

Hysterical Men and Reasoning Women? On Gender Roles and Agency in Corona Fictions¹

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Abstract

In human beings, a common reaction to an external threat, crisis or death is fear. Although fear is a primary feeling of human beings, its expression and handling are well defined by cultural norms according to social categories such as gender. Albeit the analysis of social sciences showing that at the beginning of the Covid-19 pandemic women were more affected by anxiety and fear (cf. Singer et al. 2021, 64f.), many cultural productions classified as Corona Fictions (cf. Research Group *Pandemic Fictions* 2020, 322f.) feature male protagonists reacting in a hysterical way to the situation. How are these fictitious hysterical men represented? How do male protagonists deal with their anxiety? In which ways do they (re-)gain agency in this extraordinary situation? How do these hysterical men challenge the social norms of masculinity?

INTRODUCTION

In human beings, a common reaction to an external threat, crisis or death is fear. Although fear is a primary feeling of human beings,² its expression and handling

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- 1 This research was funded by the Austrian Science Fund (FWF): P 34571-G; Project team: Elisabeth Hobisch, Julia Obermayr and Yvonne Völkl.
 - 2 According to Robert Plutchik (1980, 14-16), contrary to the popular understanding of fear as an emotion, it is one of the primary feelings in human beings and animals and,

are well defined by cultural norms, therefore varying considerably according to the cultural context.

The Covid-19 pandemic – from the perspective of the global north representing a crisis of an unexpected or extraordinary scale in the 21st century – struck most people unprepared and suddenly confronted many with their own vulnerability and mortality (cf. Pérez Tapias 2022). In combination with the political reactions to it, including drastic measures to mitigate or contain the spread of the virus, this caused a sudden rise in anxiety and the feeling of insecurity (cf. Singer et al. 2021, 60-71). Albeit the analysis of social sciences showed that women were more affected by anxiety and fear at the beginning of the Covid-19 pandemic (cf. *ibid.*, 64f.) (or alternatively they may have been more likely to admit these feelings), many cultural productions classified as Corona Fictions (cf. Research Group *Pandemic Fictions* 2020, 322f.) feature male protagonists reacting in a hysterical way to the situation. How are these fictitious hysterical men represented? How do male protagonists deal with their anxiety? In which ways do they (re-)gain agency in this extraordinary situation? How do these hysterical men reactivate or challenge the social norms of masculinity?

After outlining the relation between gender, social norms and the contemporary importance of hysteria, this article will elaborate briefly on the concepts of agency and anxiety in Corona Fictions. Based on this conceptual frame, three representations of hysterical men in Corona Fictions will be described with a literary, media and gender studies perspective.

GENDER, SOCIAL NORMS AND HYSTERIA

The binary, complementary and hierarchical understanding of gender has been common ground in Western societies since the 18th century. From the naturalist argumentation of an organic difference between women and men (cf. Laqueur 1990) the theory of their different characters, strengths and weaknesses according to biological gender affiliation was developed (cf. Hausen 1976; Honegger 2011, 104f.; Gronemann 2013, 43). The social norms resulting from this view of human beings determined binary gender roles, clearly defining gender-specific possibilities and obligations within a society (cf. Honegger 2011, 104). From the start, the emotions were an essential part of this binary, complementary and hierarchical gender model and its systematic. Due to the presumed dominance of emotions in

as a response to a cognition process, an essential part of his conceptualization of emotions in a broader scientific context.

their character, women were considered less capable of reasoning (cf. Micale 2008, 102; Zehetner 2012, 150); from this ‘fact’ many restrictions for female education, professional perspectives and self-determination were deduced (cf. Honegger 2011, 102-105). Of course, the discourse disseminating the binary gender model also influenced the understanding of virtues and vices and established clear rules for socially acceptable behaviour for men and women (cf. Gronemann 2013; Völkl 2022). For example, men were ridiculed when expressing fear and women admonished for any excessive emotional expression (cf. Völkl 2022, 299f. and 313). Consequently, the socially accepted ways of expressing emotions, such as fear, vary according to gender and are strongly determined by social norms of behaviour also in the world today.

In a similar way, social norms in combination with the medical discourse and the current scientific view of the human body define the border between legitimate forms of expression or behaviour and pathologies, especially in psychiatry (cf. Zehetner 2012, 148f.). For the feminist literary and cultural studies of recent decades, hysteria is a prime example of the disadvantages suffered by women in a society shaped by the binary, complementary and hierarchical understanding of gender.³ The male scientific medical discourse defines what is normal and sane and also what is to be considered as a disorder. At the same time, men examine and analyze women judging if the symptoms indicate a certain disease,⁴ often without being conscious of their gendered view of their patients. In order to have their complaints legitimized as a socially acknowledged disease,⁵ women have to consult doctors who are mainly men, educated with a deeply rooted medical male gaze, who are to examine, describe and interpret their symptoms. At the same time, due to the societal frame and the restrictions in higher education over a long time, it was impossible for women to get access to the scientific elite (cf. Micale 2008, 100f.), which would have theoretically enabled them to enrich the medical discourse on women with a genuinely female perspective (cf. Zehetner 2012, 150).

3 Cf. for example Shorter 1994; Showalter 1997, 52-54; Micale 2008; Zehetner 2012.

4 In this case I chose to only refer to male doctors and female patients, because during the main epoch of medical interest in hysteria, the 19th and early 20th century, it was impossible for women to become doctors, but the main portion of patients being diagnosed with hysteria were female (cf. Showalter 1997, 33; Micale 2008, 5f.).

5 It is important to underline that ‘disease’ means a culturally constructed and medically classified combination of symptoms, which is socially legitimized and entails a diagnosis as well as a therapy, whereas the term ‘illness’ refers to the personal experience of suffering (cf. Theriot 1993, 3; Zehetner 2012, 119).

With regard to hysteria, numerous feminist analyses and critical studies have shown that since antiquity it stands out as a disease that was diagnosed by male doctors in female patients.⁶ Although downplaying the social inequalities and the lack of possibilities for women to develop personal interests and have a fulfilling life this diagnosis gave the female patients a form of expressing – in a socially accepted way, in the form of a disease – their suffering within this unequal society (cf. Zehetner 2012, 148f.). Therefore, as soon as a suffering patient receives a diagnosis and is able to denominate his/her ‘illness’ as a recognized ‘disease’, the indefinite suffering is also converted into a socially accepted form of expression of the body or the mind, which equals some sort of agency.⁷ Hence, due to the inequality of power in this hierarchical system, the risk of a creation of diseases by iatrogenesis⁸ and of a simple silencing of women, who are unable or unwilling to act according to their social role, by pathologizing their behaviour as (mental) diseases is not to be underestimated (cf. Showalter 1997, 8; Zehetner 2012, 153).

All these circumstances lead to the definition of hysteria as an exclusively female disease, which turned out to be very persistent and was a valid diagnosis for women patients over a long period of time.⁹ For centuries, it was also understood,

6 Cf. Porter 1993; Micale 2008, 5f.; Shorter 1994.

7 As Showalter (1997, 50f.) shows, frequently the aim of hysteria treatments in women involved a reduction of their agency even more, for example with the “Weir Mitchel rest cure” prohibiting mental activities, reading and social life in combination with bed rest and a high-fat diet.

8 Meaning induced by the doctor, the medical system or a medical treatment (cf. Zehetner 2012, 119). As the frequently mentioned example of the mutual influence of Jean-Martin Charcot and “his” hysterics at the end of 19th century teaches us, the iatrogenous creation of diseases can also be to a certain degree beneficial for both parties. As mentioned above, on the one hand, it can provide the patients with a legitimization for their suffering. On the other hand, the doctor Charcot funded his medical celebrity on his “observations” and some of the hysterical women in the hospital Salpêtrière, originally of the working-class, became as famous as actresses at the time. In the historical context, of course, the benefit is much more considerable for the (male) doctor than for the (female) patients (cf. Showalter 1997, 34f.; Zehetner 2012, 132f. and 154).

9 In his study on hysterical men, Mark S. Micale (2008, 6) draws the attention to the predilection of men to analyze women: “Since ancient times, physicians, philosophers, and natural scientists closely observed and extravagantly theorized female weakness, emotionality, and madness. What this long procession of male experts signally failed to see, to acknowledge, and to ponder was the existence of masculine nervous and mental illness among all social classes and in diverse guises”.

that if men were diagnosed as hysterical, their manhood was directly put into question (cf. Micale 2008, 278; Zehetner 2012, 151 note 13). Hence, doctors used to diagnose men as affected by nervous disorders instead – and even when they showed clear symptoms of hysteria – diagnosing them with diseases such as the railway spine syndrome, neurasthenia or shell shock, according to the current medical fashion of their time.¹⁰

Elaine Showalter proves by her historical analysis that hysteria is not an anachronical phenomenon of the past.¹¹ The symptoms vary according to the socio-cultural context and historical period, but up until the 20th century people developed – from an organic-medical perspective inexplicable – symptoms associated with hysteria, due to stress and the overburdening by society or their life circumstances. The variety of historically modified male counterparts of hysteria, as well as the different forms hysteria takes, according to Showalter (1997), in the 20th century, clearly indicate the relevance of psychosomatic disorders through until today (cf. Zehetner 2012, 122-128). Whereas in psychoanalysis individual traumas and life circumstances are frequently considered to be responsible for the development of hysteria (ibid., 157), phenomena like the shell shock or Gulf War Syndrome show that potentially traumatizing collective experiences are also likely to provoke psychosomatic symptoms (cf. Showalter 1997, 75f.) – in precisely the same way as the Covid-19 pandemic we are experiencing right now.

AGENCY AND ANXIETY

Gender roles and the social norms related to them define the society members' frames of agency, according to their status, age, gender, race, etc. In the sense of the “viral (re)actions” referred to in the title of this volume, I understand agency as a multidimensional concept, on a diegetic and a meta-diegetic level. First, on the diegetic level, agency is a narratological feature, that enables the development of a fictional plot and, therefore, the definition of a character within a fictional creation as the protagonist. Only if a character or abstract concept drives the plot forward and enables the emotional identification of the public,¹² it can be

10 Cf. for example Showalter 1997, 62-77 or Zehetner 2012, 151.

11 Showalter (1997, 115-207) analyzes for example the Chronique Fatigue Syndrome, Recovered Memory and Satanic Ritual Abuse as some types of hysterical epidemics.

12 As Eder (2008, 507) points out, the perspective in film is closely linked to the emotional engagement of the audience. He emphasizes, nevertheless, that emotional engagement

considered a protagonist.¹³ Secondly, on a meta-diegetic level, the reactions of creators and public to the psychological strains caused by the outbreak of the Covid-19 pandemic – and the drastic measures taken by political authorities to confront it – are to be understood as another type of agency. Although they are fictional narratives, the creation and consumption of pandemic and Corona Fictions alike proved to be beneficial for the personal resilience of creators and consumers in real life (cf. Völkl 2023). The third type of agency constitutes a link between the diegetic and meta-diegetic level of agency, as it focusses on the potential of the fictional representation of strategies and decisions to deal with the pandemic for the audience. According to Ette (2016, 5), for the public the knowledge represented in the fictional realm is accessible as experiential knowledge. Hence, the agency appearing in Corona Fictions on a diegetic level – for the personal and the social realm – contributes to broaden the consumers’ perspective on their own agency on an extra-diegetic level. For this contribution, the term agency mainly refers to the third understanding of agency as a transferable knowledge from diegesis to “real life”.

According to the established gender role of heterosexual men, they should always be tough and reasonable, refraining from emotional self-expression (cf. Micalé 2008, 54f.); but how could they fulfil this role in the middle of a global pandemic? Anxiety is a basic human reaction to this extraordinary situation, but, whereas women have learned possibilities of expressing their anxiety in socially acceptable ways, there are neither role models nor patterns of agency for men. Classic male virtues such as physical strength and activity (cf. Honegger 2011, 104) do not help against an invisible virus, which is transmitted via aerosols. As a consequence of this outbreak, many people have been forced to stay at home losing not only their social life, but also their economic subsistence (cf. Singer et al. 2021, 62f. and 90), a very stressful experience. Hence, the frames imposed on men by social norms not only lack patterns of agency to confront the threat of the pandemic, neither do they provide agency for handling the overwhelming anxiety. Because of this tension, men become hysterical. I understand hysteria in the

does not necessarily mean sympathy with the character, but that this can also refer to antipathy or a lack of feelings.

- 13 According to the understanding of the Corona Fictions as a transmedia genre characterized by meta-narratives (cf. Research Group *Pandemic Fictions* 2020), it is also legitimate to understand an abstract concept or recurring stereotypical figure identified as important in several independent Corona Fictions as a protagonist in the sense of a main character in the whole genre decisive for the transmedia storytelling (Jenkins 2007) of Corona Fictions.

context of the Covid-19 pandemic, in the way Showalter (1997, 9) defined it “as a cultural symptom of anxiety and stress. The conflicts that produce hysterical symptoms are genuine and universal [...]”. Consequently, the hysterical men in Corona Fictions do not show hysteria according to one specific medical definition. Nevertheless, keeping in mind the variety of symptoms attributed to hysteria in the course of its history (cf. Micale 2008, xiv) and the fact that the term also has a popular understanding, it seems appropriate to use it. Furthermore, many of the social mechanisms enabling the development of this specific disease and its understanding are still present in the society of 21st century and, as will be shown, drastically limit the possibilities of agency for pandemic protagonists.

In the following, we will see that the three protagonists analyzed in this article develop their own ways of dealing with their hysteria and, therefore, choose different ways of regaining agency. These three examples of hysterical men are drawn from two hispanophone (both from Spain) and one francophone (a French Belgian co-production) cultural production in different media and different genres: Roberto Domínguez Moro’s (2020) novel *El confinado. Un thriller que supera la ficción*, Jaime Rodríguez Z.’s (2020) first-person account “El miedo en tiempos del coronavirus. Crónica sin aire desde un hospital en Madrid”, and Dany Boon’s (2021) feature film *8 Rue de l’Humanité*, also broadcast under the English title *Stuck Together*.¹⁴

AGENCY BY STRICTLY FOLLOWING THE RULES

The first example of hysterical men is Martin, one protagonist of the French Netflix original Corona Fictions comedy *8 Rue de l’Humanité* (2021) by Dany Boon.¹⁵ The plot is about a residential building in Paris situated in number 8 Humanity Street, where at the beginning of the first lockdown in France the neighbours, who represent a wealth of very different people, find themselves caught with one

14 The choice of these three Corona Fictions as the corpus for this contribution is mainly due to the prominent role the male hysterics take in the respective plots. The decision to consider different media and different genres is, on the one hand, due to the frequent presence of the hysterical man in Corona Fictions across different media and, on the other, to the interdisciplinary nature of the research project on Corona Fictions (cf. Völkl 2021-2023).

15 For a detailed analysis of this film, see the contribution of Julia Obermayr in this volume; for its representation of social cohesion and resilience in film, see Obermayr/Völkl 2022.

another in the limited space of their apartment building and as the official title of the English version indicates, they are *Stuck together*. Due to this exceptional situation, the protagonists, who did not know each other previously, must negotiate and organize their cohabitation. Martin is a family father who takes the threat of the pandemic very seriously and, out of the fear of contagion, begins to meticulously follow all hygiene and behavioural rules, tyrannizing his family and neighbours by establishing ridiculous health protection measures within the building.¹⁶

He obliges his wife Claire and daughter Louna to disinfect themselves after returning to the living room from the daily clapping for the healthcare workers on the balcony (cf. Boon 2021 [00:02:48-00:03:25 min.]). When Martin has to walk the dog, he puts on cleaning gloves, a jumpsuit and a diving mask, closes all gaps with scotch tape and then faints because of the lack of oxygen, before he can even get out of the house (cf. Boon 2021 [00:39:14-00:40:18 min.]). Due to his excessive anxiety, he spreads distrust and fear in his family and throughout the building. For example, when his wife Claire tries to calm their daughter's fears of falling ill and dying, he undermines her attempts by arguing: "Ça commence par un petit rhume, une grippette. Puis après, ça descend sur les poumons, ça t'attrape, ça te serre, tu peux plus respirer. Et tu meurs étouffé [sic]!" (Boon 2021 [00:04:23-00:04:39 min.]).¹⁷

He judges others because of their careless acts and denounces their supposed infraction of rules. For example, Martin and other residents of the building consider Leila, a doctor who leaves the building daily at unusual times, as an offender and call the police. When, one evening, the officers arrive at the building, it turns out that Leila is a doctor working at the local hospital in a Covid unit. To minimize the risk of spreading the virus, she has tried to keep her distance and avoided the contact with her family and neighbours (cf. Boon 2021 [01:33:40-01:34:51 min.]).

In general film descriptions, the protagonist Martin is often denominated as a 'hypochondriac', but his attitude is, in fact, more than that. He is not only perceiving symptoms in himself and attributing them to a specific disease, but he is more generally afraid of contagion and distrusts his family and neighbours. Although the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) redefined the

16 As an example, he pours vinegar onto his doormat to avoid the virus from entering his apartment on the shoes of family members. The smell of the vinegar is annoying for his neighbours, but he reacts very impolitely to their complaints (cf. Boon 2021 [00:21:48-00:21:59 min.]).

17 "It starts with a cold. A light flue, then it gets in[to] the lungs, and it clings to you. It squeezes you and you can't breathe anymore. And you suffocate to death!" (English translation according to *Stuck Together*).

disease ‘hypochondriasis’ as two different diseases a decade ago, namely ‘somatic symptom disorder’ and ‘illness anxiety disorder’, the term ‘hypochondria’ is still widely used in everyday language. The new definition of illness anxiety disorder¹⁸ fits very well to Martin’s behaviour, but due to this disorder being a somatic disorder, it is nevertheless appropriate to interpret Martin as a man becoming hysterical because of a ‘pandemic shock’.¹⁹

In the film, Martin is afraid, causes conflicts and disruption and behaves in an unconventional way, but he does not really verbalize his fear. He attracts the attention of his fictitious cohabitants as well as of the audience only by means of his behaviour.

Although Martin is suffering in his situation, is struggling, afraid and frustrated, the audience cannot sympathize with, but laughs at him instead. In this comedy’s constellation of protagonists, Martin has the role of the comic relief. He experiences several slapstick-like situations²⁰ and seems to be ridiculously overreacting; especially in contrast with his wife Claire, who works as a lawyer and is struggling to keep up with the household duties, her daughter’s distance learning and her work life (via video conferences). She represents a very calm, reasoning and practical attitude towards the pandemic, therefore reinforcing the comic and ridiculous impression her husband Martin gives to the audience. With this reasonable behaviour – according to conventional gender roles unusual for a woman –

18 According to one of the doctors involved in the redefinition process, “[p]atients with illness anxiety disorder may or may not have a medical condition but have heightened bodily sensations, are intensely anxious about the possibility of an undiagnosed illness, or devote excessive time and energy to health concerns, often obsessively researching them. [...] Illness anxiety disorder can cause considerable distress and life disruption, even at moderate levels” (N.N. 2013).

19 The term “shock pandémico [pandemic shock]” to designate the unexpected confrontation of inhabitants of the global north with their vulnerability and mortality in the Covid-19 pandemic was coined by Pérez Tapias (2022, 24).

20 For example, when walking the dog, he wears the diving mask and gloves, loses the dog and, when he is controlled by the police, refuses to take off his diving mask to be identified with his documentation. After some discussion he agrees to take off the mask, but first, wants to control the policemen’s body temperature and takes out his digital thermometer. The policemen confusing it with a taser, wrestle Martin down and hold him on the floor (cf. Boon 2021 [00:41:47-00:43:38 min.]).

her character highlights the fact that Martin's behaviour and the way he expresses his anxiety are not acceptable for a man, but are ridiculous.²¹

Becoming hysterical is for Martin one way of reacting to the feeling of loss of control caused by the pandemic. Trying to thoroughly avoid contagion and following meticulously official rules, are his ways of retaining control and regaining agency in the middle of the pandemic fear. At the end of the film, the character suffers a case of poetic justice, as he becomes the victim of the mad professor Gabriel, who tests his experimental vaccines on the inhabitants of the building. Martin can luckily escape from the professor's experiments and when he becomes conscious of the risk, he is cured of his hysteria and returns to a "normal" social interaction with his cohabitants.

Martin shows the audience one possible reaction to the pandemic outbreak. At the same time, the film's dramaturgy advises the public that this is not a suitable, socially accepted way for a man to react to such a stressful situation; meaning that instead of challenging the social gender roles, this hysterical man is contributing to a reaffirmation of them.

AGENCY BY AN OUTBURST OF VIOLENCE

The Corona Fictions novel *El confinado. Un thriller que supera la ficción*²² (2020) was published within the first months of the pandemic by the Spanish author Roberto Domínguez Moro and, as many other textual productions at that time (cf. Stemberger 2021, 11f.), appeared as a freely accessible online-book.²³ The novel is designed as a diary, has 22 chapters, of which only some have titles indicating the date. 19 of the chapters are narrated by the protagonist Juan himself over nine days and the chapters 20-22 at the end of the novel contain excerpts of a police report and interviews with Ana, Juan's ex-girlfriend, and Pilar, Juan's sister.

Once again, an apartment building is the stage in which this plot is set. By contrast to *8 Rue de l'Humanité*, however, the apartments in this residential

21 Claire even literally expresses the attitude the audience should take towards Martin's behaviour, when she says he exaggerates (Boon 2021 [00:04:15-00:04:20 min.]) and calls him dumb (Boon 2021 [00:40:17-00:40:21 min.]).

22 "The Inmate. A Thriller That Surpasses Fiction" (author's translation).

23 The book is structured by chapters but has no page indications. References to the text are thus by chapter, but not by page numbers.

building in Madrid are nearly all empty.²⁴ The protagonist Juan, a thirty-something man living alone, describes the first days of the first lockdown in Spain. In long sections of the novel, the perspective of Juan alone is provided in the form of a first-person narrative. The conceptual design of the novel plays with this limited perspective of the diary, as the protagonist with whom the readers have soon developed sympathy, gradually turns out to be an unreliable narrator.

On the one hand, as a reader one identifies with Juan and his daily worries.²⁵ On the other hand, it is noticeable that he engages very intensively in certain behaviours. His extreme cleanliness is remarkable and narratologically emphasized by the perspective of other fictional characters. More precisely, Juan remembers that in the past his mother was proud of her exemplary son and Ana called him a “maniático de la limpieza” (Domínguez Moro 2020, ch. 6).²⁶ Since the outbreak of the pandemic, he uses to wash his hands compulsively, even if he has not left the house²⁷ and tracks the published numbers of coronavirus cases very closely.²⁸ Additionally, he keeps a close eye on his body temperature and excrements, even protocolling them (cf. Domínguez Moro 2020, ch. 6). Juan’s accuracy stands out, but in the exceptional situation of the pandemic, for the reader his anxiety and strange behaviour initially seem understandable.

When the lockdown is declared in Spain, only an elderly couple of foreign tourists lives in the building in addition to Juan and his neighbour Julia. At the beginning of the novel, Juan meets the couple at the building entrance, assumes

24 As it is explained in the text, most of the flats in the building are normally let to tourists, who only stay for some days or weeks, which is why they are nearly all empty during the pandemic and there is no relationship between the neighbours (cf. Domínguez Moro 2020, ch. 1).

25 In middle of a pandemic, it seems understandable to try to get out of the house by going for a walk with a pretext (cf. Domínguez Moro 2020, ch. 13), to initiate contact with his attractive neighbour via the balcony (cf. Domínguez Moro 2020, ch. 16) and to have the typical online conversations with the worried family (cf. Domínguez Moro 2020, ch. 8, ch. 15, and ch. 17).

26 “Cleaning maniac” (author’s translation).

27 The intense hand washing rituals Juan describes indicate that there is a gradual development taking place in his personality. Whereas in chapter 2 he follows the instruction popularized at the beginning of the pandemic, to wash hands during the time it takes to sing “Happy Birthday” twice, in chapter 3 he already decides to sing it three times, just to be sure.

28 During the pandemic, the term ‘doomscrolling’ gained popularity referring to an excessive media consumption of negative news concerning the pandemic (cf. N.N. 2022).

that they are Italian and slowly develops an obsession about them. Juan is torn between worrying for their health and wanting to help them (cf. Domínguez Moro 2020, ch. 11) and fear of these Italians as “importers” of the virus to Spain as the first confirmed European cases of Covid-19 were detected in Italy. Juan makes several attempts to establish contact with the elderly couple next door, always cautiously keeping his physical distance. First, he tries to talk to them directly, but by covering himself with improvised protective equipment, he ends up frightening them away.

He construido el mejor equipo aislante que he podido. Unos pantalones de chándal que me quedan un poco ajustados, unos calcetines altos por fuera, para que la goma sujete bien. Las zapatillas de andar por casa, enrolladas en film transparente, que no toquen el suelo. En la parte de arriba, una camiseta de manga larga que voy a echar a lavar a noventa grados en cuanto termine, una de las mascarillas que conseguí en la farmacia, unas gafas de sol que pienso desinfectar después y unos guantes desechables sobre otros guantes de hace tres o cuatro inviernos sujetos con cinta de embalar alrededor de las muñecas.²⁹ (Domínguez Moro 2020, ch. 6)

The way Juan meticulously covers his body with several layers of protective clothes in this scene, is strongly reminiscent of the many graphic representations of hysterical men in audio-visual Corona Fictions, covering themselves with improvised protective devices, such as cleaning gloves, jackets and diving masks.³⁰ Additionally, Juan is closely monitoring the sounds he can perceive from the flat next door, with special attention to cough as a symptom of the coronavirus (cf. Domínguez Moro 2020, ch. 3). After some days, Juan realizes that there is no life sign of the elderly couple next door anymore and, after trying one last time to contact them together with his neighbour Julia (cf. *ibid.*, ch. 16), does not mention them anymore.

29 “I’ve built the best insulating equipment I could. Tracksuit bottoms that are a snug fit, high socks on the outside, so that the rubber holds well. The slippers, rolled up in cling film, so they don’t touch the ground. On top, a long-sleeved T-shirt that I’m going to wash at ninety degrees as soon as I finish, one of the masks I got at the pharmacy, some sunglasses that I’m going to disinfect later and some disposable gloves over other gloves from three or four winters ago, fastened with packing tape around my wrists” (author’s translation).

30 Cf. for example Boon 2021 [00:39:14-00:40:18 min.], Villanuevamente 2020, 1x03 [00:00:29-00:00:53 min.], and mathieucyr 2020 [00:00:36-00:00:38 and 00:00:46-00:00:58 min.].

Simultaneously, he is engaging step by step in some sort of romance with Julia. They have previously lived next to each other for years without ever having really noticed one another or knowing each other's names, but in the middle of the pandemic they share their isolation. One evening, when Juan invites Julia for dinner, she tells him how much she misses human contact and starts kissing him; Juan at that moment thinks of contagion and the saliva drops as a source of infection, but he overcomes his fear and sleeps with her:

Se ríe, y con su sonrisa se me olvidan el virus, el confinamiento, las medidas de seguridad y hasta mi nombre completo. Me besa, nos besamos. El beso tiene algo de torpe, de primera vez y también algo de prohibido. No deberíamos tocarnos tanto. La principal vía de contagio son las gotas de saliva de alguien infectado. Ya no digo el torrente que nos intercambiamos Julia y yo en cada beso con lengua.³¹
(Dominguez Moro 2020, ch. 17)

As a reader, one feels Juan sliding more and more into hysteria and paranoia. Since this is a gradual development described from Juan's perspective, it is very difficult to draw a line between what could be considered normal behaviour, corresponding to social norms, and from which point on, it is to be considered hysterical. In some moments, identification dominates, in others, the alienating effect does. This fuels the uncertainty and adds to the suspense of this Corona Fictions novel.

Nevertheless, the reader's perception and judgement of the protagonist are also influenced by the comments of Juan's ex-girlfriend and his mother on his cleanliness, which Juan remembers throughout his account. Moreover, Juan's hysterical perspective of the pandemic is also contrasted with Julia's calm and pragmatic perception of the situation, when she, for example, explicitly calls him "paranoid".³²

31 "She laughs, and with her smile I forget the virus, the confinement, the security measures and even my full name. She kisses me, we kiss. There's something awkward about the kiss, something strange, something first time, and also something forbidden. We shouldn't touch each other so much. The main way of contagion is the saliva droplets of someone infected. Not to mention the torrent that Julia and I exchange in every tongue kiss" (author's translation).

32 When calling at the neighbours' door to ask if they need help, due to his fear of contagion, Juan keeps Julia from simply touching the doorbell. Then she comments on his behaviour saying: "Vamos, no seas paranoico. [Come on, don't be paranoid]" (Dominguez Moro 2020, ch. 16; author's translation).

At the end of the novel, the readers learn that the unease Juan's behaviour provokes during the reading is justified. In the final chapters composed by police interviews and reports, it turns out that after their passionate night together, Juan drugged Julia and locked her without cell phone, internet or key in his flat. Additionally, the police report reveals that he is the stalker of his ex-girlfriend Ana and brutally killed his elderly neighbour – leaving his wife in shock, of which the elderly lady also died– and he also killed Julia's dog disposing of the bodies partly in his freezer, partly in dustbins in the neighbourhood. The readers also find out that Juan suffered from some undefined mental problems in the past, which were intensified by the pandemic and the lockdown.

Juan shows similar behavioural traits to those of Martin: He tries to seek information in the media, to follow the rules and to survey his body functions, but this agency, as Martin applies it, is not enough for him. His hysteria rises to the extreme in which he takes drastic actions and becomes a killer. The protagonist Juan reproduces the established gender roles in a very negative way and, when lacking alternative patterns of agency, relies on physical violence. This narrative results in a very interesting and intriguing novel, but in fact it is a warning example and presents the worst way in which men deal with tension and fear – the harming of others.³³

AGENCY BY TRANSFERRING EMOTIONS

The narrative “El miedo en tiempos del coronavirus. Crónica sin aire desde un hospital en Madrid”³⁴ by Jaime Rodríguez Z. is a first-person account of a man falling ill during the pandemic and waiting in a hospital's hall until being treated.³⁵ The narrative is told retrospectively and achronologically – jumping repeatedly

33 As the UN Women report shows, the lockdowns as a result of the pandemic around the world caused a rise in domestic violence against girls and women: “Widespread stay-at-home orders to curb the spread of COVID-19 potentially locked women down with their abusers, creating dangerous conditions for violence against women, often with tragic consequences. [...] UN Women research has found that violence against women and girls has intensified since the outbreak of COVID-19” (UN Women 2021, 3).

34 “Fear in Times of Coronavirus. Chronicle without Air from a Hospital in Madrid” (author's translation).

35 As this narrative is not structured by chapters or page numbers, the citations will refer to the specific parts of the text using the paragraphs of the online version of the text (indicated by ‘par.’).

between past and present events. As the title indicates, it has the form of a chronicle, but also shows characteristics of an internal monologue. Moreover, it remains unclear whether it is an autobiographical or autofictional narrative. This narrative about a hysterical man was published in March 2020 in the online magazine *VICE* and it thus constitutes an example at the margins of the Corona Fictions' definition, in terms of its degree of fictionalization. Nevertheless, I decided to include it in the corpus of Corona Fictions and in this analysis, because it has a clear literary concern, it is one of the rare cases of narratives in Corona Fictions about a person actually falling ill³⁶ and it reflects the conflict of male social gender roles and personal feelings in an extraordinarily concise way.

At the beginning of the Covid-19 pandemic in Spain, the narrator, a man apparently originally from Peru and living in Madrid falls ill. After some days at home with fever, coughing and pain in the limbs, he begins to have difficulties breathing and his family decides to call an ambulance. He is taken to the hall of a hospital in Madrid, where he has to spend 32 hours waiting for treatment. It turns out that he has Covid-19 and has also developed pneumonia. During the waiting time already, he reflects on his own behaviour and on how the mechanisms of social gender roles and images of masculinity influence the way in which he deals with his own illness.

Although the protagonist is theoretically aware of how the social gender roles represented in media³⁷ influence the behaviour and the image men create of themselves and others,³⁸ he cannot avoid reactivating these patterns of agency in his extreme situation. During his internal monologue, he keeps assuring himself that he is not afraid, but also repeatedly verbalizes his inner conflict. "Tengo cuarenta y seis años y la sensación es extenuante. El dolor intenso. La falta de sueño

36 Unlike the narratives classified as pandemic fictions, in the Corona Fictions we have analyzed until now, the development of the disease, the sick body and the symptoms of illness have had only very little presence (cf. Hobisch et al. 2022, 206).

37 He mentions for example Achilles and Tyler Durden as examples forming the social idea of masculinity and the character played by John Hurt in Michael Radford's film *Nineteen Eighty-Four* (1984) as an outstanding example of a coward and traitor (cf. Rodríguez Z. 2020, par. 3 and 16).

38 He mentions that he was preparing a workshop on the construction of masculinity in literature (cf. Rodríguez Z. 2020, par. 3).

empieza a volverme loco. Me dispara la ansiedad. Pero no tengo miedo” (Rodríguez Z. 2020, par. 15).³⁹

He feels extreme anxiety and is afraid of dying, but his hysteria makes him rely on a traditional pattern of male agency, which, in his case, is denying his fear and acting in an extremely altruistic way by taking care of others. The protagonist, who remains unnamed, starts observing the other patients waiting in the hall, who are mainly seniors, and looks for someone who might be needing his help. In order to stimulate his own feeling of control and optimism, he thinks of all the elderly, fragile bodies surrounding him and of places with less possibilities of good quality public medical care, such as the United States or Peru (cf. Rodríguez Z. 2020, par. 7f.). He talks to his family (apparently two female family members) on the phone and lies to them, assuring them that he is fine, despite actually being anxious and feeling very ill. He finds he is unable to avoid acting in this way and is astonished by the power of the social gender roles: “¿Por qué soy capaz de mentir a las personas que quiero? ¿Qué hay en mi cerebro que es más fuerte que la confianza, que la lealtad, que la verdad?” (Rodríguez Z. 2020, par. 5).⁴⁰

Of course, the internalized social gender roles, also apply to other patients and the judgement the protagonist impulsively makes of them. For example, he feels disgusted by a man who overtly expresses his hysteria and does not, as he himself does, cover this over with learned masculine agency.

Entra un tío gigante en una silla empujada por una enfermera. Debe medir 1.90 y pesar 100 kilos. Lloro y gime sin parar. Es la primera persona que veo llorar. No puedo evitarlo, no siento compasión alguna, sino un profundo rechazo por esta persona. Soy incapaz de experimentar lo que llamamos empatía. Ante su dolor, su padecimiento y su forma de expresarlo. Me repele. Me doy cuenta de que lo considero un traidor y un cobarde.⁴¹ (Rodríguez Z. 2020, par. 11)

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- 39 “I am forty-six years old and the feeling is exhausting. The pain is intense. The lack of sleep is starting to drive me crazy. It triggers my anxiety. But I am not afraid” (author’s translation).
- 40 “Why am I capable of lying to the people I love? What is it in my brain that is stronger than trust, than loyalty, than truth?” (author’s translation).
- 41 “In comes a giant guy in a wheelchair pushed by a nurse. He must be 1.90 m tall and weigh 100 kilos. He’s crying and moaning non-stop. He is the first person I have seen crying here. I can’t help it, I don’t feel any compassion, but a deep rejection for this person. I am incapable of experiencing what we call empathy. Faced with his pain, his suffering and the way he expresses it. I am repulsed. I realize that I consider him a traitor and a coward” (author’s translation).

After 32 hours in the hall, the protagonist is admitted to a hospital bed and a room where he is treated for his bilateral pneumonia. He shares his hospital room with another man, he finds to be in a worse physical condition than he is himself, which is why he feels entitled to take care of him and to assist him in his daily needs. So, again, instead of admitting his own suffering, weakness and fear, he transfers his caring to his roommate.

Pongo en Jose todas las debilidades que no me permito. Estoy enfermo de la cabeza. Pienso en mi curso sobre la construcción de la masculinidad, pienso en Tyler Durden como la proyección de lo que el narrador quiere ser. Pelear así, follar así. Yo hago lo mismo, pero a la inversa. Soy los pulmones manchados de Jose. Soy la fiebre de Jose. Soy el miedo de Jose.⁴² (Rodríguez Z. 2020, par. 17)

At the end of his narration, the protagonist is overwhelmed by all the emotions he had denied and covered up by traditional patterns of male agency. When he is recovered and comes back home, his suppressed anxiety results in the development of strong hysterical symptoms. He suffers of nightmares of suffocation and panic attacks, which induce further critical reflections on masculinity.⁴³

Although he is not able to act alternatively in the middle of the traumatizing situation, this anonymous protagonist is the only hysterical man who is conscious of the power social gender roles have on his own behaviour. He admits that his social role determines and limits his frame of agency. He does not harm others by his way of dealing with anxiety, but, in the end, the suppressed emotions cause hysterical symptoms, harming himself and his life quality. At least in a retrospective view, he is able to perceive and verbalize the tension between his feelings and

42 “I put on Jose all the weaknesses that I don’t allow myself. I am sick in the head. I think of my course on the construction of masculinity, I think of Tyler Durden as the projection of what the narrator wants to be. Fight like this, fuck like this. I do the same, but in reverse. I am Jose’s stained lungs. I am Jose’s fever. I am Jose’s fear” (author’s translation).

43 The symptoms described by the protagonist clearly indicate what is currently called post traumatic stress disorder (PTSD) (cf. for example Ford 2009, 3, 12-18). Yet, Ford (2009, 14) refers to the historical relation of PTSD with diagnoses such as railway spine and war neurosis. These historical diagnoses were, in turn, frequently mentioned as male counterparts of hysteria (cf. for example Zehetner 2012, 151), and Showalter (1997, 75f.) explicitly describes PTSD as one of the forms of contemporary male hysteria, in the broad sense of the term, as psychosomatic symptoms provoked by stress and overburdening (cf. Showalter 1997, 9).

the gender role and to reflect critically on the need to learn alternatives (cf. Rodríguez Z. 2020, par. 5, 21).

CONCLUSION

In this final part, I would like to summarize the results concerning the questions of (1) the representation of hysterical men in Corona Fictions, (2) their dealing with anxiety issues, and (3) their attainment of agency. The remaining question, (4) how these hysterical men reactivate or challenge the social norms of masculinity, will be answered thereafter.

(1) The three hysterical men analyzed in this article are represented very differently, although their characterization shares some common traits. All three take up a lot of space in the respective Corona Fictions, but due to the medium, are also represented differently. The two textual narrations (first-person accounts) are dominated by the perspectives of the hysterical men themselves; even though Martin gets a lot of screen time in the film, he is not the only protagonist and the dominant narrative perspective is that of Basil, the son of the building owner.

The noteworthy common trait in their representation is that all three protagonists are characterized in contrast with a reasoning woman. Furthermore, comments by other fictional characters underline the fact that the protagonists' behaviour does not meet the social norms and guide the perception of the audience in this direction.

(2) When it comes to dealing with anxiety, Martin is perceived through his behaviour as frightened, ridiculous and an exaggerator. He seeks orientation by information and sticks to rules. Juan, who is also fearful and extremely accurate, embodies a development from anxiety to hysteria, hence, challenging the readers' judgement. The anonymous third protagonist canalizes his anxiety into a very altruist behaviour, transferring the emotions he does not want to confront to others, constantly verbalizing his conflict. Hence, these exemplary Corona Fictions make clear that, however they express it, in all protagonists the source of hysteria is the same: the tension of anxiety without socially acceptable agency to handle it.

(3) These men, however, have chosen different ways of dealing with their hysteria and regaining agency. Martin sticks to the rules, Juan kills and the anonymous third protagonist transfers his fears to others. Whereas he and Martin are able to critically reflect on their behaviour, Juan sticks to his view of the pandemic and is unable to question his acts, even if confronted with alternative perspectives.

(4) In the context of social gender roles, calling men hysterical still seems to be revolutionary in 21st century. Nevertheless, from a gender studies perspective,

the representation of hysterical men in Corona Fictions is not at all revolutionary, but extremely conventional. My initial expectation for this contribution was that the broad representation of male hysteria would challenge established gender roles, but this is not the case. The Corona Fictions analyzed in this article provide models for men of how NOT to deal with the pandemic, of how NOT to treat others and remind men of NOT showing anxiety. So, instead of providing alternative gender specific agency that could be transferred to the real life of the audience, all three Corona Fictions analyzed here – with the exception in the third example of at least reflecting on the need of alternatives – reproduce and reinforce the established social gender roles.

Moreover, from a historical point of view, it is remarkable that in these fictional representations all three men succeed in finding ways of agency. Their hysteria, exactly like the hysteria of countless female patients in history (cf. Showalter 1997), has its roots in the lack of agency provided by social norms to people due to their gender affiliation. But, whereas the diagnosis of hysteria in female patients during centuries reduced their agency even further or lead to being locked up in psychiatric clinics, all three hysterical men described in this article find a way of their own for dealing with their hysteria and, in the end, regain agency.

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