2 From Disappearance to Reappearance of Image-Based Hysteria Research

In the closing years of the nineteenth century, both Charcot's neurophysiological understanding of hysteria and his image-based approach to investigating this disorder fell into disfavour.[1] After Charcot's sudden death in 1893, several of his most prominent former pupils, such as Pierre Janet, Sigmund Freud, and Joseph Babinski, shifted toward a psychologically informed understanding of hysteria.[2] Famously, hysteria played a pivotal role in Freud's development of psychoanalysis, to which it remained closely linked throughout the twentieth century.[3] Due to the widespread acceptance of Freud's views, hysteria ceased to be perceived as a neurological and became a psychiatric disorder instead.[4] However, in the second half of the twentieth century, the interest of the medical and psychoanalytic community in hysteria abated.[5] Moreover, the dominant classification systems of psychiatric disorders officially stopped using the term hysteria.[6] An admittedly contested medical category, which had nevertheless been around for centuries, hysteria was replaced by new diagnostic labels. But the new labels kept changing across various editions of the classification systems.[7] In the process, hysteria's constantly shifting nosological successors became even less popular and thus rarely diagnosed.[8] For all intents and purposes, in the twentieth century,

1 See, e.g., Scull, *Hysteria*, 129–30.

2 In sections 2.1.2 and 2.1.3, I will analyse Janet's and Freud's reconceptualisation of hysteria. For Babinski's dismissal of Charcot's views on hysteria, see Goetz, Bonduelle, and Gelfand, *Charcot*, 322; and Micale, "Disappearance," 517–19.

3 See, e.g., Bronfen, *Knotted Subject*, 257–78.

4 See, e.g., Stone, "Assessment as Treatment," 364. See also APA, *DSM-I*, 31–33.

5 See, e.g., Stone et al., "Disappearance," 13–16; and Scull, *Hysteria*, 177.

6 Regarding the deletion of the term hysteria, compare APA, *DSM-II*, 39–40; and APA, *DSM-III*, 241–60.

7 Compare APA, *DSM-III*, 241–60; and APA, *DSM-5*, 291–327. The new labels, which include conversion, somatoform, somatisation, dissociation, and somatic symptom disorders, will be discussed later in this chapter.

8 Stone et al., "Disappearance," 12. It is important to emphasise that the terms 'nosographic' and 'nosological' are not synonymous. In the previous chapter, I have used the term 'nosographic' to denote the first stage of Charcot's anatomo-clinical method, during which he focused on

hysteria ceased to exist. At least, this is the so far rarely questioned consensus that reigns across different disciplines in the humanities—from art history, over cultural and literary studies, to sociology and history of medicine.[9]

The consistent belief in hysteria's disappearance might be the reason why the humanities have, until now, largely ignored the current image-based medical research into the nosological successors of hysteria. As I will show in this chapter, contemporary image-based studies of hysterical symptoms started to appear sporadically in the last decade of the twentieth century and have consolidated into a distinct and sustained research practice in the first decade of the twenty-first century. Furthermore, we will see that this research is grounded in the use of functional neuroimaging technologies, which allow scientists to visualise non-invasively local brain activities in living subjects. Comparable neuroimaging research into psychiatric disorders such as schizophrenia and depression has attracted widespread attention, and its impact on broader cultural discourses on mental health is intensely discussed in the humanities.[10] By contrast, neuroimaging research into hysteria has mainly been confined to specialists' medical and neurological circles. Neither the public discourse nor the academic debates in the humanities and social science have shown much interest in the results emerging from this still relatively novel research.

The omission of the humanities to critically engage with neuroimaging hysteria research appears to reflect a more general reluctance of the non-medical world to accept not only that hysteria might still exist but also that scientists are once again using images—albeit of a different kind—to try to solve its mystery. That hysteria "inevitably induces doubt" is hardly surprising if we consider the long and convoluted history throughout which this disorder often "muddled the medical and the moral."[11] Nevertheless, the present lack of non-specialist interest does not mean that the ongoing functional neuroimaging research into this disorder is irrelevant, especially if hysterical symptoms are as common in present-day clinical settings as contemporary studies claim.[12]

In this chapter, I will argue that the new image-based research has not yet reached the phase of being able to provide any definitive answers about the nature of hysterical

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establishing a detailed clinical description of a disorder's pathological type. By contrast, in the remainder of this enquiry, I will use the term 'nosological' to summarily designate diagnostic labels and categories in the present-day official classification systems of diseases. Put simply, 'nosological' means pertaining to the official systems of medical and psychiatric nosology. For more details on the nosology of modern psychiatry, see, e.g., Shorter, "History of Nosology."

9 See, e.g., Borch-Jacobsen, *Making Minds and Madness*, 5; Bronfen, *Knotted Subject*, xi; Hustvedt, *Medical Muses*, 5; Micale, *Approaching Hysteria*, 29; and Shorter, *From Paralysis to Fatigue*, 268–72.

10 See, e.g., Dumit, *Picturing Personhood*; Pickersgill, "Soma and Society"; and Rose and Abi-Rached, *Neuro*.

11 Porter, "Body and the Mind," 226, 230. For a succinct overview of the history of hysteria, see Scull, *Hysteria*. Later in this chapter, I will also analyse examples of such muddling of the medical and the moral when discussing how, in the second half of the twentieth century, doctors tended to summarily accuse hysteria patients of either simulating or exaggerating their symptoms.

12 See, e.g., Binzer, Andersen, and Kullgren, "Clinical Characteristics," 83–88. I will discuss this in more detail later in this chapter.

symptoms and, therefore, for the time being, functions as a "generator of surprises."[13] In other words, the findings that have so far emerged from neuroimaging studies are preliminary and, for this reason, remain far removed from an actual clinical application. Yet, if we continue to ignore this research, we might at one point be presented with polished, apparently straightforward results. Such results could then, in the future, not only inform clinical practice but also have broader, although, at this point, still unpredictable, cultural implications.[14] Currently, however, we have a chance to look under the hood and critically examine this ongoing research with all its uncertainties still open to view. The more we understand how neuroimaging studies deploy images to produce novel insights into hysterical symptoms, the better we will be equipped to judge their findings in an informed way, instead of either uncritically taking them for granted or summarily dismissing them as pretty but baseless pictures.

In the subsequent two chapters of this enquiry, I will address the current gap in the literature, first, by performing an in-depth analysis of how researchers use functional neuroimaging to investigate hysteria; and second, by discussing the kinds of novel insights they thereby produce. Hence, in chapters 3 and 4, I will apply the same approach to analysing the current hysteria research that I used in examining Charcot's work. But instead of moving directly from Charcot to contemporary image-based studies, this chapter aims to bridge my in-depth investigations of the two periods of image-based hysteria research through a shift of analytical perspective. Unlike other chapters of this book, in which I examine how different types of images were and are being used in the context of actual scientific practices, in this chapter, I am interested in addressing more general questions. What are the epistemic conditions of the applicability of images as investigation tools concerning hysteria, and how have they changed over time? To what extent can such changes in the epistemic conditions contribute to the disappearance and the reappearance of image-based hysteria research at given historical moments? Once they have been put to use as investigation tools in hysteria research, how do images influence the broader conceptual framework that has enabled their implementation?

To answer these questions, I will once again rely on Ludwig Jäger's claim that the meaning of a sign—be it an image, a spoken language, or a written text—is constructed through the symbolic activity of transcription. As discussed previously, in Jäger's sense, transcriptivity denotes an ongoing process of meaning ascription that entails establishing mutual references among signs, either within a single medium

13 Rheinberger, *History of Epistemic Things*, 31, 33.

14 For example, Joseph Dumit has shown that once image-based neuroscientific findings on depression and schizophrenia have entered into the public discourse, they have started to influence how people with mental illness perceive both themselves and their illness. See Dumit, *Picturing Personhood*, 156–69. See also his analysis about how neuroimaging findings suggesting that teenagers have biologically and behaviourally 'immature brains' have shaped both courtroom debates and broader discussions about the categories of adolescence and riskiness. See Dumit, "How (Not) to Do Things." At this point, it is too early to judge what broader sociocultural effects neuroimaging findings concerning hysterical symptoms could produce in the future. Nevertheless, drawing on Dumit's analysis, it is safe to assume that these images will have cultural ramifications once they start circulating in the general public or find application in the clinical context.

("intramedial procedures") or across different media ("intermedial procedures").[15] Put differently, as my analysis of multiple examples from Charcot's image-based hysteria research has underscored, an image can be interpreted in relation to other images or by anchoring it into a semantic framework provided by previously published scientific texts. Yet, what is of particular significance for our discussion in this chapter is that, according to Jäger, the process of transcription is dynamic in two ways. First, transcription produces a semantic effect not only on the sign whose meaning it stages but also on the symbolic framework into which it inscribes this sign.[16] It can thus be said that transcriptivity always generates bidirectional semantic effects. Second, since the meaning of a sign is contingent on its underlying network of transcriptive references, detaching the sign from this network can effectively make it meaningless.[17] In short, the semantic effects of a particular transcription are not permanent. They can always be called into question by alternative interpretations that posit a different set of intermedial and intramedial references.

Taking the cue from Jäger's theory of transcriptivity, in this chapter, I will argue that the ability of images to produce potentially meaningful medical insights into hysteria hinges on the broader theoretical framework within which this disorder is conceptualised at a given historical moment. More specifically, I will claim that whether hysteria is seen as a somatic or psychological disorder is of critical consequence for the applicability of images as investigation tools, irrespective of the particular technology on which the production of the images relies. To substantiate this claim, I will demonstrate that specific shifts in how hysteria was conceptualised in the medical context played a vital role in the disappearance of the image-based research at the end of the nineteenth century and the reappearance of the new image-based research a hundred years later. Furthermore, following Jäger's dictum that transcriptivity is not a unidirectional process, I will show that the current image-based research has eventually fortified the very conceptual shifts in the medical understanding of hysteria that had made its emergence possible in the first place.

Importantly, while my analysis will highlight the roles that particular conceptual shifts in the medical understanding of hysteria played in the disappearance and subsequent reappearance of the image-based research into this order, I have no intention of claiming that these were the only contributing factors. In fact, it would be a gross oversimplification to presume that either the disappearance or reappearance of image-based hysteria research could be attributed to a single set of factors. Instead, it is conceivable that, in each case, a complex interplay of social, cultural, economic, institutional, and technological circumstances played additional roles. However, a comprehensive analysis of all such factors remains beyond the scope of this enquiry due to my selective focus on the epistemic functions of images in hysteria research. Although not without limitations, such a strict focus has one significant advantage. It will allow me to examine the dynamic relationship between the general theoretical frameworks through which hysteria was and currently is being conceptualised and the

15 Jäger, "Transcriptivity Matters," 49–50.

16 Jäger, 63–64.

17 Jäger, 62.

applicability of images as research tools. So far, this aspect of hysteria research has been neglected in the humanities.

This chapter has the following structure. In the first part, I chart the gradual dismissal of images as investigation tools by linking it to the development of psychological theories of hysteria's aetiology in the late nineteenth and early twentieth centuries. The second part of the chapter is dedicated to discussing the subsequent division, relabelling, and the putative disappearance of hysteria in the second half of the twentieth century. In the third part, I analyse the circumstances that made the gradual reappearance of the image-based hysteria research possible. Finally, the closing part of the chapter examines how the current neuroimaging hysteria research legitimises the somatic framework that has given rise to it.

2.1 Gradual Dismissal of Images as Epistemic Tools From Hysteria Research

The demise of Charcot's image-based hysteria research at the end of the nineteenth and beginning of the twentieth centuries has been widely discussed in the humanities.[18] Across different accounts, this demise has been consistently framed in celebratory terms as a sign of scientific progress.[19] The dominant interpretation is that Freud rectified Charcot's mistakes. He achieved this by turning his "attention away from the seduction of the image" and the "empirically self-evident" external manifestations of hysteria.[20] More specifically, we are told that due to the insights gained during his four-month internship under Charcot in 1885 and 1886, Freud later challenged the epistemic validity of the visual evidence fabricated at the Salpetrière.[21] Reacting to Charcot, Freud rejected the images, whose creation had relied on the elaborate staging of the hysteria patients' bodies, and turned to the use of language. In doing so, Freud moved away "from the crudity of seeing to the subtlety of hearing."[22]

In what follows, I will suggest an alternative interpretation that does not ascribe the disappearance of image-based hysteria research to a single individual. Instead, drawing on Jäger's theory of transcriptivity, I will show that the loss of the epistemic functions of images in hysteria research was a gradual process inextricably linked to a cumulative shift in the conceptualisation of this disorder. We will see that first hypnosis and then hysteria ceased to be viewed as physiologically determined neurological conditions and became reconceptualised as subjective, highly individualised psychological phenomena. Importantly, I will claim that this shift was not induced by Freud alone. In particular,

18 See, e.g., Harrington, *Cure Within*, 59–60; Shorter, *From Paralysis to Fatigue*, 196–200; and Scull, *Hysteria*, 129–30.

19 See, e.g., Didi-Huberman, *Invention of Hysteria*, 278–9; Rose, *Field of Vision*, 38; and Showalter, *Female Malady*, 147–58.

20 Rose, *Field of Vision*, 97, 114. See also Didi-Huberman, *Invention of Hysteria*, 80; Gilman, *Seeing the Insane*, 200–4; and Showalter, *Female Malady*, 154–55.

21 See Didi-Huberman, *Invention of Hysteria*, 80, 279; Gilman, *Seeing the Insane*, 204; and Rose, *Field of Vision*, 96–7.

22 Gilman, "Image of the Hysteric," 415.