whirlwind in a chaotic space creates a situation “where a certain manner of imagining the body and of deciphering its internal movements combined with a certain manner of investing it with moral values” (150).

One other element supported the shift from a discussion of the dynamics of corporeal space to the morality of sensibility: sympathy. While earlier physicians such as Sydenham had argued that sympathy was at the root of communication between such distant organs as the womb and the brain, the physicians of the mid-eighteenth century, such as Cheyne, Whytt, and Cullen expanded the notion of sympathy to mean the faculty of feeling and moving. Accordingly, separate organs, communicating with each other, suffered together or reacted jointly to an external stimulus. For Foucault, however, Whytt’s claim that “all sympathy, all consensus presupposes sentiment and consequently can exist only by the mediation of the nerves, which are the only instruments by which sensation operates” illustrates that the nerves, far from being invoked to explain how movement or sensation is transmitted, actually serve to justify the body’s sensibility “with regard to its own phenomena, and its own echo across the volumes of its organic space.” Hysteria emerges not only as a disorder with sympathy gone awry, insofar as organs responding to each other and standing in for each other as Sydenham had argued, but, more crucially (and for the emergence of gothic literature even more significantly), it thus presupposes “a state of general vigilance in the nervous system which makes each organ susceptible of entering into sympathy with any other” (153). This exquisite internal sensibility—correlate to the image of the chaotic, porous interior body—once more functions as the organic metaphor for a moral value attached to the construction of femininity prevailing in the mid-eighteenth century. But the delicate and highly sensitive woman who suffers convulsions at the vivid description of a tragic event or faints at the slightest onset of pain is not the same person as Sydenham’s melancholic who holds onto the past, allows memory traces to flood her body and her mind, and becomes incapacitated as she confronts the truth of death’s presence in the world.

Instead, by the mid-eighteenth century the sensitive woman was imagined as being riddled by “obscure but strangely direct paths of sympathy . . . always in an immediate complicity with itself, to the point of forming a kind
of absolutely privileged site for the sympathies . . . radiating through the entire body” (Foucault 1961, 154). Her sympathy was not an empathy with vulnerability and loss, but rather the result of an almost hermetic rarification of the body. She was seen as frail precisely because her body listened only to itself, drawing all external stimulus into a dialogue with the self and indeed excluding all moments of difference. And once organic frailty, rarity, or excessive refinement had become the accepted definition, the feminine body could as readily be invested with moral values that veered toward the more mobile; thus, as Whytt claimed, the feminine body was more subject to the nervous disease of hysteria. If earlier theories of hysteria saw the body as the site of a womb gone awry or as the host for supernatural spirits seeking to take possession of it, this new formulation of hysteria presented “a body too close to itself, too intimate in each of its parts, an organic space which is, in a sense, strangely constricted,” that is a pathological proximity of the body with itself (Foucault, 154). In other words, while earlier medical discourses presented the hysteric as the victim of her crude body, with her psychosomatic disorder the violent response to a womb seeking satisfaction, the hysteric of the mid-eighteenth century fell ill owing to an abundance of feeling, an excessive sympathy with her environment, an uncurbed empathy for all that would move her body and soul—but a flow of organic and psychic energy that formed a closed circuit.

The correlate image to that of the feminine body’s tenuous fiber and delicate constitution once again spliced a psychological with a moral value. Women, made of frail fibers, were seen to have easily impressionable souls and unquiet hearts readily carried away by lively imagination; this two-fold sensation and mobility—of the organism and the imagination—came to account for their disposition to hysteria. At best, then, a notion of ideal femininity had been fashioned by the mid-eighteenth century, that rendered women as the more exquisite embodiments of the sensations of the soul. Yet, as Foucault concludes, the reverse of this feminine sensibility is the hysteric’s unconsciousness, fainting spells, dissociations, and hallucinations, altogether an overcharging of the soul’s capacity to feel that could lead to a complete extinction of all feeling. This construction of the hysteric as a victim of irritated nerves always had an implied moral judgment, as is clear in the equation found in the medical literature between the woman who cultivates affections, passions, and imaginations, for example by reading novels and the woman who loses all control over her sensuality and sensibility.

In the course of the nineteenth century hysteria came to be seen more and more as the inextricable knot between an expression of passion and a simulation of passion, where the body reproduced the texts it read or converted itself into a text of sorts. The psychosomatic expressions could be deciphered as sentences and scenes about psychic distress and social discontent that the afflicted women could find no other language to express. Hysteria produced both excessively excitable and histrionic patients, as well as lan-
guid and cataleptic ones. Exhibiting a helpless form of paralysis of the limbs, anesthesia of various body parts, uncontrollable coughing fits, trancelike states, and amnesia on the one hand, as well as a proclivity toward manipulation, caprice, seduction, and deception, on the other hand, the hysteric of the Victorian period further supported the notion that woman has a greater delicacy of the nervous system. Her emotional liability and suggestibility aimed at an incessant erotization of all social exchange, and she exhibited a more volatile and impressionable character, such that a want of proper work and physical exercise could make her prone to abundant sensibility and phantasizing, capricious role-playing, and errant sexuality.

Veith (1965) points out that the manifestations of hysteria changed from era to era according to the cultural mores and the state of medical knowledge, but that certain symptoms—convulsions, the globus hystericus, loss of consciousness, the acting out of possession and with it a variety of physical and mental delusions—kept returning. Edward Shorter contends that the unconscious, “not wishing to make itself ridiculous, brings itself medically up to date” (1992, 54). As medical theories themselves call the hysterical symptom into existence, these symptoms concomitantly change proportionately to scientific trends and shifts in medical paradigms, exhibiting a wonderful symbiosis between doctor and patient, with the patients’ perfecting the diagnosis of their physicians. Shorter’s claim about hysteria’s fickleness, aimed at supporting the physician’s good feelings—so as to keep alive his interest in the patient—illuminates another constant in the otherwise so protean chronicle of hysteria’s history, however: namely, this psychosomatic illness is represented by the phantasm of its interpellators. Rather than the physician’s admitting that he, the propagator of medical progress, does not understand, hysteria is consistently shown as cheating the rules of the medical game (Israël 1976, 6).

Veith also notes that hysterical symptoms “were modified by the prevailing concept of the feminine ideal”; in the nineteenth century women were expected to be delicate and vulnerable both physically and emotionally, and this construction of femininity was reflected in the disposition to hysteria (1965, 209). Indeed, when Otto Weininger asserted that “hysteria is the organic crisis of the organic mendacity of Woman” (1903, 359), he was merely repeating a cliche that had firmly engrained itself in the cultural image repertoire of late-nineteenth-century Europe. At that historical moment hysteria and femininity could be called coterminous precisely because both were construed to represent emotional volatility, exquisite sensitivity, emotional exhaustion, and a proclivity to contradiction, controversy, duplicity, and falsehood. Describing the aporetic exchange between constructions of femininity and of hysteria, Christina von Braun (1985) argues that in the act of diagnosing the hysterical syndrome, the physicians (who were, after all, representatives of the discursive prejudices or preferences of their times) came to project their historically specific imaginations of what the feminine body should be onto their patients. At the same time, one also finds
these imaginations reproduced by the hysterics themselves: in doing so, they
used their bodies to exhibit symptoms of psychosomatic disorder that only
served to exclude them again from being considered normal and possessed
of the ideal feminine body—which, ironically, they were supposed to have
embodied in the first place.

It is precisely this aporia at the navel of the history of hysteria—this
murky enmeshment of mutual consent, deceit, and mutual desire on the part
of the analyst, patient, and artists reproducing their exchange—that trans­
formed the Salpêtrière, Jean-Martin Charcot's museum of living pathology.
This most spectacular arena of hysteria became the site where Sigmund
Freud, observing the work of his colleague, first encountered the language of
hysteria that would lead him to that other scene, the unconscious, and with
it to the birth of psychoanalysis. Because I will discuss both Charcot's no­
sology and Freud's case histories in later chapters, I will cut short my over­
view of the medical literature on hysteria at this point. However, before
returning to the historical moment that is the subject of both this and the
next chapter, the shift from the late Enlightenment to Romanticism, I want
to highlight two currents that have thread their way through the otherwise
protean discourses on hysteria.

First, any discussion of hysteria lives off a hermeneutic project that itself
knots together two disparate strands. One thread of the discussion bases its
theories on observable phenomena that can be compared to other phenom­
ena; the other presents the most radical transformations in the writings on
hysteria occurring whenever the analyst was willing to embark into the area
of the imaginary, the world of the dream, into speculations about his pa­
tient's body interior and her subjective casting of the world—only to config­
ure this elusive illness as a communication with a representative of radical
otherness (be this a divine entity, a malign spirit, or the unconscious). This
discourse, furthermore, is located beyond the boundaries of consciousness
and the boundaries of the body—even as it so dramatically speaks in the
register of the body; it is a discourse that requires an interpellating Other
because it addresses itself to an audience, even as the message it bespeaks is
precisely not part of the world of normalcy, a discourse of the uncontainable
and intangible that by negation demarcates what is contained in such cate­
gories as the body or consciousness.

As Christina von Braun suggests, European culture traces a development
within the notion of subjective consciousness and identity that initially pos­
ts an I (ich), seeking to define itself by virtue of distinguishing itself from the
Other but also seeking to find itself confirmed in the existence of this radi­
cally different Other. This notion of the human subject came to be replaced
by a second construction von Braun calls the omnipotent I (Ich), having at
its disposal parthenogenetic powers because it can at will extinguish and
recreate the Other—and with this itself. This second subject formation (Ich)
conceives of itself as immortal, while the first subject formation (ich) is sus­
tained by a knowledge of its own incompleteness, its own mortality (1995,
Von Braun is interested in the hysteric's jarring imitation of identities projected onto and elicited from her pathological body because of the contradictions this performance of difference so resiliently highlights in the many theories about this psychosomatic disorder, allowing one to hear another voice behind the self-identical, omnipotent, phallic subject of European culture. The fallacy of the hysteric voice offers no direct access to the other, more originary form of identity (ich), which, as I have argued earlier, corresponds to the destructive enjoyment of the traumatic knowledge of difference that only psychosis could sustain. Yet it brings about an oblique articulation of difference, its simulation pointing to the inconsistency that grounds any definition of a universal subject—as it grounds any definition of universal normalcy. Reformulating von Braun’s argument slightly, I find it compelling that the chronicle of hysteria’s history is not really a linear progression from a time when the subject was able to live its difference and its mortality (ich) to the era when this traumatic knowledge had successfully been exchanged for the protective fiction of parthenogenesis (Ich). Rather, the transformation within medical configurations of hysteria illustrates that this other voice has always been audible, even while the attempts to convert it into a stable and definite object of nosology varied. The difference is simply that some physicians were more willing than others to listen to this message about the subject's fallibility and vulnerability.

Second, it is seminal to bear in mind that hysteria is not just an illness of imitation and of sympathy but more a maladie par representation, as Freud’s contemporary Pierre Janet (1894) termed it. It is the somatic voicing of traces of a psychically traumatic impact—be this sexual or melancholic—whose origin is unknown or repressed. As Roy Porter (1993) notes, the hysteria mystery is, so daunting, after all, because it hovers elusively between the organic and the psychological, muddling the medical and the moral and discrediting its own credentials as the hysteric articulation converts a traumatic impact into a simulation, into an unjust image that speaks obliquely and treacherously. Thus, to speak of hysteria as a malady of or by representation suggests two things. On the one hand, this disorder is constructed by the cultural images and medical discourses it imitates; on the other hand, it engenders condensed and displaced reproductions of an originary psychic disorder. With no organic lesions to be found and no initial trauma to be clearly determined, the body symptoms stand in for a disorder that cannot be located in the body, even as its message can be articulated only by proxy in the register of the body. In other words, to produce hysterical symptoms—be this the loss of consciousness, control over body functions, or control over the vagaries of the mind—is for those afflicted the only possible way to articulate a psychic disturbance, but the improper recourse to language of the body signals that the patient cannot effectively use symbolic language. As I will show in greater detail in discussing Freud’s case histories, these symptoms form sentences, such as resorting to a paralysis of the legs to express "I am caught in an emotional impasse," or resorting to a loss of the
self entirely or a split of the self into many roles for "I cannot live with the constraints imposed on my desire for self-development."

To speak of hysteria as an illness by representation means even more than focusing on the hysteric's being haunted by memories and stories she has incorporated and cannot shed, texts occupying her body as though it were their host and using her body to speak their alterity. Rather, as I argued in the introduction, one of the seminal definitions of the hysteric is that there is a noncoincidence between her self-representations and the being she really is, but in such a way that she not only plays roles, but that her existence resides in the performance of these roles. This is why (even as hysteria is connected with mimesis as mimicry, deceit, and simulation) one can isolate a distinct, indeed an authentic, voice emerging from the hysterical performance. To do so, however, means shifting one's critical point of view away from asking whether there is a true kernel of the self, which the hysteric is oblivious to or which she keeps hidden in the course of her public display. It means turning instead to the fact that the public display is the only way she can articulate her true self, even as she knows that this is a performance. As I will show with the spectacular self-display that young hysterics exhibited in Jean Martin Charcot's amphitheater during his infamous leçon de mardi, the extraordinary tales the hysterics produced for Freud as they lay on his couch in Bergstrasse 19, and the seductively fascinating self-fashionings poet Anne Sexton used to turn herself into a glamourous star in the wake of the Second World War, hysteric performance has always meant the public confession of an intimate trauma and of intimate phantasies. But this act of self-presentation has also always colluded with a given public's notions of what constituted a healthy body, a stable psyche, a safely contained imagination, or indeed a just representation of the self, on the one hand, and with what display of excess, abundance, difference, and disjuncture was necessary, on the other, to make these constructions hold.

III

Although by the end of the nineteenth century the concept of hysteria was as fatigued perhaps as the culture that had produced its symptoms (see the discussion of Wagner's Parsifal), the end of the eighteenth century marked a different, equally poignant, historical moment, given that the wish to discuss hysteria within the parameters of moral sensibility parallels the birth of the bourgeois family. In discussing the production of discourses on sexuality, Michel Foucault distinguishes four great strategic unities that emerged just before the end of the eighteenth century, claiming that these formed the specific mechanisms of knowledge and power centering on sex. The first, significantly, is the hysterization of women's bodies, which he describes as "a threefold process whereby the feminine body was analyzed—qualified and disqualified—as being thoroughly saturated with sexuality; whereby it
was integrated into the sphere of medical practices, by reason of a pathology intrinsic to it; whereby, finally, it was placed in organic communication with the social body (whose regulated fecundity it was supposed to ensure), the family space (of which it had to be a substantial and functional element), and the life of children (which it produced and had to guarantee, by virtue of a biologico-moral responsibility lasting through the entire period of the children’s education): the Mother, with her negative image of ‘nervous woman,’ constituted the most visible form of this hysterization” (1976, 104). As these strategic unities (along with the hysterical woman, Foucault includes the masturbating child, the Malthusian couple, and the perverse adult) turned into favored objects of medical, moral, and aesthetic discourses, thus simultaneously becoming “targets and anchorage points for the ventures of knowledge” (105), what was at stake was neither a struggle against sexuality nor an effort to mitigate and control it but rather the production of sexuality as a historical construct: “not a furtive reality . . . but a great surface network in which the stimulation of bodies, the intensification of pleasures, the incitement to discourse, the formation of special knowledges, the strengthening of controls and resistances, are linked to one another, in accordance with a few major strategies of knowledge and power” (106).

Foucault’s central argument is that once the deployment of sexual strategies came to challenge the hitherto dominant deployment of alliances (ie., kinship codes), the bourgeois family, with its husband-wife and parents-children axes, emerged as the point of interpenetration between these two modes. Indeed, after the eighteenth century, the family became “an obligatory locus of affects, feelings, love . . . the most active site of sexuality.” With this shift the issue of incest emerged as the central expression of the ambivalences in the interchange of alliance and sexuality. Incest—constantly solicited and refused—became “an object of obsession and attraction, a dreadful secret and an indispensable pivot. It is manifested as a thing that is strictly forbidden in the family insofar as the latter functions as a deployment of alliance; but it is also a thing that is continuously demanded in order for the family to be a hotbed of constant sexual incitement” (Foucault 1976, 109). As the deployments of alliance and sexuality became enmeshed, the family came to absorb and reorganize the threat that any intensification of the body initially posed to the system of kinship. But this shift also gave birth to the familiar figure of the family neurotic, the embodiment both “of an alliance gone bad and an abnormal sexuality.” This figure might be a nervous woman, frigid wife, indifferent or murderous mother, hysterical or neurasthenic girl, or a precocious and already exhausted child.

Foucault’s argument is particularly compelling in his emphasizing the gesture of duplicitous articulation. From the mid-eighteenth century on, even as the family proved to be the “keystone of alliance,” it also emerged as the “germ of all misfortunes of sex” and vice versa. The alliance system, threatened by an intensification of the body, learned to assert its interests in precisely the endangering order of sexuality. What emerged from this un-
happy but perhaps necessary marriage was a plea on the part of the family for assistance in its efforts to reconcile the conflicts between sexuality and alliance. Foucault calls this an elaborate "family broadcast" of its complaint, launched at experts (doctors, psychiatrists, priests) but also at the audiences of cultural texts, factoring and reproducing this complaint. His point is that these confessions assert that the family was the "source of a sexuality which it actually only reflected and diffracted" (1976, 111). However, applying Foucault's explanatory model to that of the hysteric daughter or son, one could also argue that having recourse to this psychosomatic disturbance allows the children to target the way the bourgeois family couples sexuality with the law of alliance, the way it sexualizes workings of kinship and incest.

I want to return to the notion of the performative, because the relation between the bourgeois family and the hysteric, confessing her complaint, is one of mutual implication and reflection. If the late-Enlightenment family couples the deployment of sexuality with the system of alliance, to avoid the risk "that sexuality would appear to be, by nature, alien to the law but rather constituted only through the law" (Foucault 1976, 113), the hysteric, I would argue, questions the legitimacy of the prohibitions and dictates of family law and its codes of sexuality, even while she articulates this complaint within this very discursive space. Like the family whose discontent she performs, the hysteric uses sexuality, an intensification of the body as site and language of self-representation, to prop up and regenerate the old deployment of alliance. And if her self-display aims to publicly confess her intimate trauma, to broadcast the family as site of the unhappy marriage of sexuality and alliance, it is intriguing that it becomes an endless and indeterminate vacillation. For as the hysteric uses her symptoms to keep reposing the question as to whether hers is a case for therapy or morality, she also keeps fluid precisely the boundary Foucault highlights between sexuality and alliance, that is, between personal and social illness. In that she always acts out her discontent in relation to the question of her position within family bonds, she insists on broadcasting the fact that to designate a disturbance as an illness of unsatisfied sexuality is always also an issue of social or family alliances.

In this and the next chapter the speculation I will pursue by exploring several texts from the end of the Enlightenment is the following: The hysteric uses her body, knotting together strife and gender, to articulate the difference at the heart of the family. She vacillates between accepting and questioning the paternal metaphor as the law dictating her being. As Jacques Lacan says, the hysteric places herself in relation to a figure of paternity, but her position before this paternal law is contradictory, both accepting that the question of her existence can be articulated only in relation to this paternal figure and perpetually renegotiating her relation to the other. This exchange takes the shape of performing the question, What am I? concerning her sexual designation and contingency in being. It means asking, on the one
hand, “Am I a man or a woman?” and, on the other, “Am I or might I not be?” The enmeshment of these two paradigms weds the mystery of the hysterical subject’s existence, “binding it in the symbols of procreation and death” (Lacan 1966, 194). Thus the question of her existence, repeatedly performed in relation to the paternal figure, will bathe, support, invade, and tear apart the hysteric thus forming the core of her protean, irritating resilience. She performs a disorder by refusing to undertake the so-called normal Oedipal journey, engaging with the paternal metaphor even as she makes manifest what is latent—the violence, sacrifice, and incest underlying the bourgeois family.

Catherine Clément (1979) was the first psychoanalytically informed cultural critic to analyze the libretti of classical European opera for family structures, incest, and the violence with which one generation follows another, as well as in relation to the punishment and eradication inflicted on those deemed abnormal or strange by a given community, those foreign bodies who transgress social laws. Opera enmeshes myth with history and stages love stories or family sagas to construct political narratives. It has recourse to old, mythopoetic tales, for example, about how a pagan, maternal principle of nocturnal superstition must be replaced by the paternal principle of diurnal reason or how polytheism must be exchanged for monotheism. Many of the operatic texts of the eighteenth and nineteenth centuries encode the violent struggle for power and the interchange between alliance and sexuality, beneath the surface of both the bourgeois family and its public counterpart, the European nation as a whole.

One of the key texts Clément isolates to support her thesis that opera stages such a politicized family affair is Emanuel Schikaneder’s libretto to Mozart’s The Magic Flute, which she reads as the rite de passage of two children who must learn to renounce the maternal principle and accept paternal law. Alongside this psychoanalytic narrative, however, The Magic Flute for her also celebrates the historical moment when the bourgeois ideology of a truly stable family unit is added to two existent family structures: the poor, peasant families, who lose their many children to the fatalities of life, and the rich, noble families, who care for their own by virtue of a complex system of alliances. This new sexualized alliance is one endowed with fewer children and dedicated instead to a contained and monogamous form of procreation. What Clément finds crucial is that this new construction of the family is so committed to eradicating those women who challenge their newly ascribed role as docile wives and daughters. The Queen of the Night, whose coloraturas signal a language of pure affect both terrible and brilliant, is barred from the portals of wisdom. Her daughter Pamina, taught to curb her loquacity and torn between her mother’s hysteric madness and her surrogate father’s Sarastro’s, mysterious process of examination, altogether gives up her desire to know what role her parents have designed for her. Instead she submits herself to the silent suffering that is the linchpin of the bourgeois conception of the submissive wife. Concluding her reading,
Clément claims, “If there is an opera which, with all its verbal and musical power, commemorates the symbolical suppression of women by men, that opera is called *The Magic Flute*” (1979, 147).

Though Clément’s reading is perhaps too reductive in its polemical gesture and too imprecise in its neglect of the Mozart score, I want, nevertheless, to follow her cue and examine more closely the part played by Pamina. For initially she is a resistant daughter, boldly questioning the mysterious priestly authority. Only at the very end does she relinquish expressing her discontent, transforming into the obedient daughter whose distinctive voice is silenced as it merges into the general harmonic configuration at the conclusion of libretto and score. Admittedly, Pamina is not yet a hysteric, though one could perhaps imagine her becoming one. Rather, her story sets up the narrative pattern that will structure all subsequent versions of what Foucault calls the family broadcast of its complaint. And at the navel of this story we find the hysteric’s strange performance of discontent, so resiliently proclaiming that even as the bourgeois family conceives itself as the happy and healthy result of a sagacious father and supportive, protective mother, in reality the paternal command of obedience is as inconsistent and violent as is the maternal demand for unconditional love.

In other words, *The Magic Flute* indeed performs a narrative manifestly meant to commemorate the image of the bourgeois family, namely, the story of how paternal authority, with sublimation serving as its chief weapon, requires a scene of matricide as the symbolic act of violence marking a triumph over those drives and affects that hark back to a destructive (because undifferentiated and uncontained) enjoyment before the world of symbolic laws, only to reencode this entire family affair as a political narrative about the replacement of pagan superstition by reason. However, if one reads the narrative of *The Magic Flute* against the grain (as Clément does not,) through the gothic rewritings of the bourgeois family story that were in a sense coterminous with its inauguration and whose interest lay in highlighting the horror that lurked from the start in the shadows of its enlightened claim for reasonable family bonds, a different interpretive narrative emerges. Clément merely mentions two moments that she believes “escape the misogynist imagination of their creator” (1979, 147): the duet in the first act when Pamina and Papageno sing about the luck of love and how man and woman should be complementary; and the duet when Pamina and Tamino declare their unconditional love for each other before Sarastro’s initiation trial again separates them. Against this I would argue (both perfidious to the Mozart/Schikaneder text and compelling) the fact is that nothing escapes the ideology of the bourgeois marriage it seeks to proport. Rather, the entire plot is skillfully structured on two radical breaks in the narrative that self-consciously perform the very fissures that were from the start written into the protective fiction of a reasonable exchange between alliance and sexuality. Even though familial harmony is established in the end, my argument is that this text not only consciously articulates the violence necessary
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for the bourgeois family to be born, but that it also makes equally obvious the scars that remain once parturition has occurred.

A friend, describing his impressions as a twelve-year-old seeing The Magic Flute for the first time, assures me that the mysterious break in the opera when the Queen of the Night suddenly turns evil, not only stunned him but also left him totally confused. Occurring unexpectedly and left unexplained, this sudden shift of sympathy against the Queen of the Night is never really recuperated by the rest of the story; it remains an ever subtle trace of disjunction even after her voice has been silenced. Schikaneder and Mozart initially present her as the good, valiant, protective mother who convinces Tamino to save the daughter who has been stolen from her by Sarastro. They passionately recall the scene of maternal disempowerment, where she could only watch as Pamina, trembling, terrified, and struggling, called to her mother to save her (“Mit bangem Erschüttern / Ihr ängstliches Beben / Ihr schüchternes Streben / Ich musste sie mir rauben sehen: / 'Ach helft' war alles, was sie sprach”) [“With terrified tremor / her anxious shudder / her timid attempts / I had to watch as she was stolen from me: / ‘Help’ was all that she could say”]. As her three attending ladies present Tamino with the magic flute, the fetish object meant to protect and empower him, they sing of a world where deceit is overcome, where love and brotherhood replace hatred, defamation, and melancholy. Indeed, Tamino becomes omnipotent with the flute in hand; it is endowed with the power to change human passions, transforming despondency into joy (and converting bachelors into lovers). Though the flute will ultimately be used to support Sarastro’s paternal law, which declares fortitude, patience, and reticence (“Sei standhaft, duldsam und verschwiegen!”) [“Be steadfast, enduring and reticent”] the cardinal virtues, it actually represents precisely the fluidity and malleability the father’s dictate lacks.

Furthermore, once Pamina appears on stage, having again failed to flee her imprisonment in Sarastro’s palace, she does not so much lament the possibility of her own death as that her mother might die of grief over the loss of her daughter. Indeed, she calls to her warden Monostatos to kill her because he represents a world incapable of love (“O lass mich lieber sterben / Weil nichts, Barbar, dich rühren kann”) [“oh, let me die / since nothing can move you, you barbarian”], and in the language of hysteria that her gothic brothers and sisters will imitate to perfection, Pamina faints. She stages not only her impotence before the rigidity of paternal authority but also, more disturbingly, her desire for self-sacrifice, for the archaic destructive enjoyment the maternal realm represents. As she wakes from her dream, she quite explicitly addresses the junction between her desire to return to her mother and her desire for death (“Mutter-Mutter-Mutter. Wie? / Noch schlägt dieses Herz? / Noch nicht vernichtet? / Zu neuen Qualen erwacht? / O das ist hart, sehr hart! / Mir bitterer als der Tod”) [“Mother-mother. What? My heart is still beating / Not yet destroyed? / Awakened to new anguish? / Oh this is harsh, very harsh / more bitter than death”]. That Pamina
should voice this traumatic knowledge before her encounter with Papageno, who tells her about Tamino’s love for her, only further supports the alternative narrative that I suggest is told in the *The Magic Flute* alongside the official one seeking to justify the harshness of paternal authority. For this sequence of events allows me to speculate that the love story Papageno and Pamina bespeak (“Wir wollen uns der Liebe freun / Wir leben durch die Lieb’ allein”) [“We want to joyfully partake of love / We live only through love”] functions like a protective fiction, not only standing in for lack, given that at this point both feel utterly abandoned, but more importantly shielding from and containing her desire for the other, destructive enjoyment.

As we discover during the conversation the Queen of the Night has with her daughter in the second act, Sarastro had been a close friend of the family; when the King had died, he had left all his material possessions to his wife and daughter, but bequeathed to his friend power over the day, the all-consuming sevenfold orb of the sun, which Sarastro now wears on his breast. To his astonished wife he had explained it was her duty to submit herself and her daughter to the guidance of this wise man and his all-male club of initiates. Yet what mars the superficially reasonable last will of the dying father, as we discover in the course of the narrative, is that Sarastro is anything but a benign ruler. Indeed, recalling the gothic world of Matthew Lewis’s *The Monk* and Charles Maturin’s *Melmoth, the Wanderer*, Sarastro’s domain includes slaves and prisoners who are tortured, impaled, or hanged (though these scenes of horror occur behind the stage), and his chief warden, Monostatos, is ready to commit both sexual abuse and murder. Even the rite of initiation is tainted, for, as Tamino discovers, the ordeals, or tests, of these Masonic-like rites are so severe that some aspirants have died in the process.

Uncannily anticipating the lustful uncles and paternal friends who will reappear in the stories Freud’s hysteric patients tell him, Sarastro abuses his power of surrogate father, bestowed on him at the deathbed of his friend, when he steals Pamina from her mother. Claiming at first that he feels morally obliged to remove her from the dangerous sphere of maternal influence, he recodes this act in explaining to Tamino that the theft was the necessary precondition for bringing the two lovers together under the aegis of the bourgeois marriage he seeks to inaugurate. For, in actuality, he wanted to enjoy her in a scene of incest that sexualizes the deployment of alliances along the lines Foucault describes. His representative, the Speaker, tries to convince Tamino that the Queen’s version of the story is merely the concoction of an idle woman (“Ein Weib tut wenig, plaudert viel / Du Jungling, glaubst dem Zungenspiel”) [“A woman is idle, chatters much / you, youth, believed the play of her tongue”], using the language of simulation and deceit that has, as I have already sketched, a long tradition in the medical literature of hysteria. Indeed, the Queen of the Night is rendered in exactly the terms of the hysteric, making much ado about nothing, tricking the prince into believing she has been abused though her complaint is without
substance. Yet only shortly after this speech by the King’s Speaker, Schikaneder/Mozart include the scene where Pamina challenges Sarastro and points out the underlying inconsistency of his authority. For while the ideology he espouses insists on the reasonable curtailment of instinct, desire, and violence, on the exchange of nocturnal irrationality and mystery for the clarity of day, he himself is not free of these nocturnal drives. Pamina, who trusts in friendship’s harmony as the only guarantee of worldly happiness, also insists on truthful action. Confronted by Sarastro after her flight has been intercepted, she courageously admits to having committed a crime, in seeking to flee his power, but also insists on her innocence, by implicating the warden whom Sarastro had assigned to her (“Der böse Moor verlangte Liebe / Darum, o Herr, entfloh ich dir”) [“The wicked moor desired love / because of this, oh Master, I fled from you”]. It is at this point that Sarastro, in turn, obliquely acknowledges his own incestuous desire for Pamina, for while she accuses his representative Monostatos of untenable sexual advances, he applies the complaint to himself. By negation, thus, he admits what had been his real intention, yet he also insists on his authority (“Zur Liebe will ich dich nicht zwingen, / Doch geb’ ich dir die Freiheit nicht”) [“I will not force you to love me / but I also will not give you freedom”]. Indeed, he ultimately renounces Pamina only by releasing her into a second alliance, the marriage, which occurs not only within his exclusive and unconditional realm of power but also only after the completion of a ritual he has designed for the couple. It is seminal for my alternative reading, however, that to the end Pamina holds onto two desires. Even as she recognizes in Tamino the embodiment of her love (“Er ist’s!”) [“It is he!”], she does so only after her defiant attempt to defend her duty as a daughter and her insistent declaration of her longing for her mother (“Mir klingt der Muttername süsse”) [“I still hear sweetly my mother’s name”] has been twice interrupted by Sarastro’s rebuke proclaiming the impropriety of maternal authority, (i.e., the necessity for paternal mastery over women’s passions).

At the beginning of the second act, Tamino, having clearly changed camps, is now willing to support Sarastro in his battle to pit the light of reason against the maternal forces of the night. Sarastro in turn explains to his initiates the design he claims to have had in mind all along and denies his earlier confession to Pamina. His theft of her, he explains, was from the start intended to forge the Tamino-Pamina couple as a last bulwark against the proud mother, whom he describes as vaingloriously seeking to bewitch the populace with her deception, tricks, and superstition. Throughout his exchanges with Tamino, Sarastro (repeatedly prescribing reticence over loquacity) defines manhood as fortitude against the wiles of women (“Weibertücken”). The language Sarastro uses to describe the Queen of the Night in all these instances resonates with phrases used to describe hysterics—possessed by evil, demonic spirits, seeking to trick and beguile the world. Indeed, once the distraught mother appears, her coloratura-studded aria, calling for unconditional revenge, now refutes the image of the protective
mother conveyed in the first act. As she gives her daughter a gift—significantly not an enchanted flute that can bring out the protean quality in the world but rather a dagger meant to kill Sarastro once and for all—she embodies pure destructive jouissance unleashed on the world ("Tod und Verzweiflung flammet um mich her!") ["Death and despair enflame me"]). Hers is now a sternly relentless command to steal the orb of the sun and to relinquish Tamino, whom as a member of the initiates her daughter may no longer love; she threatens that if Pamina does not kill the priest Sarastro (commit patricide), she will relinquish all natural maternal bonds to her ("Verstossen sei auf ewig, verlassen sei auf ewig") ["Be forever rejected, forever abandoned"]).

Yet to me, Clément's reading of the Schikaneder/Mozart libretto overlooks a fact that is far more disturbing than any purely misogynist statement would be: namely, that Sarastro's paternal law is as tainted as the queen's maternal demand. His enlightened project of the marriage between Tamino and Pamina is explicitly shown to be based on a lie; the theft of Pamina was first and foremost intended to satisfy his own incestuous desires. Furthermore, his law is harsh, inflexible, and indeed merely the mirror inversion of the queen's relentless demand for revenge. After all, the initiation trial requires complete obedience unto death ("Dich allen unseren Gesetzen zu unterwerfen / und selbst den Tod nicht zu scheuen") ["To subject yourself to all of our laws / and even not to fear death"]). In other words, only those who subject themselves unconditionally to his dictates and codes can enter the temple of wisdom, while those who do not accept his teaching are vengefully excluded from the category Sarastro designates as human ("Wen solche Lehren nicht erfreun, / Verdiener, nicht ein Mensch zu sein") ["He who has not pleasure with such teachings / does not deserve to be considered human"]). Based on this totalitarian law of universality, the Queen of the Night, her three attendant women, and Monostatos are finally cast into hell, no longer like the hysteric who has no clear classification but can alternate between being protective and destructive, they now are clearly stereotyped as the embodiments of evil that must be sacrificed for the order of the initiates to stand phallically erect against all fallacious powers of the night.

As Nikolaus Harnoncourt explained in liner notes to his recording of The Magic Flute in Zürich in 1987, in this manifestly misogynist opera in which neither of the parents is morally blameless, the queen harbors a mortal hatred against the man who has betrayed her, and Sarastro is neither as virtuous, devoted to truth, or sagaciously protecting all forms of life as he repeatedly claims, the only person who remains flawless and pure is, oddly enough Pamina. Indeed, while she cannot convince herself to kill Sarastro, she also cannot give in to Monostatos's demand for love, even after he has threatened to kill her. Furthermore, she continues to plead in favor of her mother once Sarastro finds out about the murder plot, although she knows her mother's desire is criminal. What perhaps makes Pamina the only truly compelling figure in The Magic Flute, I would suggest, is the following tragic
irony. Although her actions ultimately support Sarastro's symbolic universe with its exclusivist law, she does not act in reference to his word, which she has already disclosed as inconsistent. Rather, in contrast to Tamino who will only speak to her once Sarastro's representatives allow him to do so, she acts ethically, in reference to the judgment her own heart dictates and, to use Lacan's definition of the ethical act, not compromising her desire, even if this act suspends the symbolic network of paternal laws. This ethical desire is not the narcissistic desire for plenitude, represented by the birdman Papageno seeking relentlessly to satisfy his pleasure and procreate himself once he has found his Papagena, nor the traumatic desire for revenge seeking to utterly destroy the symbolic network, represented by the Queen of the Night. Rather it is a desire for law that vexes and challenges the confines of the existing law, that acts against its inconsistencies but from within, not beyond, the symbolic realm.

Slavoj Žižek argues in relation to Kantian ethics that the moral subject, under the laws dictated by the interpellating Other, remains forever plagued by uncertainty. Even as the subject abides by the prescribed dictate, she has no guarantee of having truly understood the desire of the Other. Žižek therefore locates guilt in an acceptance "that the big Other exists in the guise of a transcendent agency which plays a perverse game of cat and mouse with us, knowing very well what our duty is yet concealing it from us, letting us grope around and make blind guesses" (1996, 171). In Schikaneder's libretto Sarastro purports to be precisely such a transcendent agent, inserting the lovers Pamina and Tamino into a intentionally obfuscated Masonic rite of passage that insists that ignorance and blind trust is a requirement for the entry into the temple of wisdom. An ethical act that does not compromise desire, however, occurs because "we leave the domain of superego guilt behind the moment we become aware that the Other itself does not know what my duty is" (1996, 171). Pamina's attitude is ethical in that she recognizes the inconsistency of the paternal figure of authority, although she is willing to acknowledge the duty he prescribes even as she also insists on following an obverse duty toward her mother. She acts as she does, not from any pressure exerted by the voice of consciousness, the paternal voice of Sarastro, but simply because she cannot act otherwise.  

Thus, just after the finale to the second act has begun, and once Tamino has abandoned her to undergo the final stages of Sarastro's ritual tests, she embraces the death she imagines will also be his fate. With the dagger meant for Sarastro in her hand, she sings her only aria, passionately addressing this instrument of death as the only bridegroom available to her ("Du also bist mein Bräutigam?" ["You then are to be my bridegroom?"]), painting in desperate but longing language her marriage with death. At this moment the two desires that have driven her conflate, for her suicide addresses not only Tamino but also her mother. In other words, she seeks death because her lover has appeared treacherous ("Falscher Jüngling, lebe wohl! / Sieh, Pamina stirbt durch dich") ["False youth, farewell / Look, Pamina dies for
you”), seemingly able to leave her without confessing his love to her, and she cannot deflect this narcissistic wound or convert love’s grief (“Liebesgram”) into hatred. Yet seeking death is also the gesture of reconnecting with the maternal figure and represents the lure of the total self-expenditure. The dagger, given to her by the Queen of the Night, proves to be a symbolic umbilical cord that fatefully draws her back into the traumatic knowledge of destruction the mother embodies. Overdetermined, the despair she feels is both the result of Tamino’s unconditional surrender to Sarastro’s laws and the result of her mother’s relentless curse (“Mutter, durch dich leide ich, / Und dein Fluch verfolget mich”) [“Mother, through you I suffer, / and your curse haunts me”]. Indeed, one could even conflate the two bridgegrooms into one, given that the Queen of the Night first sent Tamino to Pamina and only replaced the first gift with the dagger once her first emissary proved unreliable.

With this configuration Schikaneder’s libretto sets up the paradigm of the bourgeois family narrative, which historically is to be followed almost immediately by a gothic broadcast of its complaint. On the one hand we have the son, compelled to follow a paternal authority that runs counter to his sentiment, who abandons his beloved in favor of the call of duty, even if this means death (a trajectory so brutally brought to its logical conclusion by Mary Shelley in *Frankenstein*, where the solitary hero will destroy his entire domestic world as he relentlessly pursues his scientific project). On the other hand we have the daughter, willing to sacrifice herself for love and to follow the path of her mother who found recourse in madness and self-destructive passion as answers to the treachery committed by her husband and then his representative (a narrative abundantly filling the pages and stages of the nineteenth century, from Sir Walter Scott’s *Lucia di Lammermoor* to Edith Wharton’s *Lily Bart* in *House of Mirth*: Bronfen 1992).

It is at this point in the opera that I would locate the second seminal break, for although Schikaneder/Mozart prevent tragedy, they do so by showing that the alternative is a totalitarian harmony barring all differences. Pamina is distracted from her suicidal desire by the three boys who assure her that if she were to see Tamino, she would realize that he, also, loves only her (“Denn er liebet dich allein”) [“For he loves only you”]. She follows them to the final scene of Tamino’s trial, the walk between fire and water that leads into the temple of the initiates. As he is about to embark alone on this path, she calls to her lover to stop. Significantly, Tamino will speak to her and indeed confess their love is mutual only after the two accompanying, armed men allow him to do so and only because Pamina’s willingness to sacrifice herself now makes her worthy of the paternal cause he has dedicated himself to (“Ein Weib, das Nacht und Tod nicht scheut, / Ist würdig und wird eingeweih’t”) [“A woman, who fears neither night nor death, / is worthy to be initiated”]. Pamina, in turn, willingly interpolates herself into his ritual (“Ich werde aller Orten / An deiner Seite sein, / Ich selbsten führe dich / Die Liebe leitet mich”) [“At all places / I will stand by your side, /
while I myself led you, / love leads me"). She stands by his side, indeed leads the way, as they walk the dangerous path, and she suggests he play the magic flute to protect them. Both are now united under the aegis of Sarastro's paternal authority, and having curbed their drives and affects, having learned sublimation, they can leave the nocturnal and maternal realm of destructive jouissance ("des Todes düstrente Nacht") ["the dismal night of death"]). This symbolic matricide is then literally fulfilled when two scenes later the Queen of the Night, along with her attendant ladies and newly won ally Monostatos, is plunged into the endless night, successfully banned from the sun-filled stage.

But an unbreachable difference has developed in the bourgeois couple, about whom Jacques Lacan has so apodictically said that the imaginary love between man and woman does not work. For their bond of love has not resulted from a dialogue. Rather, it has grown from the subjection of both lovers to a third position, the paternal law. This peripeteia, through which Pamina's desire for death converts into the protective fiction of the bourgeois marriage but which bars any future, unmediated communication between the two lovers, is poignantly supported by the transformation occurring in Mozart's score, as the Andante (B major) anticipating their journey through fire and water turns into the March (C major) celebrating their triumph over all perils. At the beginning of the scene, Tamino and Pamina express their fortune in seeing each other again. Their duet is structured as a dialogue, and they almost never sing together. Vocally they either echo one another or interlace their mutual declaration of love, while Pamina further embellishes her joy with grace notes and coloraturas. As they bespeak the journey they are about to undertake ("Wir wandeln durch des Tones Macht,/ Froh durch des Todes düstrente Nacht") ["Supported by the power of the musical sound we wander / happily through the dismal night of death"], the harmony of their mutual undertaking is still articulated in two separate voices, supporting each other yet also distinct. Furthermore the voices of the two lovers, singing contrapuntally, are pitted against the two voices of the armed men who resolutely sing together (homophonically).

After the march has begun, and once Pamina and Tamino have successfully entered the domain of Sarastro's temple, their voices again replace the sound of the enchanted flute. Yet as they describe their triumph over fire and water, using the same words with which they embarked on the final stage of their rite de passage, they sing everything in parallel sixths and tenths, now fully supporting the harmonic unity without counterpoint or embellishment. Furthermore, while in the Andante both lovers had been supported colla parte by the first and second violins, their voices are now supported colla parte by wind instruments, Pamina by the oboe and Tamino by the bassoon, in a harmonic unity encompassing a greater tonal range than at the beginning of the ritual. In other words, they no longer alternate in singing their duet, but rather blend their voices perfectly, together and with the orchestration. However, in so doing they have given up their individual voices, so that
on the level of the libretto their unity is performed under the aegis of paternal dictation, and on the level of the score their independence is resolved into a dominant (harmonic) chord.¹⁵

This harmonic solution of the score and the libretto nevertheless leaves us, as spectators, with a certain sense of unease. For, after all, how wholesome can a family bond, representing the sexualization of alliances under the strict law of a paternal authority, be if it requires not only the unmitigated expulsion of those elements that disturb Sarastro’s order but also a willful blindness toward the tyrannical aspects of his rule? Seeking to refute the reproach of misogyny that has so often been launched against this opera, the Lacanian critic Michel Poizat describes the narrative trajectory of The Magic Flute as “the peaceful journey—with all that this implies in relation to loss, suffering, and even a certain violence—which leads from the place of mortifying enjoyment (jouissance mortifère), of neurosis, indeed psychosis and imaginary passion, to the place where a desire has been recognized and accepted, which allows both man and woman to fulfill themselves beyond destructive phantasms” (1991, 225). The fact that the Queen of the Night, who had initiated the relationship by giving Tamino a portrait of Pamina, disappears is final proof for Poizat that at the end of their trials the two lovers have more than a phantasmatic relationship.

My own reading is concerned less with arbitrating this dispute than showing that, whichever way one decides the case, something disturbing remains. While it is true that the destructive enjoyment sustained by the maternal realm with its phantasmic structuring of desire must be contained with the help of symbolic laws, so as to prevent psychosis, it is equally true that the symbolic realm also remains precariously fallible, not because it contains a figure like Monostatos, as Poizat notes, but because it seeks to subject difference into harmony. As in my reading of the conflict between Gaia and Apollo, which actually traces a similar mythopoetic pattern, I suggest shifting our critical interest to what remains after parturition, for one final point must be made about the maternal gifts that circulate within the opera. If I have spoken of the knife as a symbolic umbilical cord, drawing Pamina back into the destructive maternal realm, then the flute is its inversion. Significantly, it is Pamina who insists Tamino should play the magic flute to protect them as they cut through the crevice between the two mountains—and in doing so symbolically cut the umbilical cord that connects them to the Queen of the Night. On the other side of matricide, the magic flute functions like the omphalos, a fetish object that moves from one domain of power to the other, representing and annihilating, the maternal authority, as Poizat notes, a “fatal attraction and the bearer of the breath of life” (1991, 226). But I would add that like the omphalos, the flute is an insignia within the realm of paternal authority, and it also bears the message that the traumatic knowledge of destructive enjoyment this order seeks to repress will inevitably return. It is the knotted scar on the symbolic body of the Pamina-Tamino couple that emerges after the Queen of the Night has been jettisoned off, the
navel that in one and the same gesture buries and commemorates the maternal loss. Its voice, so uncannily resembling the highest notes of the queen’s coloraturas in her aria of revenge, encrypts what has no designated space within Sarastro’s realm.

Indeed, if any one voice in the opera can be designated as hysteric it would be the sound of the flute, for even as Tamino plays it to tame the perilous elements (and thus confirms Sarastro’s designs), it remains a duplicitous instrument. Ultimately it will enchant, regardless of who its master is, and just because it has been so successfully appropriated by Tamino to work against the Queen of the Night is no guarantee its power might not at a later point work in the other direction. As pure music in serving more than one master eludes any one exclusive and unconditional symbolic encoding, so too the flute bespeaks the maternal power that can never be fully eradicated, but it does so like the *hysterus*—as an afterbirth.

IV

Having presented *The Magic Flute* as a paradigmatic for illustration of the birth of a family narrative, whose discontent the hysteric begins to proclaim at the end of the eighteenth century, I want to turn to a historical case, the story of the hysteric Maria Theresa von Paradis, a contemporary of Mozart. In the next chapter, I will move on to the gothic rewriting of this family broadcast. Admittedly my presentation of this case history is framed by my interest in hysteria as a disturbance of the voice, of body movements, and of mental states expressed without directly naming the difference what has been left so violently unarticulated within the bourgeois family. Broadcasting the message of a family gone awry from the moment of its inception, the hysteric’s scenario yet remains within the familial, discursive parameters. One could say, the hysteric performs an illness in and of the family, dismantling the notion of harmony between the familial sexuality and alliance, even though her complaint involves incessantly rewriting the family narrative. She uses the dysfunction of her body to return to phantasy scenes of the family that point simultaneously to the uncanny difference at its center and to her conviction that this familial difference can be arbitrated. In other words, if the hysteric is the one in the family who performs the internal fissure, if she unremittingly insists that something is amiss, she is also haunted by the phantasy that she could embody what is lacking in the figure of paternal authority and make the family whole.

Maria Theresa von Paradis, named after the Austrian Empress in whose court of justice her father, Joseph Anton von Paradis, served as a civil servant, was born in 1759. During the first three years of her life she appeared to be healthy though prone to infections, only to wake up one morning in her fourth year unable to see. While her parents initially thought this disorder would pass as quickly as it had come, they proved to be wrong. She
remained blind, forced to adjust herself to her affliction. At the same time
her father soon recognized her great artistic talent and drew upon the most
prominent Viennese musicians to train her. Under the tutelage of the virtu­
oso Leopold Kozeluch, who composed several concertos for her, she learned
to master the piano and organ. Vincenzo Righini trained her voice, while
Antonio Salieri and Carl Friberth taught her dramatic composition. At the
age of eleven, accomplished enough as a musician to entertain the royal
family, she was awarded a pension by the Empress, to compensate her for
her disability. By the time she was eighteen and able to perform more than
sixty piano concertos by heart, she came to be esteemed by the Viennese
public as the blind pianist.

Still, her parents continually sought the help of physicians, who had spec­
ulated that the disorder was either the result of an apoplectic fit resulting
from gout or that it had been caused by nocturnal anxiety. With no improve­
ment in sight, they finally recognized that because the optic nerve had clearly
remained undamaged, hysteria was the real cause for Maria Theresa's blind­
ness, though they could neither determine the origin of the symptom nor
designate a cure. An amazing alteration did occur, however, when the par­
tents turned to Dr. Franz Anton Mesmer, known for his work with animal
magnetism. Believing that diseases were the result of an imbalance in the
universal fluid of the human body, which regulated the relation of the soma
to its cosmic influences, he had developed a cure that most of his peers con­
sidered to be the machinations of a charlatan. In order to bring his patients,
who were predominantly women, in contact again with the cosmic source of
these fluids, he would place them into a somnolent trance or "mesmeric"
sleep, hoping that once in this state, the body would, like a magnet, attract
the cosmic fluids and set the imbalance right. From these trances, his patients
would awake refreshed and healed (Veith 1965, 221–223), a practice Jean­
Martin Charcot, Joseph Breuer, Sigmund Freud, and Pierre Janet were to
have recourse to when they began to use hypnosis to treat hysteria, roughly
one century later (Tatar 1978).¹⁶

In his Memoirs Mesmer recalls having diagnosed the eighteen-year-old
Maria Theresa Paradis at his first encounter with her in 1777; "It was a
complete amaurosis attended by spasms in the eyes. As a consequence, she
suffered from deep depression and from obstructions of the spleen and liver,
which caused her to go into transports of delirium bad enough to make her
fear she was losing her mind" (1779, 40). Up to this point in her life, Maria
Theresa had been subjected to a variety of somatic treatments, ranging from
bleedings, purgings, and blisterings to wearing a plaster helmet and under­
going electrotherapy. Mesmer, by contrast, was fully intent on curing her
blindness by addressing it as a hysterical, not a somatic, disorder; he there­
fore dispensed with all these operations and instead concentrated on build­
ing up trust between himself and his patient. Having achieved this, he began
stroking and touching her with his hand and his wand, and sought (as many
psychoanalysts would do after him) to reproduce the moment of traumatic
impact, so that in a state of utter vulnerability Maria Theresa could receive the healing flow of animal magnetism. Of course, we have only Mesmer’s account of the curative process, making it impossible to discover what really happened during these sessions and whether there was scientific validity to Mesmer’s treatment. The facts of the case, however, do corroborate that Maria Theresa demonstrated an almost miraculous improvement. Owing to previous therapies, her eyes had become horribly swollen and distorted, forced out of their alignment. Within a very short period Mesmer had restored her eyes to their normal position, and as Maria Theresa came more and more readily to respond to Mesmer’s suggestion, indeed learning to induce an autosuggestion of her own, the symptoms of hysteria also began to clear away.

Yet healing, as Jacques Derrida has so astutely noted for the notion of the pharmakon, is a sword that cuts both ways. Depending on its dosage and on the condition of the body receiving the treatment, one and the same substance can either harm or cure. In the case of Maria Theresa von Paradis, as her optic nerve was resuscitated, the prickling she felt made her head jerk and caused her to suffer recurrent attacks of vertigo. She had the sensation her head was spinning because she could not adjust to the information her eyes were sending her brain after so many years of seeing only darkness. Though throughout her illness Maria Theresa had apparently wanted to be cured, now that something like a cure was about to take place, she began to be disturbed by the thought of a life different from the protective darkness she was familiar with. To be able to see was unfamiliar, perhaps the uncanny return of a psychic state her blindness had allowed her to contain, and it was threatening. As my discussion of Zelig sought to demonstrate, any alliance between analyst and hysteric is sustained by a mutual desire for improvement, which is why the analyst is so prone to be duped by the transference of his patient, who, if she is both intelligent and submissive, will produce the symptoms and narratives the physician wishes to receive from her to confirm his treatment. While it was probably only Maria Theresa’s faith in Mesmer that allowed her to overcome any doubts she may have had that the cure was what she really wanted, one might speculate that regaining her vision was in part the result of her shift in interpellator. For as Mesmer took the place of Joseph Anton von Paradis, whose paternal desire the daughter had come to sustain so spectacularly well by virtue of her blindness, being able to see again was the way she could not only assure herself of Mesmer’s attention, but also give to him what he lacked—proof that his cure of animal magnetism was effective.

Thus, what is intriguing about this incident is not the question of whether Mesmer was a charlatan. Rather, as the next stage in Maria Theresa’s story illustrates, her hysterical disorder was a way to articulate the lack that she felt at the heart of the family, but could express only by negotiating paternal authority. To assure the continuation in his patient’s improvement, Mesmer asked Maria Theresa to stay in his clinic, partly because he wanted to keep
her under close observation, but more crucially because by relocating her he could remove her from the family situation to which she had apparently only been able to respond with blindness. As the hysterical daughter began more and more to regain her sight, what also progressively came to light was that for both paternal figures she was merely a stake in their own symbolic projects. Joseph Anton Paradis sought to enhance his authority as impresario, while Anton Mesmer sought to cement his authority as psychic healer. For both “fathers,” Maria Theresa’s hysterical body was the site at which each sought to broadcast his paternal power and knowledge. It actually makes perfect sense that the first part of the treatment was documented by Joseph Anton von Paradis in a statement of more than twenty-three pages testifying to the efficacy of the Mesmerian method, which Mesmer appended to his Memoirs as a footnote. Thus, throughout this curious autobiography we have on the upper part of the pages Mesmer’s testimony wherein he defends himself and his cure against his critics, including the vituperative father Paradis. And on the lower part of the pages, in turn, we have the father’s voice praising Mesmer and the way he cured his daughter. In the blind spot between these two paternal voices, the bar demarcating the difference between the two, we obliquely sense Maria Theresa’s position, articulated in the oscillation between blindness and sight, between performing music and falling silent. Torn between these two paternal desires that ultimately had nothing to do with the traumatic knowledge she was converting in her hysterical symptoms, Maria Theresa found herself in a psychic impasse.

Like The Magic Flute, this incident revolves around an inexplicable lacuna. Mesmer never adequately explains why Joseph Anton von Paradis suddenly turned against him in the second act. The interpretation he offers, that his enemies in the medical profession convinced Paradis to call off the treatment by assuring him that Mesmer was having a pernicious influence on his daughter, dovetails with his own conspiracy theory. However, given that (at least superficially) Mesmer’s treatment was entirely wholesome, only a mind obsessed with its own persecution phantasies could have located his advocate’s change in attitude in some outside source. One might speculate that although Mesmer never recorded any personal antagonism between himself and von Paradis, a paternal rivalry must have developed, whereby the father resented his daughter’s dependence on the healer. To a degree monetary interest could also have informed von Paradis’ antagonism toward Mesmer, for the impresario could well have begun to anticipate a substantial loss of income from his daughter’s cure. Maria Theresa’s playing begin to deteriorate once her sight was partially restored because the presence of an audience she had before never actually seen began to make her nervous as a musician. Von Paradis had not factored into his desire to have his daughter returned to perfect health that, should her sight be fully restored, she would no longer be the performing curiosity she had been and perhaps lose not only her income but also the pension granted by the empress. Whether von Paradis actually convinced himself that his daughter
would never be happy with her eyesight restored, that Mesmer would never be able to really cure her, or that a successful treatment would deprive her of favor with her public and the empress one thing was certain: the father, much like Sarastro, wanted to remove Maria Theresa from what he considered a pernicious sphere of influence.

What ultimately made the case so controversial for those commenting on it later is that Maria Theresa initially objected to returning to her parents. One can only conjecture that, on the one hand, this had to do with the fact that she had learned to trust her physician, perhaps even felt a certain erotic attraction to him. On the other hand, however, her fear of returning home also began to suggest what the cause for her hysterical blindness might have been. For once the parents discovered that Maria Theresa refused to come home, they enacted a violence against their daughter within the public space of the clinic, which one is tempted to see as a reproduction of the violence within the confines of the home that had probably first precipitated her flight into blindness. And if Joseph Anton later supported Viennese society’s gossip about sexual abuse, as a psychoanalytically concerned critic I feel compelled to wonder whether the rigor with which he did so might not also indicate paternal denial. Indeed, Mesmer explicitly accuses the father that in “seeking to cover his excesses, he spread the most atrocious imputations about me amongst the public” (1779, 56).

Recounting the family affair in his Memoirs, Mesmer first describes how Rosalia Maria von Parades suddenly arrived on 29 April, at his clinic, demanded that Maria Theresa be released, and, when this request was denied, fell into a violent frenzy, stamping and shouting until her daughter, who was present, fell into one of her old convulsive attacks. Mesmer writes that the mother, “hearing her cries, left me briskly, pulled her daughter furiously away from the attendant holding her, and, saying ‘unhappy creature, you are part of the intrigue of this house,’ flung her with rage headlong against the wall” (1779, 50). Trying to help the traumatized daughter, Mesmer found the mother attacking him. He then continues his narrative with the entrance of the father, who, having been ordered away by one of the servants, “came storming into my house waving a sword. Another servant barred the door to the room where we were and struggled to push him away. They finally succeeded in disarming this madman, and he rushed from the house calling down maledictions on me” (52). Whether Maria Theresa was simply shocked by this Oedipal violence or whether it recalled the traumatic impact of the violence she had come to associate with her filial position, in either case its onset caused her to relapse back into her hysterical symptoms. As Mesmer notes, after the mother had finally left, the daughter “had vomit attacks, convulsions, and anxiety attacks brought about by the least sounds, above all the ringing of the church bells. She had fallen back into her prior blindness, by virtue of the blow her mother had given her” (53).

As pecuniary concerns, parental desires, and scientific interests came to be so inextricably knotted together that no reasonable compromise could be
found between the two parties, the Paradis parents decided to launch their complaint against Mesmer at the Viennese public, which, of course, was only too eager to believe the accusation that the physician was holding the blind daughter against her will. For the parents chose to broadcast the scenario of Mesmer confined alone with an eighteen-year-old blind girl behind closed doors in his clinic, corroborating the rumors that had already cast the physician in the role of a wizard doing strange things in his laboratory and seducing his female patients. Meanwhile the notion of the nominally healthy bourgeois family that began to circulate forbade any speculations about what the Paradis parents might have themselves been doing with their daughter behind the closed doors of their home. This exchange was so fraught with phantasies that only a figure whose symbolic mandate remained unquestioned could finally arbitrate. The Empress Maria Theresa, scandalized at the stories that involved her protégée, asked her chief physician Stoerck on 2 May 1777 to order Mesmer to cease his hoax (“finir cette supercherie” was her expression) and return the girl to her parents.

Apparently Maria Theresa tried one last time to make her voice heard. Told that she was to leave the clinic, she fell back into her old hysterical symptoms, exhibited convulsions, delirium, and blindess. Now able to forbid her removal on medical grounds, Mesmer once more used his hypnotic powers to restore her sight. Finally, however, Joseph Anton von Paradis got his way. Learning of her improvement, he persuaded Mesmer to send Maria Theresa home, promising that she could return for further treatment whenever she should need it. Of course the parents kept her, and Maria Theresa lapsed back into her accustomed blindness from which she was never to emerge again. However, while one would think that under such circumstances the outcome would have been sheer tragedy for the blind Maria Theresa, her story takes a different turn, for she got over her dependence on Mesmer, no longer wished to have her sight restored, and instead readjusted herself with alacrity to the familiar world of eternal darkness.

What I find most compelling in Maria Theresa’s story, however, is that it brings to the fore precisely the ambivalence Mozart evades when he so unequivocally celebrates the extinction of the night: namely, the disquieting possibility that both the blindness, which set in so suddenly, and then the equally miraculous regaining of her sight were hysterical symptoms. For I would speculate that both were nourished by a darkness far more archaic than either the violence brought about by her neurotic parents or the suggestion imposed by the physician—that is, by a traumatic knowledge that makes itself heard only in belated traces, in the protective fiction by which the hysteric believes she can support the desire of the paternal figure and make the father whole, traces that, consequently, are always only as lasting as the Other to whom they are addressed. Put another way, the volatility of Maria Theresa’s ability to see is not necessarily indicative of the proficiency of Mesmer’s cure. Rather, it indicates that the traumatic knowledge on which hysterical symptoms feed, regardless of what concrete scenes of vio-
lence or vulnerability finally give shape to this intangible impact, can be converted but cannot be extinguished. Whether blindness or sight prevails, what ultimately persists is the insight that both are belated articulations of an originary conflation of power, knowledge, and sexuality, which has no scene, no narrative, and no characters.

The second, equally disturbing, message one may glean from the story of Maria Theresa's encounter with Mesmer is that the hysterical symptom might be more empowering than its cure. For hers is the story of a happy hysteric. She returned to her career as a pianist, playing not only in Vienna but also successfully touring in Paris and London. Her virtuosity on the keyboard was so great that Mozart composed the Concerto in B-Flat Major (K. 456) for her, which she premiered in Paris in 1784 at the Tuileries before Louis XVI and Marie Antoinette. She also became a successful composer in her own right, producing songs, piano literature, and operas. Toward the end of her life she even founded a school for educating women pianists. She died at the age of sixty-five, having lived forty-seven years in the dark, sustained by the music her fingers and her voice brought forth. One final point of almost tragic irony is that while Mesmer's failure to cure Maria Theresa's hysteria was at the core of her success as a famous professional musician at a time when few women were able to carve a place for themselves within this public domain, it drove the infamous physician away from Vienna, estranging him from his wife, home, and comfortable life, and even came to haunt him years later when he was seeking to promote his work on animal magnetism in Paris. In 1784 Maria Theresa von Paradis arrived to perform a concert in Paris, and the journalist Friedrich Melchior Grimm notes with spite the strange discrepancy in their respective situations: "Her ability on the harpsichord, in spite of her total blindness, is the most astonishing thing in the world; but one may well believe that her appearance in Paris at the time surprised Mesmer in a most disagreeable manner" (quoted in Simons 1987, 86). Maria Theresa knew the cost of taking up her father's magic flute but, unlike Pamina, did not give up this powerful tool to enter into the protective fiction of a bourgeois marriage. Rather, she continued to play, not only bringing the sound of the night into the most renowned salons and concert halls of late-eighteenth-century Europe, but exhibiting her own proximity to the world of darkness. Therein lies the force of her hysterical oscillation.

The point that feminist scholars Martha Noel Evans (1991) and Elaine Showalter (1985) have convincingly made is that hysteria can be interpreted as a pathological response to prescribed gender roles and social helplessness. Symptoms like inertia, overexcitation, excessive role-playing, or motoric function disorders signal a recourse to body language that stands in for the stifling domestic situation women found themselves in as the nineteenth century progressed. Along these lines, Carroll Smith-Rosenberg (1985), basing her research primarily on the bourgeois women of Victorian New England, argues that this flight into illness came to serve as an appealing form of indirect dissent that preserved notions of ideal femininity (frailty, docility,
and subordination to men) even as it allowed women to enter covertly into a power struggle with the dictates of patriarchal law. The astonishing difference between the life stories of these mid-nineteenth-century hysterics and that of Maria-Theresa von Paradis, whose hysterical blindness was used to launch a complaint at the earlier bourgeois family when it had just begun to take hold, is that Maria Theresa’s act of transforming her body into a ciphered message about the terrifying situation of a daughter should have so inextricably been tied up with her success as a professional musician. In contrast, for the women, who consulted psychoanalysts such as Freud or Janet, hysteria was the language chosen to bespeak precisely their failure to enter the public domain. Having recourse to this psychosomatic illness defeated their husbands’ and families’ demands to support the domestic order, given that they concomitantly left the household unattended, as it also defeated the male physicians, whose remedies proved to be so ineffectual. This late-nineteenth-century hysteria, Smith-Rosenberg concludes, must be understood as an oblique way of voicing discontent with a paternal value system. The distraught daughters chose a dislocated articulation because, fully ingrained in the fiction of the bourgeois family, they couldn’t directly admit their dissatisfaction to themselves in private, let alone in public. At the same time, they could also no longer fully disavow this discontent. In my exploration of some cases of hysteria presented by Freud and Jaspers, I will return to stories about what happens when the ideal woman, culturally constructed to guarantee the stability of the hearth, is dislocated, leaves her home, and thereby offers yet another rendition of the wandering womb come unhitched. At this point, however, as I move to my discussion of an exemplary gothic rewriting of the hysteric’s broadcast of familial complaint, another issue is at stake: how to write like a proper lady and, nevertheless, find a way to articulate dissenting wishes.
CHAPTER 3

Gothic Hysterics: Ann Radcliffe's
The Romance of the Forest

What does it mean to be hysterical? Perhaps I've also been so, perhaps I am now, but I know nothing about it, having never examined the matter thoroughly and having only heard about it secondhand without studying it. Isn't it a malaise, a great distress, caused by the desire for an impossible something? In that case, all of us who have imagination are afflicted with it, with that strange sickness. And why would such a malady have a sex?

—George Sand

I

In her discussion of eighteenth-century English literature and culture, Terry Castle uses the psychoanalytic category of the uncanny to explore an articulation like the one Foucault isolates in describing the bourgeois family as both the keystone of alliance and the germ of all misfortunes connected with sexuality. For, in claiming that the eighteenth century gave rise to the uncanny, which Freud referred to a century later in his elaborations on psychic ambivalence, Castle seeks to suggest how "the very psychic and cultural transformations that led to the subsequent glorification of the period as an age of reason or enlightenment—the aggressively rationalist imperatives of the epoch—also produced, like a kind of toxic side effect, a new human experience of strangeness, anxiety, bafflement, and intellectual impasse" (1995, 8). In other words, in this historic period of Mozart/Schikaneder's The Magic Flute, the spirit of rationality was meant to render all belief in magic and superstition obsolete, thereby casting reason as the basis of all social behavior, the historic internalization of rationalist protocols proved, however, to also be the germ of psychic unease. The equation that Castle postulates for this era is "The more we seek enlightenment, the more alienating our world becomes": the more forcibly superstition is banned to the realm of eternal night, the more persistently this repressed material returns in configurations of the uncanny. Equally important, she adds, is the fact that "the more we seek to free ourselves, Houdini-like, from the coils of superstition, mystery and magic, the more tightly, paradoxically, the uncanny holds us in its grip" (Castle 1995, 15).

Of the many examples Castle offers to substantiate her claim, the most relevant one to my discussion is Ann Radcliffe's gothic romances as a liter-
ary response to this new sensibility of the late-eighteenth century, played upon a sense of the uncanny in human consciousness. Speaking of a spectralization or ghostifying of mental space, Castle uncovers the following dialectic for the psychological and literary discourse of the time. While ghosts and apparitions were recoded as hallucinations, or projections of the mind, the mind itself came to be viewed as a phantom zone, the home of spectral presences and haunting obsessions. This was in part the result of the rationalist project’s “supernaturalization” of the mind, which sought to explain away the traditional supernatural realm, only to find it return in an inverted form, contaminating the very language of mental experience that had been invented to exorcise it. At the same time, as romantic self-absorption grew, however, the Other—be this people or the external world—came to be reduced more and more to a mental effect, devoid of corporeality, valued as an internalized image, a mental phantom, until these phantasmatic objects had come to seem increasingly real. Such a “spectralization of the other” resulted in an inflated belief in the omnipotence of thought as well as in a valuing of absence over presence, of the dead over the living, of phantasied objects or mental simulacrum over concrete people. Indeed, Castle notes the contradiction that while “the ‘ghost’ of the dead or absent person, conceived as a kind of visionary image or presence in the mind, takes on a new and compelling subjective reality,” on the other hand, “real human beings become ghostly too . . . in the sense that they suddenly seem insubstantial and unreal” (Castle 1995, 136).

Castle’s point is that the spectralization of the Other can be seen as an ambivalent way of negating one’s own death, not by explicitly banning it to the margins of social and psychic reality, as members of the enlightened rationality sought to do, but rather by valorizing a life beyond death, an eternal presence of the deceased as phantasmatic object. In this preference for the specter, furthermore, Castle sees an important link between late-eighteenth-century and postmodern sensibility. Her interrogation of Radcliffe’s texts leads her to ask whether, in our late twentieth century, we do not also deny our own corporeality or the corporeality of others, whether we do not also cherish the life of the mind over life itself. She thus draws from gothic literature a plea to recognize “the denatured state of our own awareness: our antipathy toward the body and its contingencies, our rejection of the present, our fixation on the past (or yearnings for an idealized future), our longing for simulacra and nostalgic fantasy” (137).²

Although Castle does not discuss this new sensibility, which encouraged a fluid boundary between life and death or between somatic bodies and mental phantoms, in relation to hysteria as a malady of the imagination, this is precisely the analogy I will explore now. For as I have been arguing, the language of hysteria articulates a similar conviction that the distinction between life and death, between body and phantasied Other, is irrelevant precisely because the dead live on in the mind of the hysteric as memory traces, although still alive, because the inhabitants of the hysteric’s world exist first