Foreword

Hysteria is undoubtedly a fascinating subject. It has inspired a large number of books, films, paintings, and even poetry. However, when it comes to clinicians and researchers, opinions and reactions tend to vary widely. Many of us are uneasy when seeing patients supposed to suffer from it or when trying to write about the condition. A number of problems arise. For a start the origin of the word and its heavy uterus-related gender connotation, besides being politically incorrect, grossly contradicts the clinical reality that males also demonstrate these symptoms, even though less frequently than females. Yet there is hardly another fully agreed upon term to label it. Freud introduced the label 'conversion disorders', but it is not universally recognized nowadays. The terms 'psychogenic' or 'functional' disorders have the supposed advantage of being compatible with our inability to demonstrate a tangible 'lesion' of the nervous system. However, psychogenic implies a psychiatric background which in many cases is hard to demonstrate. As for the term 'functional', it was probably chosen by the authors of the new DSM-5 because it implies that we are confronted with a system which is malfunctioning even though we do not know why. Use of the word, however, contradicts the dictionary definition of the term ('having a special purpose; practical, necessary'). Frankly, it strikes me mainly as a euphemism which has become part of medical slang so as not to offend the laypersons who hear it.

Several sources indicate that the condition is inversely correlated to socioeconomic status and in many cases, it is clearly related to stress. The poor Salpêtrière women described by Charcot probably had many reasons for being stressed. Also, there is a massive recrudescence of 'hysteria' during wars. We have in mind the shell shock occurring so frequently during the incredibly anxiogenic conditions of trench warfare during World War I. We all remember General Patton's gesture so vividly represented by George C. Scott in Franklin Shaffner's 1970 film. In August 1943, at the height of the battle of Sicily, the General found out that two soldiers were in evacuation hospitals without apparent physical injuries and 'battle fatigue' as the only reason for being away from the front. That infuriated him to the extent that he struck and insulted them, a gesture which almost cost him his subsequent career and which forced him to apologize in front of the troops. Much closer to us, there seems to be an increase in cases of hysteria in war-torn Iraq [1].

Have current laboratory techniques much improved our understanding of hysteria? Not a lot – probably in part because of the heterogeneity of the disorder. Both structural and functional imaging data confirm the absence of consistent and reproducible structural lesions. Available data, however, are compatible with dysfunction of a network. This may lead to the erroneous cognitive processing of adverse events which in turn

appears to be associated with the physical symptoms of hysteria.

A recent editorial in the *Journal of Neurology, Neurosurgery and Psychiatry* [2] is provocatively entitled 'Don't know what they are, but treatable?' It accompanies an article by McCormack et al. [3] showing good response of severe motor conversion disorders to inpatient psychiatric treatment. These two articles correctly point to one element that most patients with hysteria have in common: they tend to improve with nonpharmacological therapies ranging from psychoeducation to randomized clinical trials of controlled behavioral therapy. Patients with psychogenic nonepileptic seizures have benefitted the most, but a moderate effect has been found in other cases of hysteria. This allows reasoning based on response to treatment, 'ex juvantibus' as the old saying goes, corroborating the theory of a cause unrelated to physical factors.

In conclusion, the precise nosology and pathophysiology of hysteria remain elusive. Yet, although we may be ill at ease seeing these patients, we all also like enigmas. That is why I am convinced that many people, whether health-related professionals or not will derive great pleasure from reading this work by Julien Bogousslavsky and his exceptional consortium of authors.

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References

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3 McCormack R, Moriarty J, Mellers JD, Shotbolt P, Pastena R, Landes N, Goldstein L, Fleminger S, David AS: Specialist inpatient treatment for severe motor conversion disorder: a retrospective comparative study. J Neurol Neurosurg Psychiatry 2013, DOI: 10.1136/jnnp-2013-305716.

Preface

Hysteria and enigma: a nice rhyme! Hysteria is perhaps the condition which best illustrates the tight connections between neurology and psychiatry. While this link has recently renewed interest in hysteria, it has in fact been present since early studies in the 19th century, mainly through the work of Jean-Martin Charcot and his collaborators at La Salpêtrière. Indeed, the great names of neurology and psychiatry studied hysteria with Charcot, which include Pierre Janet, Joseph Babinski, Paul Richer, Georges Gilles de la Tourette, and Sigmund Freud. At the time, the border between psychism and the brain was more permeable than what it would become in the 20th century, during which, unfortunately, hysteria commonly was considered as a neurological condition by psychiatrists and as a psychiatric condition by neurologists. This grotesque paradox probably reflected the fear, sometimes even repulsion, that hysteria generated in many people, including doctors. Nobody wanted to deal with it. The fact that the term 'hysterical' has a negative meaning in popular language is a good example of the reputation of the condition, which was systematically associated with demoniac possession until the 18th century. Part of Freud's legacy is to have been able to replace this devilish flavor by the gross concept of 'conversion', indeed another religious term, but which suggests a (presumably more tolerable) somatic problem rather than a psychological one. 'Conversion' has had such a fortune that it even colonized textbooks and insurance classifications made by people who would be horrified to realize that they are just pure Freudian zealots.

The present developments in the 21st century seem to correspond to a reductionist brain-centric approach to the *psyche*, which may not necessarily lead to significant advances in the understanding of hysteria and psychological conditions. Functional magnetic resonance imaging is now progressively being considered as the new truth about the brain, despite its technical limitations, its wide tendency to be overinterpreted, and its philosophical paradigm which a priori implies that psychism and the mind are selectively located within the brain. We now have a new generation of Gall-type scientists, who pretend to localize love, faith, or crime in specific areas of the brain. Moreover, it is most comical to see that the finding of brain areas being activated or deactivated during certain thoughts and feelings, as shown by such a technique, indeed came up as a major discovery, as if there had been doubt about it. These findings have inevitably led to new beliefs and dogmas, such as the fact that thoughts would exclusively take place in the brain. Perhaps one should re-read the Nobel prize winner and great philosopher Henri Bergson, who claimed that neither perception nor memory were located in the brain. For him, the issue of 'location' was a wrong problem for such functions, a problem which only reflected the preeminence of space co-

ordinates in modern-day science. I am pretty sure that the actual new positivists of brain research would diagnose madness here! We should nevertheless remember that with whatever technique, including functional magnetic resonance imaging, we can only measure the presence or absence of activity in an organ, without addressing the more interesting issue of whether what we measure is a cause or a consequence of the function we study. Perhaps the future of a better understanding of hysteria lies beyond these organ-centered approaches?

I am very grateful to the international panel of experts who made this book possible, in which we review the origins and developments of the concepts of hysteria: an ever-changing enigma.

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