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Neil Scheurich

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In lieu of an abstract, here is a brief excerpt of the content:

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Hysteria and the Medical Narrative

Neil Scheurich *

The advent of a postmodern medicine has provoked a predictable alternating chorus of jubilation and the gnashing of teeth. In a recent book, David Morris dubs as postmodern a contemporary medicine in which illness, diagnosis, and treatment are no longer objective and scientific, but rather strongly shaped by individual viewpoints as well as social and cultural trends [1]. While Morris and such writers as Arthur Frank have celebrated postmodernity [2], insofar as it forces the mainstream medical model of disease to grant equal time to the multiple and subjective experiences of illness from patients' perspectives, others have derided it. For example, one editorial writer has argued that the irony and perceived nihilism of the postmodern "poses a serious threat to medicine as we know it" and threatens "dissolution of the profession itself" [3]. Somewhat less bleakly, another author has concluded that "until now medicine has been glued together by a set of myths," but that "in a postmodern world anything goes" [4].

Definitions of postmodernity are famously protean, but most entail the downfall of the dogmas of premodern and modern thought, such as organized religion, the power of science to delineate reality and improve human life, and the preeminence and autonomy of art. In one review of the subject it is argued that the basic postmodern premise is the socially constructed nature of society, identity, and reality itself [5, p. 107]. Reality is not something out in the universe to be discovered, but rather is contingent upon people who construct it; the real is inherently political. In **[End Page 461]** this paper I will concern myself with issues of medical authority and diagnosis; with respect to these, I take a philosophy of medicine to be "modern" insofar as it contains views of physicians as authoritative arbiters of objective diagnoses and definitive treatments. Conversely, for the purposes of this discussion, a "postmodern" medicine is one in which diagnoses and therapies are relative to and constructed from social norms and values.

I believe that the growing postmodernity of general medicine manifests itself most clearly in two related trends. First, an aggressively monistic model of the phenomenon of somatization has appeared in the medical literature, challenging what its proponents decry as the mind-body dualism that they suspect at the root of traditional hysteria, the ancient forerunner of somatization. Second, there have arisen a plethora of arguments for the power of narrative in its various forms, particularly coming from patients, to better capture the scope and experience of illness. Both movements have had the effect of advocating "care" over "cure" and have emphasized the inherently constructed and political nature of illness. They arose in reaction to the age-old traditions of, respectively, the labeling of suffering women as "hysterical" and the unjustified reification of concepts of disease. The advantages of these accounts of somatization and narrative are real and have been widely touted, but I will voice some reservations about the holistic and medicalizing implications of such approaches. Finally, I will argue that hysteria, by whatever name, is alive and well, and is best treated with a gentle but stubborn insistence upon the notion of the autonomous, albeit fallible, self of the patient.

Somatization and the New Hysteria

Hysteria may be viewed as a kind of dualistic disorder, inasmuch as it has always entailed a dialogue between the physical and the mental (or spiritual). In ancient times the wandering uterus was believed to disturb the mind, while medieval hysteria was thought to result from the action of demonic possession upon the body. Psychological models of hysteria that have prevailed during most of the last two centuries have maintained that mental phenomena affect bodily experience. Most confusingly, hysteria has been associated with countless possible symptoms. According to one historian, "Hysteria is a mimetic disorder; it mimics culturally permissible expressions of distress" [6, p. 15]. Others have theorized that hysteria is fundamentally a behavior, not a disease--"hysteria is not something a patient has; it is something the patient does..."

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*University of Kentucky College of Medicine, Department of Psychiatry, 3470 Blazer Parkway, Lexington, KY 40509.

Correspondence: 1004 Turnbridge Road, Lexington, KY 40515.

Email: Neschc2@pop.uky.edu.

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[+1 \(410\) 516-6989](tel:+14105166989)
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