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Special Issue *Scientia Sexualis* and Historiography of Sexuality

Hysteria at Intervals: (De)Pathologization of Sexuality in the History of Psychoanalysis

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Abstract:

Despite the increasing interest in the history of sexuality, there remains a significant risk in the history of science, namely, skepticism as an adverse reaction to the critical reconstruction of the contingent emergence of any scientific theory. It is important to understand how an excessive critical spirit might lead to an anti-scientific attitude to find alternative ways of historicizing the *scientia sexualis*. I explore such alternative paths through the history of hysteria, a highly polemical phenomenon that intertwined neurology, psychiatry, psychoanalysis, feminism, literature and, of course, sexuality. After highlighting some of the controversies around the topic, I discuss the ontological status of hysteria and how to conduct historical research on it without falling into the Scylla of naturalism or the Charybdis of constructivism.

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The philosophers, divided as always between frowning pessimists and smiling optimists, readied themselves to recommence for the thousandth time the ancient dispute over whether the glass was half full or half empty, a dispute which, when transferred to the matter they had been summoned there to discuss, would probably come down to a mere inventory of the advantages and disadvantages of being dead or of living forever.

José Saramago

Introduction

Sexuality and its history awaken fascination (*fascionatio*) – that is, an irresistible attraction. Unsurprisingly, *scientia sexualis* has been crossed by heated moral, aesthetic and epistemic controversies (Foucault 1978). A pervasive predicament in the historical studies of science lies in the curious effect that, the more we analyze technical and cultural disputes, the less certain we become about the validity of theories and the existence of phenomena related to

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sexuality. In this essay we shall explore the history of hysteria, a phenomenon that has been approached by both psychoanalysts and culture critics. One key feature of this history is that its very object has a labile ontological status. The recurring question throughout this history is whether hysteria is a clinical entity circumscribed to health sciences or a discourse conditioned by cultural factors. In the first section, we will examine in greater detail the risk of skepticism, applying to the history of science an argument first developed in the field of science and technology studies (STS). In the second section we will recompose the history of hysteria, paying special attention to the controversies at the interior and exterior of scientific communities. Finally, there will be a discussion about the existence of hysteria as a psychological object and the methods employed by historians to reinforce or debilitate our beliefs in scientific theories and/or phenomena.

Skepticism Overdose

History of science is a subfield that is not always at ease with history in general or other social sciences (Kreimer 2017). Prior to the establishment of history of science as a formal discipline in the mid-20th century, it was a sort of pastime of erudite scientists and philosophers. Nowadays, due to a network of journals, academic courses and research programs, historians of science have abandoned the *ars gratia artis* mindset. Depending on their interests and goals, they might prefer certain theoretical perspectives and methodological tools. Some scholars seek to inculcate a finer historical sensitivity among scientific communities, others procure to extract lessons from the past to reflect on current matters of concern, and still others even attempt to influence on public policy regarding innovation and research (Jasanoff 2000). I dare to claim that no historian of science worthy of the title carries out his inquiries with the deliberate objective of undermining the credibility of science or to implant the seeds of skepticism among his readers. Unfortunately, this is a frequent adverse reaction² to the work of historians suspicious of the grandiloquent scientific narratives.

Permit me to illustrate this point with an anecdote. In 2023 I assisted with a psychologist colleague to the *IV Coloquio Nacional de Estudios de las Ciencias y las Tecnologías* in Bogotá. We were grouped with other researchers in a worktable about health sciences. The last speaker presented a study about gender social imaginaries exhibited in the first volumes of the *Revista Colombiana de Obstetricia y Ginecología*. After situating the beginnings of the National Association of Gynecology circa 1950, she presented some passages from articles that made several allusions to hysteria, hypochondria and other psychiatric disorders related to pregnancy. “Isn’t it doubtful that these concepts were never diagnosed or treated, but merely invoked by doctors to dismiss the pain of the women?” asserted the speaker. Her intention was to demonstrate that obstetric violence not only happened at hospitals, but also occurred in scientific literature. She concluded by declaring that just like *Nature* had acknowledged their misdeeds by publishing eugenic studies at the beginning of the 20th century, the *Revista Colombiana de Obstetricia y Ginecología* should admit that their first volumes perpetuated misogyny. The audience replied with mild applause, perhaps intimidated by the fervent tone of the speaker. My colleague and I exchanged puzzled glances. Of course, we agreed with the main argument, but we did not consider that hysteria or hypochondria were solely rhetoric devices to subjugate women. As practicing psychotherapists, we have seen these psychiatric disorders in numerous patients, so we have no doubt about their existence. Instead, despite that the speaker conducted a fine archival work, she had the adverse reaction of distrusting mid-20th century psychiatry.

² I take this expression from the concept of ‘adverse drug reaction’, which is the set of harmful, unintended outcomes caused by medication. Whereas negative ‘side effects’ might be predicted, ‘adverse reactions’ cannot be anticipated.

Social sciences have become increasingly aware of the risks of an excessive critical spirit that pursues the denaturalization or deconstruction of their objects of study (Anker & Felski 2017). In yesteryear, the brio of Enlightenment had inspired sociologists and historians, but this vigor has been fading with the predominance of postmodern philosophy (Latour 2004, 232). History of science, due to its proximity to the ontological concerns of epistemology and STS, has encountered this issue more directly than other subfields of history. It is well known that it is rather undemanding to dismiss a scientific theory – especially if scientists themselves have already declared it to be false – by appealing to the cultural context. A classic example is phrenology, which became popular among the Scottish bourgeoisie until further neurological studies discarded its postulates about the correlation between physiognomy and moral traits (Shapin 1979). It is not as simple to apply the same strategy with a scientific theory still accepted as true – even though some studies try to overthrow them anyway. For instance, during the so-called ‘Freud wars’, certain historians indicated that cocaine, misdiagnosis and sexual abuse tailored psychoanalytic theories (Webster 1995). Other authors – less hostile, yet equally critical – considered that the *raison d’être* of psychoanalysis was the peculiar subjectivity of the Victorian era, so it would be a matter of time for this discipline to expire in the ever-changing contemporary world (Nagel 1995).

The two cases expose the possibilities of making history of science while inducing distrust about a particular scientific discipline. We might doubt phrenology and psychoanalysis, without necessarily denying the existence of the cerebral cortex or the unconscious. It would be useful to distinguish another kind of skepticism oriented towards scientific objects as well. The trite examples of the ether and phlogiston show that scientists had believed in theoretical entities that eventually were disqualified. Both physics and chemistry were transformed after the experimental work of Michelson-Morey and Lavoisier, but no historian would mark those disciplines as pre- or pseudo-scientific (Daston 2009, 807). In these cases, one can doubt the existence of singular objects, without questioning the somewhat general validity of the discipline. It is also possible to have both types of skepticism – that we might call ‘theoretical’ and ‘phenomenal’ – at once. Just remember how early modern chemists condemned the arbitrariness and superstition of alchemists, stressing at the same time the fictionality of the philosopher’s stone. Scientists themselves face this situation when they transit from theory to the empirical world, being forced to privilege one or the other depending on whether they aim to “save the phenomena” from invalidating concepts or to “solve the phenomena” through already proven theoretical premises (Hacking 1983, 222). In other words, both scientists and historians must deal with a dilemma: abandon conceptual systems once they are contradicted by observed phenomena or attempt an explanation of the anomaly without modifying – not excessively at least – pre-existing theories.

So far I have used stereotypical illustrations, but it is important to note that skepticism as an adverse reaction usually comes in subtler forms. Observe, for instance, how Martin (1991, 490) denounces the reproduction of gender social imaginaries by embryology, which portrayed the egg as a princess waiting for her prince/sperm to conquer her. After reading this classic work of feminist sociology of science it is unlikely that one would deny the existence of germinal cells or distrust the validity of embryology – but one probably might start questioning how a male-dominated discipline projects its belligerent and sexist prejudices. We can find another case of subtle skepticism in the analysis made by Fuller of the debate between Darwinism and creationism. This philosopher of rhetoric is interested in dismantling an idealized image of scientific reason, promoting instead a perspective closer to social epistemology. Therefore, by examining the argumentative strategies of some supporters of intelligent design theory, Fuller (1998, 609) concludes that it is perfectly possible to render compatible theological and scientific concerns in an embracing theoretical system – without less coherence than evolutionary theories. Again, after reading the writings

of this acclaimed author, one would not doubt about biology or the thesis of natural selection. One might even infer that Fuller's support of creationism is not a matter of personal belief but rather part of his social epistemology project. Yet the germ of skepticism only needs that competing theories are put on equal footing to be propagated. Was it really a surprise that during the 'science wars', scientists and philosophers condemned the social sciences for promoting an 'anti-scientific' ideology (Lynch 2020)?

Still, this vigorous critical spirit is not exclusive property of humanities, since we can also find its intoxicating effects in the hard sciences (Latour 2004, 238). For instance, Dennett (1991, 262) attempts to demystify consciousness by means of neuroscience, yet his praise of fMRI studies ends up devaluating the mind for being an epiphenomenon. Another example lies in the indirect critiques of neo-Darwinism advanced by Gilbert, Sapp and Tauber (2012, 326). Inspired by the notion of 'holobiont', these biologists question the alleged selfish behavior of genes since it has become increasingly clear that living organisms are not organized through an individual 'self' or 'ego' but by means of collective arrangements. Indeed, in the natural sciences there are interests about what objects are rejected or included in their theories. In this line, critical – i.e., revisionist – authors aim to protect the fragile objectivity of theories threatened by social biases or individual interests. It is usual to ascribe terms like 'doubt' to Descartes, 'critique' to Voltaire and 'deconstruction' to Derrida – all of them French thinkers – but skepticism as an argumentative strategy has a long history. Democritus' atomism might be the first antecedent of this intellectual trend (Hacking 1983, 140). The Greek philosopher raised a stone and explained that, despite its appearance of unity and solidity, its real composition consisted of multiple tiny particles like sand grains. This primal metaphor of the atom indicates that natural sciences also persuade us to distrust common sense and reject perceptual data. In sum, just like 'critical' social scientists denounce the fetishes of culture, 'radical' natural scientists also cast suspicious veils.

Fortunately, this distrust is not a general trait of scientists – after all, they would not be able to conduct their own research if they did not believe in theories and objects. Therefore, we might ask if it is possible for the history of science to avoid both theoretical and phenomenal skepticism. This does not mean that we ought to return to naive realism or whig history. Rather, the *quid* of the matter is to trace the situated emergence of scientific practices, highlighting the mixture of natural and social phenomena, without falling into skepticism. We, therefore, adhere to Daston's (2009, 813) view that "scientific practices are both socially constructed and real. That is, they depend crucially on the cultural resources at hand in a given context and they capture some aspect of the world; they work." Although there has been some fuzz recently about the 'ontological turn' in the social sciences, these concerns regarding scientific realism were already brewing in the debates of philosophers and historians of science – see the edited volume of Galison and Stump (1996). Such ontological concerns appeared as a reaction to the strong relativism of the post-Kuhnian sociology of science. The Edinburgh School, with its emphasis on shared worldviews, theoretical incommensurability and local interactions of scientific communities, tailored the idea that science was merely another social convention indistinguishable from other cultural activities (Golinski 1998). Conveniently, STS vindicated the role of experimental procedures, laboratory instruments and alliances with other social agents. Those elements are not only required for the development of technoscience, but they attest to the specificity and reach of the work of scientists. Some STS pioneers like Latour, Pickering or Winner rightly claimed – long before the Sokal affair – that the sociology of science ought to reinforce scientific realism instead of skepticism. A similar plea has been made for a general history of science (Rheinberger 2012), and, as we shall see next, the history of *scientia sexualis* in particular can benefit from it too.

(Dis)Appearings of Hysteria

Let's start with the commonplace of etymology. Hippocratic medicine considered physical and emotional pain was caused by the displacement or swelling of the uterus (*hysteros*). The primal etiology of this disease was sexual abstinence, which prevented the uterus of fulfilling its reproductive purpose. Treatment, therefore, consisted in suggesting women to get married and pregnant promptly. Several forms of hysteria proliferated during the renaissance: dissociative episodes, epilepsies, conversive attacks, multiple personality, dromomania, etc. There were some scarce reports on male patients, which casted doubt on Hippocratic etiology. Yet, hysteria was only systematically studied in 19th century France, first by Pierre Briquet and then by Charcot, who proposed an alternative explanation based on psychic trauma (Libbrecht and Quackelbeen 1995). The admiration to Charcot in the history of psychiatry resembles the idealization of Galileo, Darwin, and Pasteur in their respective disciplines. Some historians attempt to dispute this prominence by rendering visible other *scientia sexualis* pioneers like Heinrich Kaan, Joseph Häussler and Richard von Krafft-Ebing (Gutmann 2006). Other scholars have questioned the scientific and medical *ethos* of Charcot, who transformed hysteria in one of the signature spectacles of the *Belle Époque*. Back then, several visiting doctors expressed their discomfort with the open-to-public lessons at the Salpêtrière – among the audience were personalities like Bergson, Durkheim or Maupassant (Justice-Malloy 1995). In a remarkable semiotic analysis on the usages of photography at the hospital, Didi-Huberman (1982) indicates a striking irony: while one of the principal symptoms of hysteria was its dramatic tendency, the very iconographic device promoted by Charcot accentuated this trait among the patients. For sure, hysteria was being investigated, but not necessarily in a sober scientific fashion nor with medical success.

Despite these critiques, it is impossible to overlook Charcot's contributions to the study of hysteria. Besides proposing an alternative etiology, the French psychiatrist conducted several *postmortem* examinations that discarded injuries in the nervous system. Since he had a great reputation as a neurologist, other physicians abandoned the quest to locate psychiatric disorders in the brain (Castel 1998)³. Also, the Salpêtrière became an important center of international academic mobility. The best-known case was Freud, who was dissatisfied with the available treatments in Vienna and traveled to France to learn hypnosis with Charcot and Bernheim. Among other notable students were Alfred Binet, Joseph Babinski, Pierre Janet and Georges Gilles de la Tourette – the latter transcribed several of Charcot's lessons (de la Tourette 1891). Without doubt, one of the main reasons behind the prominence of Charcot in the history of hysteria were his experiments with hypnosis. Freud ([1893] 1955) described the refined hypnotic skills of his master and suggested that they were probably due to his personal charisma. Even though it was later proven that hypnosis failed to explain or cure hysteria, two major lessons were drawn from Charcot's experiments: 1) hypnotic states could be induced in healthy people, which suggested the universality of unconscious mental processes; and 2) during hypnotic trance, hysterical symptoms could be temporary suspended, displaced or created anew, which hinted to the artificial character of the disease. We shall return to these apparently opposite ideas at the final section.

Somewhat different were the accounts given by Freud about the scientific research of hysteria. In his *Autobiographic study*, Freud ([1925] 1955) remembered the frustration he felt when hysterical patients disqualified the diagnoses that he – also trained as neurologist – proposed. It was clear, at least in Charcot's lessons and iconography, that hysterical

³ Despite that French doctors were not enthusiasts about Gall's phrenology nor Galton's photographic composites, anthropometry was an active trend in France due to the work of Bertillon. By contrast, Charcot's psychiatry conceptualized the body as a functional system, instead of a region that needed to be mapped.

symptoms were visible and relatively susceptible to manipulations. Freud, on the contrary, adopted an abductive reasoning – quite familiar with the rhetoric of detective stories (Burke 2012, 36) – to describe those symptoms as polysemous and elusive. Returning from Paris, Freud collaboration with Joseph Breuer led him to progressively abandon hypnosis and replacing it with the methods of catharsis and free association. In the dawn of psychoanalysis lies a counter-intuitive aspect of mental health: despite that psychotherapy was slower and more modest than hypnotic, electric, or hydropathy treatments, it was the only secure path towards a lasting cure. In *Studies on Hysteria* (Breuer and Freud [1895] 1955) appeared for the first-time key concepts like ‘repression’, ‘sexual drive’, ‘pleasure principle’ and ‘mental image’ – yet the enigma of hysteria was far from being solved. Before entering in the details of psychoanalysis, it is important to heed that Freud performed two parallel endeavors. On the one hand, he crafted hypothesis to explain neuroses and unconscious phenomena. On the other hand, he suited a grandiloquent history about the emergence of psychoanalysis. Just as some psychiatrists have distrusted Freudian theories, certain historians of science have questioned the narrative of psychoanalysis given by Freud and defended by his disciplines. This quasi-formulaic narrative portrays Freud as a solitary hero, who discovered the true nature of the unconscious mind despite the harsh objections he had to endure. Contrary to this depiction, Sadoff (1998, 247) rightly indicates that from the beginning Freud counted with the assistance of colleagues interested in the treatment of neuroses and he gave good use of the experimental psychophysiology developed by the end of 19th century⁴.

Most notably, psychoanalysis advanced a hybrid between the sexual theories of Hippocrates and the psychic etiology of Charcot. Freud formulated the notion of ‘psychosexuality’ as a flexible category to delineate the misleading hysterical symptoms. To fully grasp this maneuver, we need to take into consideration the successive conceptual transformations that psychoanalysis went through in a relative short period of time. While working with Breuer, Freud thought that hysteria was the outcome of sexual abuse, but in 1897 he dropped this ‘seduction theory’ and postulated instead the existence of unconscious fantasies – where the child longed for the physical contact with his parents – as the origin of hysterical symptoms. In turn, this shift elicited a psychosexual development scheme in which different parts of the body are consecutively erogenized until the infant reaches puberty. The determinative point of this development is the phallic phase (around age five) when the child longs for the mother, rivals the father, and eventually, out of fear of castration, represses his own drives. Even though that the Oedipus complex prefigured in texts such as *Three Essays on the Theory Sexuality* ([1905] 1955), Freud waited until *The Ego and the Id* ([1923] 1955) to offer a more systematic description of this phenomenon. In his last years, the Austrian psychoanalyst was concerned with the difference between sexes and its psychological implications. As psychoanalysis matured, hysteria – insofar a topic of research – lost prominence as it was subsumed by the category of ‘neuroses’. This was not only due to a conceptual rearrangement, but also the result of the increasing interest of psychoanalysis in other pathologies such as psychosis, shell-shock, fetichism, etc.

Freudian views on psychosexuality provoked scandals. In the 1920s, respected scientist such as Ramón y Cajal, Münsterberg and Kraepelin displayed apathy towards psychoanalysis. In the 1930s, The nazis burnt his books calling them Jewish pornography. The harsh critiques of analytic epistemologists – Popper, Nagel, etc. – appeared soon after. For our purposes, we shall focus on the debates between psychoanalysis and feminism, since those discussions revived the suspicion about the clinical status of hysteria. When the late Freud explored the female Oedipus complex, he advanced some misogynistic ideas about the psychological inferiority of women. Notions such as ‘penis envy’ and the alleged supremacy of the vaginal

⁴ For an early rebuttal of the alleged originality of Freudian ideas, see the lecture given by Janet (1912, 52) “Abus et exagération de la psycho-analyse”.

orgasm over clitoral ones woke rejection even within psychoanalysis. Although there were female psychoanalysts like Jeanne Lampl-de Groot y Helene Deutsch that supported Freud's views, the protesting voices of Karen Horney, Josine Müller and Melanie Klein were highly influential in further developments of psychoanalysis. These authors claimed that men felt envy towards motherhood and asserted that there were indeed mental images of the vagina in pre-Oedipal stages of development. This kind of debates started in the 1940s, seemingly at first as entirely academic disputes that posed no significant challenges to the institutional life of psychoanalysis. Yet, the controversies became increasingly heated due to the seminal works of Simone De Beauvoir (1949) and Kate Millet (1970), who contested that psychoanalysis failed to understand female alterity, reinforced the patriarchy and pathologized women who refused to become mothers. In the mid-20th century, sexuality was redefined: it was no longer a clinical phenomenon studied solely by doctors, but rather it was seen as a contested theme – with its correlative space in the human body – that articulated individual freedom and political projects.

At this point we might benefit from paying attention to the colloquial use of the word 'hysterical'. Despite the efforts of Briquet in clarifying that hysteria was not solely a female condition, this adjective still holds a sexist connotation today. In quotidian language, a woman turns 'hysterical' when her emotions reach such intensity that her own judgment gets nullified. Here one can see the gender clichés at work by opposing the rational masculinity against the sentimental femininity. More interestingly, once the term is used in this belittling manner, the clinical status of 'hysteria' also gets affected. To say that a woman 'has turned hysterical' suggests that hysteria is a transitory episode of exaltation – likely to settle down with enough patience and relaxing techniques – instead of a structural pathology⁵. This conceptualization of hysteria as a plain episode somehow resembles the attitude of some doctors at Vienna – Theodor Meynert comes to mind – who dismissed hysterical patients by claiming that they were just women in seek of attention. Even though contemporary psychiatrists have made the plea to avoid the colloquial use of their scientific terminology, feminist authors have pointed out that misogyny is still palpable there. The alleged psychic inferiority of women and the conditioning of her maturing process through motherhood reinforce the idea of female fragility and rejects the image of a self-sufficient woman. Despite that even today some orthodox psychoanalysts remain aloof to the feminist critique, most of the field has tried to modify their views in the light of those accusations (Díaz 2022).

A particularly interesting example of this revisionist trend is the case of Luce Irigaray. She revisits Freud and Lacan to question the women's place in psychoanalysis following the odd aphorisms about the 'dark continent' and the 'inexistence of women'. In *This Sex Which Is Not One*, she dissects the elements articulated by classic theories on female sexuality: masochism, repression, penis envy, etc. Regarding 'hysteria', Irigaray (1985, 138) tries to open a middle ground between psychoanalysis and feminism:

Is it [hysteria] a pathological condition? I think the response must be 'yes and no'. Culture, at least Western culture, constitutes it as pathological. [...] But this 'pathology' is ambiguous because it signifies at the same time that something else is being held back, kept in reserve. In other words, there is always, in hysteria, both a reserve [of] power and a paralyzed power. [...] And in hysteria there is at the same

⁵ The notion of 'structure' in health sciences goes beyond that its usual contrast to 'function'. Even after Charcot discarded the diagnosis of injuries in the nervous system, Freud insisted that hysteria consisted in character traits rooted in the patient's habits that it could be best understood as a particular psychical structure. This anticipated the psychiatric taxonomies of personality disorders.

time the possibility of another mode of ‘production,’ notably gestural and lingual; but this is maintained in latency. Perhaps as a cultural reserve yet to come...?

Feminist psychoanalysis not only denounces the pathologization of female experience, but it also tries to subvert the pivotal notion of ‘hysteria’ to turn it into an emancipatory tool for women. Since sexuality is a region of political struggle, the reappropriation of hysteria went through the same path of the vindication of witchcraft, prostitution, lesbianism and paganism. Again, Irigaray (1985, 139) asserts that men have indeed gained power positions due to the stigmatization of female sexuality, yet at the same time those men have excluded themselves from a vast ray of religious, community, emotional, and corporeal experiences. Hysteria certainly is a painful experience, but it is not the result of women’s inherent deficiencies, being rather the outcome of an obliterating symbolic violence that reduces and fractures female subjectivity. Following on this thread, Chodorow (1991) comments that the emancipation of women does not necessarily require the overthrow of psychoanalysis. Despite the patriarchal social imaginary perpetuated by Freud, psychoanalysis insofar a therapeutic technique allowed women to reintegrate their fractured psyches. The ‘cure’ of hysteria, therefore, should not aim for a less sensitive woman who is comfortable with motherhood. Instead, the desirable outcome of therapy should be the reconciliation of the patient with her own emotions and body. It remains open the question if psychoanalysis is willing to – or able to – transform itself in that direction.

Returning to a panoramic view, we can see that these controversies not only occurred at the interior of scholarly communities, but also were embedded in an algid social context. During the 1960s appeared the first contraceptive pill, which infused the campaigns for free love and bodily autonomy. Another significant social movement of that decade was anti-psychiatry with its sharp critiques to the forced institutionalization of patients and to the very concept of mental illness (Cooper 1971). It is no coincidence that Goffman and Foucault analyses of psychiatric wards appeared in those times. In this context, the disciplinary hegemony of psychoanalysis was threatened, with several terms of its jargon being heavily disputed. Two further events were partially responsible for the decay of Freudianism in North America and, by extent, a renewed skepticism about hysteria. The first one, boosted by the feminist critiques just reviewed, was the work of John Money, Ralph Greenson and Robert Stoller (1968) on gender identity and sex reassignment surgery. Those authors set a difference between ‘sex’ and ‘gender’, relinquishing the former to biology (genitalia) and retaining the latter for psychology (social imaginaries). Under this scheme, the question about femineity was no longer focused on vaginal orgasms and fertility, but rather in the conformity felt by a woman with the cultural expectations associated to her assigned gender: color rose, dresses, dolls, delicacy, etc. Each society configured different gender roles and stereotypes, which motivated third-wave feminism to explore the ‘social construction’ of gender through the lens of post-colonialism. Feminist historian of science Donna Haraway (interviewed by Penley and Ross 1990, 11) lamented this shift: “one of the unfortunate results of the position of feminist constructionists is that biology (which you equate with the ‘sex’ side of the sex/gender split) has been undervalued as a realm of investigation.” And effectively, this interjection of psychiatry and feminism produced a re-distribution of relevant research themes. On the one hand, psychiatrists dropped the term ‘psychosexuality’ and studied clinical phenomena that were clearly related to biology. For instance, Stoller explored issues such as hermaphroditism, paraphilias, erectile dysfunction, etc. On the other hand, the novel field of ‘gender studies’ explored the economic, cultural, and linguistic factors that conditioned the negotiation of gender roles. Since psychiatrists had never been able to establish an organic etiology of hysteria, and since feminists became interested in cultural-linguistic relativism – in detriment of materiality – then hysteria as a topic of inquiry disappeared. This is no exaggeration: the word ‘hysteria’ is completely absent in the work of now-classic authors such as Schiebinger (1991), Pinkola (1992), and Federici (2004).

The second event that facilitated the decay of psychoanalysis and the disappearance of hysteria was psychiatric pharmacology (Kandel 2005). In 1949 John Cade had discovered the regulating effects of lithium in maniac patients and soon after Irving Selikoff and Ronald Kuhn developed the first antidepressants. Their results proved that it was possible to relieve psychic pain without necessarily pursue a years-long analysis aiming to uncover repressed trauma. By 1952, diagnosis manuals of the American Psychiatric Association (APA) had already removed the word ‘hysteria’, arguing that its multivocal symptomatic manifestation were an obstacle to establishing a more standardized nosography of psychiatric disorders. That same reasoning was employed by Robert Spitzer and Joseph Fleiss (1974) with the intention of reformatting the DSM-II, still very influenced by psychoanalysis and widely used as a consultation book by non-psychiatric doctors. In the 1970s converged the pressure from social movements who were actively trying to de-pathologize sexuality and the emergent pharmaceutical industry who was pushing towards a taxonomy of diagnoses based on organic causes. Notably, in 1974 homosexuality was excluded from the DSM-II as a personality disorder and by that time the National Institute of Mental Health shifted its research policy from a psychosocial focus to a bio-psychiatric scope (Horwitz 2010). As a culmination of these disputes, the APA published in 1980 the DSM-III⁶, a diagnosis manual with no trace of psychoanalytical terminology such as ‘psychoneuroses’, ‘castration anxiety’ or ‘defense mechanism’.

Predictably, afterwards hysteria was no longer considered a clinical entity and its signature symptoms were redistributed among several personality disorders. This displacement from ‘psychiatric disorder’ to ‘personality disorder’ – a lessening in the hierarchy of pathologies – now seems self-evident, but it was anticipated by the *Minnesota Multiphasic Personality Inventory* (Hathaway and McKinley 1967). This popular personality test included a subscale named ‘hysteria’ that encompassed dramatic tendencies, intense affectivity, conversive episodes and promiscuity. This precedent eased the transition from hysteria in the DSM-II to borderline and histrionic personality disorders in DSM-III (Bollas 2000; Nocaís, Araújo and Godinho 2015). Also predictably, such rearrangement elicited multiple reactions. In the United States, Veith (1965) published one of the first historical studies of hysteria as a disease, going back to Ancient Egypt and praising the first treatments developed in the renaissance. On other line, Lacan (n.d.)⁷ in France admitted that hysteria as a pathology had dissolved into a cultural phenomenon – a transformation correlated to the increasing political agency of women. Other authors tried to find a middle ground by acknowledging that 20th century hysteria did no longer resemble the cases of the Salpêtrière but remained nonetheless a clinical entity. Since the essence of this disorder is mimesis, it was not unlikely to assert that present-day hysterical patients deployed another set of symptoms. In this sense, it has been argued that mass hysteria (Sirois 1974), stress (Rosch 1995), false memories (Scott 1996) and anorexia (Recalcati 1997) are novel manifestations of hysteria. Those reformulations, however, have had little success outside psychoanalytic communities.

To finish this section, we might coin the term ‘hysteria wars’ to refer to the brief, yet quite vivid, bibliographic exchange among literary critics⁸ interested in the social construction of hysteria. Some scholars defended the existence of hysteria and ratified its pathological nature (Showalter 1997; Mitchell 2000) while others vehemently rejected it (Micale 1995; Mazzoni 1996; Logan 1997). The first side, so to speak, appealed to the corporal

⁶ Spitzer was hired as the main editor of this new version, which deliberately recovered Kraepelin’s nosography to craft a theoretical background consistent with the renewed interest in neurology.

⁷ The *Seminar Book XXIV*, still untranslated in English. French transcriptions from the audio recordings and unauthorized Spanish translations are available on the Internet.

⁸ Freud was more akin to quote poems than scientific articles. In 1930 he received the Goethe Prize.

alterations of the patients and their associated therapeutic practices, while the second group was more interested in the narrative styles invented in Victorian literature. Those voluminous books do not always reflect the archival research signature of historians, not only due to that most authors came from other disciplines, but also because each one of them set their research questions rather idiosyncratically. Therefore, some texts show sympathy towards psychoanalysis (Kahane 1995), while others display strong rejection (Ender 1995). Remember that theoretical and phenomenal skepticism do not always come together. It is possible to distrust the psychiatric efforts to pathologize sexuality and yet recognize that hysteria is a real – albeit not necessarily ‘clinical’ – phenomenon. Such is the stance of Blazer (1994), who shows how the notions of ‘conversion’ and ‘psychosomatic’ were rhetorical devices to question the exhibition of feminine affectivity. In a similar direction, Brogen (1998) comments that several of Freud’s intuitions were correct, yet he mistakenly believed that hysteria was caused by obscure traits of the organic constitution of women. Hysteria indeed existed, but solely as a peculiar manner to resist the symbolic violence of patriarchy and to unfold novel body performances that sought to satisfy repressed desires. The ‘hysteria wars’ dissipated before the 2000s without reaching a consensus. Yet this bibliographic exchange attests that even one century after Charcot, hysteria remains as enigmatic as ever.

Ontological Accents in the History of Hysteria

What lessons could we extract from this sketchy history of hysteria? It is important to avoid taking for granted the ontological status of hysteria beforehand by siding with those who define it as a clinical entity or a cultural phenomenon. To do so, we might serve from Danziger’s (2003, 23) “psychological object”, which differs from both the phenomena belonging to natural kinds and to socially shared representations. Indeed, hysteria is not a natural phenomenon, since its symptomatic manifestations are highly inconsistent – yet it is not a discursive effect neither, since this situation entails a material encounter between patients’ bodies and doctors’ techniques. We have seen that hysteria as a research topic was intermittent throughout the 20th century. Now we might question if this is the reason behind hysteria’s multivocal traits or if it might be the other way around. Would it be possible that the ontology of hysteria – not as a theme, but as an object itself (Hacking 2002, 11) – is so labile that it is the cause for the plethora of scientific and social controversies around it? We could give two reasons to support this claim. First, despite the dismissal of psychoanalysis in the DSM-III, novel forms of hysteria have appeared disguised as other disorders. Second, hysterical symptoms do not shift as erratically as they might seem, since they respond sensitively to the scientific-clinical devices they are subsumed to. While hysteria is dramatically seductive within Charcot’s iconographic setting, it reveals the frightening fantasies of sexual abuse at Freud’s couch. What new shapes would appear if hysteria is conceptualized and treated in novel frameworks? Also, what would happen if hysteria were left aside – untheorized and unintervened – to wander aimlessly? Psychological objects are difficult to grasp due to their immaterial and inter-relational nature. Yet they share with other scientific objects a crucial aspect: if they are systematically studied, their ontology gains stability and, inversely, if they are not subject of inquiry and manipulations, they lose consistency (Latour 2000).

We should clarify the artificial character of hysteria inferred from its manipulability. Usually, ‘artificiality’ is understood as the opposite of ‘natural’ – therefore, if scientific facts are supposed to reveal the truths of the Book of Nature, ‘artifacts’ are deceiving. We must avoid this traditional view if we want to understand this issue without falling into skepticism. Let’s return once again to Charcot, whose work was embedded in a period in which French medicine was particularly interested in distinguishing ‘true’ and ‘artificial’ cures. At the beginning of 19th century, mesmerism provoked awe in scientists and laypeople alike. In 1825 there was conformed a royal commission – nowadays we would call it ‘interdisciplinary’ – to

determine whether the healings were due to the administered liquid or the suggestive effects of the physician. The trials revealed that a great number of patients improved without the substance, therefore the royal commission concluded that the doctor exerted a significant influence in the process. A few decades later, the same judgment was applied to hypnosis. While Bernheim openly admitted the role of interpersonal suggestion, Charcot defended the inherent properties of hypnosis (Chertok and Stengers 1992)⁹. Despite that hypnotic experiments were not entirely useless its clinical reliability could not be stated. For sure, the symptoms disappeared during the hypnotic trance, but no one could explain what was taking place in this transient healing. Yet it is important to remember that Charcot, unlike other physicians who endorsed a positivist epistemology, embraced a strong pragmatic stance. He privileged the clinical ethos over the scientific pretensions of establishing testable hypothesis and plain explanations of the observed phenomena. One of his most famed phrases was “*la theorie c'est bon, mais ça n'empêche pas d'exister*”, which meant that even if circumstances were unclear, the pathology and its healing were uncontested phenomena.

A similar pragmatic approach – sympathetic to scientific realism – has gained popularity among contemporary philosophers of science. For instance, Stengers (1997) considers that the pivotal task of science is not to discriminate between seemingly natural and artificial objects, but to render them instruments for controlled interventions. In this regard, Charcot was only partially successful, whereas Freud certainly faced the ‘artificial’ phantasies of his hysterical patients – the best-known case being Dora – and was able to turn the dangers of transference into the prime technical guideline of psychoanalysis. Transference neuroses are no less artificial than the symptoms induced during the hypnotic trance, but the latter remained an ephemeral event while the former allowed psychoanalysts to become a disciplined community. Another philosopher of science who endorsed pragmatism was Latour (2010), who went as far as to coin the neologism ‘factish’ – a mixture of fact and fetish. Since natural facts must be socially constructed to gain stability and fetish remain operative despite their artificiality, Latour suggested to drop this dichotomy and focus instead on the agency distributed among several actors. These ideas are harmonious with his previous theses about technoscience, yet it is important to observe that the French philosopher employed the term ‘factish’ alluding specially to religion and psychiatry. In later works, Latour (2013, 195) not only insisted that the ontology of scientific objects demanded constant theorization and intervention, but he also indicated that psychological phenomena manifested themselves in a particularly intermittent, uncertain and invisible way. We are not entirely sure if that characterization suits all phenomena studied by psychology, but it suitably describes hysteria. The paradox of artificiality lies in a feedback loop in which the more effort is put to clarify a multivocal phenomenon, the more stable – and therefore real – it will become. Under this light, we could venture a variation of Charcot’s adagio and apply it to the question of the existence of hysteria: “*une ontologie labil est néanmoins une ontologie existante*”.

By specifying the peculiar ontology of hysteria, we are not necessarily returning to naïve realism or whig history. Our purpose is not to ratify the accounts of psychoanalysis or to undermine the objections raised by feminists, antipsychiatrists, bio-psychiatrists, or literary critics. On the contrary, our intention is to point out how scientists and non-scientists have debated about the existence of hysteria and, furthermore, how those debates have shaped its very substantiality. As our historical recount demonstrated, even if some thought-collectives provided a coherent psychological or cultural explanation of hysteria, the consensus around the topic were as fluctuant as the symptomatology of the disorder itself.

⁹ This type of experiments prefigured the contemporary practice of double-blind clinical trials. Chertok and Stengers distrust the validity of this method, since it seeks to isolate the cure instead of properly explaining it.

For future inquiries, we might explore how the controversies and their effects change once they crossed the inner walls of scientific communities and reach other social actors. Lawrence (1985, 510) reminds us that Victorian physicians were especially concerned about retaining their legal status as the only authorized group to act upon illnesses. By appealing to tacit knowledge – i.e., clinical eye – doctors contested that only they had the ability to properly recognize a disease and treat it. This already problematic argument (Lynch 2014, 106) becomes even more dubious in the domains of mental health¹⁰ where intermittent phenomena prevail. Further questions could be launched: is it possible to assert that those anti- or bio-psychiatrists who denied the existence of hysteria were lacking the proper tacit knowledge to deal with this disorder? And what about non-clinicians like feminist scholars and literary critics? Despite that they have become familiar with psychoanalytic lingo, one might argue that they also lack the necessary know-how. Or, on the contrary, do they bring their own tacit knowledge about biology, gender and literature to counteract the pathologization of female subjectivity? How does hysteria, intermittent in itself, reacts when several know-hows are displayed in the controversies around it?

From another perspective, more akin to ethics and politics, we could try to understand this issue retaking the difference between *scientia sexualis* and *ars erotica* (Foucault 1978, 70). While bio-psychiatry attacked psychoanalysis for being *underscientific*, gender studies argue that it is *overscientific*; that is, Freudian theories homogenize sexuality to an extent where any deviation from heteropatriarchy becomes a pathology. The issue goes far beyond Freud's alleged personal misogyny. What it is at stake is that *scientia sexualis* – insofar epistemic discourse and disciplining devices – inhibit the possibilities of emancipatory practices that allow for novel pleasures, emotions and bodily experiences. Foucault suggested that such emancipatory practices (*ars erotica*) were suffocated in Western societies by *scientia sexualis*, while ancient Eastern civilizations preserved them without formalizing them into scientific knowledge. It has been argued that this situation reflects a curious case of sublimation: Western men prefer to discuss about sex, while Western women and non-Western people engage in sexual practices without the pretension of establishing a standardized *logos*¹¹ (Rocha 2011). As our historical recount showed, psychoanalysis as a discipline was somehow aware of this tension. While some authors insisted that hysteria was indeed a pathology that required (scientific) treatments, others posed no resistance to admit that hysteria had become a cultural matter of concern. In this latter position – signature of post-Lacanian psychoanalysis – there have been some efforts in distancing psychoanalysis from the homogenization of *scientia sexualis*. Remember how Irigaray tried to reappropriate hysteria as a mean towards a strengthened femineity. Inspired in the late Foucault, Acosta (2023) has made a plea for psychoanalysis to become a self-care device. It remains open the question of the emancipatory potential of psychoanalysis and whether this might be unleashed through discourses (*scientia*) or practices (*ars*).

All the preceding comments serve as preliminary notes for further inquiries that explore the history of psychoanalysis in general and hysteria in particular from a standpoint that avoids naturalism and constructivism. We have shown that the emphasis in ontology might be a 'security measure' against the adverse reaction of skepticism. Still, it is not enough to state that it is possible to conduct research that reinforces scientific realism¹². It would be

¹⁰ Freud constantly warned about the dangers of 'wild psychoanalysis' and insisted that, as part of the training, doctors should be analyzed as well.

¹¹ The case of the Marquis of Sade comes to mind. Also, we might recall the mean joke that Freud was obsessed with sex, partially because he did not have it often enough.

¹² Of course, historians of science are not obliged to adopt scientific realism as the compass for their research. But 'Freud wars' and 'science wars' have made clear the dangers of theoretical and phenomenal skepticism.

useful to anticipate some of the ways by which skepticism infiltrates into history of science. Thus, we will finish this section by dissecting two rhetoric strategies (in Fuller's sense) that induce skepticism, drawn from our history of hysteria, but potentially present in other cases as well.

The first strategy is to employ transcultural and/or transhistorical evidence to confirm or refute theoretical claims. See how Veith (1965) published the first long-range historical study of hysteria, precisely to defend its clinical status in times of heated controversy. Another example can be found in the numerous reports, during the 1990s, of epidemic hysteria cases in non-Western cultures. This confirmation strategy dangerously flirts with both anachronism and cultural colonialism by reducing – thereby invalidating – manifold experiences like spiritual possessions, mystical ecstasy, and collective intoxications to a single psychiatric discourse (Bartholomew 1990). Beneath this strategy lies a sort of absolutism akin to naturalism. If a psychological phenomenon is said to be real, then it must be ubiquitously and regularly present regardless of our different attempts to represent or manipulate it. If hysteria is a real pathology, then it must be like malaria or tuberculosis, a disease capable to travel cultural and linguistic frontiers and affect people from other places (Latour 2000). That subreptitious absolutism is the reason why this strategy can be used to refute claims that are posed as general facts. By the end of the 'hysteria wars', Borch-Jacobsen (2002) used this tactic by comparing two psychiatric disorders – schizophrenia and hysteria – to underscore the difference between the facticity of the former and the fictionality of the latter. To support this claim, the author argued that: 1) real psychiatric disorders, ultimately, must be explained by organic causation whether it be genetic or neurological; 2) psychiatry cannot rely solely on the healing effects of certain therapies, since artificial settings can mislead us to believe in diseases and cures that are mainly the product of suggestion; 3) scientific psychiatry must avoid multivocal taxonomies in order to prevent confusion, therefore multifaceted conditions – such as hysteria – must be expelled from diagnostic manuals. Indeed, Borch-Jacobsen is a fine historian, capable of magnificent archival research – yet his underlying epistemology is utterly positivistic. As it should be clear by now, our approach differs radically in two aspects. First, we are not interested in any prescriptive/normative conclusions drawn from historical research. Second, and most importantly, we are concerned in exploring the controversies that surrounds a given phenomenon in a manner that does not cast doubt on its existence. We shall be alert of this absolutist reasoning that might lead us straight back to reactionary mindsets.

The second strategy is the disembodiment of a material phenomenon; or, to put it differently, the linguistic reduction of empirical procedures¹³. Again, we saw that during the 'hysteria wars' some authors stressed the suffering bodies of patients, while others focused on the narrative styles used to articulate the female affectivity. Expectable, the first group easily recognized the clinical status of hysteria, while the second one disputed it. Here we can observe two traditions at odds in the history of science. On the one hand, the history of science concerned with instruments and practices of science in the making. On the other, the history of science heir of the history of ideas, interested in the theories, concepts, and texts that contains refined already-made science. On this point, Dear and Jasanoff (2010, 763) assert that:

Separating knowing from doing is itself an artful accomplishment, not easily captured by following ideas and their evolution. The creation of the twin categories science and technology, and others functionally similar to them [like theory and therapy],

¹³ I use 'material' and 'empirical' without committing myself to old-fashion objectivism and its axiom of the phenomenon's independence from the observer. According to Danziger, psychological objects are simultaneously shaped by experimental and discursive practices.

involved much work in establishing the appearance of a fundamental difference between the two.

Charcot might be condemned for being an exhibitionist, yet no one at the Salpêtrière dared to suggest that patients were faking their symptoms. Far away from the hysterical bodies – like in Vienna in the 1890s, the *Revista Colombiana de Ginecología y Obstetricia* in the 1950s or the APA in the 1980s – it is easier to be suspicious. Amusingly enough, this very strategy was inadvertently employed by psychoanalysts in two crucial moments. First, when Freud dropped his seduction theory. Even if such decision seemed justified, there is an evident difference between an abused body and the phantasies of physical touch. Second, in post-Lacanian psychoanalysis there has been an increasingly rejection of biology and a marked appreciation of linguistics. Kristeva (1980, 273) explores hysteria, not even as an emotionally dense phantasy but rather as a seductive usage of language. Whereas in Freud we still had the maturation of bodies in his psychosexual development scheme, in Lacan we are only left with signifiers and empty symbols.

Conclusion

We were not exaggerating when claimed that history of sexuality produced irresistible attraction. The question is towards which direction are we being attracted to. Do we regress to naturalism if we highlight the technical procedures that shape psychological objects? Do we fall into constructivism¹⁴ if we emphasize cultural disputes? In this essay we tried to avoid both positions, accentuating the ontological particularity of hysteria as a psychological object. This does not mean that we have concealed the heated controversies around it. On the contrary, we have indicated how the phenomenon changed due to those debates. Further inquiry might explore how tacit knowledge is displayed between scientific and non-scientific actors and to which extent can psychoanalysis distance itself from the position of *scientia sexualis*. We have also outlined some arguments that can be used to reinforce scientific realism or to induce skepticism when conducting research in history of science. Scientists and historians alike must choose wisely, since they risk destroying the very object of study.

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¹⁴ There are many versions of constructivism. By using Latour's theses, I have sided with a ‘radical constructivism’ – highlighting agency – and distanced from ‘social constructivism’ and its emphasis in representations.



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