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Archiving Back to Hysteria

Adina Kamien

Traditionally viewed as a female psychosexual disorder and manifestation of trauma and repression, hysteria continues to fascinate scholars of gender, medical historians, and artists. An “irresistible blend of science, sexuality, and sensationalism,” hysteria makes memorable appearances in social, political, philosophical, religious, literary, poetic, and visual sources and cultural histories.¹

Until 1980 “hysterical neurosis” and “hysterical personality” were formally studied as psychological disorders and classified in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-III) under the diagnoses of neuroses and personality disorders.² Throughout the twentieth century, clinicians have reported a decline in their incidence, and criteria previously grouped under these diagnoses are now classified under various dissociative disorders (particularly multiple personality disorder), conversion disorders (where emotions are transformed into physical manifestations), and the specific diagnosis of histrionic personality disorder (HPD). Yet, although modern medicine no longer speaks of hysteria, clinicians continue to diagnose HPD more frequently in women.³ Hormonal fluctuations of the female body and their related symptomologies, unlike that of the male, are still emphasized in clinical diagnoses such as premenstrual syndrome, postpartum depression, and eating disorders.⁴

Feminist historiography looks at feminine imagery in scientific discourse, reading hysteria as a metaphor for women’s position in patriarchal societies of the past. With the development of psychoanalysis, the spectacle of the female body and associated judgments concerning women’s psychology or character, have given way to women narrating their own personal and professional lives, artistic work, and political action.⁵ Today, when Freudian theory is subject to

¹ Mark S. Micale, *Approaching Hysteria: Disease and Its Interpretations*, Princeton University Press, 1995, p. 3. This publication is the central source for the historical survey that follows.

² In the 1968 *DSM II Diagnostic and Statistical Manual of Mental Disorders* (2nd edition), section IV “Neuroses,” a recommendation is made to differentiate between “Hysterical neurosis, conversion type,” and “Hysterical neurosis, dissociative type.”

³ J. Sprock, “Gender-Typed Behavioral Examples of Histrionic Personality Disorder,” *Journal of Psychopathology and Behavioral Assessment* 22, 107–122 (2000). <https://doi.org/10.1023/A:1007514522708>

⁴ Asti Hustvedt, *Medical Muses: Hysteria in Nineteenth-Century Paris*, W. W. Norton & Company, New York, 2011.

⁵ Chiara Bottici and Jamieson Webster, “Take Any Shape but That: On the Arch of Hysteria,” in: Apsara DiQuinzio, ed., *New Time Art & Feminisms in the 21st Century*, University of California, Berkley Art Museum, 2021, p. @.

critical clinical and theoretical reassessment, a systematic effort to formulate a feminist informed psychology and psychiatry is underway. Contemporary studies emphasize the importance of transcultural psychiatry, the role of environmental factors and cross disciplinary attempts to synthesize traditional psychodynamic ideas with new neuroscientific ones.

This essay will examine images of hysteria that embody these critical approaches in the late 20th and 21st centuries. It opens with a short history of the millennia-long quest to understand “hysteria”, following the ever-shifting physical, metaphysical, and mental “locations” of the disease, motivated by the changing medical, religious, and ideological perceptions of the day. Hysteria’s journey through the physical body demonstrates its changing “sites” from the womb, to the devil in the woman, to the head, brain, and nervous system, back to the womb and ovaries, and finally to the psyche. Its roaming location and stirring visual forms infused the disorder with an iconography that informs any visual reference to hysteria to this very day.

A Brief History of Hysteria

Hysteria is etymologically derived from the Greek word *hysterā*, meaning **womb**. It has been linked to the female reproductive anatomy and physiology throughout its 4000-year history. Looked at from scientific or demonological perspectives, hysteria was typically treated with herbs, induced orgasm, sexual abstinence, punishment and purification with fire, and eventually studied clinically as a psychiatric disorder.⁶ While medical and visual documentation of hysteria at the Salpêtrière Hospital in Paris in 1880 is most salient in the collective visual memory (fig. 1), the phenomenon was already described at length in ancient Egyptian and Greek sources. These ancient Egyptian, Greek, and Roman ideas constitute the historical origins of the medical concept of hysteria in Western civilization.

The first description of hysteria appears in the 1900 BCE “Kahun Papyrus,” and identifies the cause of the disorder in spontaneous **uterus** movement, upward from its normal pelvic position, causing bizarre physical and mental symptoms. Aromatic substances placed on the vulva, or the smelling or swallowing of foul substances were used to coax the uterus back to its place. Hippocrates, the Greek physician of the 5th century BCE, first used the term hysteria and recorded manifestations of what he called the “wandering womb” (“hysteron”), rising toward the throat searching for humidity. Both the Athenian philosopher of Classical period Plato (428– 348 BCE) and the later Roman medical author Aretaeus (2nd century AD) supported the “roaming uteri” theory, and claimed that “hysterical suffocation” could be ameliorated by uterine fumigation, abdominal bandages, and immediate marriage. Furthermore, the Greeks and

⁶ Cecilia Tasca, Mariangela Rapetti, Mauro Giovanni Carta, and Bianca Fadda, “Women And Hysteria In The History Of Mental Health,” *Clin Pract Epidemiol Ment Health*, 2012; vol. 8, pp. 110–119. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3480686/>

ancient Roman physicians attributed most female maladies to the female sex organs, from fevers to kleptomania, and connected these with an unsatisfactory sex life.

The "**wandering womb**" hypothesis was spread in late-medieval Europe by the Persian physician-astronomer-thinker of the Islamic Golden Age, Avicenna (980-1037), and Andalusian Jewish philosopher-physician Maimonides (1135-1204). Attempting to free herself of the prejudices and morals of her time, the female physician-medical writer Trotula de Ruggiero (Salerno, 11th century) devoted particular attention to the study of women's diseases. She gave advice on placating sexual desire, viewing abstinence as a cause of illness and recommending sedative remedies like musk oil or mint.⁷

Christian civilization in the Latin West brought about a paradigmatic shift in the perception of hysteria. Between the 5th and 13th centuries, supernatural formulations replaced the former naturalistic pagan understanding of hysteria. In the Middle Ages, hysteria became associated with the wanton, hypersexual, and immoral woman. The disease is demonized, and human suffering, organic and mental illness, are seen as manifestations of innate evil and original sin. Hysterical symptomology was now seen as the proof of obscene bonds between women and the **devil**. During the late Medieval and Renaissance periods, the diagnosis of hysteria took place in the church and courtroom rather than the hospital.⁸

In the late 17th and 18th centuries, a growing understanding of the structure and functions of the nervous system led to the emergence of a neurological model of the disease and the waning of demonological and gynecological theories. Neuroanatomist Thomas Willis proposed the **brain and spinal cord** as the site of hysteria in 1670, and propounded a theory whereby excess "animal spirits" are released by the brain and carried by the nerves to the spleen and abdomen.⁹ The late 18th and early 19th centuries reintroduced theories focusing on the **uterus** and the connection of diseases linked hysteria to female sexuality. Whereas Hippocratic teachings connected hysterical symptomology with female sexual deprivation, 18th century writers blamed it on overindulgence. In the 1840s, the process of ovulation was discovered inspiring a theory of hysterical disease stemming from the **ovaries** that was popular among gynecologists until the end of the century. A "hysterical **temperament**," rather than physical symptomology, was defined in Germany, France and England between 1840 and 1900, as a set of "negative" character traits, such as eccentricity, impulsiveness, emotionality, coquettishness,

⁷ Cecilia Tasca, Mariangela Rapetti, Mauro Giovanni Carta, and Bianca Fadda, "Women and Hysteria in the History of Mental Health," *Clin Pract Epidemiol Ment Health*, 2012; vol. 8, pp. 110–119. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3480686/>

⁸ For a survey of the coded genders of hysteria through the ages see Elaine Showalter, "Hysteria, Feminism, Gender," in: *Hysteria Beyond Freud*, Berkeley: University of California Press, 2020, pp. 286–344.

⁹ Mark S. Micale, *Approaching Hysteria: Disease and Its Interpretations*, Princeton University Press, 1995, p. 6.

deceitfulness, and hypersexuality. The 19th century also witnessed hybrid theories of hysteria, such as the **neuro-uterine** model that dominated the thinking of gynecologists. The pathogenesis of hysteria rested in local diseases of the **uterus, vagina, and ovaries** and in defective reproductive physiology (menstruation, parturition, and lactation). The effects of these irregularities emanated from the uterus through the female body through a plexus of nerves. And available therapies included douches, dilations, ovarian pressure, intrauterine injections, application of leeches to the cervix and vulva, and clitoral cauterizations.

Mesmerism or animal magnetism, and the sensationalist demonstrations of Franz Anton Mesmer, during the 1780s, initiated a century-long exploration of hypnotic research. Ideas relating to a dual model of the mind, the psychogenesis of nervous and mental symptoms, the nature of hysterical anesthesia, and the psychotherapeutic relationship between doctors and hysterical patients were explored. The most commonly known treatment, however, was massaging "hysterical" female patients to orgasm."¹⁰ Doctors' exhaustion resulted in the invention of stimulation devices, such as vibrators.¹¹

In 1859, Pierre Briquet made a remarkable contribution to the understanding of what would be diagnosed HPD, he saw personality traits as the ground for the development of the histrionic disorders. Briquet understood the influence of sociological and material influences, including industrialization, living and working conditions, development in transportation and traumatic accidents, in his comprehension of hysteria.

Reframing Charcot: Salpêtrière's Photographic Iconography Revisited by Ilit Azoulay

Between 1878-1893, French clinical neurologist Jean-Martin Charcot, known as the "Napoleon of the Neuroses" was the most important medical figure in the history of hysteria. Through techniques such as hypnosis, electroshock therapy, and genital manipulation, Charcot instigated hysterical symptoms in his patients. He refined his ideas regarding the organic character of hysteria in a series of formal lectures presented to large medical audiences in the amphitheater of Paris' Salpêtrière Hospital, and in informal bedside demonstrations to his students.

In these famous *leçons du mardi*, Charcot engaged patients to demonstrate his skill at diagnosis. Under hypnosis, hysterics enacted their symptoms dramatically in a large amphitheater equipped with facilities to project photographic slides onto a large screen. In Pierre Brouillet's famous painting *A Clinical Lesson at the Salpêtrière* (1887, fig. 1) Charcot

¹⁰ See Rachel P. Maines, *The Technology of Orgasm: "Hysteria," the Vibrator, and Women's Sexual Satisfaction*, Johns Hopkins University Press, 2001.

¹¹ For a survey of the coded genders of hysteria through the ages see Elaine Showalter, "Hysteria, Feminism, Gender," in *Hysteria Beyond Freud*, Berkeley: University of California Press, 2020, pp. 286-344.

presents his favorite hysteric, Blanche Wittman, to the all-male members of the neurological service. One female nurse was present to catch the somnambulistic patient. Publishing over 120 case studies regarding hysteria, Charcot considered hysteria as a “neurosis” with an organic basis, claiming that hysterical attacks were mentally induced responses of traumatic shock, which “followed a completely regular and uniform pattern” of four phases in all his patients.¹² He identified two main forms of hysteria, with and without convulsions. The hysterolepilepsy or “*grandes crises d’hystérie*” were characterized by four stages: 1. Epileptoid; 2. Contortions and acrobatic postures (Clownism); 3. Emotional gestures (“*attitudes passionnelles*”); and 4. Final delirium.¹³

While a multitude of medical students, physicians, artists, writers, actors, and socialites came to witness this “theater of hysteria,” many claimed that Charcot fabricated hysteria by directing his patients’ actions and rewarding successful performance.¹⁴ Such accusations were exacerbated by stories of patients, such as Blanche, “Queen of Hysterics,” whose symptoms disappeared after Charcot’s death in 1893. Charcot’s more famous female patients, however, such as the dramatic and attractive Augustine Gleizes, were treated in a manner which played to stereotyped gendered characteristics; their symptoms and behavior were traced back to their sexuality and their gendered biology. Augustine’s virtuosic performance of hysteria were described as pictures of ecstasy, eroticism, menace, and mockery.

The hysterics of Salpêtrière were methodically photographed, providing visual proof of hysteria’s specific forms. A photography department was established at the hospital as well as a museum of casts, recording and indexing events in the life of the hysteric. Charcot’s medical intern Paul Richer, formerly a professor of artistic anatomy at the prestigious École des Beaux-Arts in Paris, together with physician, physiologist and photographer Paul Régnaud, documented florid motor and sensory somatizations, the bodily actions of the hysteric, before, during, and after hysterical attacks. Taking liberties in his illustrations, Richer often heightened the performances by removing apparatuses and exposing limbs. An extensive series of images were published as *Études cliniques sur la grande hystérie ou hystéro-épilepsie* in 1885. Stereotypically sexualized images of patients diagnosed with hystero-epilepsy (hysteria) and epilepsy appeared also in the major medical text *Iconographie Photographique de la Salpêtrière: service de M. Charcot* by Régnaud and French neurologist Désiré-Magloire Bourneville.¹⁵ Régnaud worked with the wet-collodion process, requiring proper exposure of a

¹² Elisabeth Bronfen, *The Knotted Subject: Hysteria and Its Discontents*, 1998, Princeton University Press, p. 181.

¹³ Filipa Novais, Andreia Araújo, and Paula Godinho, “Historical Roots of Histrionic Personality Disorder,” *Front Psychol.* 2015; 6: 1463. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4585318/>

¹⁴ Sander L. Gilman notes how the Salpêtrière hysterics learned from the medical images that surround: “The Image of the Hysteric,” in: *Hysteria Beyond Freud*, Berkeley: University of California Press, 2020, pp. 348-349.

¹⁵ <https://www.getty.edu/art/collection/objects/59379/desire-magloire-bourneville-paul-marie-leon-regnaud-iconographie-photographique-de-la-salpetriere-service-de-m-charcot-french-1878/>

negative and necessitating minimal to no movement. Due to this challenging situation, many of the final images were reworked in the darkroom, and drawings filled the gap where photography failed.

Among the societal changes resulting from industrialization was the exponential growth of prostitution, pornography, and hysteria. High percentages of hysterical patients were working-class women in modern France. The imagery of the disorder reflected these societal conditions and their visual culture, and thus formal parallels can be drawn between the appearance of women's legs, genitalia, and chests both in Richer's and Regnard's images of hysterical patients and in contemporaneous pornography. Focusing on the Salpêtrière's immense photographic output, French cultural historian Georges Didi-Huberman's monograph *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière* offers insight into the persistence of the hysteric image, and highlights how developments in late 19th century photographic technology contributed to the shaping of hysteria. He shows how patients were required to portray their hysterical "type," performing their own hysteria under the threat of return to the "inferno of the incurables."¹⁶

Unable to conduct site-specific fieldwork due to the lockdown following the first wave of COVID-19, Israeli artist of Moroccan origins based in Berlin, Ilit Azoulay (b. 1972), replaced this with online research, studying the notion of hysteria as invented and depicted by Charcot. Captivated by history, urban archaeology, and the notion of memory, Azoulay bases her creative practice on field research, individual clinical photography, processed photographic montage, and computerized finishing. Her complex large-scale photographic compositions comprise thousands of images, reorganized and remodeled to create a utopian neutrality. In her photographs, collages and installations, Azoulay resuscitates forgotten or undermined images or objects, capturing their ambiguity by detaching them from their original purpose or context.

An online search using the keyword hysteria resulted in over 3,000 images of women suffering panic attacks, most of which appeared on the sites of pharmaceutical and insurance companies. Azoulay's *Mousework* comprises thirty-five photographic triptychs presented in vacuum formed trompe-l'oeil frames created by the artist and her partner Jonathan Touitou. Each triptych is composed of three images: the left oval image was chosen from the Salpêtrière photographic archive. Photographed by Albert Londe, head of the photographic service at the Salpêtrière, these images focus on the gesticulating hands of the hospital's patients. In 1882, Londe devised a system to photograph the physical and muscular movements of patients (including epileptic seizures). Developing a camera with nine lenses that were

¹⁶ Georges Didi-Huberman, *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière*, trans. Alisa Hartz (Cambridge, MA: MIT Press, 2003).

triggered by electromagnetic energy, he used a metronome to sequentially time the release of the shutters, capturing the stages and processes of the patients' disease onto glass plates in quick succession—physiognomy, posture, and actions.

To the right of the photographs of the hysterics, at the center of the triptych, Azoulay collages stock images found online: Greek sculptures of convulsed personages, photographs of terrified women, destroyed objects and buildings, or frightening animals (a vulture, a snake, an owl), perhaps related to the snakes and birds suggested during hypnosis by Charcot. The images on the right panel of the triptych portray found objects collected by Azoulay in forests outside of Berlin. Examined under a magnifying glass, she classifies them in a manner reminiscent of Charcot's classification of the female body and its psychopathologies. Azoulay's process of visual experimentation highlights Charcot's lens as voyeuristic and subjective. Additionally, and equally, *Mousework* points to contemporary stereotyped depictions of female characteristics as "hysteric"—one that continues to infuse society's visual representation of women.

Clementine (Case 6100, fig. 2) features the left hand of the patient appearing in Régnard's photograph (plate 23 in "Attitudes passionnelles: Ecstasy" ("Passionate Attitudes: Ecstasy") published in Bourneville's *Iconographie*, vol. II, fig. 3) within an oval frame, as if reflected in a woman's pocket mirror. At the center of the triptych, as a backdrop to what looks like a Yves Klein blue reclining *Nike* hovering over a mountainous landscape, Azoulay reproduces Paul Richer's "synoptic table of the complete and regular great hysterical attack, with typical positions and their variants," published in *Etudes cliniques* (1881, fig. 4). On the right panel of the triptych a composition of reflective, mirrored disks, perhaps alluding to the inmate's repetitive performances of the required hysteric gestures. Curator Martha Kirszenbaum sees Azoulay's focus on the hands of hysterics as a portrayal of "a fixed moment of contortion or convulsion of the hysterical body in an attack – a statue of living pain."¹⁷ She connects it with the term "mortmain," French for "dead hand", described by Didi-Huberman as the right of a master to dispose of the goods of his vassal upon the latter's death. In Didi-Huberman's view, the Salepêtrière photography studio was instrumental in the figurative "mortmain" imposed on the bodies of hysterics, a process of controlling the female body and utilizing it instrumentally, as a tool of modern medicine. This relationship of power imposed in patriarchal societies by the authority of the oppressor against oppressed, defenseless woman is an example of non-reversible male power endorsed by state systems threatened by the potential strength of the female body and its presence. Many of Augustine's performances of the "attitudes passionnelles" were images of the seductive and erotic behaviors that supposedly emerged

¹⁷ Martha Kirszenbaum, *Ilit Azoulay, Mousework*, Braverman Gallery, Tel Aviv, 2021.
<http://www.ilitazoulay.com/app/uploads/2021/05/Mousework-handout-final.pdf>

during an episode of hysteria, most likely staged to give the doctors who controlled the patient's fate, evidence for their diagnoses.

Isolated in an oval frame on the left panel of Azoulay's *Josephine (Case 1088, fig. 5)*, we see the hands of Joséphine Delet, photographed by Paul Régnard in 1878 (*Iconographie*, vol. II, fig. 6), and autopsied by Freud at the Salpêtrière in 1886. The central panel features Brouillet's *A Clinical Lesson at the Salpêtrière* (1887, fig. 1); the right panel, a gargoyle from Notre-Dame Cathedral reflected and framed. These fragments of time merge the association of hysteria with witchcraft and the church with the "modern" performance of the disorder in 19th century Paris, and the fear associated with both irrational creatures. A third image, Azoulay's *Marie (Case 5590, fig. 7)*, showcases images taken in 1893 by L. Trepsat of the psychiatric diagnosis "Démence Précoce Catatonique Dermographisme," and published in the journal *Nouvelle iconographie de la Salpêtrière* in 1904 (fig. 8). Marie's diagnosis "démence précoce" is "carved" into the photograph of her back, and her uplifted arms are doubled by the antlers of a deer Azoulay places as a spectator on the hysterical drama joined with a mysterious forest scene. Drawing connections between Charcot's hysterical iconography, mass-produced images of "hysterical" women, and Tarantism,¹⁸ *Mousework* speaks to the persistence of a social constructs around female identity inherited and maintained by patriarchal order. Azoulay's work articulates distress but also hope for a powerful female vision in a future post-patriarchal era.

Freud's Daughter: Louise Bourgeois' *Arch of Hysteria*¹⁹

During 1885–1886, Sigmund Freud spent four months at the Salpêtrière hospital in Paris in Charcot's neurology service. Deeply impressed by the master's teachings and having observed his experiments, this period caused a shift in Freud's interest from general neurology to the study of hysteria and hypnosis. In cooperation with Josef Breuer, in 1895, Freud published *Studies on Hysteria*, interpreting the disorder as a psychological scar, a physical manifestation of trauma (sexual violence) or repression.²⁰ Freud believed that the psychological damage manifested in hysterical conversion was a result of removing male sexuality from females, an idea that stems from his famous "Oedipal moment of recognition."²¹ A young female, realizing

¹⁸ Originating from the Salento region in the south of Italy, the Taranta was a popular ritual during which women suffering from mental crisis would cure themselves in an impressive pagan dance of expiation, taking the form of a joyful ceremony. This ecstatic, trance-like performance was invented by women to express their desire to liberate themselves from oppressive patriarchal culture: abuse or forced marriages, lost husbands, or other women on the margins of society. As an expression of this marginality, Tarantism offered a way to manifest suffering and be socially recognized, a means to relocate oneself within a community and gain empowerment through mutual support.

¹⁹ The title "Freud's Daughter" references the recent exhibition *Louise Bourgeois, Freud's Daughter*, The Jewish Museum, New York, May 21–September 12, 2021.

²⁰ Sigmund Freud and Joseph Breuer, *Studies in Hysteria*, translated by Nicola Luckhurst, London, 2004, p. 290.

²¹ Sigmund Freud, *Les fantasmes hystériques et leur relation à la bisexualité, Névrose, psychose et perversion*, 1908.

she has no penis, assumes she has been castrated. The loss of the (metaphoric) penis should be remedied through marriage and sexual satisfaction.

Louise Bourgeois used her art to explore unconscious fantasy, as a form of therapy: "Art is restoration: the idea is to repair the damages that are inflicted in life, to make something that is fragmented - which is what fear and anxiety do to a person - into something whole."²² Best known for her large-scale sculpture and installation art, Bourgeois explored a variety of themes over the course of her long career, focusing on domesticity and the family, sexuality and the body, death and the subconscious. With her distinct French artistic and intellectual heritage, Bourgeois engaged intensely with the topic of hysteria.

Well-versed in Freud's understanding of the disorder, Bourgeois wrote in her diary on 22nd February 1949 a highly revelatory passage connecting her marriage, difficult sexual memories concerning her father, and her own self-diagnosed hysteria:

"Washington's birthday.

Self-destruction under the form of destruction of my marriage -

The etiology of hysteria by Freud -

Hysterical symptoms can always be traced to repressed sexual memories usually having occurred (experiences).

1. The memories may become conscious much later, at puberty – My father walking around in his nightshirt holding his genitals. "²³

Suffering from depression, Bourgeois began psychoanalysis in late 1951, and saw her analyst, Dr. Henry Lowenfeld intensely from 1952-1967, and then less frequently until his death in 1985. In 1979 Bourgeois spoke about a period around 1944, before adopting her first son, Michel, when she thought she could not have children. Going back to earlier conceptions of the disorder, she viewed hysteria as the cause and effect of infertility: "It is the case of the hysterical woman who cannot procreate because she is hysterical. It is a standard case. The fear of not having children made me hysterical, it made me emotionally upset. This is tangible proof that I am a normal person."²⁴ With cyclical logic she connects the psychological fear of not having children with the physical manifestation of childlessness, accepting this connection as proof of normalcy, part of the experience of being a woman.

From the 1992 through to 2009, Bourgeois created multiple works entitled *Arched Figure* or *Arch of Hysteria* in various forms and materials, presenting figures in the *arc de cercle* position

²² "My art is a form of restoration," Louise Bourgeois interviewed by Rachel Cooke, The Observer, October 2007. <https://www.theguardian.com/artanddesign/2007/oct/14/art3>

²³ Bourgeois, "Diary Notes 1949," *Destruction of the Father*, p. 56.

²⁴ Louise Bourgeois, "Conversation with Deborah Wye," 1979, *Destruction of the Father*, p. 125.

demonstrated by Charcot's hysterics. One of the classical symptoms of the grand hysterical attack was characterized by the arching forward of the whole trunk (opisthonus) so that the body, when lying on the floor or the bed, rests only on the head and the heels and the abdomen protrudes upward. In Régnard's *Attaque Hystéro-Épileptique Arc De Cercle* (1880, fig. 9) the patient thrusts her pelvis forward, contorting her body, and resting her weight on her feet and shoulders.

The *arc de cercle* posture is clinically classified as psychogenic nonepileptic seizures (PNS), "episodes of altered movement, sensation or experience similar to epilepsy, but caused by a psychological process and not associated with abnormal electrical discharges un the brain."²⁵ In current diagnostic schemes PNES are categorized as a manifestation of dissociative or somatoform (conversion) disorder (ICD-10). They are caused by unconscious, symbolically expressed psychological processes leading to conversion, i.e. the pressing need to interpret one's problems in ways which are both rationally and socially acceptable. This psychophysical mechanism reduces anxiety, and serves as a specific defense against the experience of powerful and negative emotions. While the seizure is real, the external observer often feels that the patient is simulating symptoms, unwittingly or even deliberately.

Bourgeois created her first sculptural *Arched Figure* in 1992-93, incorporating it into an iron mesh enclosure *Cell (Arch of Hysteria)*, fig. 10) which was part of the pavilion when she represented the United States at the 45th Venice Biennale. The central element of the *Cell—Arched Figure* (1993, fig. 11)—is an emotionally charged depiction of a young, sexually ambiguous figure. While armless and headless, the body is imbued with universality and life. Lying on a carved wooden bed, the thin yet muscular figure, with distended ribs, arches backwards in a fluid, exaggerated curve. With its jutting pelvis, clenched feet and toes, and slightly protruding veins, the slender figure embodies the mounting tension characteristic of the *arc de cercle*. Seemingly feminine, the figure lacks breasts and displays an encased phallic mound, not unlike a pubic triangle. With this anonymous, nearly asexual form, the artist invites viewers to project their own identities upon the figure, internalizing the complicated mix of emotions wracking the thin frame. Traditionally viewed as a female psychological state, Bourgeois embodies hysteria as a complex merging of physical, emotional, and psychological states that applies to either sex. Symbolically referencing the institutional history of hysteria, she uses a bed as a support. The bed's white sackcloth mattress covering recalls Bourgeois' close connection with textile (her parents ran a tapestry gallery and restoration atelier, repairing and selling medieval and Renaissance tapestries and antiques, and as a girl Bourgeois helped out

²⁵ Joanna Jędrzejczak and Krzysztof Owczarek, "Psychogenic Pseudoepileptic Seizures – From Ancient Time to the Present," in: Dejan Stevanovic, ed., *Epilepsy - Histological, Electroencephalographic and Psychological Aspects*, IntechOpen, 2012, p. 233.

in the tapestry workshop). An inclination to include fabric, cord, wool and net in her creations persisted throughout her life.

In a 1993 interview, Bourgeois stated that *Cell (Arch of Hysteria)* expanded upon the gender or the figure, and the connection of the arch to tension and release: "The fact that it is a man is not terribly important. It is a remark about the hysterical, and in the time of Jean-Martin Charcot, any ill, any disease, was attributed to hysteria, to be precise, and hysteria was attributed to women, which is absurd. This is all it means." Bourgeois went on to explain: "The *Cell* with the figure or arch of hysteria deals with emotional and psychological pain. Here in the arch of hysteria, pleasure and pain are merged in a state of happiness. Her arch – the mounting of tension and the release of tension – is sexual. It is a substitute for orgasm with no access to sex. She creates her own world and is very happy. Nowhere is it written that a person in these states is suffering. She functions in a self-made cell where the rules of happiness and stress are unknown to us."²⁶

Regarding her 1993 polished bronze hanging sculpture (fig. 12), Bourgeois stated "with the *Arch of Hysteria*, I thought I could become a Charcot and make a beautiful young man exhibit himself in torsade."²⁷ Created from a bronze cast of the same figure with a golden surface. It hangs by a wire connected to the torso, conjuring the circle of life. Bourgeois' principal assistant of 30 years, Jerry Gorovoy, clarified the origins of the figure: "The hanging arch figure is actually a cast of my body. Louise had me lie down on a curved mound to get this shape, and then the body was in a plaster mold, which she then cut up to make this curve. To Louise the state of hanging was this idea of fragility, because it meant that the body could turn, it could pivot, it could spin, so it wasn't a stable kind of thing. Louise wanted this figure to have a high polish so that the viewer's face is caught inside the body of this contorted figure. So it brings the viewer into the picture." Gorovoy added: "Charcot always liked to see women go into the arch of hysteria, but men did it too. But [Charcot and his colleagues] preferred, since most of them were men, to see the women do it, and she said that she wanted to do the opposite, to see a man in that position."²⁸

²⁶ Jerry Gorovoy & Pandora Tabatabai Asbaghi, *Louis Bourgeois, Blue Days and Pink Days*, Fondazione Prada, Milan, 1997, p. 211.

²⁷ Bourgeois, quoted in Donald Kuspit, 'Louise Bourgeois in psychoanalysis', *Return of the Repressed*, p. 138; a 'torsade' refers to a twisted ribbon or cord used as a trim in sewing (here we see an instance of Bourgeois using the language of sewing before she began to employ stitching as a sculptural method, perhaps as an artefact of her time spent helping her parents in their tapestry restoration business).

²⁸ Jerry Gorovoy, <https://www.moma.org/audio/playlist/42/681>

