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### Freud's Gender Bias in Hysteria

At face value, hysteria is a set of symptoms of emotional and physical outburst, often brought about by trauma. For the majority of the history of psychiatric practice, hysteria was actually attributed solely to women: from witches being burnt at the stake, to the stereotype of excessive emotions and nervous breakdowns (*Male Hysteria*, Link-Heer and Daniel). Male hysteria on the other hand was underreported and censored by societal norms as the belief that a lack of a uterus meant only women were prone to hysteria (*On the Early History of Male Hysteria and Psychic Trauma*, Libbrecht, Quackelbeen). Throughout Freud's amateur career, he delved into the theory of hysteria, its causes and symptoms, as well as the differences between the hysteric symptoms between genders. Freud intensively researched both male and female hysteria, with an early fixation on male hysteria. Despite this apparent passion for male hysteria, he too would largely contribute to the censorship of male hysteria by emphasizing hysteria in female patients. In doing so, Freud treated his patients according to their conforming genders, thus diagnosing primarily women as hysteric, as opposed to applying a non-gender specific theory and treating them as individuals. This would go on to affect the treatment of female patients that would make up *The Fragment of Analysis of a Case of Hysteria*.

The passion that Sigmund Freud had for hysteria was kickstarted and flourished through

his stay with Professor Jean-Martin Charcot, who was studying male hysteria, also known as spermatorrhoea. Charcot's belief for the origin of the hysterical disorder is based on a dynamic postulate whereby physical trauma causes defections within the body. More specifically, that the root of "the hysterical disorder [traces] to.. a physical defect of the nervous system from injury or heredity of an 'an unknown nature and location in the central nervous system'" (*On the 'Disappearance' of Hysteria. A Study in the Clinical Deconstruction of a Diagnosis*, Micale 503). He applied this theorized root of hysteria to both genders by performing hypnotic experiments upon hysterical patients. As he was exposed to more patients, a psychical element was appended to the causes of hysteria, "... the particular sensation, emphasized by our hysterical women in the member subjected to shock, and that can be supposed of being produced in the same degree and with the same characteristics in the case of our two men in consequence of the fall on the shoulder, this sensation, I tell you, could be considered of having effected, both in the case of the women and the men, the idea of motor incapacity of the member. " (*On the Early History of Male Hysteria and Psychic Trauma*, Charcot 372). In this quote, Charcot describes how in one of the social experiments he conducted, both female and male patients convinced themselves that they were paralysed, showing direct proof of his motor and psychical theories for the origin of hysteria.

Charcot's theory would become one of the main influences on Freud's trauma theory . Freud's admiration and respect for Charcot's work is clear in his written obituary for Charcot. Following his death, "Most far-reaching of all were the investigations into nervous illnesses which followed upon severe traumas - the 'traumatic neuroses'-views about which are still

under discussion and in connection with which Charcot has successfully put forward the arguments in favor of hysteria.”(*The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume III*, Freud 21). Interestingly, Libbrecht and Quackelbeen claim that Freud himself “... put only two major figures at the origin of psychoanalysis in general and the initial psychoanalytic theorizations on hysteria and thus of psychical trauma in particular: Jean-Martin Charcot and Josef Breuer” (*On the Early History of Male Hysteria and Psychic Trauma*, Libbrecht and Quackelbeen 374). It is clear that Freud’s theories were inspired by Charcot and Breuer, but his theories still diverged from the beliefs of his inspirations. Despite the reason for the divergence, whether it be the desire for acceptance from the community, or inherent sexism within Freud, his opinions on male hysteria drastically changed throughout the course of his studies.

It was found that such ideologies of spermatorrhoea were not popular amongst the residents of Vienna, Freud’s hometown. When Freud was outlining his beliefs on male hysteria at the Vienna Society of Physicians in 1886, the response to his account of Charcot’s findings revealed that the existence of male hysteria was not debated: rather, there was a vibrant debate on its origin. Physicians present in the audience “... expressly asserted that male hysteria was a well-known phenomenon, and most of the debate was not around its presence, but its relation to traumatic paralysis” ( *Anzeiger der k.k. Gesellschaft der Aerzte in Wien 1886*, Hajek). A gender bias is created in the mere separation of hysteria into the categories of ‘male’ and ‘female’. This instance clearly shows the already formed separation of the hysterics. The highly debated shroud around male hysteria created an air of confusion and slight disbelief around the topic, only aiding in the censorship of male hysteria. This is shown purely in that, a

decade after this event, Freud published purely female hysteric cases in *The Aetiology of Hysteria*.

Through Freud's research and development of the diagnosis of hysteria, the role of gender was heavily explored. Whether or not he separates the genders in hysteria directly affects how he treats and diagnoses hysteric patients. While he may have begun with a strong belief in male hysteria, his texts exhibit an altered narrative. Through the chronology of his works, a trend of omitting and altering what hysteria is becomes apparent. Freud begins with the inclusion of his seduction theory in the 'Aetiology of Hysteria'. In this work, Freud makes it blatantly evident for the reader that his theory differs from Charcot's, with a potential motive to distance himself from the harsh criticisms and "violent opposition" from the "old generation who did not want to have their views changed" (*Freud Reader*, Freud, . Gay 21). In his later published works, Freud directed his beliefs of hysteria towards only women. He initially expressed within the seduction theory that, despite the gender, hysteria is caused by sexual abuse from the father. He eventually concludes with theory on only female hysterics.

In parallel to this motive of acceptance from the old generation, there also lies the desire to give the impression that his theory will be revolutionary and unforeseen. This theory states that apart from traumatic experiences, there is also a dimension of "hereditary disposition" (*Aetiology of Hysteria*, Freud 201) that needs to be explored. According to both Breuer and Charcot, hysteria was a result of traumatic experiences: there were no defining characteristics for what a 'traumatic experience' was for each individual. However, to Freud, a traumatic experience qualifies if it meets the requirements of having "relevant suitability" and enough "traumatic force" to cause hysterical symptoms. The determining factors of 'relevant

suitability' and 'traumatic force' were not outlined, and seemed to be placed in the hands of the

psychotherapist. Experiences and genetics are not the only causes according to Freud - previous memories before the suspected experience (*Aetiology of Hysteria*, Freud 197) are thought to be unearthed, with the already dormant issue then materializing in said memories. In the listed requisites for possible causes that are outlined above, we do not see any referencing to genders, but to society as a whole.

Soon after the publication of *The Aetiology of Hysteria*, Freud rejected the seduction theory. The causes and origins of hysteria are shifted from a non-gendered perspective to a purely female, sexual perspective. He disregards the trauma aspect of hysteria, along with its requirements, and instead turns to a thought based in hereditary and sexual factors. During this time, a shift in the genders of his patients is also witnessed. One of the causes of this shift was listed in a letter to Wilhelm Fliess, talking of the ,” ...surprise that in all cases, the father, not excluding my own, had to be accused of being perverse.” (*The Complete Letters of Sigmund Freud to Wilhelm Fliess*, Masson 264). Freud found it increasingly hard to believe that for every case, there lay a father that had sexually assaulted his children. At this point, due to Freud's disbelief in his seduction theory, he transfers the blame and label of 'hysteric' to the female gender, saying, “...almost all of my women patients told me that they had been seduced by their father. I was driven to recognize in the end that these reports were untrue and so came to understand that the hysterical symptoms are derived from phantasies and not from real occurrences” (*Therapy for Adults Molested as Children: Beyond Survival*, Freud, . Briere 39). At this point, Freud is pointing the finger at women, consistently disregarding them and their

experiences. This is an evident shift to focusing entirely on female hysteric patients. During the time that his new

theories on hysteria were published, Freud begrudgingly mentions the existence of males as a subset category of hysteric patients, “In seven out of the thirteen cases the intercourse was between children on both sides...” (*Aetiology of Hysteria*, Freud 152). In phrasing it in this particular manner, Freud avoids directly stating that within these cases of sexual abuse, he investigated male patients. This acts almost as a way to make the explicit, implicit and to bury it in vagueness. This reflects Freud's conformation with the masses; he desired to be accepted, revered, and revolutionary, and achieved these titles by tailoring his theories to specific narratives.

This bias shows his prejudice against his female patients, which can be seen through a close reading of his hysteric female case studies. All of Freud's cases in his *Studies in Hysteria* base themselves around females. This showcases Freud's clear and radical shift in belief, which is shown in Freud's *A Fragment of an Analysis of a Case of Hysteria*, where he analyzes a young girl who is presenting multiple hysteric symptoms. When she shares her experiences of sexual abuse to Freud, he immediately begins to analyze her hysteria in the context of sexuality. Dora recounts two instances of being sexually abused by a family friend, Herr K. The first instance was when she was merely thirteen, and Herr K brought her to his office to watch a festival being celebrated in their town. It was there where he shut the blinds, approached Dora, and forced himself upon her by kissing her. She ran, and after this point avoided any contact with him. The second occurrence was years later, when Herr and Dora were walking by a lake. Herr

approached Dora again, saying, “I get nothing from my wife”. At this, Dora ran once again, and when she shared her experience with

her father and Herr’s wife, no one believed her. Instead, she was labeled as overreacting, and she was accused of fantasizing the entire affair. Freud was the first to wholly believe Dora’s experiences, but Freud consistently forced his brutal theories and opinions onto Dora in a sexist,

sexuality-based way. This means of analysis of telling instead of proving, and of disregarding the victims experience, was performed to each of his female patients, rather than treating them regardless of their gender.

Freud begins his published study on Dora with ‘the clinical picture’. He primarily uses dream analysis to uncover her feelings towards what happened with Herr. Freud himself says, “And I may add that this knowledge is essential for the psychoanalyst; for the dream is one of the roads along which consciousness can be reached by the psychical material which, on account of the opposition aroused by its content, has been cut off from consciousness and repressed, and has thus become pathogenic”(A *Fragment of an Analysis of a Case of Hysteria*, Freud 172 ). He claims to want to prevent further misunderstanding of his view of the psychical process of hysteria. The purpose of his treatment is to replace all possible symptoms of hysteria with conscious thoughts, repairing any gaps to the patient's memory in the process. He also says that, above all, his interest is directed towards family circumstances, and for the purpose of enquiring into their heredity. Throughout his replacement of Dora’s symptoms of hysteria, his analysis is inheirently sexual. He explains that sexuality is foundational, with an example

case a girl diagnosed with 'hysterical vomiting'. In comments regarding the importance of sexuality in hysteria, Freud says

Another physician in Vienna, whose conviction of the unimportance of sexual factors in hysteria has probably been very much strengthened by such experiences as this, was consulted in the case of a fourteen-year-old girl who suffered from dangerous hysterical vomiting. He made up his mind to ask her the painful question whether by any chance she had ever had a love-affair with a man. 'No!' answered the child, no doubt with well-affected astonishment...She afterwards came to me for treatment, and proved-though not during our very first conversation, to be sure-to have been a masturbator for many years...The girl was looked upon as a 'mere child,' but she turned out to be initiated into all the essentials of sexual relations.

*(An Analysis of A Fragment of a Case of Hysteria, Freud 32)*

His outlined approach for treating hysteria in the Dora case is non-gendered, and is based purely around mending repressed memories, as well as enquiring into potential sources of the patients' hysteric symptoms. Instead of sticking with this narrative, he implicitly twists and forces sexuality into the requirements of hysteric symptoms.

Even with Freud's radical shift in belief to a female-based hysteria, he still struggled with the outcome of Dora's case. Freud is unable to grasp her resistance in accepting his forceful analysis of her psyche, and instead hides this plothole. Ramas summarizes this struggle, saying, "Ida Bauer's hysteria -- her repudiation of sexuality -- is not explained by Freud, but, rather, explained away. This is because Freud's main argument is fundamentally an ideological construct developed in defense of a patriarchal phantasy of femininity and female sexuality" (*Freud's Dora, Dora's Hysteria: The Negation of a Woman's Rebellion*, Ramas, 477). This patriarchal fantasy of femininity and female sexuality can be seen as the source of hysteric male censorship. Freud's disinterest in true femininity and female sexuality, led him to marginalize female hysteric patients. The basis for this was their sexuality, and not the trauma resulting



from their experiences. This disinterest points towards a deeper issue of Freud's, which is his identification with the sexual abuser. This sympathy for the abuser accounts for the abuse allowed by the patriarchal society.

Freud's identification with sexual abusers led to direct changes in his portrayal of hysterical females. He analyzes his patients by filling in any gaps with ideas that conform to his liking. In essence, "Freud was not able to establish a clear correlation between Ida's attacks and Herr K's absences; however, he felt the correlation to be close enough to support his interpretation" (*Freud's Dora, Dora's Hysteria: The Negation of a Woman's Rebellion*, Ramas 491). This identification with the abuser was so ingrained, that Freud failed to find fault in the acts of the abuser. In Dora's case, "Herr K was spared all criticism. Freud did not find it unusual that Herr K had, somewhat deviously, set the scene for the seduction of his close friend's fourteen year old daughter. He found Ida at fault for not responding..." (*Freud's Dora, Dora's Hysteria: The Negation of a Woman's Rebellion*, Ramas, 503). Freud went as far as to alleviate any blame from Herr, saying, "[Dora] was still quite young, and of pre-possessing appearance" (A Fragment of an Analysis of a Case of Hysteria, Freud). This identification with Herr reveals Freud's internal dialogue of narcissism. This is undoubtedly evident in his postscript, where Freud says, "Her breaking off so unexpectedly, just when my hopes of a successful termination of the treatment were at their highest, and her thus bringing my hopes to nothing-- this was an unmistakable act of vengeance on her part..." (Freud, Postscript IV). Freud believes that Dora ended the treatment prematurely to spite him, without considering other, less narcissistic reasons. This is a clear example of the non-existent acknowledgement for how she feels. He continues this thought by saying, "I might perhaps have kept the girl under my treatment if I

myself had acted a part, if I had exaggerated the importance of her staying on, and had shown a warm personal interest in her... Nor do I know whether Herr K would have done any better if it had been revealed to him that the slap Dora gave him by no means signified a final 'No'" (Freud, Postscript IV).

Freud's identification with the abuser is, in essence, an identification with the censorship of male hysteria. The mere idea that men could possibly be hysterical according to Freud's cases casts Freud himself, and most of society, in a light of potential blame. Freud could be blamed for many manipulative actions which were performed under the pretenses of 'fixing' his hysterical females. These actions, and the identifications Freud makes with each and every male accused of sexual abuse, is clearly cause for action against his practices. These actions are contradictory to the initial pretenses that Freud defined hysteria with. Initially, Freud presented a non-gendered, unbiased definition of hysteria. His studies included both male and female patients, with both genders being discussed without differences. He was also seemingly passionate about discovering the depths of male hysteria. This, in comparison to his radical end of not mentioning or even merely acknowledging male hysteria, seems improbable. Such a dramatic shift in opinion can be attributed to: the inherent gender bias that is in the foundation of society; Freud's desperate desire for acknowledgement and approval by physicians around the world; and Freud's internal culpability for the horrid treatment of his abused female patients. Freud could not bear the idea that every hysteric child he spoke to was abused by their fathers: these were his friends, his comrades. Instead, he shifted the entirety of his theory to not only defend his fellow abusers, but himself. Women were the only ones labeled

'hysteric', because the word itself strips credibility from any person it is attached to, and in order for that to benefit Freud, he immortalized women as the 'hysteric' gender.

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