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April 8, 2018

Reason's "Point of Reversal": A Genealogy of Hysterical Mimicry

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An abstract of
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of Emory University in partial fulfillment
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Bachelor of Arts with Honors

Women's, Gender, and Sexuality Studies

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Abstract

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Twenty-first century medical discourse surrounding mass hysteria outbreaks present nineteenth century hysterical mimicry in an altered modern context. To destabilize the notion of a transhistorical hysteria this thesis conducts a genealogy of hysterical mimicry by analyzing nineteenth century archival figures and adopting mimicry as a method for representing historical discontinuity. I claim that mimesis as a symptom does not refer to a stable simulation of illness, but a disruptive battle between psychiatric power and the mad. As such, my repurposing of mimicry as a genealogical approach to the archive demonstrates the interchange or forces that produced the hysteric as a transhistorical mime.

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Acknowledgements

Writing this thesis would have been impossible without the help and support I received from my advisors, friends, and family. I'd like to thank Dr. Huffer for her guidance and encouragement, Dr. Wilson and Dr. Willett for serving on my committee, Mike and Míša for listening to my tangled thoughts and helping me sort them out, and my Mom for accompanying me to the archive and sifting through the century of admissions registries with me.

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Preface

I see myself clearly at a crossroads, as mad (disqualified to speak) and as rational (able to speak). During the Fall of 2016, I read Michel Foucault's *History of Madness*. That reading afforded me the tools I needed to interrogate a self that speaks, a self that does not speak and the ceaseless relay between the two that structures the world in which I exist. This genealogy of hysteria grows out of that experience of reading. As a genealogy, it is not a confessional that would merely allow me to be slotted in the history of hysteria. It is a record of the contestation between the archive and the knowledges that secure my present reality.

Introduction

“If we make simulation - and not so hysteria – the militant underside of psychiatric power rather than an epistemological problem of a dead end, if we accept that simulation was the insidious way for the mad to pose the question of truth forcibly on a psychiatric power that only wanted to impose reality on them, then I think we could write a history that would no longer revolve around psychiatry and its knowledge, but which finally would revolve around the mad” – Michel Foucault¹

Hysteria as a distinct mental illness emerges in part II of Foucault’s *History of Madness* as a transgressive “figure of madness.”² Alongside hypochondria, dementia, mania, and melancholia, Foucault introduces hysteria as a “constantly changing backdrop”³ of symptoms that puzzled classical age physicians in search of stable symptoms linked to an organic cause. Foucault’s main point about hysteria in *History of Madness* is that hysteria’s “porousness,”⁴ or its ability to simulate other illnesses, stifled classical age medicine’s ability to make truth claims. Hysteria presents the problem: how can doctors make truthful claims about bodies that appear to lie?

Thirteen years after the original publication of *History of Madness*, Foucault describes hysterical resistance in relation to what he terms “psychiatric power” in a lecture course presented at the Collège de France in 1974.⁵ Foucault returns to the hysterics to demonstrate his famous notion that power is flanked by furrows of resistance. According to Foucault, nineteenth

¹ Foucault, Michel. *Psychiatric Power: Lectures at the Collège De France, 1973-1974*. Palgrave Macmillan, 2006. Pages 138-139.

² Foucault, Michel. *History of Madness*. Trans. Jean Khalifa and Jonathan Murphy. Routledge, 2006. 251.

³ Ibid, page 283.

⁴ Ibid, page 290.

⁵ Foucault, *Psychiatric Power*, page 137.

century hysteria was “a phenomenon of struggle and not a pathological phenomenon.”⁶ In response to psychiatric power’s “silent injunction” to display stable symptoms with clear origins, the hysteric exhibits “the most precise and well-determined symptoms,” while simultaneously pursuing what Foucault calls a “game” where all of doctor’s attempts to fix her illness fail, because “when her symptoms should refer to an organic substratum, she shows that there is no substratum.”⁷ In the same maneuver, the hysteric cinches herself to psychiatric power while exposing its limits.

This thesis emerges from the vein of genealogical thought forwarded by Foucault’s descriptions of hysterical resistance to problematize hysteria as it exists in the present as a supposedly pure, diagnosable medical phenomenon and transhistorical icon. My goal with this genealogy is to expose the power plays that informed and generated the history of hysteria by adopting hysteria’s hallmark symptom, mimicry, as a method. I argue that mimicry is a transformative process where the mime is a twisted representation of the referent that uncovers and destabilizes the power-knowledge that produces the conditions of possibility for mimesis. I use mimicry to accomplish three interrelated tasks: illuminating the archive of 19th century psychiatry (Chapter 1), theorizing an account of hysterical resistance (Chapter 2), and interrogating the present notions that link nineteenth century hysteria to the present and the self to a coherent chronology of past events (Chapter 3). Mimesis is a self-transformative process that disrupts historical continuity through a rearticulation of the particular exchanges between knowledge and power that cast the hysteric as mimetic.

⁶ Ibid.

⁷ Ibid, page 254.

I mime the history of hysteria as it is presented by positivist historians and medical archives by using three main resources: Foucaultian genealogy, Irigarayan feminism, and archival material. Foucaultian genealogy gives me the tools necessary to introduce a hysterical model of history that offers the perspective of hysteria as integral to unsettling the “difficult relationship”⁸ between psychiatric power and its limit, or what Foucault terms reason and unreason. Irigarayan feminism allows me to repurpose hysteria’s emblematic symptoms of mimicry and mutism as transgressive tactics that reveal the productive capacity of the collective force of rationality and patriarchy. Archival material grounds my genealogy in the actual discourses that played a part in the construction of our present reality. By consulting archival materials from the past, I can offer a history of the present that problematizes the discursive maneuvers that confined hysterics and the histories invented to secure their reemergence in the present.

I will now articulate the relationship between my methods of inquiry, mimicry and genealogy, in order to introduce the two concepts. My primary claim is that the historical body is hysterical. Foucault’s description of history as “the concrete body of a development with its moments of intensity, its lapses, its extended periods of feverish agitation, its fainting spells”⁹ inspired me to deploy hysteria as a metaphor for genealogy. I support this claim with a description of Foucault’s genealogical methods of descent, emergence, and problematization and with an analysis of Irigaray’s theory of hysterical mimesis as a disruptive force. Finally, I will argue that Foucault’s tripartite relationship between reason, unreason, and madness as it is presented in *History of Madness* can be mapped onto Irigaray’s model of mimesis to

⁸ Foucault, *History of Madness*, page 251.

⁹ Foucault, Michel. “Nietzsche, Genealogy, History.” *Language, Counter-memory, Practice: Selected Essays and Interviews*. Cornell UP, 1980. Page 145.

problematize the rational, masculine discourse that casts the hysteric as mimic.

Foucault described genealogy as a method for inquiring into the conditions structuring “lives that come back to us, only through the effect of multiple accidents.”¹⁰ For this reason, hysteria, with its long and diverse history, is a well-suited subject for genealogy, which is a method for inquiring into the past and developing a critical perspective of history. The range of analytical tasks which make up a genealogy is vast. Genealogies inquire into the conditions of possibility of certain forms of knowledge and power, develop historical critiques, offer critical histories of the present, propose non-teleological perspectives of history, and through a process of epistemological destabilization expose what is “assumed to be (metaphysically) necessary”¹¹ as historically contingent. Generally, genealogies “fashion concepts that make visible linkages, assemblages, and networks, particularly with an eye to their overall coherence.”¹² In this way, genealogy is a “toolkit”¹³ suited for examining a complex historical problem and its historical recurrence.

Following from the diversity of theoretical tools and operations included in genealogy, the purpose of this genealogy of hysteria must be multifarious. It seeks “to preserve a space for the core critical project of inquiring into conditions of possibility” of hysteria “while at the same time bringing these conditions into focus by way of historical forms of critique that enable us to grasp their undeniable contingency and complexity.”¹⁴ Genealogy fosters the critical perspective of recognizing the historical contingency of a phenomenon while acknowledging the broader

¹⁰ Foucault, Michel. Ed. James D. Faubion and Robert Hurley. “Lives of Infamous Men.” *Power*. New, 2000. Page 163.

¹¹ Koopman, Colin. *Genealogy as Critique Foucault and the Problems of Modernity*. Indiana UP, 2013. Page 129.

¹² *Ibid*, page 4.

¹³ *Ibid*, page 13.

¹⁴ *Ibid*, page 19.

connections between concepts and events. It is at once a critical analysis of a specific historical problem and “an investigative inquiry into how power works.”¹⁵

However, a distinction must be made between a search for a determinate cause of the present’s problems in the past and a Foucaultian genealogy that seeks to disrupt the past’s congruence with the present in order to problematize certain aspects of our present reality. With this distinction in mind, a Foucaultian genealogical account of hysterical mimicry does not explain modern hysterical epidemics through a return to the past. Rather, genealogy raises suspicion around the past’s relationship to the present and thus seeks not to recognize the past within the present, but “to identify the accidents, the minute deviations - or conversely, the complete reversals - the errors, the false appraisals, and the faulty calculations that gave birth to those things that continue to exist and have value for us.”¹⁶ The present reality is intelligible and comfortable for us because of past developments that are often specious, erroneous, and mistakenly understood as sound and stable extensions of the past into the present and future.

Foucaultian genealogy adopts an understanding of history that contradicts the positivist tendency to observe “historical unity and necessity” by focusing on the “temporal complexity and contingency”¹⁷ of past events. This genealogy of hysteria seeks to problematize our present “knowledges, powers, and ethics” by demonstrating that our practices “have contingently formed.”¹⁸ My thesis does not attempt to invalidate the reality of modern hysteria, but rather to show that “the world of speech and desires has known invasions, struggles, plundering, disguises, ploys.”¹⁹ Therefore, this analysis will edge against “the metahistorical development of

¹⁵ Ibid, page 9.

¹⁶ Foucault, “Nietzsche, Genealogy, History,” page 146.

¹⁷ Koopman, page 43.

¹⁸ Ibid, page 44.

¹⁹ Foucault, “Nietzsche, Genealogy, History,” page 139.

ideal significations and indefinite teleologies”²⁰ within the history of hysteria and instead privilege the Foucaultian perspective which draws attention to the historical contingency of medicine’s project of representation.

Foucault suggests that genealogy should seek these singular events “in the most unpromising places, in what we tend to feel is without history - in sentiments, love, conscience, instinct.”²¹ For in these contingent, ephemeral places the genealogist can bring to focus a critical history of the present by being “sensitive” to the “recurrence” of hysterical mimicry “not in order to trace the gradual curve of its evolution, but to isolate the different scenes where it engaged in different roles.”²² In other words, a genealogy of hysteria demonstrates the fabrication of a transhistorical hysteric and inquires into the conditions that justify her century-long representation as a simulation despite the many discontinuities that complicate and fracture her history of representation. To do this, “genealogy must define even those instances where they are absent, the moment when they remain unrealized,”²³ because these crucial moments constitute evidence of an experience of madness that is more than what was spoken and recorded in history. Genealogy “will be scrupulously attentive” to power’s “petty malice,” history’s tendency to be informed by a telos; “it will await” the “emergence” of hysteria in all its complexity, “once unmasked, as the face of the other.”²⁴ That is, genealogy does not seek to recover hysteria in its differentiated discontinuity, but rather inquire into the fact that such a (non-)representation escaped and even challenged power’s manipulation of history. It seeks to intensify the contradictions, discontinuity, and excesses of the history of hysteria “whose faint traces and hits

²⁰ Ibid, page 140.

²¹ Ibid, page 139-140.

²² Ibid, page 140.

²³ Ibid, page 140.

²⁴ Ibid, page 144.

of color are readily seen by an historical eye.”²⁵

Foucaultian genealogy focuses especially on two dimensions of history: descent and emergence, an approach he also describes as problematization. Drawing on Nietzschean genealogy, Foucault maps out his own version of genealogy in his famous essay, “Nietzsche, Genealogy, History.” Both descent and emergence are necessary components of history for a successful Foucaultian genealogy to engage because both aspects of history are crucial for considering the non-teleological nature of history and inquiring into evolving conditions of possibility of certain knowledges and powers. The focus on the notion of descent allows genealogy to destabilize “what was previously considered immobile”²⁶ and at the origin of a linear chain of tradition by demonstrating the historical contingency of past occurrences. Contrary to searching for an origin or “erecting foundations,” genealogy’s consideration of descent “fragments what was thought unified” in history and further demonstrates history’s “heterogeneity” instead of internal consistency.²⁷ For this reason, this genealogy of hysteria respects history as descent to fashion a version of a history of hysteria that “will uproot its traditional foundations and relentlessly disrupt its pretended continuity.”²⁸ To clarify, the knowledge acquired from inquiring into hysteria’s past “is not made for understanding: it is made for cutting”²⁹ and fragmenting the history of hysteria.

Additionally, Foucault associates genealogy as descent with the body. Like nineteenth century hysteria which “took shape”³⁰ in the body, descent assigns itself to the body for two

²⁵ Ibid, page 145.

²⁶ Ibid, page 147.

²⁷ Ibid, page 147.

²⁸ Ibid, page 154.

²⁹ Ibid.

³⁰ Foucault, *History of Madness*, page 283.

reasons. The first, the body is the “inscribed surface of events”³¹ and is thus contingently constituted. Because descent seeks to destabilize, for example, the transhistorical monolith of hysteria, it must be attached to the evidence and historical material that reveals hysteria’s discontinuity; “its task is to expose a body totally imprinted by history and the process of history’s destruction of the body.”³² That evidence is the body, not metaphorically, but literally the body whose womb wanders, the body who convulses, the body hypnotized by Charcot, the body in rage, fits, spasms, starts. The hysterical body, and its entourage of many forms, is the historically contingent and multifarious mark of the hysteric’s discontinuity. In this way, descent demonstrates that the historical body is literally the body of the hysteric. Second, descent emphasizes the body because of its irrationality. Being grounded in historical contingency and heterogeneity, genealogy does not have the transhistorical ground necessary to support the “erecting of foundations”³³ of rational thought. Foucault’s aim with genealogy is not to construct a coherent historical narrative, but rather to destabilize the historical narratives already in place by rational thought.

Furthermore, because the notion of descent shows that the historical practices through which the self produces a sense of identity emerge contingently, it “permits the disassociation of the self.”³⁴ That is to say, the notion of descent questions the historical structures individuals use to secure their sense of personal identity. In an “empty synthesis,”³⁵ genealogy moves the self to recognize the contingency of its identity, thereby enabling the disassociation from that identity. In this way, the self is recognized as being unrecognizable, formed by the contingent play of

³¹ Foucault, “Nietzsche, Genealogy, History,” page 148.

³² Ibid.

³³ Ibid, page 147.

³⁴ Ibid, page 148.

³⁵ Ibid, page 145-146.

power that constitutes history; it is at once validated as existing but invalidated as being coherent. It is not the existence of the self that is called into question, but rather the coherency of its supposed transcendental existence beyond history. Qualification and disqualification, the simultaneous recognition and problematization of the self, cohere into an “empty synthesis” in which the opposition between the self and its sense of identity is resolved but in a way that fails to produce the fullness promised by the notion of the self’s essential identity external to the contingent unfolding of history. The notion of descent therefore does not uncover “the roots of our identity,” but commits the self’s vision of its supposed transcendental, immobile identity to its “dissipation” by bringing forward “all of those discontinuities that cross us.”³⁶ Moreover, Foucault calls the experience of disassociation a bodily experience, because both the body and the disassociated self are subjected to the contingent forces of history.

Thus, genealogy invites a kind of self-reflection that functions as a self-interrogation, which is supported by a perspective on a history of the present not as a continuous development, but as hysterical. In this way, genealogy, as conceptualized by Foucault, fosters a perspective on a history that is hysterical in the sense that it “permits the disassociation of the self.”³⁷ Like the hysterics in constant empathy with their environment such that their own will cannot be distinguished from the will of others, genealogy fractures the definitude and coherency of the self as it is distinguished from its environment. Foucault’s point is that, like the hysterics, the self cannot be separated from the environment in which it exists.

In addition to the notion of descent, Foucault introduces the idea of emergence in order to account for power’s role in historical processes. “Emergence is thus the entry of forces”³⁸ into

³⁶ Ibid, page 162.

³⁷ Ibid, page 148.

³⁸ Ibid, page 149.

history. Emergence names the “endlessly repeated play of dominations,”³⁹ where dominations are historically contingent. The notion of emergence accounts for the production of history, the procession “from domination to domination.”⁴⁰ That is, emergence “engraves memories on things,”⁴¹ often by means of violence, producing historical content. According to Foucault, “the successes of history belong to those” who take up the rules of power from those who had it last, and “overcome the rules through their own rules.”⁴² In this way, emergence represents the development of power plays that create and shape history. The origin of a domination rests not in the past, nor at an actual “origin,” but at that “non-place” where one power is substituted or displaced for another.⁴³ The notion of emergence thus measures history in the many “disguised conquests and systematic reversals”⁴⁴ of power dominations. As it will be further discussed in Chapter 2, through her use of mimicry and mutism, the hysteric exposes the power relations that structure and secure historical events. For Foucault, accounting for these power relations is a crucial component if one wants to understand the power relations that underlie the present. Thus, hysteria can be understood as a tool with which the present can be interrogated. To summarize, descent and emergence comprise the theoretical components of genealogy that introduce historical contingency and power’s influence over history.

Another theoretical component of Foucaultian genealogy is its ability to problematize. Problematization works to “open up” problems in their “full contingency and complexity” so as to open them to “critical investigation.”⁴⁵ Foucault used genealogy to present problematizations

³⁹ Ibid, page 150.

⁴⁰ Ibid, page 151.

⁴¹ Ibid, page 150.

⁴² Ibid, page 151.

⁴³ Ibid, page 150.

⁴⁴ Ibid, page 151.

⁴⁵ Koopman, page 148.

“upon which we can now work.”⁴⁶ Problematization has two meanings. The first is the genealogical maneuver of destabilizing the assumed continuity of historical phenomena with the recognition of historical contingency. The first meaning is represented by the verbal construction *to problematize*. The second meaning refers to the forces that “condition”⁴⁷ our actions, thoughts, and experience of being in the present. The second meaning is represented by the nominal meaning of the word “problem,” which represents the formation of “the base out of which we elaborate the institutions, functions, and objects constitutive of our practices.”⁴⁸ That is, the second meaning of problematization describes the recognition of problems generated by complex, historically contingent relationships of power. The double meaning of problematization combines the destabilizing effect described by the notion of descent with the conceptualization of productive power provided by the notion of emergence in a single theoretical method. Moreover, genealogy solicits the double meaning of “problematization” by demonstrating how [historical] practices “depend on and reproduce problematizations.”⁴⁹ Thus, the focus of genealogy is on the emergence of problematizations that have “enabled present practices in response to these problematizations.”⁵⁰ In this way, problematizations foster recognition of the problematizations conditioning the present practices which solicit further problematizations. This genealogy studies the emergence of historically contingent problematizations of hysteria that “emerge from a complex set of practices to form the conditions of possibility of future practice.”⁵¹ For this reason, hysteria as a problematization, in the sense of the second meaning of

⁴⁶ Ibid, page 94.

⁴⁷ Ibid, page 93.

⁴⁸ Ibid, page 98.

⁴⁹ Ibid, page 93.

⁵⁰ Ibid, page 98.

⁵¹ Ibid, page 42.

the word, must be understood as a construct “formed by a multiplicity of intersecting practices”⁵² from which our present practices surrounding hysterical mimicry emerged.

In order to understand mimicry’s role in this genealogy of hysteria, it is important to establish Irigaray’s notion that mimicry is the only “path” “historically assigned to the feminine.”⁵³ According to Irigaray, because language is controlled by a masculine symbolic order, women cannot speak as women. When they do speak, they are forced to mimic what men have said. Irigaray terms the elision of feminine discourse the “forgetting of air,”⁵⁴ and claims it is the condition of possibility for man’s existence. She traces a trend in Heidegger to posit sameness at the heart of Being rather than difference and contends that sameness neutralizes the sexual quality of our experience in the world and specifically our relationship to language. According to Irigaray, the exclusion of the feminine from discourse is a direct consequence of the problem of metaphysics being equivalent to the problem of sexual difference. Metaphysics, according to Irigaray, “always supposes, in some manner, a solid crust from which to raise a construction.”⁵⁵ But the discomfort and terror of Heideggerian “unconcealment,” for example, is a testament to that crust’s false security, “the chasm on which truth is founded.”⁵⁶ Irigaray argues that this abyss at the heart of Being can be explained “in the forgetting of those elements that aren’t the solid earth,”⁵⁷ or air. Thus, her argument is that the history of metaphysics necessitates

⁵² Ibid, page 105.

⁵³ Chanter, Tina. *Ethics of Eros: Irigaray's Rewriting of the Philosophers*. Routledge, 1995. Page 241.

⁵⁴ Irigaray, Luce. *The Forgetting of Air in Martin Heidegger*. U of Texas, 1999.

⁵⁵ Ibid, page 2.

⁵⁶ Ibid.

⁵⁷ Ibid.

a forgetting of the necessity of woman, the opening or clearing that precedes man's constitution as a subject, "as the place of entry into presence."⁵⁸

However, as a genealogy this thesis contends that the forgetting of air is a historical event that precedes and catalyzes the historical production of masculine subjectivity. The opening that precedes man's historical production as a subject is closed "at the cost of an abyss,"⁵⁹ or the exclusion of women from historical systems of representation. Woman is the "is" of "what is" in that she is "the condition of possibility, the resource, the groundless ground" from which man's subjectivity derives.⁶⁰ If she were not available to him, his language and ability to rationalize would not be possible. "The dwelling of man is not built without the hatred of nature," suggesting that woman's subordination is a necessity to man's ability to "impose [his] sexual destiny as truth of the whole, as the advent of the all in the same."⁶¹ Man takes from woman "her life in exchange" for "her death," her withholding from Being.⁶² Masculine discourse secures its hegemony by using the feminine as a "bridge-being" that allows man to eternally "return to the same," his image, identity mimicked back to him.⁶³ Yet, at the end of this bridge-being there is nothing but the abyss of language, an "open expanse"⁶⁴ that the Being of man requires in order to be. Being denies the place of the feminine "wholly other" and, by definition, the feminine other "cannot take place within" Being.⁶⁵

⁵⁸ Ibid, page 1.

⁵⁹ Ibid, page 2.

⁶⁰ Ibid, page 5

⁶¹ Whitford, Margaret. *Luce Irigaray: Philosophy in the Feminine*. Routledge, 1991. Page 156-157.

⁶² Ibid, page 157.

⁶³ Irigaray, *The Forgetting of Air in Martin Heidegger*, page 24.

⁶⁴ Ibid, page 26.

⁶⁵ Ibid, page 23.

Woman gives first. And she “does so irrecoverably.”⁶⁶ Man “takes air from her” so that he may unfold “from and within her.”⁶⁷ Giving air first, woman gives man the very possibility of beginning. However, man’s Being is constituted only by forgetting this gift “from which of which he is.”⁶⁸ Woman, the “is” of “what is” has the “power to found Being and presence, while disappearing in the very act of founding.”⁶⁹ Because “is” gives rise to Being and is necessarily forgotten, there is no visible “beginning of Being.”⁷⁰ Being asserts itself, destroying its origin, woman, violently, through an act of forgetting. Of what is “is” supplies “the fundamental condition of the visible.”⁷¹ “Is” cannot be posed itself, “though it be the condition for all posing.”⁷² In this way, woman is the “unthinkable that designates without ever being able to name itself.”⁷³ She is “unthinkable” in that she “exceeds all declaration, all saying, or posing, phenomenon, or form.”⁷⁴

Irigaray argues that woman, the air that is sacrificed for man’s self-security, is “a permanent, available “there is.”⁷⁵ Being a man is always already “determined by the forgetting of air,”⁷⁶ the suppression of woman. To be clear, Irigaray’s claim extends further than the assertion that women are denied equal subject-status to men. She is arguing that thought itself “draws its substance”⁷⁷ from the forgetting of air. This leaves woman to take place in Being only “in

⁶⁶ Ibid, page 28.

⁶⁷ Ibid.

⁶⁸ Ibid, page 30.

⁶⁹ Ibid, page 4.

⁷⁰ Ibid.

⁷¹ Ibid.

⁷² Ibid.

⁷³ Ibid, page 5.

⁷⁴ Ibid.

⁷⁵ Ibid, page 8.

⁷⁶ Ibid, page 5.

⁷⁷ Ibid, page 13.

presence.”⁷⁸ That is, air’s “meaning” within the closed sphere of Being includes “appearances, expression, mime, to appear, to seem, to resemble.”⁷⁹ Woman cannot exist for herself as herself in a world whose inherent structure is predicated on her forgetting. Like a mirror, she exists only through appearance, by miming the masculine symbolic system that surrounds her. Thus, Irigaray’s critique of metaphysics relies on the premise that sexual difference, or “air is at [metaphysic’s] groundless foundation.”⁸⁰

As a consequence of the exclusion of women from language and Being, the history of philosophy has deliberately concealed what Irigaray calls “sexual difference,” or the idea that our lives are undergirded with variations of sexual significance that inform our discourse. That is to say, insofar as men have monopolized the discursive field, sexual difference has yet to be thought and women’s expression is consequently compartmentalized as mimesis. However, Foucault’s problematization of the transhistorical subject guides me to conclude that the sexual truth of the hysteric that Irigaray argues is obscured by the hysteric’s mimetic representation has no truth, or consistent quality at all. Foucaultian genealogy does not uncover “the roots of our identity,” but commits the vision of a supposed transcendental, immobile subject to its “dissipation” by bringing forward “all of those discontinuities that cross us.”⁸¹ Thus, I adopt the forgetting of sexual difference Irigaray describes to articulate a theory of mimesis that introduces the differentiated subject, but rather than assuming a stable, coherent, continuous subject of the female sex, I extend the Foucaultian genealogical notion of the subject as a historically

⁷⁸ Ibid, page 23.

⁷⁹ Ibid, page 5.

⁸⁰ Ibid.

⁸¹ Foucault, “Nietzsche, Genealogy, History,” page 162.

contingent effect to encompass Irigarayan sexual difference. Thus, the aspect of the hysteric that is elided by her representation as mimic is what I call her “differentiated discontinuity.”

My intervention into Irigaray’s philosophy of sexual difference consists in claiming that the world-shaping force of the forgetting of air is a historically specific event. Nineteenth century psychiatric power’s obscuring of the hysteric’s differentiated discontinuity through the recognition of her symptoms as mimes is a particular instantiation of the play of sexual difference Irigaray describes as metaphysically established. In this way, sexual difference is historically, rather than metaphysically established. Furthermore, the history of hysteria as told from a genealogical perspective “will not discover a forgotten identity, eager to be reborn, but a complex system of distinct and multiple elements, unable to be mastered by the powers of synthesis.”⁸² For this reason, I deploy the term “differentiated discontinuity” to refer to what is obscured by medical power-knowledge’s recognition of the hysteric as simulator. The hysteric is distinct and her distinction is discontinuous and forgotten. Furthermore, the very forgetting of sexual difference is forgotten and obscured by the project of history. Irigaray’s philosophy seeks to find a way in which the hysteric and the forgetting of sexual difference can be remembered. However, genealogy shows that the hysteric’s differentiated discontinuity is fundamentally non-representational and any representation of it betrays its complexity through the codified, systematized, language of reason. Thus, this genealogy of hysteria does not seek to remember the hysteric, to resurrect her from the archive of medical thought and render her intelligible. Instead, my aim is to leave the hysterics I found in the archive “in the very form that had caused me to first feel them.”⁸³

⁸² Ibid, page 161.

⁸³ Foucault, “Lives of Infamous Men,” page 159.

Furthermore, my thesis will link Irigaray's idea that a differentiated femininity escapes representation to Foucault's idea of unreason escaping the positive force of madness. Foucault argues that something about the madman is always escaping his madness. A void exists between the "immediate recognition" of madness and its "truth that was permanently deferred."⁸⁴ That void is unreason, which alienates the madman from his madness just as the Great Confinement "reigned between the mad and their madness,"⁸⁵ signaling a split between society's discourse of reason as forwarded by Enlightenment rationality and the excluded population of the mad. Foucault refers to hysteria as a limit-experience, because the hysteric is positioned at the border of that which "is immediately forgotten," or hysteria's discontinuity, and the "empty imprints" and "abstracted figures" that make up hysteria's positive identity of madness, or continuous representation.⁸⁶ Hysteria's discontinuity, which is obscured by her mimicry in order for psychiatry to proceed, is the "absence of history," that "great space of murmurings," what Foucault terms, unreason.⁸⁷ Thus, I argue that psychiatric power and the authority of reason's forgetting of sexual difference functions as the obscuring of unreason by the positivity of madness.

⁸⁴ Foucault, *History of Madness*, page 206.

⁸⁵ Ibid.

⁸⁶ Ibid, xxxi.

⁸⁷ Ibid.

Chapter 1: Miming the Archive - My Encounter with the Hysterics of St. Elizabeths Hospital

Through an analysis of the role of the archive in a genealogy, this chapter will explore Foucault's commitment to problematizing the knowledges that shape our present reality by submitting ourselves and our practices to thought. For Foucault, the archive is the mechanism through which our accounts of ourselves are disrupted. Through encounters with the archive the genealogist's self along with the knowledges that secure her sense of self are interrogated and formed otherwise. If mimesis is a self-disrupting ethical relation in which the mimic rearticulates what she is shown in a strange and different style, encounters with the archive are necessarily mimetic interactions in a triple sense. Primarily, the archive shows the "silhouette"¹ of past developments that produced the world we live in today. Literally, we are the transformed effects of the past and mimesis is the condition in which we create meaning. The present makes sense to us only in reference to the past, yet the past's influence on the present is not always founded. The present is the past mimed. The present works like a kite tugging tight at its tether, yet no clear parallel can be discerned between the movements of the kite and the tether's direction. This genealogy is me letting go "of the fragile string"² that binds the kite to me; its releasing my present self from my past. The past and the present are obviously connected to one another - they are reflections of one another, but that reflection is unstable, chaotic, shifting, and should never be taken for granted.

¹ Ibid, page 12.

² Huffer, Lynne. *Mad for Foucault Rethinking the Foundations of Queer Theory*. Columbia University Press, 2010. Page 280.

Thus, the first sense in which my encounter with the archive is mimetic is the archive's demonstration of the present's reproduction of the past in a way that exposes history's discontinuity and the system of power-knowledge that secures the present. The archive shows history repeats itself with a difference; it mimes itself. Secondly, archival figures are mimetic, because the archive "bring[s] tramps, poor wretches, or simply mediocre individuals onto a strange stage where they strike poses, speechify, and declaim, where they drape themselves in the bits of cloth they need if they wish to draw attention in the theater of power."³ Like the hysterics miming their symptoms during French neurologist and credited inventor of hysteria Jean-Martin Charcot's famous *leçons du mardi*, figures of the archive mime the past in a way that exposes the mechanics of power that secured their fate as "quasi-fictional beings" reduced to a "purely verbal existence."⁴ However, like Charcot's performing hysterics, the stakes of the archival figure's mimicry are high, because they "are staking their whole life on the performance: they are playing before powerful men who can decide their fate."⁵

Thirdly, my encounter with the archive is mimetic because the goal of this chapter is to mime the archive of nineteenth century psychiatric discourse, to reproduce the intensities I found in the archive in a way that does not attempt to draw clear lines between the past and the present by objectifying past figures as transhistorical tokens. This chapter will not unpack the archive to elucidate a common thread between the shocks of the past and the progress of the present. My aim is to focus on the disparities between the past and present by leaving the hysterics I found in the archive "in the very form that had caused me to first feel them."⁶

³ Foucault, "Lives of Infamous Men," page 171.

⁴ Ibid, page 162.

⁵ Ibid, page 171.

⁶ Ibid, page 159.

My thesis is the culmination of “a little obsession that found its system,”⁷ which is to say that it was not shaped by some truth external to it. My project was influenced by my particular interests and my relationship to the archive. These are subjective experiences through which the discourse I present is filtered. My thesis does not propose to claim hysteria’s truth and “I didn’t try to bring together texts that would be more faithful to reality than others, that would merit inclusion for their representative value, but rather, texts that played a part in the reality they speak of.”⁸ Foucault describes archival texts as “fragments of discourse trailing the fragments of a reality they are part of.”⁹ That is to say, the admissions registries and patient files I consulted in the archive not only refer to reality but they are “operative within it,” creating “part of the dramaturgy of the real,” constituting “the instrument of a retaliation, the weapon of a hatred, an episode in a battle, the gesticulation of a despair or a jealousy, an entreaty or an order.”¹⁰ Foucault’s conceptualization of history counters the idea that history has “been transmitted like one that was gilded by some deep necessity, following continuous paths.”¹¹ Genealogy demonstrates that history “is bereft of any tradition” and that “discontinuities, effacement, oblivion, convergences, reappearances” are “the only way it can reach us. Chance carries it from the beginning.”¹² Foucault ironically describes a “system” as emerging from something subjective like an “obsession” in order to mime the positivist historians who systematize the past according to some external necessity. Foucault’s histories are not shaped by a system, but

⁷ Ibid.

⁸ Ibid, page 160.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid, page 163.

¹² Ibid.

modeled on “the poem of the oddball usurer or that of the sodomite monk.”¹³ Similarly, the hysteric who introduces difference by miming serves “as a model throughout”¹⁴ this thesis.

By miming the archive, discontinuity is necessarily introduced into the historical chronology of hysteria by the genealogist’s unique position from which she encounters the text. That is to say, the encounter between the genealogist and the archive is the point of departure for an ethics committed to problematizing present performances of medical power-knowledge. My reproduction of the figures I found in the archive inherently transforms the muddiness of their historical emergence into intelligible constructions translatable to our present understanding of the world. Yet, I hope that by focusing my genealogy on the exact encounter with the texts in the archive, by focusing on their impact on me, I can affect an aura of the sheer “physical” intensity “of these lives whose disarray and relentless energy one senses beneath the stone-smooth words.”¹⁵ Localizing this genealogy’s impact on the present to myself means that my archival method was entirely subjective. Thus, this thesis “is not a book of history.”¹⁶ I did not collect the hysterics I found in the archive to elucidate a forgotten chronology. Their lives were “guided” toward me through a fractured archive “by nothing more substantial than my taste, my pleasure, an emotion, laughter, surprise, a certain dread, or some other feeling whose intensity I might have trouble justifying, now that the first moment of discovery has passed.”¹⁷ The jolt of energy felt when encountering a document that stands in for the span of someone’s entire life is an experience whose intensity cannot be restored past the initial encounter.

¹³ Ibid, page 159.

¹⁴ Ibid.

¹⁵ Ibid, page 158.

¹⁶ Ibid, page 157.

¹⁷ Ibid.

My experience of the archive is not some unadulterated testament to the truth of hysteria. Foucault focuses his philosophy on the crucial moment of the actual meeting of the present genealogist with the fragments of the past in the archive. This moment functions as the meeting-ground for problematizing the present. While the experience of encountering the hysterics in the archive can never be retrieved from my memory and purely translated so that others can experience what I did, my genealogy can offer insight into how the knowledges I brought to the archive resulted in a particular mimetic experience in which the hysterics of the past disrupt my present world.

I appear within a deep history of past hysterics, because the conditions of possibility presented to me by the compounding forces of rationalism and patriarchy situate me within a fashioned medical history used to support the continued production of hysteria. I learn to understand myself through this history, suturing myself to the caricature of a disorder that society holds out as my exhaustible truth. Completing the process of subjection, supporting future conditions of hysterical emergence, I internalize the historical conditions that make my existence as a particular subject intelligible. Thus, my encounter with the archive was necessarily a confrontation between the tools I use to understand my place in the world and the creative force of the archive that disrupts conventional narratives of hysteria by demonstrating the fallible and fractured character of psychiatric power. Thus, the “I” that I speak from is not some transhistorical monolith, but the record of an immediate, ongoing contestation between the archive and the knowledges that secure my present reality.

Foucault claims that the intensities found in the archive problematize the present. This chapter fleshes out the stakes of such a claim. Through my reflection of my encounter with the archive, I hope to repurpose the present medical-historical consciousness of hysteria as a point of

reversal in the history of hysteria rather than a natural progression. This chapter attempts to differentiate “the acuity of a place that distinguishes, separates, and disperses”¹⁸ by allowing my mime of the archive to demonstrate hysteria as an ethos-shaping force produced and incited by doctors rather than a reflection of some abuse of cultural tropes, grand charade, conduct disorder, or repressed sexuality. This is not to say that hysteria was a fake illness and those afflicted were not actually suffering. Rather, my point is that the narrative that hysteria is a prohibiting term held over women to limit their potential is both inadequate for describing all the varying conditions from which hysteria emerged in various forms for millennia and a projection of medical-historical power-knowledge, which contends that hysteria is some free-floating, power-packed descriptor capable of manifesting in any possible way as long as it achieves the goal of disqualifying the vulnerable.

I argue instead that hysteria refers to the production rather than the negation of a certain subjectivity. Figures of madness, according to Foucault, are imprinted with an impression of “negativity” that manifests “in a positive manner.”¹⁹ That is to say, rather than being a strict negation of reason, these “figures of madness,” like the hysteric, register as positive “inside the experience of unreason.”²⁰ For example, the traditional, historical model of hysteria understands one of hysteria’s primary symptoms, mutism, as a negation of speech. This model conceptualizes psychiatric power as what Foucault terms “sovereign power,” or power that operates from a top-down principle, excluding hysterics from society for their symptoms of mimesis and mutism. Rather than taking the claims of medicine for granted, I investigate how nineteenth century psychiatry is complicit in producing the conditions of possibility for hysterical symptoms. I

¹⁸ Foucault, “Nietzsche, Genealogy, History,” page 153.

¹⁹ Foucault, *History of Madness*, page 251.

²⁰ Ibid.

adopt Foucault's productive and generative notion of power to extend the feminist observation that hysteria is a diagnosis strategically used to oppress the feminine, but I clarify that the very institutions that diagnose and treat hysterical symptoms are accountable for the emergence of these symptoms. Power does not merely "observe, spy, detect, prohibit, and punish; but it incites, provokes, produces. It is not simply eye and ear, it makes people act and speak."²¹ In this way, hysterical mutism is not an absence of speech but the production of silence. Power invests in the hysteric rather than negating her. Mutism is the effect of living in a world where feminine discourse cannot be expressed except through mimes. To support this claim, I turn to the philosophy of Irigaray, who asserts that hysterical mimesis and mutism are consequences of a masculine discursive hegemony.

Irigaray argues that the same structures that produce women as mimics produce women as hysterics. Her argument extends the notion of hysteria to encompass more than just individuals in asylums. Hysteria in an Irigarayan sense involves all forms of feminine discourse from the convulsing bodies and unintelligible cries of the asylum to more mundane instances of "overly emotional" individuals – all of it is pathologized and used to justify the forgetting of sexual difference. Thus, women aren't mutes and mimics because they have lost the ability to deliberately express themselves; they are so because the social-historical world which they inhabit is structured in such a way that their discourse cannot be recognized or received. I argue that the pathologization of mimesis coincides with the invention of hysteria, because hysteria's condition of possibility is a historical problematization fueled by medical discourse's attempts to objectively account for the disorder's cause and cure. The discourses of reason and patriarchy collide in different historical moments to produce an experience of mimesis capable of

²¹ Foucault, "Lives of Infamous Men," page 172.

being pathologized by the very discourses from which it emerged. I suggest that the perspective of a sovereign medical power that uses hysteria diagnoses to disqualify women stems directly from a conceptualization of medical history as somehow extricated from the powers that put these individuals in the unique position to register as hysterical to the medical gaze. Furthermore, the tendency to ignore the social-historical production of the hysteric, the tendency to treat her illness as an uncontested given rather than as the effect of a tactical and contextualized ploy, objectifies her as merely the absence of power instead of as the sum of a whole history of investments. Such a perspective colludes with the medical-historical perspective that exhausts hysteria to the force of reason or patriarchy without paying attention to the historical support system on which reason relies to exploit these “singular lives, transformed into strange poems through who knows what twists of fate.”²² Like the bold stroke of the asylum registry that pronounces in a few words how the asylums processed and determined a given life, these historical analyses reduce the hysteric to the very powers that produce and confine her.

For this genealogy, I researched in St. Elizabeths Hospital’s archive. St. Elizabeths hospital was a government hospital founded by an Act of Congress in 1855. Patients are admitted to St. Elizabeths from the District of Columbia, the Merchant Marine, and the U.S. Soldiers Home. Not having any idea of what I would find, I began my search at the beginning of the patients at St. Elizabeths’ stories – the admissions register: a large, canvas-bound ledger, the admissions registry dated from 1855-1941. Included with each entry is the patient’s name, diagnosis, age, race, gender, release date or date of death, occupation, stage in life, and case number. When I first saw an entry with a hysteria diagnosis, I couldn’t believe it. There in front of me was evidence that hysteria diagnoses were not fictions, but real instruments used to

²² Ibid, page 157.

process and sort individuals. As I progressed through time, hysteria diagnoses increased.

Compared to other diagnoses such as dementia, epilepsy, mania, and melancholia, hysteria was rare. Hysteria appeared once every couple of years for decades until the end of the 19th century, where it appeared every few days. In the registers dating from 1890 to 1900, I found twenty-one hysteria diagnoses.

I spent the first two days at the archive with the admissions registers, recording case numbers for hysterics so that I could later acquire their patient files. There was something haunting about the admissions registers. It unsettled me that different styles of handwriting suggested that many people participated in cataloging new patients. The hospital's administrative workers who filled out the form likely didn't give much thought to the power behind their scribbles. I couldn't help but wonder how this administrative practice was invented and where it came from. What historical deployments led to the use of admissions registries? Why do the registries recount their "stage in life" or occupation? What determined the different categories of intelligibility that were faithfully recorded for every entry? To answer these questions, I turned to Foucault to compare the admissions registry to the *lettres de cachet* and other asylum documents he analyzes in his essay, "Lives of Infamous Men."

According to Foucault, *lettres de cachet* and other asylum documents evolved from the confession: a "religious apparatus" and "pardoning mechanism" that shifted into an "administrative" and "recording mechanism."²³ The objective of both the confession and the *lettres de cachet* was "to bring the quotidian into discourse, to survey the tiny universe of irregularities,"²⁴ but by the end of the 17th century, *lettres de cachet* became the norm. Foucault

²³ Ibid, page 166.

²⁴ Ibid.

claims that power had once been localized, but now “long-standing procedures”²⁵ were being used to map and control society as a whole. Additionally, this new era of the lettres de cachet coincides with the intensification of the development of the archive. Everything that was once said in the confessional “is noted down in writing, is accumulated, is gathered into dossiers and archives.”²⁶ It is because of this transformation that the admissions registry was able to survive into the present. The introduction of the archive to the “trouble of misery and transgression” establishes an entirely new type of relations between “power, discourse, and the quotidian.”²⁷ Thus, “for ordinary life, a new mise-en-scène is born.”²⁸

Operating in a completely different way than the confession, “this apparatus comprised of petitions, lettres de cachets, internment, and police,” reports issues “an endless number of discourses that would pervade daily life.”²⁹ What was in effect established by this new discursive apparatus was “a kind of immense and omnipresent call for the processing of these disturbances and these petty sufferings into discourse” that would deliver “individual variations of behavior, shames, and secrets into the grip of power.”³⁰ As part of this new discursive apparatus, the admissions registries exercise power “at the level of everyday life” in that they take ordinary lives, lives that would never have been remembered if it weren’t for their contact with power, and catalogs and pathologizes them. This new “fine, differentiated, continuous network, in which the various institutions of the judiciary, the police, medicine, and psychiatry would operate hand in hand” produces the conditions of possibility for the admissions registry, because it injects

²⁵ Ibid.

²⁶ Ibid.

²⁷ Ibid.

²⁸ Ibid, page 167.

²⁹ Ibid, page 169.

³⁰ Ibid.

“words, turns of phrases, sentences, language rituals” into “the anonymous mass of people so that they might speak of themselves.”³¹

At the end of my second day in the archive, I reached a road block. Of the thirty-four cases of hysteria I found, only ten had corresponding case files and only two files contained actual medical records. The archivist informed me that St. Elizabeths only kept every five years of patient files and most of the hysteria cases I had found in the admissions registry had files that had been destroyed. I was shocked at the complete arbitrariness and chaos with which the archive is structured. How could documents representing “the most intense point of a life, the point where its energy is concentrated...where it comes up against power, struggles with it, attempts to use its forces and to evade its traps”³² have so much power over an individual’s life and organize our present reality no longer exist? The hysterics whose files weren’t destroyed were “preserved down to our day by improbable encounters”³³ – they were admitted to the hospital in a year that wouldn’t be later randomly discarded. In order for them to reach me, “a beam of light had to illuminate them, for a moment at least. A light coming from elsewhere. What snatched them from the darkness in which they could, perhaps should, have remained was the encounter with power; without that collision, it’s very unlikely that any word would be there to recall their fleeting trajectory.”³⁴ Those “brief and strident words that went back and forth between power and the most inessential existences doubtless constitute, for the latter, the only monument they have every been granted; it is what gives them, for the passage through time, the bit of brilliance, the brief flash that carries them to us.”³⁵

³¹ Ibid, page 172.

³² Ibid, page 162.

³³ Ibid, page 163.

³⁴ Ibid, page 161.

³⁵ Ibid, page 162.

I struggled to wrap my head around the fact that all that remained of most of the hysterics I found was their names, short biographical details, and the diagnosis that struck them down. Because power had “marked them with its claw,”³⁶ glimpses of their lives remain for us today in the form of a few words. Thus, Foucault refers to archival figures like the hysteric as being “infamous in the “strict sense,” because they are reducible to “the terrible words that were destined to render them forever unworthy of the memory of men.”³⁷ The more time I spent with the admissions registry, the more it sunk in that “these discourses really crossed lives; existences were actually risked and lost in these words.”³⁸

It’s hard to justify the intensities I felt in the archive. Not only can these intensities never be described with any certainty, because “they can no longer be separated out from the declamations, the tactical biases, the obligatory lies that power games and power relations presuppose,”³⁹ they are also connected to a desire to rectify the loss of specificity and brilliance of the lives of the hysterics as the archive presents them. Thus, “the dream would have been to restore their intensity in an analysis”⁴⁰ and render heroic what the archive presents as mundane, insignificant, and base. I cannot help but wonder if what became of “these lowly lives reduced to ashes in the few sentences that struck them down”⁴¹ reflects what I will one day become. What if someone found my medical records in a future archive? Would they take the monotony and dull irrevocability of the discourse of medicine as an adequate account of my life? Is the appropriate temptation to resist medical power-knowledge by somehow repairing the damage of

³⁶ Ibid, page 160.

³⁷ Ibid, page 164.

³⁸ Ibid, page 160.

³⁹ Ibid, page 161.

⁴⁰ Ibid, page 159.

⁴¹ Ibid.

institutionalization by uncovering some forgotten narrative, by giving the disregarded a voice? According to Foucault, no analysis can ever elucidate those archival intensities or “determine their reason for being.”⁴²

One of the few cases I found was Laura Rice⁴³. What could I tell you about her other than that her sister missed her? That her mom often sent clothes and fruit? That I could feel her mother’s grief where her pen pressed the paper imprinting “is she well?” with furrows that set those words apart from the rest of her scribbles? That somehow these parchments saved on our behalf are supposed to provide enough information to “understand why it had suddenly been so important in a society like ours to ‘stifle’ (as one stifles a cry, smothers a fire, or strangles an animal) a scandalous monk or a peculiar and inconsequential usurer”⁴⁴ or a hysteric? The explicit connection between her patient file and her confinement was obvious. These were the documents kept to justify her insanity. Yet nothing can be said about Laura other than that she lived, was hysterical, was admitted, and died. The pure shock and intensity I encountered when I first read Laura’s file, a fourteen-year-old girl who lived almost 50 years in St. Elizabeths where she eventually died, suggested to me that she was more than the collection of repeated phrases that generations of doctors used to describe her. The shock of realizing Laura was a real person and the documents in my hands were the transcribed version of the power plays that solidified her fate was surreal. I could not separate the shock that “sparks through” the patient file from the “vividness of the words” used to describe Laura or from the “jostling violence of the facts [those words] tell.”⁴⁵ Regardless, I was moved by the realization that “behind these quick words which

⁴² Ibid, page 158.

⁴³ Laura Rice, Case File 5042; Case Files of Patients, 1855-ca.1950; Records of St. Elizabeths Hospital, Record Group 418; National Archives Building, Washington, DC.

⁴⁴ Foucault, “Lives of Infamous Men,” page 158.

⁴⁵ Ibid, page 157.

may well have been false, mendacious, unjust, exaggerated,” Laura “lived and died, with sufferings, meannesses, jealousies, vociferations.”⁴⁶

One entry after another would repeat the former entry: “Patient remains mute and inaccessible.⁴⁷” The fact that she was mute recurred in nearly every entry. However, it was clear to doctors that her mutism did not function as a lack of the physical ability to speak, but more of a “conduct disorder⁴⁸.” Her mutism was characterized as some sly game Laura played against nurses and doctors at the hospital. When doctors would question her, she was reported to try to escape. When examined she would answer “I don’t know” to every question or “smile in a silly manner.”⁴⁹ When she did choose to talk, she spoke in a “falsetto voice and it [was] hard to understand what she [said].”⁵⁰ In addition to mutism, Laura demonstrated conventional mimetic symptoms. Doctors were keen to routinely account for her frequent “stereotyped movements,” such as repeating the same gestures over and over, “constantly changing attitudes,”⁵¹ and environmentally influenced flexibility. Laura’s patient file demonstrates the perfect cocktail of mimetic and mute symptoms to justify a hysteria diagnosis. Nothing written about her escapes the purview of hysterical symptoms. She is entirely exhausted by her diagnosis, by the discourse of reason which renders her intelligible.

In fact, Laura’s mutism complicates her doctor’s ability to conduct tests on her to determine her cause of illness. Doctors noted that Laura refused to cooperate with any tests and thus she is referred to as “merely a custodial case until her death.”⁵² Laura was no longer curable,

⁴⁶ Ibid, page 160.

⁴⁷ Laura Rice, Case File 5042, National Archives

⁴⁸ Ibid.

⁴⁹ Ibid.

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² Ibid.

because Laura's illness positioned her opposed to psychiatric authority. Of course, there is nothing voluntary about Laura's dissent. Her illness, whatever its causes may be, enabled her to behave in a certain way, to mumble in a "low tone to herself in a rambling incoherent manner" whenever approached, to mime the same standing then sitting motion until her feet turned blue, to whine "with nearly every expiration," to undress when excited, to remain "resistive at all times."⁵³ While doctors could pathologize her resistant behavior as evidence of hysteria, they were nonetheless unable to confirm any of her symptoms as hysterical because Laura refused any examination. Laura's resistance to authority was the defining principle of her diagnosis. However, doctors could not locate her hysteria in the nervous system or any other scientific origin, because on the day Laura was to undergo neurological examination, she was "too demented" to comply with testing. Hysteria introduces the unique phenomenon of the patient's symptoms thwarting the possibility of a positive diagnosis. However, in the same moment that Laura is recognized as "resistive" and unintelligible, she is also recognized as a diagnosis. In this case, resistance and unintelligibility function as the intelligible. Can Laura's resistance be understood as resistance at all if it ultimately only justified her confinement?

Foucault notably referenced possessed, convulsing nuns in the sixteenth and seventeenth centuries in France to demonstrate the stakes of resistance that betrays itself. As Foucault describes it in *Abnormal*, possession is the phenomenon of a single body transforming into a "multiple body"⁵⁴ in which multiple wills confront each other. When Christianity – what Foucault calls pastoral power - garners its power and influence, its "mechanisms of control," from a forced "individualizing discourse" exemplified by the confession, the individual body

⁵³ Ibid.

⁵⁴ Foucault, Michel. *Abnormal: Lectures at the Collège De France, 1974-1975*. Trans. Graham Burchell. Picador, 2003. Page 207.

becomes penetrated by and invested in the forces of spiritual direction.⁵⁵ Foucault calls possession “an infinite game of substitution”⁵⁶ where the nun’s body is endlessly eclipsed by the body of the devil. When the nun opens her mouth to pray or seek spiritual direction in this rapturous moment of possession, it is the devil that speaks, cursing in the space where her desire for spiritual growth and salvation once stood. The body of the possessed becomes a “theatrical stage”⁵⁷ in which spiritual direction and carnal disorder manifest as different competing powers from within the body. The possessed body is not a body that merely transitions into a state of multiplicity and flux, it is a body “penetrated in depth”⁵⁸ by the moral obligation to confess. It is constituted by “investments and counterinvestments”⁵⁹ to the extent that spiritual direction is a sort of betrayal of the self where the self is produced and simultaneously disqualified by its confession. Possession takes on a “plastic and visible”⁶⁰ form in the realm of the flesh as the convulsion.

Convulsion is possible in a particular historical moment when certain techniques of power, such as the spiritual practices of the sixteenth and seventeenth centuries or the psychiatric sciences’ use of medical knowledge to qualify the mad and disqualify them for their madness, push the flesh to its limit. Foucault pinpoints the convulsion as occurring at the intersection of subjectivation and desubjectivation. “The convulsive flesh is the body penetrated by the right of examination and subject to the obligation of exhaustive confession”⁶¹ and through the body’s examination takes on a certain moral quality, either sin or purity. Convulsions are the

⁵⁵ Foucault, *Abnormal*, page 206.

⁵⁶ Ibid, page 209.

⁵⁷ Ibid, page 212.

⁵⁸ Ibid.

⁵⁹ Ibid.

⁶⁰ Ibid.

⁶¹ Ibid, page 213.

“mechanical effects” of the body “bristling against” its penetration and ensuing subjectivation.⁶² The church, seeking to eradicate sin from the flesh, simultaneously locates the origin of sin in the flesh. The convulsing nun “counters the rule of obedient direction,”⁶³ while simultaneously suturing her body to the sins of her flesh. In this way, convulsion is the “ultimate effect and the point of reversal”⁶⁴ for those practices of power that attempt to liberate the body from its sin by ultimately determining and defining the body by its sin.

Similarly, and yet different, Laura’s patient file refers to her as “resistive at all times,” that resistance is only recognized through the discourse of reason. That is to say, her resistance to psychiatric authority is mediated through the doctor’s translation of her behavior into symptoms. However, the archive shows me that Laura’s resistance is not totally consumed by her pathologization. If this were true wouldn’t doctors be able to establish a cure and introduce reason to triumph over her madness? Not once in Laura’s file is treatment discussed. Her daily routines consist of being chaperoned to the cafeteria, refusing to eat at most meals, standing and sitting from the same chair on the porch for hours, refusing to sleep and sitting up in bed all night. Occasionally, various blood, heart, and neurological tests were attempted but to no avail. Moreover, Laura’s patient file refers to her as a “custodial case” decades before her death in the hospital, suggesting that her resistance made her incurable and indefinitely confinable.

In the next chapter I will analyze the tension that binds Laura’s resistive mutism to her pathologization by thinking what Foucault terms “transgression” with Irigaray’s notion of hysterical resistance. Irigaray’s notion of hysterical resistance introduces sexual difference while Foucault’s notion of transgression presents the differentiated subject’s dissipation. Thus, in

⁶² Ibid.

⁶³ Ibid.

⁶⁴ Ibid.

conjunction the two ideas serve to articulate a theory of resistance in which the hysteric who resists psychiatric power is not a coherent identity, but what I will call a “differentiated discontinuity.” Neither resistance nor total subjection suffices as a descriptor of Laura’s position as a differentiated discontinuity.

Chapter 2: Mimetic Transgression and Hysteria's "Mute Surplus"

"To have lost one's voice is not to keep quiet: one only keeps quiet when one can speak"
– Maurice Merleau-Ponty¹

"We owe the first depsychiatrization, the first moment that made psychiatric power totter on the question of truth, to this band of simulators. They are the ones who, with their falsehoods, trapped a psychiatric power, which in order to be the agent of reality, claimed to be the possessor of truth, and within psychiatric practice and cure, refused to pose the question of truth that madness might contain" – Michel Foucault²

This chapter will explore the meaning behind Foucault's assertion that the hysterics were "the true militants of antipsychiatry"³ by thinking what Foucault terms "transgression" with Irigaray's theoretical application of hysterical mimicry and mutism. The two concepts are useful to think together, because Irigaray's deployment of mimicry as a technique of distortion introduces sexual difference while Foucault's notion of transgression introduces the differentiated subject's dissipation. Mutism, as discussed in Chapter 1, is the production of silence as the only discursive possibility for the hysteric that isn't transformed by mimesis into rational, masculine discourse. In this chapter I argue that mimesis introduces sexual difference by parodying rational, masculine discourse in a way that exposes its limits and that mutism reveals the power-knowledge support system that limits feminine discourse to mimicry. Mimicry reveals the limit of masculine, rational discourse and mutism problematizes that limit by exposing its conditions of possibility. I claim that the double effect of hysterical mimicry and

¹ Merleau-Ponty, Maurice, and Donald A. Landes. *Phenomenology of Perception*. Routledge, 2012. Page 164.

² Foucault, *Psychiatric Power*, page 138.

³ *Ibid*, page 254.

mutism represents the transgressive speech Foucault discusses in his reworking of *History of Madness*'s 1961 preface, "Madness the Absence of an Œuvre" and in his essay "A Preface to Transgression," because it introduces "differentiated discontinuity," which is the subject's simultaneous differentiation as a being enmeshed in social and historical contexts and interruption as a cohesive identity.

As discussed in Chapter 1, mimesis challenged doctors to distinguish the impossible – reality from its simulation. To offer an example, doctors were tasked with distinguishing whether a patient's paralysis was biological or hysterical in origin. Hysterical patients had all the symptoms necessary for a diagnosis of a certain organic disease, yet the treatment of hysteria differed widely from that of its mimicked counterparts.

The treatment of hysteria often focused on inciting mimetic symptoms. For example, Charcot believed hypnosis exposed the hysteric's symptoms as counterfeit, as disguises for what he believed to be a complex neurological disorder. One of Charcot's predecessors, George Bacon Wood, advised in his 1847 *A Treatise on the Practice of Medicine*, that hysterical symptoms could be alleviated by threatening the patient "in a decided tone... of the necessity of shaving the head and applying a blister, should she not be soon relieved."⁴ Wood's treatment assumes that mimicry is an intentional process in which the hysteric "may herself often do much in controlling the tendency of the hysterical paroxysm, by a determined exertion of her own will."⁵

Other observations on hysteria within Wood's *Treatise* reflect the belief that hysterical mimicry is the effect of a disconnect between "the inner life" of the hysteric and "the outer violence" of her symptoms.⁶ That is to say, Wood observed within the miming hysteric's

⁴ Wood, George B. *A Treatise on the Practice of Medicine*. Grigg, Elliot, & Co, 1847. page 826.

⁵ Ibid.

⁶ Ibid, page 817.

“absence of expression” an “indefinable appearance” of discontinuity between the presentation of symptoms and the origin of disease.⁷ While adamantly denying the moral stigma that surrounded hysteria in order to transform it into a medical disorder, 19th century doctors simultaneously insisted that hysteria’s symptoms, despite being conceptualized in medical discourse as involuntary neurological phenomena, were to be treated “as if there were something unreal in the whole show.”⁸ Mimicry, as conceptualized by medical discourse, gestured towards a hidden “inner life” of the hysteric, which dictated her performance of simulated symptoms. Because doctors believed “sufficient consciousness” remained in the miming hysteric, she could “appreciate” being threatened to have her head shaved and blistered if her symptoms did not subside.⁹ Through doctors’ recognition of a disguised will behind the miming hysteric, the hysteric is produced as a mad subject trapped within her own façade. A doctor’s identification of the mimic’s intentionality solidifies her subjection to psychiatric power in that her symptoms are no longer ephemeral and discontinuous, but pathologies of her own volition.

According to Foucault, this historical moment in which hysterics were cast by science as intentional mimics, introduces a predicament where the power relationship between doctor and patient was reversed. Simulation became “the process by which those who were mad actually responded with the question of falsehood to this psychiatric power that refused to pose the question of truth.”¹⁰ That is to say, science’s recognition of hysterical mimicry as intentional created the opportunity for hysterics to impose the problem of truth on medicine during a time when the pressure to produce a biological origin and cure was high. Hysteria’s ability to simulate

⁷ Ibid.

⁸ Ibid.

⁹ Ibid, page 826.

¹⁰ Foucault, *Psychiatric Power*, page 136.

was, according to Foucault, “the anti-power of the mad confronted with psychiatric power”¹¹ in 19th century Europe. Because the hysteric was produced through a doctor’s recognition of her symptoms as simulations, Foucault writes that hysteria “derives from the historical importance of the problem of simulation.”¹²

For this reason, hysteria cannot be separated from the incitation of its symptoms by medical power. Perhaps this is what Foucault means when he writes that hysteria is a “syndrome correlative to asylum power.”¹³ Or rather, hysteria is a syndrome correlative to asylum power, because while the hysteric thwarts science’s ability to make truth claims by miming rather than directly representing her symptoms, she also gives science all the validation it needs to make a stable diagnosis based in biology by nonetheless representing hysteria’s chief symptom mimesis. I interpret this double meaning of Foucault’s characterization of hysteria to reflect the double nature of power and resistance.

Hysteria emerges from the historical context in which the institution of medicine incited curable illnesses with stable symptoms and causes. In this way, hysteria, “must not be thought of as a kind of natural given which power tries to hold in check, or as an obscure domain which knowledge tries gradually to uncover;” hysteria “is the name that can be given to a historical construct: not a furtive reality that is difficult to grasp, but a great surface network in which the stimulation of bodies, the intensification of pleasures, the incitement to discourse, the formation of special knowledges, the strengthening of controls and resistances, are linked to one another, in accordance with a few major strategies of knowledge and power.”¹⁴ Mimicry cannot be neatly

¹¹ Ibid.

¹² Ibid.

¹³ Ibid, page 137.

¹⁴ Foucault, Michel. *History of Sexuality Volume 1: An Introduction*. Trans. Robert Hurley. Vintage-Random House, 1990. Page 105-106.

separated from asylum power's ability to produce stable symptoms and diagnoses. For it is at once a reversal of power and an aid to power. That is to say, though mimicry demonstrates "the process by which patients tried to evade psychiatric power,"¹⁵ it also gave psychiatric power everything it needed to make a diagnosis. For this reason, Foucault defines hysteria as "the ultimate effect of reason" and reason's "point of reversal."¹⁶

As previously outlined in Chapter 1, my thesis adopts the forgetting of sexual difference that Irigaray describes to articulate a theory of mimesis that introduces the differentiated subject, but rather than assuming a stable, coherent, continuous subject of the female sex, I extend the Foucaultian genealogical notion of the subject as a historically contingent effect. Thus, the aspect of the hysteric that is elided by her representation as simulator, is not her "inner life" or conscious will, but her differentiated discontinuity. For this reason, Foucault refers to simulation as a limit-experience, because the hysteric is positioned at the border of that which "is immediately forgotten," or hysteria's discontinuity, and the "empty imprints" and "abstracted figures" that make up hysteria's positive identity, or continuous representation.¹⁷ Hysteria's discontinuity, which is obscured by her simulations in order for medical science to proceed, is the "absence of history," that "great space of murmurings," what Foucault terms, unreason.¹⁸

Thus, psychiatric power and the authority of reason's forgetting of sexual difference function as the obscuring of unreason by the positivity of madness. Reason's appropriation of unreason is completed in total for the hysteric. Reason penetrates the body of the hysteric, eclipsing unreason and leaving the shadow of madness in which man can recognize himself most

¹⁵ Foucault, *Psychiatric Power*, page 137.

¹⁶ Foucault, *History of Madness*, page 252.

¹⁷ *Ibid*, page xxxi.

¹⁸ *Ibid*.

truly. Hysteria is the form of madness to be found at the absolute “limits of moral and medical thought,” for the hysteric has no other qualities than the moral and medical thought by which she was penetrated.¹⁹

In this chapter I argue that the mechanics of mimesis reflect what Foucault calls transgressive discourse. According to Foucault, transgressive discourse submits “speech that apparently conforms to the recognized code to a different code, whose key is contained within that speech itself, so that the speech is doubled inside itself.”²⁰ Hysterical resistance, or what I call mimetic transgression, “says what it says” by nonetheless presenting identifiable symptoms to doctors, “but it adds a mute surplus that silently states what it says and the code according to which it is said.”²¹

That “mute surplus” that accompanies mimetic transgression is mutism. It reveals the code that produces the hysteric as mimetic, as wedded to and simultaneously escaping psychiatry power. Mutism renders the relationship between madness, reason, and unreason perceptible by exposing psychiatric power’s fractured foundations. In Laura’s case, her mutism demonstrates that the truth claims psychiatry makes about hysteria’s causes and cures are founded on a lack of truth. Laura’s physicians lacked empirical evidence of her madness, because her refusal to comply with examinations prevented psychiatrists from locating the origin of her madness and monitoring its trajectory. Mutism demonstrates that reason compensates for what it cannot know through a productive extraction; reason wrenches madness from the backdrop of unreason and infuses it with reason to which it is subordinate. Though reason marginalizes madness, “the truth

¹⁹ Ibid, page 252.

²⁰ Ibid, page 545.

²¹ Ibid.

of madness is reason.”²² What cannot be known about Laura’s condition as a result of her refusal to answer questions, reason turns into a sign of intelligibility, of reason. Foucault terms madness’s “paradoxical absence of madness”²³ unreason.

In the same way, Laura’s hysteria is extracted from the unreason that is her complete exhaustibility with reason through mimesis. The problem of hysteria for nineteenth century psychiatrists is that the hysteric represents “not only a process of the patient’s struggle against psychiatric power, but as a process of struggle at the heart of the psychiatric system, of the asylum system.”²⁴ The process of struggle at the heart of the psychiatric system is the tension between reason and unreason. To resolve this tension, psychiatry forges a relationship between reason and unreason with its production of madness. Mutism demonstrates that the system of psychiatry is fractured and that psychiatry’s goal is to cover over the cracks where unreason seeps through in the form of mimetic transgression with the positive mark of madness. Doctor’s transforming their inability to assess Laura into justification for her confinement demonstrates that the goal of psychiatry is disguised as gleaning truth from of the chaos of unreason, but it is rather inventing something to cover up the lapses of reason present in the history of psychiatry.

Mimetic transgression does not harbor within it a hidden meaning - “it sets itself up from the very first instant in an essential fold of speech. A fold that mines it from the inside, perhaps to infinity.”²⁵ That is to say, mimicry is not the tactics of a divisive mad woman manipulating doctors into believing she is ill, because “the way in which someone who is not mad could pretend to be mad... does not really call psychiatric power into question.”²⁶ The authority of

²² Ibid, page 206.

²³ Ibid.

²⁴ Foucault, *Psychiatric Power*, page 137.

²⁵ Foucault, *History of Madness*, page 545.

²⁶ Foucault, *Psychiatric Power*, page 135.

psychiatry to determine diagnoses and cures is not destabilized when someone pretends to be mad. The stakes of hysterical mimicry were whether nineteenth century psychiatrists had fabricated hysteria, which implicated the practice's ability to make truthful claims about diagnoses and cures. Furthermore, mutism demonstrates that within that "essential fold of speech," there is no obscured subject to be recovered. The code by which mimicry abides "is this obscure and central liberation of speech at the heart of itself,"²⁷ but within the heart of discourse is a fold mined to infinity, not medicine's positivity of the intentional hysteric.

As Irigaray puts it: "one cannot alter symbolic meanings by fiat, one cannot simply step outside phallogocentrism, simply reverse the symbolism or just make strident or repetitive claims that women are in fact rational."²⁸ This is why Irigaray deploys the strategy of mimicry. If mimesis is the result of reason's monopoly of the discursive field, Irigaray is faced with the problem of "how to introduce" an interruption into the "tightly-woven systematicity"²⁹ that language constitutes. Like Foucault's conceptualization of transgressive speech, Irigaray's deployment of mimicry stems from the encapsulating force of the discourse of reason. That is to say, transgression's "role is to measure the excessive distance that it opens at the heart of the limit" of reason by tracing "the flashing line that causes the limit to arise."³⁰

By exposing the discontinuity between the positivity of hysteria and the hysteric herself, transgression affirms "limited being – affirms the limitlessness into which it leaps as it opens this zone to existence for the first time."³¹ However, the limitlessness that is brought into existence

²⁷ Foucault, *History of Madness*, page 545.

²⁸ Whitford, Margaret. *Luce Irigaray: Philosophy in the Feminine*. New York: Routledge, 1991. Page 70.

²⁹ Chanter, page 241.

³⁰ Foucault, Michel. "A Preface to Transgression." *Language, Counter-memory, Practice: Selected Essays and Interviews*. Cornell UP, 1980. Page 35-36.

³¹ Ibid.

by mimicry is an “affirmation” that “contains nothing positive” because, “no content can bind it, since by definition, no limit can possibly restrict it.”³² For this reason, Foucault refers to mimicry’s affirmation of the hysteric’s limitlessness as “an affirmation of division” in the sense that by suspending the limit of reason through her use of mimicry, the hysteric retains through mutism “that in it which may designate the existence of difference.”³³

Reading Foucault and Irigaray together, we can see that the emergence of difference within the hysteric’s simulations is necessarily sexual, because the discourse of reason cannot neatly be separated from the discourse of patriarchy within the historical moments where psychiatric power incited mimetic symptoms in hysterics. Not only have hysteria’s symptoms and treatment been feminized since its inception as a disease, but the medical establishment’s historical complicity with patriarchy ensures hysterical diagnoses are filtered through the social-historical construction of sex. Furthermore, Irigaray attributes the hysteric’s ability to mime to the symbolic world being structured by masculinity. Hysteria is thus the effect of “reproducing a language that is not its own, masculine language.”³⁴ Mimicry “caricatures” and “deforms” masculine language.³⁵ In doing so, the hysteric converts “a form of subordination into an affirmation” by postulating “a relation to the intelligible that would maintain sexual difference.”³⁶

In this way, mimesis is a strategy that “aims at producing difference”³⁷ from within the very structure designed to obscure its existence. Indeed, because “there is no other language in

³² Ibid.

³³ Ibid.

³⁴ Irigaray, Luce. *This Sex Which Is Not One*. Cornell UP, 1985. Page 137.

³⁵ Ibid.

³⁶ Chanter, page 241.

³⁷ Whitford, page 71.

which to talk about representations of women except the essentialist language of metaphysics,” Irigaray suggests that women can “turn this to [their] advantage by assuming it deliberately.”³⁸ The mimic “undercuts” rather than “reinforces” historical assumptions.³⁹ Mimesis is a metamorphic process in which “women inhabit the position of the feminine while”⁴⁰ transforming it.

The goal of my thesis is not to reveal an essential repressed gender identity covered over by the machinery of history. Rather, my thesis aims to demonstrate medical power-knowledge’s production of a forgotten sex used to cover over the discontinuity of unreason. I argue that the production of sex in the context of hysteria parallels the production of the positivity of madness. Thus, hysteria as a diagnosis functions as an identity through which the hysteric must learn to understand herself. In the same way hysteria’s mimesis stifled psychiatric power’s ability to make truth claims, Irigaray’s strategic mimesis stifles the masculine symbolic’s authority over discourse. Mimesis is a metaphor for the discourse of sexual difference which is silenced by the masculine symbolic order. As a strategy, mimicry entails telling the story of sexual difference precisely by not-telling. That is to say, mimetic discourse nearly perfectly complies with the discourse of reason, because the mimic mimes the symptoms needed for doctors to diagnose. It is within what is not said by the mimic, within the mutism that accompanies her mimesis, that difference is preserved. Foucault writes that transgressive speech is “essentially the product of fissures, abrupt descents, and broken contours; this misshapen and craglike language describes a circle; it refers to itself and is folded back on a questioning of its limits.”⁴¹ Because she is

³⁸ Whitford, page 72.

³⁹ Chanter, page 241.

⁴⁰ Ibid.

⁴¹ Foucault, “A Preface to Transgression,” page 44.

incapable of speaking “to or about”⁴² herself, the hysteric’s absence of speech gestures towards a discursive limit responsible for producing the discourse of reason from which she emerges.

⁴² Irigaray, *This Sex Which is Not One*, page 136.

Chapter 3: The Hysterical Present

In 2011, a mass hysteria epidemic surfaced in a small suburb of Rochester, New York. The community of Le Roy was plagued with hysterical outbreaks among adolescents for over a year. The outbreak originated among high school cheerleaders, who were burdened with symptoms consisting of spasms, tics, contortions, seizures, twitches, jerks, fainting, writhing, and making strange hums and noises. The symptoms were contagious in two ways: hysterical attacks and outbursts could transfer symptoms to individuals previously unaffected by the illness and one hysteric's cry could trigger the same response in another. Once an individual caught the hysterical contagion, symptoms were so seamlessly integrated into her life that "you might miss [them] if you weren't looking."¹ Punctuated with spasms and starts, one cheerleader, Thera, explains on the "Today" show that her symptoms have caused her to no longer feel like herself anymore.²

The symptoms spread amongst the cheerleading team and eventually infected other students including an older woman and a male student. *New York Times Magazine* writer Susan Dominus reported that the disorder spread contagiously amongst high school girls as their public notoriety grew: "As more girls got sick, the story got bigger, and then more girls got sick."³ In all, eighteen individuals were affected in a school of six hundred. Over the course of a year, national news networks and social media circulated the teenagers' symptoms, garnering doctors' and experts' attention. Many opinions developed to explain the phenomenon. Some experts

¹ Dominus, Susan. "What Happened to the Girls in Le Roy." *The New York Times*, The New York Times, 7 Mar. 2012, www.nytimes.com/2012/03/11/magazine/teenage-girls-twitching-le-roy.html.

² Ibid.

³ Ibid.

claimed the students were affected by “conversion disorder,” which is caused by stress taking the form of bodily symptoms. Others claimed the girls had “PANDAS” or Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcus⁴. A third explanation arose from community members that the girls were faking it to get on the news. Parents waged social media battles with other parents over the authenticity of their children’s illnesses. Thus, theories on the cause of the outbreak were divided into three camps: those who believed the girls were sick with a genuine organic illness, those who believed the attacks were psychologically induced, and those who believed the symptoms were all a grand charade motivated by the desire for attention. As discussed in previous chapters, psychiatric science has for a long time struggled to distinguish organic disease from its seamless imitation. Even MRI scans show that brain activity in those diagnosed with conversion disorder overlaps brain activity in individuals instructed to fake symptoms.⁵

In this chapter, I argue that the question of authenticity that characterizes the Le Roy case is a reactivation of the fusion between medical and moral discourse that pathologized hysteria in the nineteenth century. As discussed in chapter 1, mimicry is a transformative rearticulation of what is shown with ethical stakes. I argue that mimicry’s reactivation in the present mass hysterias gestures toward an empathetic relationship to the self and others. Moreover, empathy is the mimicry of the twenty-first century. I distinguish mimicry from empathy in order to preserve the historical contingency and differentiated discontinuity that mold these two forms of Foucaultian transgression as they are conceptualized in chapter 2. Twenty-first century empathy is distinct from nineteenth century mimicry, because it is no longer connected to and incited by

⁴ Ibid.

⁵ Ibid.

the asylum system. The phasing out of asylums removed the “silent injunction”⁶ psychiatric power used to produce mimetic symptoms. Today mimicry is no longer “a syndrome correlated to psychiatric power.”⁷ It is rather a response to the production of continuous subjects, who are closed off from others, individuated and bound to a linear past. While not altogether different from mimicry, because mimicry did expose the hysteric’s differentiated discontinuity, empathy is a version of mimicry decontextualized from asylum power and refigured into broader cultural notions of what constitutes the subject.

Using what essayist Leslie Jamison calls “superlative empathy” as a guide, I contend that despite its pathologization, superlative empathy introduces the desubjectivating, self-transformative ethics Foucault relates to genealogy’s ultimate aim. It is important to clarify that I am not suggesting empathy allows the subject to transcend hysterical symptoms or that these symptoms can be repurposed for subversive ends. I do not romanticize the suffering of the Le Roy girls, but I do claim that their experiences evidence a network of transformative possibilities that undergirds our relational lives. I’m not interested in assigning moral value to these possibilities or determining whether empathy is good or bad. Rather I am interested in exploring the ethical stakes of a relationship to others that interrogates and implodes one’s relationship to the self.

Foucault’s goal with genealogy is to “introduce discontinuity into our very being,”⁸ which is necessary if one wants to transform the present. For Foucault, discontinuity demonstrates that the fiction of a continuous self is scrapped together from a muddle of discontinuities. Thus, Foucault’s ethics begins with the self’s desubjectivation, or dissolution,

⁶ Foucault, *Psychiatric Power*, page 305.

⁷ *Ibid*, page 137.

⁸ Foucault, “Nietzsche, Genealogy, History,” page 154.

and recursively ends exactly where it started. That is to say, genealogy does not have a telos, but a tendency to ceaselessly fracture what was thought unified. There is no end to the ethical work of genealogy, because the work of problematizing the present is never complete and if it were to be completed, then future transformation would no longer be possible. The practice of problematizing is a “neutral” practice; “it leaves us in doubt, with questions, and unprepared to pronounce a verdict.”⁹ Foucault’s aim was not to prescribe solutions to the problems he raised, but to “clarify and intensify the difficulties that enable and disable”¹⁰ those problematizations. To problematize the mass hysterias of the present is to articulate and intensify the complexity, contingency, discontinuity, and overall ambiguity that is “central to our fragile cultural formations”¹¹ of hysteria.

Foucault’s reluctance to prescribe solutions comes from an ethical commitment to the subjects he studies. Foucault famously said, “my point is not that everything is bad, but that everything is dangerous, which is not exactly the same as bad, if everything is dangerous, then we always have something to do.”¹² By refusing to make normative judgements on the problematizations articulated by a genealogy of hysteria, the genealogist makes an ethical commitment to the lives tangled in the problematization of hysteria that preserves the possibility of transformation. That is to say, the solution to the problem of hysteria is incomplete. Furthermore, Foucault’s ethics suggest that perhaps the best way to have an impact on the problems of the present is to introduce problematizations, not so they can be untangled and neatly solved, but so they can “be followed up by self-transformative responses that could, by

⁹ Koopman, page 60.

¹⁰ Ibid.

¹¹ Ibid, page 26-27.

¹² Ibid, page 94.

virtue of these problematizations, never be fully completed.”¹³ Thus, the ethical perspective genealogy offers can be seen as a way of relating to the self in the present. Problematization is therefore an ethical practice that allows “us to submit our practices and ourselves to the field of thought.”¹⁴ By considering the present as a problem, the genealogist develops the tools needed to “engage in the difficult work of learning how to form ourselves otherwise.”¹⁵ Therefore, the self is the point of impact for a Foucaultian genealogy. That is to say, genealogy’s target is problematizing the present experience of understanding oneself as a knowing subject. Foucaultian genealogy presents historical problems whose articulation yields inquiry “into the way in which we simultaneously constitute ourselves as subjects of knowledge, power, and ethics.”¹⁶

Through a genealogical analysis of hysteria, this chapter aims at not only exposing the obscuring of differentiated discontinuity from which the problem of hysteria emerges, but at exposing the assumptions structuring one’s experience as a coherent subject. Hysteria’s differentiated discontinuity is made present by genealogy as if one were made aware of a ghost’s barely detectable presence in the glare of an old photograph. Crucial to a Foucaultian genealogy is the fact that these mass hysterical events do not emerge from clear beginnings and for that reason “genealogy does not pretend to go back in time to restore an unbroken continuity that operates beyond the dispersion of forgotten things,” but rather “raises suspicion of a fleeting, ghostlike presence” of the mimic “that haunts the knowledges that secure our experience of the present.”¹⁷ In this way, genealogy’s duty is near the opposite of demonstrating “that the past

¹³ Ibid, page 56.

¹⁴ Ibid, page 146.

¹⁵ Ibid, page 143.

¹⁶ Ibid, page 56.

¹⁷ Foucault, “Nietzsche, Genealogy, History,” page 146.

actively exists in the present.”¹⁸

Foucault referred to genealogy as a critical history of the present. That is to say, Foucaultian genealogy demonstrates that our present reality is secured by past historical developments, which are not stable extensions of the past into the present, but specious and erroneous “accidents,” “minute deviations,” “complete reversals,” “errors,” “false appraisals,” and “faulty calculations that give birth” to the present.¹⁹ For instance, Chapter 2 revealed that hysterical mimesis is not a seamless process of mirroring as medical science would contend, but a disruptive battle between “the anti-power of the mad confronted with psychiatric power.”²⁰ As discussed in Chapter 1 and 2, in the late nineteenth century, hysteria was situated in the unique position to counterbalance psychiatric power’s authority to make truth claims, because doctors had no way of distinguishing between legitimate illness and intentional charade.

Nineteenth century hysteria came to resist psychiatric power’s authority to diagnose due to the merging of moral discourse with medical science. According to Foucault, the medicalization of hysteria coincided with the establishment of a moral fault within the mad subject. The development of hysteria as a mental illness is a switch-point in which “the ever-pliable images of medical thought bend into shape by ethical perception.”²¹ In this way, moral categories of deviance were transformed into medical disorders capable of being cured. Once hysteria’s moral history became localized within the nervous system, nineteenth century physicians were challenged with reconciling the moral notion that hysteria is the effect of excessive environmental solidarity with the scientific theory that hysteria is a malfunction of the

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Foucault, *Psychiatric Power*, page 136.

²¹ Foucault, *History of Madness*, page 290.

nervous system. Tasked with reconciling morality with science, doctors were essentially forced to discern whether the hysteric was faking it or not. This fusion of scientific and moral discourse is a reactivation of the power-knowledge that influenced hysteria's establishment as a mental illness in the late 19th century. However, this genealogy "does not pretend to go back in time to restore an unbroken continuity" between hysteria's 19th century medicalization and the present "that operates beyond the dispersion of forgotten things," but rather raises suspicion of a "ghostlike presence that haunts" our present relationships to psychiatric power.²²

By the late twentieth century, the tendency to perceive hysterics as morally complicit in their sickness consumed hysteria's legacy as a mental illness. The diagnosis was so saturated with moral baggage that it had to be dissolved into a proliferation of other diagnoses. While the hysteric no longer exists in the institutions where she once reigned, she still haunts medical discourse like the ghost of the leper haunting the leper houses of Europe long after their re-appropriation as hospitals.²³ This haunting takes the form of a reactivation in the present mass hysterical epidemics. Emerging primarily amongst groups of children and teenage girls, these epidemics function as a strange reminder of that early switch-point where a moral fault was established within the mad patient. Often stemming from the entertainment industry, discourse around these epidemics circles the same accusation: They're faking it. While nuanced scientific opinions on these mass hysteries exist, such opinions often default to explaining the convulsions, spasms, seizures, and tics as "a trick of consciousness."²⁴ Doctors correlate hysteria's excessive sympathy with an obscured "inner life" of the hysteric, a conscious will covered over by hijacked neural pathways. In order to secure the possibility of a cure, medical professionals diagnose these

²² Foucault, "Nietzsche, Genealogy, History," page 146.

²³ Foucault, *History of Madness*, page 52.

²⁴ Dominus, "What Happened to the Girls in Le Roy."

mass hysterias as psychosomatic, localizing the cause of the symptoms in various biological origins, such as the nervous system, the immune system, or the brain. This discourse circulates the notion that hysteria is the effect of a conscious will struggling against the power of biological disease.

The purpose of this genealogy is not to propose a more accurate explanation of the present mass hysteria epidemics, but to problematize medicine's tendency to pathologize empathy. Furthermore, I inquire into the conditions of possibility for medicine's recognition of mass hysteria epidemics as straddling the border between reality and imagination by contending that the pressure to locate a deferred consciousness and a moral fault within the hysteric's mimes stems from medical power-knowledge's ability to extract a mad subject from the chaos of unreason. Through the recognition of the hysteric's symptoms as simulations, science produces the hysterical subject who is possessed by the affects of her environment like a twenty-first century version of the convulsing nun Foucault describes in *Abnormal*. Thus, medicine positions the hysteric as a mad subject at odds with her madness. That is to say, the hysteric is made into a mad subject through the recognition of the potential for reason to be restored within her consciousness. The co-production of the mad subject and the cure represent science's ability to imbue actual bodies with the force of reason. The discourse of reason works as a feedback loop in that the hysteric is produced as a mad subject, because of her potential to be rational subject. This potential to be rational comes from science co-producing causes and cures. She is hysterical because she mimes and she mimes because her biological body has overridden her rational will that medicine will eventually restore.

Because Foucault conceptualizes ethics as a commitment to submit ourselves to thought so that we can be formed otherwise, mimesis, which introduces differentiated discontinuity

through rearticulating what is shown, is an ethical relation to the self and others. Through miming the environment, the tools with which one understands the self are done and undone through a process of rearticulation, or empathy. Essayist Leslie Jamison describes this ethical rearticulation as a process of “superlative empathy.”²⁵ If we take seriously Foucault’s notion that the self is scattered haphazardly across shifting ground, Jamison’s superlative empathy seeks not to establish stability, but to build comfort around movement. Empathy demands a kind of “porousness”²⁶ where the self is understood as always in relation to others selves. Just like the hysterical body, which is a body that is “too close” and “too intimate in each of its parts,”²⁷ empathy is a relation to the self and others that demands “excessive solidarity”²⁸ with all that surrounds you. Empathy makes the self’s discontinuity visible, “bringing difficulty into light so that it can be seen at all.”²⁹ It is a “naked, stuttering” relationship with the self, a relationship “that keeps correcting itself, that messes up its dance steps.”³⁰

Empathy, like mimicry, is always a process with multiple participants. Empathy is the necessary glue that holds us together. It is, “at root, a bid for others’ affection: I care about your pain is another way to say I care if you like me. We care in order to be cared for. We care because we are porous.”³¹ Empathy involves miming the experience of another as if it were your own, so that it becomes your own. Empathy has two simultaneous effects. The first is that by internalizing another’s experience, the mimic’s own experience becomes unfamiliar and disassociated. The second is that by rearticulating the experience of another back to them,

²⁵ Jamison, Leslie. *The Empathy Exams: Essays*. Graywolf, 2014. Page 15.

²⁶ Ibid, page 6.

²⁷ Foucault, *History of Madness*, page 293.

²⁸ Ibid, page 295.

²⁹ Jamison, page 5.

³⁰ Ibid, page 18.

³¹ Ibid, 22.

Jamison argues that the act of miming itself presents the original experience but with an altered perspective. Empathy functions as a nested system in which a reproduction of a reproduction of an experience introduces a nuance to the experience that was not present before its reproduction. That is to say, empathy itself introduces differentiated discontinuity into the subject, permitting the disassociation of self that Foucault deems key to transforming the present.

Because feeling is “a process of construction,”³² emotions, in Jamison’s understanding, are built through their expression. They do not precede their expression; they are built by their expression. This understanding of affective experience allows for Jamison to stress the importance of representation in empathy. How something is said matters. How something is said shapes how it is felt and how something is felt shapes how it is said. The two are reciprocal and cannot be neatly separated.

Like the rearticulation of empathy that mimicry performs, genealogy rearticulates past emergences of problematizations that have “enabled present practices in response to these problematizations.”³³ In this way, problematizations foster recognition of the problematizations conditioning the present practices which solicit further problematizations. Thus, the present manifestation of hysteria “emerge[s] from a complex set of practices to form the conditions of possibility of future practice.”³⁴ By focusing on the problematization of hysteria’s medicalization in the 19th century, genealogy has the tools necessary to problematize the present medical power’s pathologization of empathy. By offering a “philosophical-historical critique of the present”³⁵ genealogy most impacts present individuals and practices, despite focusing on past

³² Ibid, page 10.

³³ Koopman, page 98.

³⁴ Ibid, page 42.

³⁵ Ibid, page 5.

figures and events. For this reason, the degree to which a genealogy “introduces discontinuity into our very being”³⁶ represents the genealogy’s effectiveness.

³⁶ Foucault, “Nietzsche, Genealogy, History,” page 154.

Conclusion

Here is where I find/lose myself in this genealogy of hysteria. In the present I find myself filtered through a diagnosis, some tributary of hysteria. I say I lose myself, because I'm confronted with the question, if medicine had fabricated the hysteric, if she was a collection of symptoms with no common form, a moralizing gendered diagnosis used to disqualify patients from participation in civil society by labelling them as sick, abnormal, or mentally ill, what can we say about its vestiges?

I lose myself, because genealogy leaves me with the shattered unity of my being through which I thought I "could extend [my] sovereignty to the events of [my] past."¹ Foucault's model of history necessitates a new understanding of the present, which reaches beyond the assumption of having a sense of self secured by a coherent chronology of past events. For this reason, genealogy's success is measured by "its disruption of conventional accounts of ourselves."² Through this "kind of dissociating view"³ in which the genealogist inquires into the conditions of possibility for self-recognition, the ways in which certain knowledges and powers manipulated history become more readily discernable. My goal with this genealogy is to problematize the connection drawn by medical power-knowledge that makes me and the hysteric nosological kin and places me centuries out of sync with the present. How is it that this ancient disease continues to permeate the present even if by not entirely manifesting itself, by haunting it as a forgotten origin?

¹ Foucault, "Nietzsche, Genealogy, History," page 153.

² Koopman, page 42.

³ Foucault, "Nietzsche, Genealogy, History," page 153.

Medical historian Robert Woolsey refers to hysteria as a “protolanguage,” or a language used to communicate what “cannot be verbalized.”⁴ I learned the art of mimicry, in that I recognized “my feelings were also made of the way I spoke them.”⁵ I learned from Augustine, who mimes me in the mirror. Dora, a peripheral shadow who haunts me when I least expect it, leaves me perpetually porous, unnerved, undone, suggestible. I learned to accept this as normal. Anna O. repeats everything I say, reminding me that genealogy takes your own words and uses them against you in a desubjectivating, disassociating perspective. I find the hysterics with me in all moments and then not at all. I’m not surprised. Over the course of centuries, they have mastered the art of vanishing then reappearing, haunting, a kind of self-mimicry.

Mimicry is a kind of empathy, as articulated by Jamison as rearticulating another’s emotions back to them. In this way, empathy is engaging in a certain kind of representational structure, a language. For many of my feelings, I lacked a language. Without a language, emotions learn to cope by other means. “Whatever we can’t hold, we hang on a hook that will hold it.”⁶ Jamison elaborates with the example of conversion disorder. It is possible to “convulse from sadness” and have one’s emotions “sublimated into seizures.”⁷ Hysterical mimicry is the body’s attempt to invite empathy without asking for it.

Empathy is always a process with multiple participants. Jamison’s self-meditative essay demonstrates that an empathetic relationship to the self parallels an empathetic relationship with others. Drawing on the descriptions of empathy Jamison provides, I understand mimicry as one’s

⁴ Dominus

⁵ Jamison, page 10.

⁶ Ibid, page 12.

⁷ Ibid, page 1.

ability to learn to unlearn the patterns of being that we take for granted, through a process of superlative empathy in which one “rearticulates more clearly,”⁸ or mimes, what the other shows.

This formative empathetic process of unlearning oneself is necessary if we want to “wake up in the middle of the night and pack our bags and leave our worst selves for better ones.”⁹ Empathy, in this way, is sitting uncomfortably with the fact that identity is fractured. It’s learning to navigate in a world where the lines between self and environment are blurred. It’s embracing irresoluteness. It’s learning that intensities surround you and are part of you. To conclude, empathy is an affective attunement to the intensities we pass through and embody. It’s a vow to porousness. It’s developing a map, to lead you past the borders of individual experience. It’s learning what borders are there so you can take them down.

⁸ Ibid, page 15.

⁹ Ibid, page 24.