

My name is Elizabeth Wynn, I'm the Equality and Diversity Manager at the Babraham Institute, and today I'm going to be talking about hysteria through history.

Since it's Mental Health Awareness Week, I wanted to do a talk that was related to that. And something that I personally am very interested in is our understanding of mental illnesses and how that changes and develops throughout history and across different cultures. So I thought I'd talk about hysteria, our understanding of how it's gone from a physical disease to a mental illness to now where it's no longer a valid mental illness diagnosis.

I'm going to be focusing on hysteria in Western history, in Europe, because that's where I could find the most information. And because hysteria dates back almost 4000 years, there's a lot of history to cover so I'm going to be streamlining and simplifying quite a bit in this talk.

First things first: what is hysteria? I have a list of symptoms here that have been associated with hysteria throughout history. So you can see there's a lot of different symptoms and also a real variety of symptoms. It's not an exaggeration at all to say that hysteria has been used as a catch all diagnosis when no other diagnosis fits the bill.

Hysteria was first mentioned in Egypt. The oldest records we have relating to hysteria are in the Kahun Papyrus, which dates from 1900 BCE, where they described a wandering womb that caused a tonic-clonic seizures and the sense of suffocation. So because the problem was the uterus had gotten out of place, the treatment was to coax the uterus back to its proper place. So if it had gone too high you would put pleasant scent near the vulva and unpleasant scent near the nose in order to tempt the uterus back down. And if it had gotten too low, vice versa.

The ancient Greeks followed on from this tradition, they also described wandering womb, as the cause of many symptoms in women. And in fact, it's from Greek that we get the term hysteria which derives from the Greek word for uterus, and that was first used in the fifth century BCE by Hippocrates.

Sorry. Someone just, something just came up in chat and I wanted to make sure it wasn't someone saying we can't hear you, or something.

So the ancient Greeks thought that the uterus was causing problems but they thought that the cause, or Hippocrates thought the cause, was the uterus is sad and unfortunate when it does not join with the male and does not give rise to a new birth. So the prescription here was marriage and motherhood.

The Ancient Romans followed on from this this idea also believing that the uterus cause problems for women. Galen, a famous Roman physician, wrote, "I have examined many hysterical women some stuporous, others with anxiety attacks... the disease manifests itself with different symptoms, but always refers to the uterus."

So given that there were so many different symptoms that could be attributed to hysteria, why did these ancient physicians -- and Hippocrates and Galen were both male, we don't know definitively who wrote the Kahun Papyrus -- but why was, why were all of these symptoms attributed to the uterus? Well, because the symptoms were only seen in women. And what's the difference between men and women? Presence of a uterus. Must be causing it.

Moving further on through history into the Middle Ages. In Europe this was the Dark Ages where superstition, superstitious explanations were used for a lot of things as opposed to rational or scientific explanations. So in the Middle Ages, hysteria was sometimes believed to be due to

demonic influences or witchcraft and unfortunately the treatment then was often persecuting women as witches or trying to exorcise the sin out of them.

The Renaissance was when Europeans rediscovered classical texts, which had been continuously in use in the Arab world throughout the Middle Ages in Europe, and so medical explanations again took precedence. Towards the end of the Renaissance and beginning of the Enlightenment, so the sort of 16th, 17th centuries, various physicians did say that hysteria was a neurological or emotional element, rather than a physical or spiritual one. So this is the first time that the explanation for hysteria was being taken away from the uterus and put to other parts of the body. So the brain.

And again, these physicians who wrote on it were almost primarily male, almost all male. One physician, an English doctor, Thomas Sydenham, wrote, "Women, except for those who lead a hearty and robust life, are quite rarely free from hysteria." So Thomas Sydenham, who thought that hysteria was caused by emotions, still said that it was incredibly prevalent in women.

So after this time, moving on to the 19th century, this is where we see the first modern medical research into hysteria. Jean-Martin Charcot, a French neurologist who is often called the father of neurology, or at least the father of French neurology, he was the one who took the first modern scientific approach to hysteria and he called it 'the great neurosis'.

If you do an image search for hysteria this will be one of the top images that comes up and the gentleman holding the fainting lady is Charcot. So Charcot, as a neurologist, believed hysteria was caused by neurological damage which could either be hereditary or due to injury.

Charcot had a very influential student whose name you will definitely know: Sigmund Freud, the Austrian psychoanalyst, who really pioneered the field of psychoanalysis. And he believed hysterical symptoms were physical expressions of psychological suffering, and because he was Freud he believed the psychological suffering was caused by traumatic sexual experiences as a child.

So, by this point, by the 19th century, the idea that hysteria was caused by the uterus was entirely discarded and it was definitely situated in the brain, either neurological or psychological.

Interestingly, Freud stated hysteria could occur in men as well as women. And in fact, he thought it occurred slightly more often in men than women, and he did in fact diagnose himself with hysteria. However, hysteria was definitely still more associated with women.

So Charcot and Freud were the only real prominent researchers we associate with hysteria and part of the reason for this, well the main reason for this, is that by the 20th century diagnoses of hysteria dropped dramatically. The reason for this isn't necessarily that symptoms of hysteria stop being so prevalent, but rather that starting in the 20th century, our understanding of mental illnesses and neurological illnesses, there was a lot of advancement in that field. New technology was a major part of that: being able to do brain scans, having a much better understanding of the brain. So illnesses that previously would have been simply called insanity or lunacy were getting different names and treatments and understanding.

Looking back to that original list of symptoms of hysteria, in the 20th and indeed 21st century, if you present with these and there is no underlying physical cause, the type of thing that you are likely to be diagnosed with are things like depression, anxiety, borderline personality disorder or conversion disorder. So in some ways hysteria has never disappeared. It's simply been renamed.

Freud stated that men also suffer from hysteria and, indeed, men are diagnosed with these mental illnesses, but they are still much more prevalent in women. There are a couple of possible explanations for this.

One is that women genuinely do present with these symptoms more often. We no longer think that it's due to the uterus, but perhaps it's due to things like genetics or hormones. Another possible explanation is that women are more likely to seek treatment for mental illnesses. We know that men are less likely to talk about when they're having problems with their mental health. But another possible explanation that there's a lot of support for is around misdiagnosis.

So though hysteria diagnoses had dropped off dramatically by the 20th century, they were still, it was still occasionally diagnosed. It wasn't until 1980 that hysteria was removed entirely as a diagnosis from diagnostic manuals. And in 1965 in the UK a follow up study on patients who had been diagnosed with hysteria in the 1950s showed that more than 60% had been found to have an organic neurological disease such as a brain tumour or epilepsy.

Some other information on women and diagnosis with mental health problems: women with chronic pain conditions are more likely to be misdiagnosed with mental health conditions than men. Women are more likely to receive anti-anxiety medications than men when they come to a hospital with pain. So men receive painkillers women receive anti-anxiety medications. Women take significantly longer than men to be diagnosed with everything from cancer to heart attacks to autoimmune diseases. And misdiagnosis with the wrong disease increases the time to get the right diagnosis. A physical misdiagnosis roughly double the time it takes to get the correct diagnosis. A psychological misdiagnosis can increase it up to 14 times longer.

I got the information on this slide from Maya Dusen- sorry, I always mispronounce that name. Maya Dusenbery's excellent book, *Doing Harm*, which I highly recommend. And I tried to focus here on information which was backed up by studies but that book has a lot of anecdotes as well of women describing their experiences with doctors with their physical symptoms being ignored, being told that it's all in their head, being misdiagnosed with mental illnesses and being taking it much longer to get correct physical diagnoses. And you can also find a lot of articles with people sharing their experiences on this. If you are a woman, you might have experienced with this or you might know someone who has had this experience.

So our understanding of hysteria moving from a physical ailment to a mental illness and getting renamed into various other diagnoses -- we can see a clear line of doctors and physicians, primarily male, ignoring women symptoms and ascribing them to being all in their head. And we can see that this still happens today and has very serious consequences for women's health, to this day. The idea that women are more emotional, more irrational, more likely to have mental health problems.

I also wanted to share a couple other examples of instances where things are classified as mental illnesses and that is used to dismiss or discriminate against other groups.

For example, homosexuality was listed in the original DSM as a sociopathic personality disturbance. So the DSM is the Diagnostic and Statistical Manual of Mental Disorders. It's *the* authoritative manual on mental disorders and the first edition is published in 1952 where homosexuality was listed. The DSM is regularly revised, we're on the fifth edition now, but homosexuality wasn't completely removed from it until 1987. And a few years later, in 1990, the World Health Organization finally declassified homosexuality as a mental disorder.

You may have been aware that Sunday, May 17th, was the International Day Against Homophobia, Biphobia and Transphobia and that date was selected because it's the day that the WHO officially declassified homosexuality. So when homosexuality was understood to be a mental disorder that allowed treatments to happen to try and cure it and was definitely used as a way to marginalize gay individuals.

Schizophrenia has a really interesting history. I wish I could go into it more, I wish I had the time. So schizophrenia was originally described as a disease which primarily affected women. And in fact, it could have been listed as one of those examples of modern hysteria, one of the diagnoses that replaced hysteria. And this was up until around the 1950s that schizophrenia was understood and conceptualized this way. And then in the 1950s and 60s, there was a dramatic shift in the symptoms associated with schizophrenia and the profile of the individual who is likely to have schizophrenia. So, it moved away from women to black men and was associated with violence and paranoia. And I have a link I'll be tweeting out later that explains this. I think it's a really interesting, really interesting story about how our understanding of mental illness can change so quickly and be used for a specific purpose, as it were.

Another example is gender dysphoria. It was only last year that the World Health Organization removed gender identity disorder as a mental illness. So this is essentially being a trans individual, they removed that as a mental illness.

In the UK, diagnosis of gender dysphoria is still required in order to get a Gender Recognition Certificate. So this is not something that all trans people get or aim to get but that's what is required to legally change your gender on your birth certificate. And a lot of trans people, trans activists and groups are against this criteria, this diagnosis of gender dysphoria, because they say that it pathologises being trans. The fact that you need a mental illness diagnosis in order to legally transition in this way.

So those were all the topics I wanted to cover. I know I've gone through a lot of stuff very quickly so if you have any questions or if there's anything you want to discuss, I'm very happy to get into that.