

Hysteria

Hysteria is a term used colloquially to mean ungovernable [emotional](#) excess and can refer to a temporary state of mind or emotion.^[1] In the nineteenth century, hysteria was considered a diagnosable physical [illness in women](#). It is assumed that the basis for diagnosis operated under the belief that women are predisposed to mental and behavioral conditions; an interpretation of sex-related differences in stress responses.^[2] In the twentieth century, it shifted to being considered a mental illness.^[3] Many influential people such as [Sigmund Freud](#) and [Jean-Martin Charcot](#) dedicated research to hysteria patients.^[4]



An 1893 depiction of a woman with hysteria

Currently, most doctors practicing medicine do not accept hysteria as a medical diagnosis.^[5] The blanket diagnosis of hysteria has been fragmented into myriad medical categories such as

[epilepsy](#), [histrionic personality disorder](#), [conversion disorders](#), [dissociative disorders](#), or other medical conditions.^{[5][6]} Furthermore, lifestyle choices, such as choosing not to wed, are no longer considered symptoms of psychological disorders such as hysteria.^[5]

History

The word hysteria originates from the Greek word for [uterus](#), *hystera*. The oldest record of hysteria dates back to 1900 B.C. when Egyptians recorded behavioral abnormalities in adult women on medical papyrus. The Egyptians attributed the behavioral disturbances to a wandering uterus – thus later dubbing the condition hysteria. To treat hysteria Egyptian doctors prescribed various medications. For example, doctors put strong smelling substances on the patients' vulvas to encourage the uterus to return to its proper position. Another tactic was to smell or swallow unsavory herbs to encourage the uterus to flee back to the lower part of the female's abdomen.^[5]

The ancient Greeks accepted the ancient Egyptians' explanation for hysteria; however, they included in their definition of hysteria the inability to bear children or the failure to marry. Ancient Romans also attributed hysteria to an abnormality in the womb; however, discarded the traditional explanation of a wandering uterus. Instead, the ancient Romans credited hysteria to a disease of the womb or a disruption in reproduction (i.e., a miscarriage, menopause, etc.). Hysteria theories from the ancient Egyptians, ancient Greeks, and ancient Romans were the basis of the Western understanding of hysteria.^[5]

Between the fifth and thirteenth centuries, however, the increasing influence of Christianity in the Latin West altered medical and public understanding of hysteria. St. Augustine's writings suggested that human suffering resulted from sin, thus hysteria became perceived as satanic possession. With the shift in perception of hysteria came a shift in treatment options. Instead of admitting patients to a hospital, the church began treating patients through prayers, amulets, and [exorcisms](#). Furthermore, during the Renaissance period many patients of hysteria were prosecuted as witches and underwent interrogations, torture, and execution.^[7]

However, during the sixteenth and seventeenth centuries activists and scholars worked to change the perception of hysteria back to a medical condition. Particularly, French physician Charles Lepois insisted that hysteria was a malady of the brain. In addition, in 1697, English physician [Thomas Sydenham](#) theorized that hysteria was an emotional condition, instead of a physical condition. Many physicians followed Lepois and Sydenham's lead and hysteria became disassociated with the soul and the womb. During this time period, science started to focalize

hysteria in the central nervous system. As doctors developed a greater understanding of the human nervous system, the neurological model of hysteria was created, which further propelled the conception of hysteria as a mental disorder.^{[4][8]}

In 1859 [Paul Briquet](#) defined hysteria as a chronic syndrome manifesting in many unexplained symptoms throughout the body's organ systems.^[9] What Briquet described became known as Briquet's syndrome, or [Somatization disorders](#), in 1971.^[10] Over a ten-year period, Briquet conducted 430 case studies of patients with hysteria.^[9] Following Briquet, [Jean-Martin Charcot](#) studied women in an asylum in France and used hypnosis as treatment.^[4] He also mentored [Pierre Janet](#), another French psychologist, who studied five of hysteria's symptoms (anesthesia, amnesia, abulia, motor control diseases, and character change) in depth and proposed that hysteria symptoms occurred due to a lapse in consciousness.^[11] Both Charcot and Janet inspired Freud's work. Freud theorized hysteria stemmed from childhood sexual abuse or repression, and was also one of the first to apply hysteria to men.^[12]

During the twentieth century, as psychiatry advanced in the West, anxiety and depression diagnoses began to replace hysteria diagnoses in Western countries. For example, from 1949 to 1978, annual admissions of hysteria patients in England and Wales decreased by roughly two thirds. With the decrease of hysteria patients in Western cultures came an increase in anxiety and depression patients. Theories for why hysteria diagnoses began to decline vary, but many historians infer that World War II, westernization, and migration shifted Western mental health expectations.^{[4][12]} Twentieth-century western societies expected depression and anxiety manifest itself more in post World War II generations and displaced individuals; and thus, individuals reported or were diagnosed accordingly. In addition, medical advancements explained ailments that were previously attributed to hysteria such as epilepsy or infertility. In 1980, after a gradual decline in diagnoses and reports, hysteria was removed from the [American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders](#) (DSM), which had included hysteria as a mental disorder from its second publication in 1968.^{[4][10]}



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Historical symptoms

Historically, the symptoms of hysteria have a large range.^{[13][14][11]}

- Shortness of breath
- Anxiety
- Insomnia
- Fainting
- Amnesia
- Paralysis
- Pain
- Spasms
- Convulsive fits
- Vomiting
- Deafness
- Bizarre movements

- Seizures
- Hallucinations
- Inability to speak^{[13][14][11]}
- Infertility^[15]

Historical treatment

- Regular marital sex^[16]
- Pregnancy^[16]
- Childbirth^[16]
- "Paroxysmal convulsions" (orgasms)^[16]
- Rest cure^[15]

Notable figures

Charcot

In the late nineteenth century French neurologist [Jean-Martin Charcot](#) tackled what he referred to as "the great neurosis" or hysteria.^[17] Charcot theorized that hysteria was a hereditary, physiological disorder.^[17] He believed hysteria impaired areas of the brain which provoked the physical symptoms displayed in each patient.^[17] While Charcot believed hysteria was hereditary, he also thought that environmental factors such as stress could trigger hysteria in an individual.^[18]

Charcot published more than 120 case studies of patients who he diagnosed with hysteria, including Marie "Blanche" Whittman.^[19] Whittman was referred to as the "Queen of Hysterics," and remains the most famous patient of hysteria.^[19] To treat his patients, Charcot used hypnosis, which he determined was successful only when used on hysterics.^[19] Using patients as props, Charcot executed dramatic public demonstrations of hysterical patients and his cures for hysteria, which many suggest produced the hysterical phenomenon.^[19] Furthermore, Charcot noted similarities between demon possession and hysteria, and thus, he concluded "demonomania" was a form of hysteria.^[4]

Freud

In 1896 [Sigmund Freud](#), an Austrian neurologist, published "[The Aetiology of Hysteria](#)".^[20] The paper explains how Freud believes his female patients' neurosis, which he labels hysteria, resulted from [sexual abuse](#) as children.^[20] Freud named the concept of physical symptoms resulting from childhood trauma: hysterical conversion.^[20] Freud hypothesized that in order to cure hysteria the patient must relive the experiences through imagination in the most vivid form while under light [hypnosis](#).^[20] However, Freud later changed his theory.^[20] His new theory claimed that his patients imagined the instances of sexual abuse, which were instead repressed childhood fantasies.^[20] By 1905, Freud retracted the theory of hysteria resulting from repressed childhood fantasies. Freud was also one of the first noted psychiatrist to attribute hysteria to men.^[12] He diagnosed himself with hysteria, writing that he feared his work had exacerbated his condition.^[12]

Modern perceptions

For the most part, hysteria does not exist as a medical diagnosis in Western culture and has been replaced by other diagnoses such as conversion or functional disorders.^[21] The effects of hysteria as a diagnosable illness in the eighteenth and nineteenth centuries has had a lasting effect on the medical treatment of women's health.^[12] The term *hysterical*, applied to an individual, can mean that they are emotional, irrationally upset, or frenzied.^[22] When applied to a situation not involving panic, hysteria means that that situation is uncontrollably amusing – the connotation being that it invokes hysterical laughter.^[22]

See also

- [Body-centred countertransference](#)
- [Borderline personality disorder](#)
- [Fainting room](#)
- [Female hysteria](#)
- [Histrionic personality disorder](#)
- [Hysterical contagion](#)
- [Male hysteria](#)

- Panic attack
- Scotomization
- Somatization disorder
- Wandering womb

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Further reading

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- [New York Times VIDEO: Opinion | Hysterical Girl \(https://www.nytimes.com/video/opinion/10000007026836/hysterical-girl.html\)](https://www.nytimes.com/video/opinion/10000007026836/hysterical-girl.html)

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