

Introduction

Positioning the body

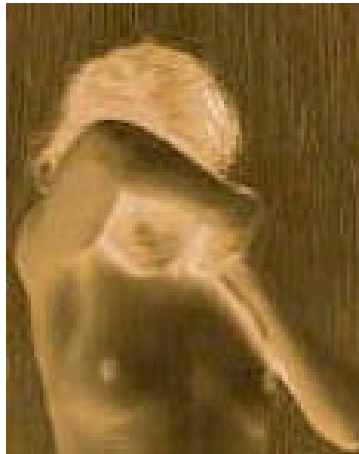


Fig. 1 Robert Demachy, *Nu*, 1900
Negative plate (La Société Française de Photographie)

My scream got lost in a paper cup
you think there's a heaven
where some screams have gone
I hear my voice and it's been HERE
Silent all these years

Tori Amos, Silent all these years, *Little earthquakes*, 1991

In this era of excessive information and heightened consumer convenience, human interaction with new technologies has become increasingly seamless and bio-bodies have steadily been constructed as just another designer interface. Yet I propose to argue that being human also necessarily implies being embodied. Embodiment, as applied in this study, can loosely be described as the complicated and dynamic intersection between the highly contested “mind” and “body”, psychological and physiological strata. In contrast to most cyber-theorists’ perpetuation of the mind/body schism, and hence their transcendental optimism about leaving the body behind, I propose to position myself through an embodied material perspective in the debates on new technologies. In taking such a position I align myself with a cyberfeminist standpoint, which assumes that although embodiment is ever-changing, it remains the nexus of human interaction with new technologies.

The bio-bodies that were traditionally viewed as being mostly occupied with the notion of embodiment are women’s bodies. Apart from the fact that it is the embodiment best related to my own situated experiences, it is the embodied stratum, due to its previous placing as “lacking” and “inferior”, that is probably best positioned and equipped to deal with the body-technology crisis. It is also the embodiment that contrasts most precipitously with the silicon cleanliness of

new technologies, due to its overwhelming associations with the organic and the terrestrial. Anne Balsamo (1996:39) argues in this regard that the female body plays a vital role in recreating perceptions about bodies and new technologies. According to her, the struggle between technologies and nature will be witnessed from the female body in particular. In the challenge to resignify and reposition the corporeal in terms of cyber-theories, the embodied female position, therefore, forms my central focus.

In this study several embodied material locations will be hermeneutically researched in terms of how they are depicted in relation to and within new technologies. Among new technologies the following are specifically noted: microelectronics, telecommunication networks, nano-technology, virtual reality, computer-mediated communications and other forms of computer technologies. In short, "new technologies" refers to all things digital. These technological practices manifest corporeally in cosmetic and sexual re-assignment surgery, bioengineering (genetics, eugenics, cloning, prosthetics, implants and transplants) and new reproductive technologies (embryo transfers, artificial wombs and insemination), to name only a few. An extended understanding of new technologies is utilised, however, so as also to include new image technologies such as film, video, the Internet, virtual reality, advertisements and the engrossing landscape of visuality in which we are immersed.

Writing on/from/about the body in a "virtual age" – an age during which the relationship between self and body is said to be drastically changing (Stone 1998:17) – is notoriously complicated. The body is that which is assumed to be a given and yet, it is also that which indefinitely escapes final delimitations. Simplistic statements and predictions about the interactions between bodies and technologies will not suffice. Furthermore, trying to expand the ways in which to resignify bodies and new technologies from a cyberfeminist position challenges feminist and non-feminist positions alike. For, in an attempt to morph¹ a cyberfeminist position, the body is viewed as a singular event that cannot be completely appropriated by a technological symbolic order, or rather bodies are viewed as singular events that are in excess of the controlling parameters of new technologies. However, neither bodies nor technologies are represented as unified agencies of power or subjectivity. Instead, each meeting between body and technology is unique and singular and is treated as such as far as possible. By using such a singular approach, I hope to elude body determinisms on the one hand, and transcendental Cartesian escapisms on the other. The bodies that are, accordingly, morphing with new technologies are "in-between" bodies or hybrid-bodies: what cyber-sociologist Donna Haraway terms cyborgs. Just as Haraway's cyborgs are creatures that share simultaneously in fact and fantasy, these hybrid-bodies under discussion are both discursively and materially, technologically and organically constructed. As bodies and technologies meet intermittently in the new technological symbolic order – with harmonious and/or disastrous results – a

cyberfeminist position is morphed. Subsequently, the bodily forms from which my discussion takes its initial steps are not clearly fixed: neither are the proposed embodiments resolved. Throughout this study's parameters bodies are perceived to be constantly changing and adapting to technologies, just as technologies change and adapt to bodies, but at no stage are bodies perceived as fatally disappearing into virtual oblivion.

There are, however, a few eminent debates that inform such a discussion on bodies and new technologies, of which the topic of essentialism in feminism is perhaps one of the most pressing. I will briefly deal with the issue of essentialism so as to situate my discussions on gendered bodies and new technologies within the broader feminist debate.

I. De-essentialising essentialism

The intensity with which recent feminist debates have grappled with the issue of essentialism and non-essentialism² indicate that writing on the body within a cyberfeminist idiom without also grappling sufficiently with the issue would be short-sighted. Also, the fact that this study aligns itself, although not in an unqualified way, with a post-Irigarayan idiom as similarly voiced, for instance by Rosi Braidotti, Vicky Kirby and Elizabeth Grosz, may be cause for concern for some readers. Accordingly, I have to position myself strategically at the outset in this debate that has overshadowed most of the feminist agenda since the dispersal of the unitary (male) subject became a theoretical reality within poststructuralist and postmodernist (in the broadest sense) theories.

Taking into account that the body, whether politically or philosophically constructed, has formed the main focus of feminism in all its variants, makes the resolution of the essentialism/non-essentialism debate all the more pressing for the purposes of my analysis. At the centre of this fierce debate rests the problematic concept of "woman" or, rather, the assumption that woman does indeed have an essence: or, differently phrased, that woman has a specific sexed body. Essentially speaking, "woman" is then specified by a number of so-called inborn attributes that stretch across time, place and context, and, if these specified attributes are no longer present, the category "woman" apparently ceases to exist.

Typically, feminists who have been marked as essentialist, such as Andrea Dworkin, Adrienne Rich, Susan Griffin and Nancy Hartsock, base their theories on the specificities of the female body as particularly experienced in everyday life. It is especially the embodied female experiences that exclude men, such as menstruation, vaginal penetration, giving birth, nursing, menopause and lesbian sexual practices that become favoured "essentialist" viewpoints.

Women's experiences are narrowed to these bodily essences and those who fall outside the scope are obviously excluded from the "women" tag.

Another problem that arises from such an essentialist and confessional mode of revealing the body only in her specificity and locality, is obviously, that a broader public or political concept of the body is submerged in the details of a private "my body" (Ebert 1996:250). In other words, the private body is absolutised to such an extent that the public body loses all political possibilities. Whereas the private has been excluded from the public domain, it now becomes the encompassing focus and all political action is reduced to the private. Accordingly, it has become impossible to speak for and about "women", for no one meets the description or complies with the requirements. The disparities that exist between individual private bodies have, consequently, dispersed the notion of a publicly constructed category of "women". For how can "women" be treated as a homogeneous category if that category is splintered by class, race, sexual preferences, gender constructions, labour divisions, religious beliefs and access to technology, to name only a few dividing issues?

The female body is, nevertheless, not only essentialised by essentialist feminisms, but it has also been conveniently transfigured and essentialised by patriarchal discourses and systems as that which embodies, bears children, tends to the private domain and is closest to nature. By positioning women solely as embodied beings, men could erect themselves politically and intellectually on the corporeal substratum of women's unmediated and therefore, unpoliticised bodies. Women's bodies have become sites on which men's economy, society, religion and philosophy were and are still constructed. While women were given the task of "minding" their immanent bodies ("nature"), men were allowed the luxury of "embodying" their transcendent minds ("culture"). Given this context of inequality, it makes perfect sense that feminists doubt the category "women". It is ludicrous if feminism plays into the hands of patriarchy by occupying the doubtful site that is "women" and, by implication, also accepting that dubious site, which is the "female body" as constructed under patriarchy.

It is precisely because of a reluctance to fall back into the "women" trap and the problems associated with the "female body" that most poststructuralist feminists refrain from using the term "women" altogether. As Donna Haraway states, "There is nothing about being 'female' that naturally binds women" (1990:197). Similarly, Toril Moi insists that to define woman is also necessary to essentialise her (1988: 139). On the other hand, when so-called non-essentialists do use the term "women", they do not refer to an embodied material female, but rather to a discursive construct. In this regard, Judith Butler's *Bodies that matter* (1993) has become an extremely important path-guider in the discourses on essentialism and feminism.

Butler utilises the concept of "discursive performativity" (1993:12) to show how bodies are materialised in discourses or rather how bodies are made to "matter" within discourse. She explains:

We may seek to return to matter as prior to discourse to ground our claims about sexual difference only to discover that **matter is fully sedimented with discourses** on sex and sexuality that prefigure and constrain the uses to which that term can be put. (Butler 1993:29, emphasis added)

Yet, realising that the matter of bodies is sedimented in discourses – almost entirely but not fully – how do women rally for political issues if there are no bodies on which to base them? If there are no "women", how for instance, can women mobilise for reproductive rights or violence against women? These rights, although discursively constructed, are embodied in specific locations, contexts and sexed bodies. Susan Bordo challenges the discursive limits of how bodies have been constructed in postmodern and poststructuralist theories as follows:

The deconstructionist erasure of the body is not affected, as in the Cartesian version, through a trip to "nowhere", but in a resistance to the recognition that one is always *somewhere*, and limited. (1990:145, original emphasis)

In accordance with Bordo, I would like to argue, contra the essentialist view restricting certain bodies to particular essences, or the confessional "my private body" mode, or the full body submergence into discursiveness, that some form of embodied materialism is the necessary precondition for any political action to take place. In this study I am, therefore, busying myself with a politics of incarnation. In this regard I align myself with Seyla Benhabib's notion of a "strategic essentialism" (1984:110), which allows for a form of highly temporal, politicised identity or "concrete standpoint" from which political actions can be launched.

Women need a site – a *somewhere* – to operate from, no matter how temporary and provisional that locus may be. In this regard Elizabeth Grosz maintains, "if women cannot be characterized in any general way [...] then how can feminism be taken seriously? [...] If we are not justified in taking women as a category, then what political grounding does feminism have?" (1990:341). Grosz also finds a convincing way to side-step essentialising women into one universal body type, by suggesting the use of multiple different body types interspersed by sex,

religion, class, and race. She states: "there is no body as such: there are only *bodies* – male or female, black, brown, white large or small – and the gradations in between" (Grosz 1994:19, original emphasis). This means that women do not have one essential body, but rather a field of different bodies distinguished by their specific sexualities and by racial, cultural, gender and class specificities and intersections.

If we are then not referring to one body type, but rather to different body types, we are nevertheless, still referring to specific and particular bodies. Vicky Kirby in "Corporeal habits: addressing essentialism differently" (1997), argues that the name "woman", although not a proper name, is never immaterial. She adds, "For if women matter at all, it is as this word's embodied realization" (1991:17). If women are denied a specific bodily existence, as some anti-essentialists suggest, this has more or less the same implications for women as the patriarchal confinement of women to being mere embodied beings. Therefore, in some instances, non-essentialism, by over-emphasising the discursive body, ironically plays into the hands of patriarchy – exactly the same problem that is levelled against essentialism.

In stating this, I am not suggesting that the non-essentialist debate does not make meaningful contributions to the feminist arena and that it is not an important part of defining feminisms in a virtual age, but I am interested in showing the limits of the non-essentialist debate by revealing the essentialist assumptions on which it is in turn based. Arguably, neither essentialism nor non-essentialism are integrated concepts, but should rather be referred to as multiple essentialisms and non-essentialisms. The attacks and criticisms launched against essentialism are, similarly, not launched from one consolidated position and are not focused on a unified "enemy" either. In fact, Naomi Schor states that anti-essentialist criticisms "serve diverse, even conflicting interests and draw on distinct, often incompatible conceptual frameworks" (1994:60).³ Nevertheless, non-essentialist discourses tend to treat essentialism as if it has **one** core or essence, which is clearly not the case. Even though neither essentialism nor non-essentialism is consolidated concepts, non-essentialism does not escape the tyranny of essentialism, for it essentialises essentialism in its criticism thereof. Consequently, non-essentialism imitates exactly that which it finds so problematic about essentialism, becoming in turn essentialist about essentialism. In this regard Schor suggests a process of "de-essentialising essentialism"(1994:60), acknowledging that both essentialism and non-essentialism have certain restrictions. The position that I take is an extension of such a process of de-essentialising essentialism by intentionally taking a "strategic essentialist" position, being fully aware that such a position is necessarily a construction with its own specific limitations. It is, however, a necessary construction.

What follows will delineate my position within embodied differences while attempting to push the borders of those differences further. I will make use of several appropriated and seemingly paradoxical concepts to plot my embodied case (as is explained under the section “Rethinking embodiment” in this Introduction). But first I want to place the controversial body of the hysterical woman on the centre stage, which will enable me to set an agenda for de-essentialising essentialism. For the bodies of hysteria – a disease that has been essentialised as being predominantly female – have been interpreted by psychoanalysis, philosophy and feminism alike as those which cannot “speak”. In other words, hysterical bodies do not form part of the symbolic order, due to the fact that these unruly bodies apparently do not “speak” the language of the symbolic order. The bodies of hysterics have therefore been constructed as discursively inaccessible and muted – a fate bestowed on most female bodies. What better or more controversial place to begin a process of de-essentialising essentialism than precisely from those essentialised female bodies that have been constructed as excessively deviant and essentially different?

By engaging with the body of hysteria, as assembled in medical discourses during the late nineteenth century, I will also be able to show how the technologies of discourses have actively construed the materiality of the female body as different and other. It is also an opportune example of showing how embodied materialism can actively “write” and “speak” back by manifesting differences and deviancies and being in excess of the techno-medical discourses that endeavoured to create them.

In order to set the stage I shall return to Paris of the 1870s and specifically to the research of the acclaimed French neurologist Jean-Martin Charcot (1825-1893). Charcot served during the so-called “golden age of hysteria” at the famous Salpêtrière hospital between 1872 and 1893. It was during the “Charcot regime” (Matlock 1994:128) that the percentage of women diagnosed as hysterical rose from 1% to 18% in the years from 1840 to 1880. These statistics, furthermore, reveal that hysteria was most often diagnosed in women, who had the cunning aptitude of miming all illnesses’ symptoms with such accuracy that the “real” patients could not be distinguished from the miming hysterics. The crafty and puzzling ability of the hysteric to mime any disease emerges in this study as one of the key features in **morphing** a cyberfeminist position on embodiment. As I shall show, miming and morphing share commonalities that prove helpful to a cyberfeminist enterprise.

Although various valuable studies⁴ on hysteria are in existence, my analysis focuses on the body of the hysterical patient and how it has been constructed in medical discourses, specifically by the neurologist Jean-Martin Charcot. As the discussion on hysteria unwraps it will

become clear that my interest in the (dis)ease lies on a discursive level. In other words, I am interested more in hysteria as a discourse than in its clinical and medical technicalities. I will, however, construe the medical practices and theories as part of the discourses of hysteria. By paraphrasing disease into a (dis)ease, I aim not only to show my own unease with this so-called (dis)ease, but also to suggest that the "golden age of hysteria" was an attempt to construe a (dis)ease as an illness in order to promote Charcot's ambitious scientific career. Therefore, some observations on hysteria as a (dis)ease are necessary before I proceed to a more theoretical reading of the (dis)ease.

II. The body of hysteria: wandering and wayward wombs

The term hysteria, derived from the Greek word *hystera*, literally means womb or uterus. The earliest records, coming from ancient Egypt as early as 1 900 BC, which identified hysteria as a (dis)ease, unequivocally linked it to the womb (Veith 1965:2). It was, in particular, the position or whereabouts of the womb that apparently caused problems, and subsequently, hysteria was linked to "the wandering womb". It was thought that the wandering of the womb in the woman's body actually caused hysteria. The womb was considered to be like an animal – a separate living organism within the female body with a life of its own. Aretaeus, the Cappadocian, writes in the second century: "the womb is like an animal **within an animal**" (quoted in Slavney 1990:13, emphasis added). (Not only are women referred to as animals, but they also suspected of containing other animals, such as the womb, within their bodies!) In cases where the "little animal" wandered too far up in the body, it was lured back via the vagina with sweet-smelling substances or repelled downwards (like a little lap-dog) by administering "evil tasting and foul-smelling" (Veith 1965:3) substances.

The cause of hysteria in Greco-Roman medicine was thought to be the under-employment of the womb. Plato refers in the following manner to this presumed under utilisation of the womb: "**The womb is an animal** which longs to generate children. When it remains barren too long after puberty, it is distressed and sorely disturbed" (quoted in Veith 1965:265N16, emphasis added). In other words, if the womb did not produce children on a regular basis it was believed to dry out and float upwards in the body like a deflated balloon and suspected of causing pressure to build up on the (already waning) female brain. The wandering womb could also presumably cause choking, by means of obstruction, which was in turn diagnosed as "hysterical suffocation" or *globus hystericus* (Slavney 1990:14). The supposed ability of the womb to roam around ended

with the research of the great Galen of Pergamon (AD 129-99), who seriously questioned and denied the ability of the uterus to wander about. He, instead, identified the problem as "seminal retention" (Veith 1965:37). This meant that the womb literally dried up due to sexual inactivity. Subsequently, Galen believed that if women had regular sex and reproduced often, the hysterical fits would also subside.

Much later, during the Victorian period, hysteria was also associated with a lazy or inactive womb. This meant that wealthy unmarried women were apparently most predisposed to hysteria. Marriage was prescribed as the remedy, for then at least the "offensive" and "inactive" uterus would be utilised for the purpose for which it was apparently created, namely bearing children. In Victorian England, working-class women suffered less from this strange (ma)lady, because their reproductive systems stood firmly in the service of patriarchal expectations. The situation did, however, differ at the Salpêtrière hospital in France, where most of the hysterical inmates came from the poorer rural areas. Hysteria did, therefore, not show an unvarying geographical profile, but in fact differed greatly in geographical manifestations and occurrences at the time. However, the factor that united all these plentiful profiles of hysteria, was the budding medical sciences' urge to closely monitor and treat the (dis)ease. It is in this context that Charcot's treatment and surveillance of the female hysterical body takes on a specific meaning.



**Fig. II André Pierre Brouillet, *A Clinical lesson of Dr. Charcot at Salpêtrière*, 1887
(Countway Library, Harvard University)**

As part of his surveillance techniques Dr. Charcot held regular public lectures for his students and colleagues. During these public lectures female bodies were displayed and unveiled in their apparent deviance and to make matters worse, it seems that the female bodies on display obliged unfailingly with fitting collapses and turbulent convulsions. The well-known work done by

French artist André Pierre Brouillet entitled *A clinical lesson of Dr. Charcot at Salpêtrière* (1887) depicts in dramatic tones, the spectacle of a hysterical attack in full view of an audience [Fig. II]. (I will return to Fig. II) Not only were these women's bodies specula(rise)d⁵ by medical science, but they became spectacles in themselves by obliging with spectacular performances. In other words, they rose to the dramatic occasion with spectacular results and their bodies did indeed connote a "*to-be-looked-at-ness*" (Mulvey 1975:63, original emphasis).

Sadly in this morbid theatre of the "*hysterisation of women's bodies*" (Foucault 1978:104, original emphasis), women's bodies were disparaged as being saturated with deviancy, both physically and psychically, and consequently, as being intrinsically pathological. Not surprisingly, women were found to be "disgustingly" over-embodied and therefore not fit for the public domain and its intellectual challenges.⁶ In this regard Michel Foucault describes the surveillance of late nineteenth-century medicine, which played an active part in constructing hysteria, as follows:

[Medical surveillance] was an enormous apparatus for observation, with its examinations, interrogations, and experiments, but it was also a machinery for incitement, with its public presentations, its theatre of ritual crises, carefully staged with the help of ether or amyl nitrate, its interplay of dialogues, palpations, laying on of hands, postures [...] its hierarchy of personnel who kept watch [...] monitored, and reported, and who accumulated an immense pyramid of observations and dossiers. (Foucault 1978:55-6)

At the time hysteria was also steadily being linked to women's suffrage, especially in England. As *The Times* of 11 December 1908 sardonically reports: "One does not need to be against woman suffrage to see that some of the more violent partisans of that cause are suffering from **hysteria**" (Tickner 1987:192, emphasis added). In the face of women's increasing mobility and transgression of traditional social roles their biological destiny had to be reasserted.⁷ Women had to be reminded of their bodies, their apparent inabilities and consequently, of their wayward wombs. The figure of the "militant Suffragist" and the hysterical female were conflated into a powerful anti-suffragist image and both were suspected of moral decay and aberrant behaviour.⁸ The image of the Suffragette also accorded with that of the so-called New Women, who were similarly portrayed as home-breakers who neglected their family duties. Women's activities were scrutinised and even an apparently inconspicuous action, such as the reading of a novel,⁹ was viewed with suspicion for it could apparently jeopardise women's fragile emotional balance and cause them to become hysterical. Therefore the "shrieking sisterhood", as Suffragettes were often labelled, was marginalised and in the hands of the anti-suffragists, hysteria became a powerful and destructive weapon used very effectively to discredit these women.

Other perspectives on hysteria hold, however, that hysteria may be a form of resistance against oppressive role models. In other words, whereas men utilised hysteria as an instrument to designate women's place in the private domain, women became hysterical as a mode of resistance to that appointed place. In this sense hysteria can be interpreted as a challenge against the patriarchal definition of what it means to be a "woman". Juliet Mitchell takes an oppositional position on hysteria:

To put it somewhat glibly, at a simple *social* level, hysteria, with its malingering invalidism, tantrums and wilfulness was the nineteenth-century woman's protest against confinement in the home-sweet-home of bourgeois industrial capitalism. (1984:117, original emphasis)

This perspective opens up the possibility that hysteria embodies women's resistance. Accordingly, hysteria is resistance "spoken" from the body. However, Elaine Showalter warns in *The female malady. Women, madness and English culture, 1830-1980* that interpreting hysteria as a form of rebellion stands the chance of romanticising female madness. She suggests that hysteria should rather be viewed as "the desperate communication of the powerless" (1985:5). Showalter calls for a nuanced treatment of hysteria that would neither essentialise women as mad nor romanticise women's madness. Showalter's warning is possibly directed at feminists such as Hélène Cixous, Catherine Clément, Michèle Montrelay and Luce Irigaray, who have all reclaimed hysteria as a powerful tool for women to rebel against the bastions of rationality as constructed under patriarchy. According to Showalter, these feminists connect "the hysteric's silences, symptoms and distorted speech to female symbolism, semiotic, or infantile wordless verbalization"(1997:56). I do not understand these feminists as solely responsible for romanticising or essentialising hysteria, for hysteria has been essentialised as female without their doing. Their work can rather be understood to be a powerful ploy of mimetic politics in an attempt to de-essentialise essentialism. In this regard, Luce Irigaray's view on hysteria is indispensable to my own analysis of hysteria, as I will discuss in more detail later.

In the next section, I want to draw an analogy between Charcot and miming hysterical patients, on the one hand, and patriarchal discourses and women, on the other. I am aware that such an analogy runs the risk of simplifying matters by conflating Charcot's personality with patriarchal discourses and diagnosing all women as hysterical. Furthermore, Charcot did his work in a specific context and time, which does not necessary apply to patriarchal discourses as a whole. In fact, defining patriarchy as a homogenous system is problematic in any case, for as

Christine Battersby explains, "there always have been a variety of metaphysical traditions" (1998:7) and there are "many different modes of patriarchy – not a single model that everywhere betrays its origins in a metaphysics of substance" (1998:123). Nevertheless, I am convinced that this analogy, although superficial and provisional in its assumptions, can creatively **morph** different perspectives on embodiment and technologies in a virtual age.



Fig. III Jean-Martin Charcot in a signed photograph given to Sigmund Freud as a souvenir of the time spent studying at Salpêtrière, 1886



Fig. IV Portrait of Charcot

III. The great Charcot and the golden age of hysteria

I will begin by spending some time on the personality of Charcot, as described by others, to unfold my analogy. What follows is by no means a precise reconstruction or psychoanalytical analysis of Charcot's personality. Instead, accounts and impressions of Charcot made, for instance, by his colleagues and other theorists are traced, in order to re-construct his work and thoughts on hysteria as a (dis)ease.

Charcot is described as "the most precise neurological scientist of his day" (Veith 1965:228). "He ruled supreme over the whole faculty of medicine", states Axel Munthe, one of his students. Some of his French colleagues even referred to him as "the daring Caesar of hysteria" (Showalter 1997:30); others describe him as "a very calm, yet very cold man with a Napoleonic profile" (Veith 1965:229). Havelock Ellis, the foremost erotologist of the period, describes Charcot in exactly those terms:

Anyone who was privileged to observe his methods of work at the Salpêtrière will easily recall the great master's **towering figure**; the **disdainful expression**, sometimes even, it seemed, a little sour; the lofty bearing which enthusiastic admirers called **Napoleonic**. (Veith 1965:230, emphasis added)

Elsewhere Havelock Ellis describes Charcot as "magnificent like a god of Mount Olympus, [...] severe, with the head of an antique Jupiter" (Veith 1965:238). Similarly Dr Alexandre Souques, one of Charcot's contemporaries, could not forget his "scrutinizing eyes" (Showalter 1997:31). The available portraits and photographs of Charcot affirm his "Napoleonic profile" and his resemblance to the "head of Jupiter" [Figs. III, IV, V, & VI]. It is especially in Fig. III, where Charcot strikes a typical Napoleonic pose with one hand folded into his jacket, that he most closely resembles the French emperor. In Fig. VI Charcot, the showman, stands before the "hall of fame" that he has created, with sketches of hysterical women in contorted positions in the background. Some of these sketches were drawn by himself. In Fig. V the majestic Charcot can be seen bending over a human brain that he is holding in his hands. It can be assumed that it is the brain of a deceased female hysteric and that Charcot is pondering the mysteries of this mute female organ. It is almost as if the viewer can hear him musing aloud to himself: "If only I could crack the code of this mysterious disease".



Fig. V Dr. Charcot pondering the mysteries of a human brain

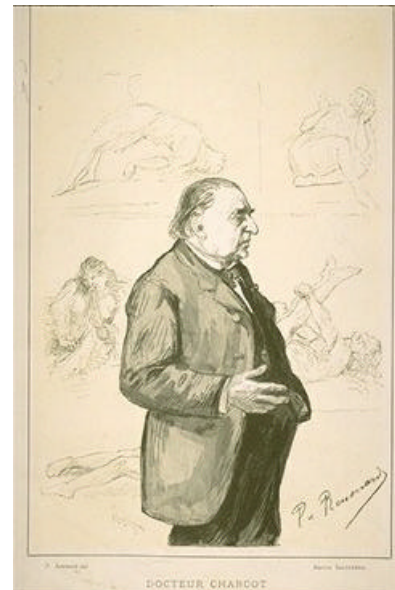


Fig. VI Docteur Charcot. Wood engraving; (22.9 x 15.1 cm) Florian, after Charles Paul Renouard. Paris, Plate from *Revue illustrée*. Call No: I C4692 RE1.

Ironically, whenever Charcot had the opportunity in real life to address the riddle of hysteria to his embodied patients, he did so in a "cold, distant, sometimes impatient" (Veith 1965:238) manner. Apparently, he also did not pay much attention to what his patients had to say: "You see how hysterics shout, much ado about nothing" (quoted in Showalter 1985:154). Charcot also did not make hospital rounds like the other physicians; patients were brought to his office for examination or were examined in the "theatrical space" (Matlock 1994:133) of the public lecture rooms of Salpêtrière. The events of these private consultations are described as follows:

He would have the patients brought to his office and **stripped naked**; he would observe them, ask them to perform certain movements, stare, meditate, and then have them led out. [...] he rarely exchanged words with the patients. (Evans 1991:20, emphasis added)

In other words, patients who had been diagnosed with hysteria were not consulted about their own bodies that were out of control, for they were silenced in many ways. Firstly, Charcot did not speak to them and, if they spoke, Charcot silenced them immediately ("I didn't ask you") or he ridiculed them (Evans 1991:37). He preferred to treat hysteria as a (dis)ease that had to be carefully detected by means of vision – a spectacle, which is best observed and not heard.¹⁰ Women were not perceived to be accurate witnesses of their own (dis)eases. They were silenced and reduced to "storied bodies" (Matlock 1994:137), which could only be unravelled by the rational minds of (male) physicians. Their blabbering and wicked silences could apparently not contribute to solving the mysteries of their (dis)eased bodies. Nevertheless, apart from sometimes suffering from aphasia (loss of speech), when these women did speak their minds, they did so with a so-called lack of modesty and audacity by addressing men as if they were of the same sex (Evans 1991:39). Therefore, much to the discomfort of male physicians, when hysterical women did speak, they did so just like men.¹¹

Furthermore, not only did the "great" Charcot silence his patients: he also had no aptitude for purely psychological investigations into his patients' problems. Even though Charcot is popularly credited as the neurologist who recognised the role of emotions in the production of hysteria, he saw his patients mainly as a "huge neurological laboratory of material for his experiments" (Veith 1965:230). In other words, the role of emotions was acknowledged, though not for therapeutic reasons, but rather as something that had to be neutralised in order to gain more knowledge of the (dis)ease. Charcot was, therefore, mainly interested in a scientific

analysis of the (dis)ease and not particularly interested in identifying with the miseries of his predominantly female patients.

Charcot's coldness and lack of compassion impacted negatively on him in his later years. Ilza Veith (1965) makes reference precisely to his "exaggerated confidence", "his aloof personality" and "his systematic study". Although most commentaries on Charcot sketch him as a thorough, concise and disciplined scientist, he is also described as a cold and distant human being.¹² It is ironic that such a precise and confident scientist would later be thoroughly discredited by the Nancy School of medical investigators under the guidance of **A.A. Liébault, medical practitioner and Hyppolythe Bernheim, professor at the University of Nancy, who showed the misplaced role that hypnosis played in Charcot's theories on hysteria.** Even though Charcot's downfall cannot be attributed entirely to his own doing, but probably more to "the well-meaning efforts of his faithful associates" (Veith 1965:239), his godlike and aloof exterior certainly does not assist in reconstructing a positive image of him. I am not attempting to construct Charcot as necessarily and conclusively "bad", but rather to throw some light on the exaggerated confidence he placed in the "temple of science" (Showalter 1997:32) as an infallible tool for analysing the mysteries of the female body of hysteria.

The fact that hysteria has been linked to the female uterus from its earliest inception meant that the illness had a sexual disposition from the start. Paradoxically, Charcot is the most important neurologist in modern times who attempted to dislodge hysteria from the uterus. He made the following observation regarding the separation of the two during a lecture:

Keep it well in mind and this should not require a great effort that **the word "hysteria" means nothing**, and little by little you will acquire the habit of speaking of hysteria in **man without thinking in any way of the uterus.** (Veith 1965:232, emphasis added)

However, the Salpêtrière hospital was mainly for female patients, therefore, obviously, most of Charcot's patients were female.¹³ These female patients, under the careful surveillance of Charcot, continued to show symptoms that were not recorded in male hysterical patients, such as spontaneous pains in the regions of the ovary and mammary glands. Charcot referred to these regions as "hysterogenic zones" (Veith 1965:232). Consequently, even though he tried to dislodge the connection between uterus and hysteria, he could not resist essentialising the ovary and mammary glands as being so-called 'hysterogenic zones'. Sigmund Freud, who studied under Charcot in 1885, also overheard the master confessing during a private conversation that

the causes of hysteria can always be traced back to its genital origins. "It is always the genital thing ... always ... always ... always" (Evans 1991:26), Charcot confessed. Although Charcot did not express this opinion in public, his private thoughts obviously informed his scientific research.

As a dedicated scientist Charcot had to find a medical cure for these symptoms, which were specific to the female body. A technological device had to be invented to keep the over-sexed female body at bay. The peculiar ovary compressor [Fig. VII], which is described as "a heavy leather and metal belt strapped onto the patient and often left for as long as three days" (Showalter 1997:33) was invented to place pressure on the ovaries that threatened to explode into hysterical outbursts. The emphasis did, however, shift from the uterus to the ovaries, because the ovaries, and not the uterus, were ironically regarded during the late nineteenth century as the control centre of female reproduction and therefore as the locus of deviance.

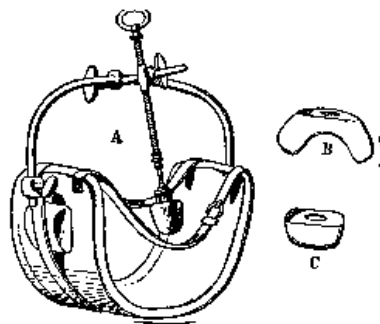


Fig. VII Ovary compressor as used by Charcot, From Bourneville and P. Regnard, *Iconographie photographique de la Salpêtrière*, Paris: Progrès Médical, 1878

Charcot provided detailed directions of how the suspicious ovarian area should be examined: "It is indispensable to **push** on with the investigation and, by **penetrating** [...] in the abdomen with the fingers [...]. The doctor should **plunge** his closed fist in the area of the ovarian pain" (quoted in Evans 1991:29, emphasis added). This description is interspersed with sadistic and sexual innuendoes by the use of terms such as push, plunge and penetrate. Charcot's shocking treatment of the "hysterogenic zones" are also described in an unpublished document dealing with his public lectures. A description of such a session held on 25 November 1877 is provided:

The subject exhibits hysterical spasms; Charcot suspends an **attack** by **placing first his hand, then the end of a baton, on the woman's ovaries**. He withdraws the baton, and there is a fresh attack, which he accelerates by administering inhalations of amyl nitrate. The afflicted woman then cries out for

the **sex-baton** in words that are devoid of any metaphor: [She] is taken away and her delirium continues. (Foucault 1978:56N, emphasis added)

This description is filled with sadistic sexuality. The female ovaries had to be contained and compressed back into their place. First Charcot placed his hand and then "the sex-baton" on the woman's abdomen, and later the woman cried out again for the sex-instrument in "words that are devoid of any metaphor". When the "language" spoken by hysteria is recalled, it becomes evident that hysterical women sometimes used brutal or vile language, which was not ladylike behaviour. (Could this be another suggestion that these women, when they spoke, did so like men and therefore transgressed traditional gender roles?)

The fact that no reference is made to a male equivalent for either the ovary compressor or the sex-baton is significant, for it shows that men were not suspected of being devious and uncontrollable sexual beings. In fact, hysterical female patients were explicitly described as being sexually devious creatures and Jules Falret, alienist at Salpêtrière, explicitly describes hysteric patients in these terms:

These patients are veritable actresses. They do not know of a greater pleasure than to **deceive** [...]. In one word, the life of the hysteric is nothing but one perpetual **falsehood**; they affect the airs of piety and devotion and let themselves be taken for saints while at the same time secretly abandoning themselves to the most **shameful** actions. (Poovey 1986:153, emphasis added)

By using terms such as deceive, falsehood and shameful in his description of hysterics, Falret provides useful clues to the construction of hysteria as being linked to female seditiousness and divergence. Apparently, the hysteric did not only pose a threat to the doctor's authority and ability to diagnose disease, for she could easily feign any disease: in addition, she posed a sexual threat to him. Sexual threats apparently came in the form of women abandoning themselves seductively to shameful and indecent acts such as masturbation, prostitution and nymphomania.¹⁴ Such seemingly indecent acts only confirmed male anxieties about sexuality, and the so-called deviant essence of female sexuality in particular.

It was, however, in Freud's *Studies on hysteria* (1895) that sexuality, or rather the repression of sexuality, was for the first time openly acknowledged as being at the root of hysteria. What is interesting about the studies of hysteria during the late nineteenth century is the fact that the causes of hysteria were no longer projected onto the female body, but also migrated to her gender attributes. We find the increasing inclusion of gender traits such as

exaggerated emotionality and sensitivity being included as the causes of hysteria. The essence of hysteria was conflated with the essences of both femaleness (sex) and femininity (gender) during the late nineteenth century to such an extent that these terms became substitutes for one another. Women were epitomised as harbouring extreme emotions, feelings, sensitivities and being very impressionable. Therefore, hysteria itself was diagnosed as a disease of impressionability and susceptibility: "If woman is sensitive in the extreme and if hysteria is a form of extreme sensitivity, then hysteria is being a woman" (Ender 1995:47). This meant that being female inevitably also implied being hysterical.¹⁵ Hysteria was mapped onto the female body and being born a female automatically implied being born with a disposition towards hysteria.

It is important for my proposed analogy between Charcot's techno-scientific discourses and patriarchal discourses, on the one hand, and woman and hysteria, on the other, to note how hysteria was affixed to femaleness and femininity. Women's essence was captured as being hysterogenic. Furthermore, hysteria was interpreted as a mysterious disease, just as women were seen to be mysterious beings. The male physician (technologist) was the one chosen to unravel the labyrinth of hysteria's body. The associations between women and mystery, and men as the chosen code-breakers are, however, not unique within patriarchal discourses.¹⁶

IV. Whose (dis)ease is it anyway?

The most significant aspect of the female hysterical body, to which I have only briefly referred, is the ability to mime or simulate other diseases perfectly. During the 1870s, due to renovations at Salpêtrière, the hysterics were placed in the same ward as the epileptics. This meant that the hysterics, with their neurotic tendency to mime diseases, were greatly affected by their constant exposure to epileptic patients. Apparently, it was especially the young hysterics who began meticulously to imitate every phase of epileptic seizures. At first Charcot failed to distinguish the imitations from the "real" seizures. He even went so far as to diagnose a new disease termed "hystero-epilepsy" (Veith 1965:231). It was only later that he realised that he had been deceived and that there was indeed a difference between the clinical and the mimed form of epilepsy.¹⁷

It was only after realising their deception that Charcot and his colleagues could later distinguish fake from real symptoms, based on the fact that a patient had a history of imitating diseases seeing that "today's smallpox becomes next week's scarlet fever, or last month's measles, or dermatitis" (Kirby 1997:57). In turn, Charcot had to search for other more "reliable"

symptoms to diagnose hysteria and he found them in what has been termed the physical stigmata of hysteria, namely the narrowing of the field of vision and skin sensitivities, including hemianesthesia or the loss of sensation on one side of the body. Another "reliable" symptom that was identified was the powerful role that suggestion played during hypnosis. It is important to note that Charcot's theories collapsed exactly on this point. Charcot interpreted mere susceptibility to hypnotism as one of hysteria's symptoms. He was supported by other influential neurologists of the period, such as Joseph Babinski (1857-1932), who referred to hysteria as *pithiatisme* or suggestibility (Merskey 1979:23); while Pierre Briquet (1796-1881) in his *Traité clinique et thérapeutique de l'hystérie* (1859) preferred the word *impressionable* (Ender 1995:37) when referring to hysteria. Hysterics were thought to be more susceptible to hypnotism than ordinary citizens and therefore suggestibility could be used as a reliable diagnostic tool. This was later revealed to be a false assumption,¹⁸ for the Nancy School showed that, although impressionability ranges from person to person, most people are susceptible to hypnotism. The fact that hysterics were especially suggestible was, therefore, not symptomatic of pathology. Charcot used suggestibility to diagnose hysteria, rather than curing it as the Nancy School did, and this error in judgement reflected negatively against him. As a precise scientist Charcot "made sick people of the apparently wilfully misbehaving, disagreeable women who had, in the nineteenth century, been suspected of malingering" (Veith 1965:238). He set out to diagnose, analyse, detect, define and represent a disease. It was only later that Liébault and Bernheimer of the Nancy School would implement suggestion differently and with great success to cure hysteria. Suggestibility revealed itself as no diagnostic tool, but rather as a healing tool.

Charcot did, however, although unknowingly,¹⁹ gain and suffer simultaneously because of his predominantly female patients' susceptibility to suggestion during hypnosis. In fact, one may speculate that, if they were not so susceptible to suggestion, Charcot would not have made such scientific progress, but neither would his theories have been discredited later on. Charcot did, however, acknowledge the role that suggestion played in the creation of symptoms, such as artificially induced paralysis. Nevertheless, he was quite confident that "in the matter of suggestion, what is done can be undone" (Veith 1965:235). In other words, the female hysteric's body is a clean slate upon which any suggestion can be "written", after which the slate can be cleaned again, ready to imitate or rather to embody the next suggested symptom. Charcot showed no unease with suggested (dis)ease. He felt confidently in control of these suggestions, but did not realise that they also suggested something in return. To rephrase it in psychoanalytic terms, transference took place between psychiatrist and patient. Charcot did not heed the process of transference and therefore did not take into account that "hysteria is dialogic" (Showalter 1997:11). Instead of the supposed mismatch between a scientific monologue on the

one hand (Charcot's techno-scientific discourse), and the incomprehensible blabbering (hysteric's discourse) on the other, hysteria is a dialogue between patient and physician. The one calls the other into existence. Hysteria mirrors the physician, just as he in turn mirrors hysteria. As Vicky Kirby, in *Telling Flesh. The substance of the corporeal*, explains: "It is as if the hysteric is a mirror of her surroundings, incorporating the signs from an other's body as the reflection of her own" (1997:57). Charcot's hysterical patients mirrored his suggestions truthfully. Ironically, the more Charcot was convinced of his findings, the more the results mocked him. The more his research mirrored his own image, the more distorted his image became. Charcot's claims that he knew what caused hysteria, namely the suggestibility of the hysteric, at first mimed his findings by playing out every suggestion and then turned his research upside-down by actually becoming the cure for the (dis)ease. Charcot suggested differently, therefore his fixing of "woman" in one place actually suggested that women were already in another place. Charcot's impulse to define and fix diagnostic symptoms can in some ways be likened to the urge within patriarchal discourse to essentialise "woman" as naturally embodied and in alliance with matter. Charcot's misinterpretation of the hysterics' susceptibility to suggestion, eventually led to the demise of his dedicated analytical work. In the same way patriarchal discourse fixes "woman" in a place where she cannot entirely be found. This does not mean women have no embodied places or "essences" for that matter, but neither does it automatically imply that women can be fixed or essentialised into one embodied place or essence.

V. Putting on appearances

As suggested earlier, hysteria was dialogical by nature and transference occurred excessively between physician and patient. It was, however, especially in the occurrence of the phenomenon of dermagraphism that mirroring between patient and physician became the most obvious. Dermagraphism entailed that the skin of hysterics showed the autographic ability to "write" or "draw" onto itself. One of Charcot's co-physicians, Barthélémy, offers an account of such a spectacular dermagraphic event:

[...] a patient is hypnotized; the doctor writes his own name on the patient's fore-arms with a rubber stylet and issues the following suggestion: "this evening, at 4pm, after falling asleep, you will bleed from the lines that I have drawn on your arms." At the appointed time, the patient obliges. The character appears in

bright relief upon [the] skin, and droplets of blood rise in several spots. The words persist for more than three months. (quoted in Kirby 1997:57)

The impressionability of the hysterics' skin, which echoed their aptitude for miming any disease, earned them the nickname of *femme-cliché*. Like parrots, the hysterics apparently repeated their masters' voices in obedience. Therefore, comparing the skin of the hysteric to the impressionability of a photographic recording plate is not absurd. Just as the photographic plate is sensitive to light, so the hysteric's skin was apparently sensitive to the slightest suggestion or "writing" from the master physician. The arrogant notion that the female body is a clean slate, passively awaiting the active male "writing" or "imaging", is unproblematically reinforced in the construction of hysteria. In fact, it is almost as if the hysteric skin, the *tabula rasa*, is turned into a *tableau vivant* under the suggestive hand of the master physician. These women not only caused a scene by misbehaving, they quite literally became "scenes" by embodying all suggestions in a spectacularly "truthful" manner.



Fig. VIII Astasia-abasia, From Paul Richer, *Paralysies et contractures hystériques*, Sketch by Charcot, 1892



Fig. IX Generalised contractures following a major attack of hysteria, From Paul Richer, *Études cliniques sur la grand hystérie*, Sketch by Paul Richer, 1885

Charcot himself was duly fascinated by the artistic possibilities of the hysteric skin. Accordingly he, compared the study of hysterical symptoms to the study of an artwork. He did indeed create an iconography of hysteria during his reigning years at Salpêtrière by carefully documenting the (dis)ease in different media. Freud, who studied at Salpêtrière between 1885-6, also makes mention of Charcot's artistic inclination. According to Freud, Charcot "had an artistically gifted temperament – as he said himself, he was a 'visuel', a seer" (Showalter 1985:150). In the face of the accusation that he played a major role in the creation of hysterical symptoms, Charcot simply

replied: "It would be a truly marvellous thing if I could thus create maladies according to my whim and fantasy. But in truth I am no more there than the photographer; I inscribe what I see" (quoted in Matlock 1994:135). Charcot, therefore, humbles himself to the role of mere observer of the drama of hysteria and denies having played any major part in its creation. According to him, he merely and objectively recorded what he saw. Even though Charcot denied the part that he played in producing the text that is hysteria, furthermore, the privileged role of vision within western metaphysics [ocularcentrism as Irigaray discusses it in *Speculum of the other woman* (1985a)], cannot readily be humbled to the role of "mere observer". The objective gaze of science was consequently actively involved in the production of hysteria by "merely observing" the (dis)ease.²⁰



Fig. X Photo of Blanche Wittman during a hysterical attack – the woman in André Pierre Brouillet's painting. Taken from the cover of *The Makings of Dr. Charcot's hysteria shows*, Dianne Hunter (ed) (Edwin Mellen Press, 1998)

As part of this seemingly innocent recording process, Charcot and his students made extensive sketches of the postures of "hystero-epilepsy" and other hysterical collapses, which were hung in the halls of Salpêtrière [Figs. VIII & IX]. These sketches acted as a hall of mirrors for the receptive inmates, reminding them of how to play out the tantrums and contortions of theatrical hysteria. Paintings depicting hysteria, such as Brouillet's *A clinical lesson of Dr. Charcot at Salpêtrière* (1887) [Fig. II], (discussed earlier), were hung in the lecture halls where hysterical women, such as Blanche Wittman, the woman in Brouillet's painting, was regularly displayed. In the painting Blanche Wittman [Fig. X],²¹ collapses fittingly into the arms of assistant Joseph Babinski, while Charcot, the showman and "master of ceremonies" (Matlock 1994:133) lectures to an arrested audience. The eyes of the onlookers fall as much on Charcot as on the conveniently half-exposed breasts of Blanche Wittman. In these pictures, the site that is

"woman" is displayed incessantly to provide evidence of her aberrant otherness and implicitly affirms masculine techno-medicine's control.

The visual processes whereby femaleness was and still is othered, by means of affirming the male counterpart as the standardised universal, is convincingly treated in a recent series of work by Montréal artist, Nicole Jolicoeur. In a series of works dealing with female bodies and medical discourses, Jolicoeur comments specifically on the urge to project diseased otherness onto the hysterical female body. Since the early 1980s Jolicoeur has focused on the ways in which Charcot's theories constructed femaleness as a misfortunate (dis)eased state (Martin & Meyer 1997:144). In her work, entitled *Étude de JM Charcot* (1988) [Fig. XI], Jolicoeur appropriates André Brouillet's painting of Charcot's lecture by overlaying an etched drawing in white of the Italian Renaissance artist Andrea Del Sarto (1486-1530), entitled *St. Philippe of Neri healing a possessed woman* (1509). In both visual narratives femaleness is associated with calamity, for in Brouillet's case she is diseased and in Del Sarto's case she is possessed.

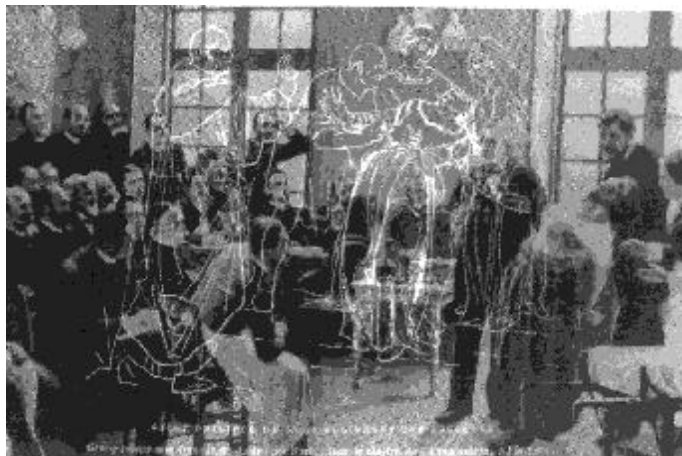


Fig. XI Nicole Jolicoeur, *Étude de JM Charcot*, photos and drawings, 1988

What makes Jolicoeur's appropriation of these visual narratives even more significant is the fact that apparently Charcot was familiar with Del Sarto's drawing. As for the Brouillet painting, it hung in the hall where Charcot presented most of his public lectures. Through "quoting" two artworks from different historical periods, namely from the Renaissance and late nineteenth century, Jolicoeur attempts to trace the persistent typecasting of woman as necessarily ill and man as implicit healer and redeemer. In another series entitled *La Vérité Folle* (1990) [Fig. XII] Jolicoeur continues her interrogation of Brouillet's painting and this time affixes excerpts from Bourneville and Régnaud's *Iconographies photographiques de la Salpêtrière* (1876-80) to the work. She endeavours to illustrate how theories of hysteria were primarily based on the act of

looking.²² By distorting eminent depictions of hysteria Jolicoeur attempts to unveil the power that techno-medical texts exerted, and still exert, over women's bodies.



Fig. XII Nicole Jolicoeur, *La Vérité Folle*, photos and drawings, 1990

As Jolicoeur cleverly shows, hysteria has been constructed by Charcot and his followers as a (dis)ease in need of representation. Hysteria was indeed "perpetually presented, represented, and reproduced" (Showalter 1985:150) in the halls of Salpêtrière. Hysterical women reproduced the physician via suggestion, who then reproduced them in sketches, paintings and photographs. Images were created, circulated and exhibited to a captive hysterical audience inhabiting the theatrical halls of Salpêtrière. Image doubled upon image, appearances mirrored appearances,²³ and texts referred to texts. But who were the "true" authors of these texts? Who "wrote" these texts? It is obvious that Charcot and the other physicians claimed artistic authorship to these morbid bodily texts. The hysterics certainly did not claim authorship of the textuality of their bodies: they merely obliged in mimicry, it seems.

When enquiring about the so-called authorship of hysterical appearances, it should be noted that it is not only the signs (the symbolic order, the physician) that are "writing" here, but also bodily symptoms or signifiers that "write" by perfectly embodying signs. In Vicky Kirby's opinion the textuality of hysterical bodies is not an explicit example of a subject writing on a body, but more a case of a body that writes upon signs itself (1997:59). She explains this as follows: "The example of the autographic skin witnesses an outside becoming an inside, an image (real)ised, a body as its own historical and cultural context" (Kirby 1997:62). Just as Charcot "wrote" upon his patients' seemingly ever-receptive skin surfaces, they "wrote" back to him. He created a text in which he defined their (dis)ease, and they in their textuality created his dis-ease. This is not a clear example of mind wielding power over matter, but rather mind mattered, a "bodying forth" (Kirby 1997:80) of mind.

VI. The (dis)ease that is no disease

Charcot was in search of a specific (dis)ease and he wanted to specify the (dis)ease. It now seems, however, as if he was deceived by this (dis)ease that turned out to be a non-disease. Modern analysis of conversion disorder (the term used for hysteria since the 1950s) has shown that hysteria marks the exact absence of any disease, for no pathological changes or causes can be found in the body. The hysteric mimes a physical (dis)ease, only to be found to have no disease at all.

Charcot nevertheless, continued to defend the position that hysteria was something a patient *had* rather than *did*. He refers to this ability of his hysterical patients as "intentional simulation [...] in which the patient exaggerates real symptoms, or creates all at once an imaginary group of symptoms" (Slavney 1990:131). He felt that this simulation of (dis)ease was "the province of the physician [...] **to sort out the symptoms which form a fundamental part of the malady**, from those which are simulated, and added to it, by the artifice of the patient" (quoted in Slavney 1990:132, emphasis added). In other words, Charcot assumed that real symptoms, as opposed to simulated ones, were truly present. He was set on sorting these in his attempt to define a (dis)ease that did not exist, for as we know by now, hysteria may be an illness, but it is no disease. Phillip Slavney (1990:9) in *Perspectives on "Hysteria"* explains the difference between illness and disease as illness being reserved for the patient's subjective experience of physical and mental distress, whereas disease is reserved for the physician who constructs the explanation of the patient's distress. This means that someone who is ill may not be diagnosed as having a disease and someone with a disease may not feel ill. Slavney explains the paradox in terms of hysteria as a present illness in the absence of a disease.

Charcot did, however, continue to survey the hysterical bodies for symptoms and traces of an evasive (dis)ease, only to find new symptoms or simulations that evaded his final resolution. In other words, Charcot wanted to construct an illness into a (dis)ease and he kept looking for the pathological processes in the body in order to prove his disease(d) hypotheses. He was convinced that there were physical changes in the bodies of hysterical women that they themselves knew nothing about. He explained this by describing how leeches yielded very little blood from the side of a hysterical hemianesthesia, whilst blood flowed freely from the other side. Charcot was convinced that there was a physical alteration of the blood vessels, which resulted in the reduced bleeding. If the affected paralysed side bled less than the other side,

Charcot was sure that this constituted a physical symptom. What Charcot apparently did not comprehend was the role the unconscious played in the creation of so-called physical symptoms. If hysteria could re-enact the physical symptoms of scarlet fever and smallpox "truthfully", for instance, why not also simulate other anatomical changes, such as closed veins and reduced blood flow?

Freud later tried to explain these simulated anatomical changes in *Dora. Fragment of a case of hysteria* (1905), by means of a theory of repression, according to which a person can "know" something unconsciously without "knowing" consciously. The spectacular scenes of hysteria are accordingly interpreted as bodily manifestations of dark and hidden (sexual) secrets. It is argued that hysterical women's performances actually embody their guilty consciences about their hidden sexual desires, which cannot otherwise be vented in public. The body is therefore attempting to tell the "truth" about a guilty mind, which does not know its own secrets to the full.

I align my interpretation of the hysterical body in one way with Freud's theory of sexual repression, namely by agreeing that the body of the hysterical woman is representing a "truthful" tale about such repression. However, she is not constructing a tale of female sexual repression, but rather of male such repression. Amazingly, Freud attempts to unravel the repression of female sexual desire, without stumbling across his own repressed sexual desires. In my opinion, the hysterical body embodies the impossible position woman occupies in patriarchal discourses: she is not revealing a deep, dark, misplaced female sexual desire, as Freud assumes. For on the one hand "woman" is suspected of being overly embodied and deviously sexed, and on the other hand she is described as a hidden mystery, an unveiled secret, an impossible labyrinth. The hysterical woman mimes this impossible position by playing the overtly sexualised wanton and at the same time, denying her sexuality. She simultaneously becomes oversexed and yet she has no sex. It is important, however, to stress that she **mimes** this position: she does not become it to the full and cannot, therefore, be reduced to this position. Similarly, Charcot's female hysterical patients obliged his theories by mimicking them. It can thus be argued that whatever patriarchal discourses accuse and suspect "woman" of being, women mimickly oblige. The strategy of mime is, nevertheless, a powerful one, for it does not accept its fate mutely. By miming their allotted place, women also exceed it by over-compliance and in the process changes and shifts are made in the discourses that create and construct femaleness.

Charcot did not in the least suspect that his patients were miming or mirroring his scientific analysis, and thus he confidently essentialised hysteria as a physical condition. Hysteria was, consequently, essentialised onto the female body. In other words, he defined

"woman" within a specific place, just as patriarchal discourses define "woman" as having a specific sexed embodiment. Charcot looked for hysteria in an appointed place, hoping to find rational science, but instead his theories were mocked and mimicked – for the body of hysteria was already located somewhere else. Charcot's discourse on the female hysterical body could not contain her, for there is no way of conclusively pinpointing or locating her. Although the hysteric seemingly abandons herself to scientific analysis by creating a spectacle of symptoms, she does so in simulation, representation and mime. As Matlock explains: "Hysteria has an appearance, but no materiality. Its symptoms can be catalogued, their frequency registered, but it remains always beyond understanding" (1994:141). Any attempt to essentialise her fails, for, although women are embodied beings, they cannot be contained within one conclusive body. The other trick played by patriarchal discourses, namely, to evaporate women like a mysterious perfume into unexplainable oblivion, will also not hold, for women **do** exist, but not as patriarchy **thinks** they do.

Hysteria is no longer diagnosed at the dawn of the twenty-first century. Showalter explains this shift as follows: "What used to be called hysteria is now diagnosed as somatization disorder, conversion disorder, or dissociative identity disorder" (1997:17). The patients have not changed, whereas the terminology applied to them has. This means that today's anorexia nervosa or multiple personality disorder, may be a latter-day guise of hysteria. Despite the lack of diagnosis in the late twentieth century, hysteria was however, again revived for the purposes of the May 1972 street demonstrations organised by the Movement for the Liberation of Women (MLF) in Paris. Posters with the motto: "*Vive l'hystérie!*" were hung and a crowd of angry women chanted "*Nous sommes toutes des hystériques!*" (We are all hysterics!) (Evans 1991:201). The figure of the hysteric was rectified and revived as a heroine and emblem of freedom by the female liberation fighters of the seventies. The question now arises of the relevance of the hysteric for a cyberfeminist philosophy of the body in the late twentieth century and early twenty-first century. What creative part can the miming hysterical body play in a virtual age, where the relationship between body and self is drastically scrutinised and pressurised by the excessive use of new technologies?

VII. Miming strategies: how to make bodies "speak"

It is in this regard that Luce Irigaray's work on hysteria and miming strategies proves meaningful and important in disentangling embodiment from a cyberfeminist standpoint. Irigaray has been

accused of essentialism exactly on this point, because she plays the part of the hysteric so convincingly in her texts that she is suspected of being hysterical herself and also essentialising women as being hysterical *per se*. My reading of Irigaray's miming strategies is, nevertheless, more compatible with other feminist theorists, such as Jane Gallop (1988), Elizabeth Grosz (1989), Margaret Whitford (1991), Rosi Braidotti (1991), Vicky Kirby (1997) and Michelle Boulous Walker (1998) and their analysis of what Irigaray is trying to achieve by playing "mad". Irigaray puts on a mask of madness in order to reveal some of the faces of women that have been hidden from patriarchal discourses.

I concede that, in a sense, Irigaray appears to play expressly into the hands of patriarchal discourses by seemingly becoming that of which she is suspected, namely hysterical. The major difference is, however, that she plays mad with such excess and "over compliance" (Grosz 1989:135) that it is no longer patriarchy that is in control of her madness and neither is it she who is in control thereof. In fact, Irigaray tells us, it is precisely this out-of-control game between the sexes which gives us a foretaste of what the meeting between the sexes might be like without the enforced laws of patriarchal sameness or oneness, as Irigaray refers to them.

Irigaray acts a dangerous role indeed, but in her view it is the only route to take. She asserts, "*Hysteria is all she has left*" (1985a:71, original emphasis). Women are faced with a choice between going quietly and passively like a "dutiful daughter" by "censoring her instincts" (Irigaray 1985a:72) or refusing the silenced death of male mono-language by miming hysterical silence in an attempt to develop her own "language". Irigaray is not, in my view, trying to create a "language" outside discourse or outside the symbolic order. She is, rather, attempting to create a space within discourse from where women can "speak" freely as subjects in their own right. Irigaray's "speaking subjects" do not speak as disembodied patriarchal subjects and neither pretend to be speaking directly in an unmediated way from the body. In other words, Irigaray is not essentialising women as solely constrained to one unified female body, but neither is she submissively allowing female differences to vanish into male sameness.

The body that Irigaray is reviving is a discursive body, an in-between body, or, as Jane Gallop states, Irigaray is concerned with a "poetics of the body" (1988:99). Irigaray resuscitates the "body" of discourse, within discourse, by unveiling the ghostly no-place or the difference that has always been appointed to that (female) body. On the one hand this body has always been unspeakable (over-embodied) and on the other hand, it has always been unspoken (disembodied).

Utilising a miming strategy is a clever way of revealing the dilemma or impossibility of the female body in discourse. It shows that the female hysterical body, specifically, has always been that which hovers on the limits of discourse and that which is in excess of language. It is the remainder, but importantly, as Irigaray also shows, the predicate for discourse. The female body is, therefore, not only outside language, but also the necessary pre-condition for language, in other words, she is "a threshold that is always *half-open*" (Irigaray 1993:18, original emphasis). If the female body is, then, simultaneously inside and outside language, it shows the impossible position that she perpetually finds herself in. According to patriarchal discourse then, she cannot speak, and yet she is the very matter of language – the threshold that makes all language possible.

Consequently, the hysterical body, with its physical aphasia, its apparent loss of speech, is not in my view discursively "speechless", as patriarchal discourses have labelled it. In fact, aphasia mimes women's silence by not speaking, and in the process doubles the effect of silence to the extent that it becomes "speech". Michelle Walker (1998:132) explains this doubling effect: "[Patriarchal society] decides that nothing *intelligible* is spoken, in fact nothing is spoken. For Irigaray, the hysteric's bodily symptoms are a language, though not one that can be readily translated into masculine terms". Irigaray is therefore attempting to re-conceptualise "the silent space of hysterical pain as a speaking position" (Walker 1998:132). The hysterical body is at the same time, inside and outside discourse, she is simultaneously speaking and not speaking.

As was indicated in the investigation of the autographing skins of hysteria, the hysterical body mimes the language of patriarchal oneness by "writing" back. In the cases referred to earlier, where hysterical patients had the audacity to speak to men as if they were men, the logic of mimicry also applies. Even in the instances where hysterics blabbered non-sense and were ignored or not heard, they mimed speech. It seems as if the hysterics discussed earlier followed three general patterns when miming speech: first, they mimed a position of enunciation "as if" they could not speak, by means of aphasia or silence; then miming the speaking position "as if" what they said had no meaning, by prattling and blabbering; and finally miming the position "as if" they were speaking subjects by speaking like men. In conclusion, it seems that if women want to speak they can either oppose patriarchal discourse by remaining outside discourse (as in the case of Kristeva's semiotic, perhaps) or by miming patriarchy's mono-language to such an extent, that they become something else (the other's other?). Irigaray (1985b:76) describes the mimetic process as follows: "One must assume the feminine role deliberately. [...] To play with mimesis is thus, for a woman, to try to locate the place of her exploitation by discourse, without allowing herself to be simply reduced to it".

VIII. Rethinking embodiment

In working towards an understanding of embodiment from a cyberfeminist perspective, the concepts of the *sensible transcendent*, *flesh*, embodied subjectivity and corporeography are explored and strategically recuperated to position embodiment in cyber-discourses. One such embodied solution is provided by Irigaray's concept of the *sensible transcendent* or *tangible transcendent*. This seemingly contradictory concept, consisting of two incompatible terms, namely the "sensible" (that which is tactile, tangible and immanent), as opposed to the "transcendent" (that which is disembodied *per se*), opens interesting prospects for positioning differences and embodiment in a virtual age. Irigaray's *sensible transcendent* is the meeting place, the continuum, the horizon, where differences meet one another continuously, every time, as if for the first time. This junction sets the conditions for an ethics of sexual differences – differences between women and men and within women themselves. The *sensible transcendent* is also the intersection where a "double desire" (Irigaray 1993:9) meets, meaning that neither of the sexes can be reduced to one another and nor can one be substituted by the other. Irigaray is not suggesting a fusion of identities, but rather calls for "a mutual crossing of boundaries which is creative, and yet where identity is not swallowed up" (Whitford 1991:167).

In terms of embodiment the *sensible transcendent* means that women's bodies should be differently symbolised so that embodiment can no longer be reduced to women "as the sole guardians of corporeality" (Whitford 1991:142). Instead, men should incorporate their own corporeality, so that each of the sexes is simultaneously "transcendent and a transcended, each is **flesh**" (Whitford 1991:167, emphasis added). Whitford's use of the concept of flesh is not innocent, but heavily indebted to the French phenomenologist Maurice Merleau-Ponty. In order to illuminate Irigaray's *sensible transcendent* further, I continue with a discussion of Merleau-Ponty's work on embodiment and specifically concentrate on his concept of *flesh*. This does not mean, however, that Irigaray's *sensible transcendent* can be substituted for Merleau-Ponty's *flesh*, but rather that these concepts can usefully be juxtaposed and both shed light on embodiment within a cyberfeminist frame of reference.

Maurice Merleau-Ponty's *The Visible and the invisible* (1968), an unfinished text published after his death, is one of the most profound destabilisations of the Cartesian mind/body split. "The intertwining – the chiasm", where Merleau-Ponty explores the evasive concept of *flesh*, is especially relevant for my purposes. Merleau-Ponty informs us that *flesh*

"has no name in any philosophy"(1968:147). This means that the concept of *flesh* has never been named in philosophy, because it cannot be "experienced as thought" (Vasseleu 1998:28). It escapes theory, for it cannot be comprehended to the full or grasped completely (like the hysterical body). I am interested here in the possibilities that Merleau-Ponty's notion of *flesh* holds for understanding embodiment in a virtual age. The fact that Merleau-Ponty undermines the mind/body split assists in constructing a position beyond and within body/mind differences.

Merleau-Ponty defines the mind as "the *other side* of the body" (1968:259, original emphasis). He continues: "We have no idea of a mind that would not be *doubled* with a body, that would not be established on this *ground*" (1968:259, original emphasis). This is very important when plotting a cyberfeminist approach to embodiment, for it shows the unworkability of the mind/body split. As Merleau-Ponty explicates, an unproblematic return to a mind/body dichotomy is no longer conceivable, for: "There is a body of the mind, and a mind of the body and a chiasm between them" (1968:259). The chiasm to which Merleau-Ponty is alluding is fully developed in his concept of *flesh*, which in turn overlaps with my construction of embodiment as set out within the parameters of this study. He argues: "The flesh is not matter, is not mind, is not substance [...] midway between the spatio-temporal individual and the idea [...]. Not a fact or a sum of facts, and yet adherent to *location* and to the *now*" (1968:140, original emphasis). So although *flesh* is not a material fact, it is not completely mind either, but the pre-condition for both. *Flesh* is also not a substitute term for the body, in other words *flesh* is neither "the objective body, nor the body thought by the soul as its own (Descartes)" (1968:259). *Flesh* intercepts the Cartesian mind/body split, by refusing to split them and by emphasising the crisscrossing between the two. Merleau-Ponty uses the example of a person's two hands touching one another, in the double touch,²⁴ to explain the crisscrossing between mind and body, which constitutes his concept of *flesh*.

What is fruitful for my discussion is how Merleau-Ponty interprets embodiment and the body. As stated earlier, Merleau-Ponty's *flesh* is not a substitute term for the body. Cathryn Vasseleu maintains in *Textures of light* that the body is rather a term that is contained within the broader concept of *flesh*: "The flesh is the body inasmuch as it is the visible seer, the audible hearer, the tangible touch – the sensitive sensible" (1968: iv). Merleau-Ponty distinguishes two sides to the body: the one is the "phenomenal" (lived body) and the other is the "objective" (physical body) and adds, "my body is at once phenomenal body and objective body" (1968:136). He continues by referring to the body as "sensible sentient" (1968:136), thus a combination of phenomenal and objective bodies:

If one wants metaphors, it would be better to say that the body sensed and the body sentient are as the obverse and the reverse, or again, as two segments of one sole circular course which goes above from left to right and below from right to left, but which is but one sole movement in its two phases. (1968:138)

The body sensed and the body sentient in "one sole movement in its two phases" are *flesh*. In other words, the body as a thing in itself and the body that is conscious of itself are intertwined together, and form the chiasm, or the Möbius strip that is *flesh*. Accordingly, the body, which cannot be properly conceived, adequately thematised or reproduced in thought can be described as *flesh*. Merleau-Ponty persuasively explains: "We must not think the flesh starting from substances, from body or spirit – for then it would be the union of contradictories – but we must think it [...] as an element, as the concrete emblem of a general manner of being" (1968:147). *Flesh* is, therefore, not a mere joining of mind and body. In fact, it is that which makes both possible, jointly, without the one being reduced to the other. In this regard Merleau-Ponty's *flesh* and Irigaray's *sensible transcendent* share features that are useful in developing a cyberfeminist position on embodiment.

Regardless of the liberating possibilities of Merleau-Ponty's *flesh* for re-thinking embodiment and even perhaps initiating a feminist phenomenology, he fails to account for sexual differences in his theory. The model of sexuality that he puts forward is based on a "universal" male sexual experience. Merleau-Ponty does not and cannot give meaning to specific female embodiments and lived female experiences such as pregnancy.²⁵ This does not, however, discredit his work completely, for the fact that Merleau-Ponty "locates experience midway between mind and body" implies that experience is always necessarily embodied, as well as corporeally constituted. Consequently, the mind is always already embodied. This will prove a pivotal aspect in crashing new technologies' drives towards disembodiment as set forward so unwaveringly in popular cyber-theories.

In fact, I want to venture the assessment that Merleau-Ponty's *flesh*, although flawed in some respects, is one of the driving impulses behind many recent feminist ponderings (cyberfeminism(s) included) on embodiment. In this regard, Elizabeth Grosz in *Volatile bodies* (1994) sets out to create a non-dichotomous feminist philosophy by employing the concepts of "embodied subjectivity" and "psychical subjectivity" (1994:22). Grosz's embodied subjectivity and psychic corporeality are coloured by Merleau-Ponty's *flesh*, for she understands the subject and psyche as always already embodied. Comparably, Christine Battersby in *The phenomenal woman* (1998) concerns herself with developing a concept of "embodied subjects" (1998:9) from a fleshly embodied female position. She states: "I am interested in what would be involved in

thinking identity in terms that take the fleshy female – not ‘feminine’ – subject-position as norm" (1998:96). Her rethinking of the subject position from an embodied female perspective does not aim merely to lodge the subject in a female body. In other words, it is “not a form imposed on matter by the mind in a top-down way” (1998:202), but rather a mutual making and becoming of both. Embodiment is, accordingly, not understood as form (mind) imposing itself on matter (body), but rather as a process that irrupts in matter and becomes a "state of matter" (1998:51).

In the previous sections ways of rethinking the mind/body split have been discussed that may prove useful in a cyberfeminist analysis of gendered bodies and new technologies. Nevertheless, one should be careful of producing easy solutions and re-figurations of the mind/body schism, for such easy solutions may, in fact, just lead the argument back to the initial roots of the problem, namely the problematic severing of the inseparable. Both the “body” and “mind” are produced within a "complicituous intertext” (Kirby 1997:60) that is embodiment. This intertext clearly converges with Merleau-Ponty’s *flesh* and Irigaray’s *sensible transcendent*. Accordingly, both body and mind are texts emerging from a complicated intertextuality or "writing" in the all-encompassing sense.²⁶

What is useful for my discussion is what Jacques Derrida’s much-quoted phrase “*Il n’y a pas de hors-texte*” (There is nothing outside the text) may mean in terms of such an intertextual embodiment. One popular interpretation of Derrida’s statement, mostly found in literary theory, is that meaning is lost from one signifier to the next. This version holds that there is always a representational reality, which is inside the text, that refers to a stable material reality outside the text. The representational world with its endlessly deferred status, crossing from one signifier to the next, is interpreted as groundlessness. By contrast the material world (the body in this context), which is located outside the play of signifiers, is associated with stable groundedness, therefore it is understood to be solid and fixed. But what if the groundedness, the solid world of materiality outside the text, is itself a "mutable intertext" or “writing”? This interpretation of "nothing outside the text" calls into question the assumption that materiality (the body) is a rock-solid unchangeable substance located outside the text. Substance itself – the body – is textuality and the question of what comes first, the body or the mind, is interrupted by this line of thinking. When the mind, "inside" text, refers to the body, which is presumably "outside" text, it actually refers to another text within a broader landscape of intertextuality.

This means that the body is not only a surface which is written upon, but the body also writes actively. The example of the "skin mirrors" of hysterical patients whose skins "wrote" back after being written on during hypnosis clearly illustrates this. The body is a text, written and writing, a text referring to a text. Derrida broadens the concept of writing to include "the most

elementary processes of information within the living cell" (1984:9) as well. If the body then writes from the most elementary atomic level upward, how can one bridge the gap between the body as written and the body as writing? Who writes whom? Does biology write the body or does the body write biology? To return to my earlier analogy, did Charcot write his patients' (dis)ease or did they write his dis-ease? The hysterical body is represented as it represents. Setting up boundaries, not only between the exterior body (form) and the interior body (substance), but also between the body inside and outside text, is extremely debatable. Any attempt to detach form and substance, inside and outside, or mind and body conclusively is not plausible for a cyberfeminist reading of embodiment in a virtual age.

IX. This body which is not one

In an attempt to interpret the meeting of bio-bodies with new technologies in a meaningful way I have decided to adapt and combine several hermeneutic strategies and semiotic devices. I have done this in order to avoid rigid binaries and also in the hope of weaving a richer tapestry of possible meanings and interpretations.

First, it cannot unequivocally be stated that **the** body meets technology: but it is, rather, a case of bodies meeting technologies. There is no one universal body that meets with one unified agency of technology. As Elizabeth Grosz incisively argues: "[T]here is no body as such: there are only *bodies* – male or female, black, brown, white, large or small – and the graduations in between" (1994:19, original emphasis). Therefore, for the purposes of this study, it is more fruitful to deploy a field of body types that encounters technologies, so as to broaden the scope of the investigation and to enrich the hermeneutic field of possible interpretations. In this regard I have identified a field of four body types that differ in their interaction and cohesion with new technologies. These are: the techno-transcendent body; the techno-enhanced body; the marked body and the cyborg body (I will unpack them shortly by means of the semiotic square). Obviously the field of body types that I have identified is not nearly exhaustive and other body types can also be applied to the field of bodies encountering technologies, but for reasons of clarity and interest I have decided to focus on these four body types.

In this regard I have adapted the semiotic square of Greimas – structuralist and semiotic analyst – to enrich my reading of how bio-bodies can be represented when merging with new technologies. Greimas's semiotic square lends itself to the unpacking of binary oppositions in a meaningful way, since it opens up the possibility for more complex interrelated readings of binary pairs. It also lends itself to the disruptions and deconstructions of binaries, which is useful for a cyberfeminist reading of embodiment.

The binary opposition (or rather as been established earlier, the unworkable opposition between mind and body, embodiment and disembodiment, which forms a *leitmotiv* throughout my study) will be unpacked on the semiotic square to tease out the matrices of meanings and readings that are possible between this pair. I will interpret Greimas's semiotic square loosely and not follow his implications to the letter: rather, I will make use of the semiotic square in the same vein as Katherine Hayles does, when she states that "it is useful as a stimulus to thought and as a way to tease out relationships that might not otherwise be apparent" (1999:320N2). Accordingly, the four body types will be placed on the semiotic square in order to establish the obvious relations between them, as well as identifying those relations that are obscured by the rigidity of a binary reading.

Another text that has guided my identification of a field of body types is cyberpunk novelist,²⁷ Pat Cadigan's *Synners* (1991), in which four different embodiments of technologies are explored by means of the four main characters in her novel. The title of the novel refers to a posthuman state wherein three species of technological humans exist, namely "synthesizing humans, synthesized humans [and the] bastard offspring of both" (Cadigan 1991:386-7, original emphasis), namely artificial intelligence. The characters in the book are all "synners" for whom disconnection from the information matrix is unthinkable. What makes the novel interesting for identifying a field of body types is how the four main characters differently embody themselves in relation to new technologies.

The four main characters are Gina, Visual Mark, Sam and Gabe, of which two are female, namely Sam and Gina, while Visual Mark and Gabe are male. It is also interesting to note how the male characters interact differently with technology from the two female characters. It becomes clear in Cadigan's novel that the two female protagonists favour a more embodied version whereas the two male protagonists opt for near-disembodied solutions when dealing with technologies.

Of the four characters Visual Mark is the one that strives most towards becoming completely disembodied and releasing his consciousness into cyberspace, (this is reminiscent of Hans Moravec's mind-uploading project, which I discuss later). On the other hand, Gina, who, like Visual Mark has been fitted with a brain-socket, which allows for direct brain to computer communication, merely endures her cyber-travels. Gina's body is also marked by her colour; she is a woman of colour,²⁸ in an otherwise white male-dominated domain. Gina's relation to embodiment is therefore, more "real" and she is constantly reminded of her corporeality as marked by racial signifiers, whereas Visual Mark, who has no "real" embodied signifiers (in a racial system locked into a white male default) to remind anyone of his embodiment, in the end opts to merge with "the System".

The other male character, Gabe, retreats into the fantasy world of cyberspace because it makes his real world bearable, but when he initially makes physical contact with Gina through pain, he re-connects with his own embodiment. Gabe, therefore differs by returning to his own body in effect, whereas Visual Mark aspires to completely leave “the meat that had been his prison for close to fifty years” (Cadigan 1991:232) behind and become virtual. Both Gabe and Visual Mark contrast distinctly with Gabe’s daughter, Sam, a seventeen-year-old, who embodies a fascinating position in the confluence of bodies and new technologies. Sam is a hacker, who co-opts “the System” when needed, but succeeds in remaining independent. In other words, contrary to Gabe, who becomes addicted to cyberspace’s illusions, she uses the information network without merging with it. She also hacks the specifications for an insulin-pump chip reader that runs off her body’s energy. When every other terminal is infected by a virus, Sam’s insulin-pump reader is the only non-infected access point to the System. What makes Sam an interesting prospect for a cyberfeminist reading is that her body keeps its labouring abilities in relation to technologies. Put differently, although infiltrated by and infiltrating technology, she remains embodied.

On a continuum of possibilities ranging from becoming completely disembodied to remaining embodied, the four characters will run from Visual Mark, the epitome of becoming disembodied, on the one end of the spectrum, to Sam, the embodiment of the labouring body, on the other end. Subsequently, Cadigan’s novel provides ample possibilities for identifying a field of body types. Adding to that Anne Balsamo’s (1996:145) reading of Cadigan’s *Synners* in which Balsamo has placed the four characters on a matrix, as becomes evident from the figure below [Fig. XIII], I have similarly adapted the four characters’ relations to new technologies to suit my own requirements, to yield four body types.

<p>GINA <i>(the marked body)</i> Multicultural Bodies Tattoos, Piercing</p>	<p>VISUAL MARK <i>(the disappearing body)</i> Cosmetic Surgery Bioengineering</p>
<p>SAM <i>(the labouring body)</i> Female Bodybuilders Mothers as Wombs</p>	<p>GABE <i>(the repressed body)</i> Virtual reality Computer Communication</p>

Fig. XIII Postmodern forms of technological embodiment (Balsamo 1996:145)

I have unpacked the four body types, namely the **techno-transcended**, **techno-enhanced**, **marked** and **cyborg** bodies that are mentioned in the semiotic square above according to the position they occupy in terms of binaries such as embodiment and disembodiment, technophilia

and technophobia, mind and body, male and female, masculine and feminine. Furthermore, the four pairings that Hayles makes in *How we became posthuman* (1999), which unpack Greimas's semiotic square in relation to the binary pairs of [present/random], [absent/random], [present/pattern] and [absent/pattern] have been transposed onto the position that the four body types occupy in terms of their relation to new technologies, which alternates between absent/present and random/pattern [Figs. XIV & XV]. These will be cited as epigraphs to every chapter dealing with one of these body types indicating their relation to new technologies.

The Marked Body (present/random)	The Techno-Transcended Body (absent/random)
The Cyborg Body (present/pattern)	The Techno-Enhanced Body (absent/pattern)

Fig. XIV The four body types

In terms of the binary pairs of [present/random], [absent/random], [present/pattern] and [absent/pattern], I describe the **techno-transcended** body by means of the [absent/random] pairing, for it is the body type which most significantly seeks to disembody itself by means of fusing with disconcerting new technologies such as mind uploading, head transplants, artificial intelligence and virtual reality. Therefore the [absent] label corresponds with the discarded body and the [random] aspect shows that the new disembodied form has no specific pattern or structure in which it perpetuates itself. In terms of gender, this body type also shows the most animosity towards the embodied stratum, and therefore aspires to move beyond the plane of female corporeality towards the virtual realm of masculinised ideas. The **techno-enhanced** body corresponds again with the [absent/pattern] pairing on more or less the same principles, for the body is treated as an instrument that needs technological enhancement by means of prosthetics, body sculpting and surgery. The body is in effect transcended, although, in contrast with techno-transcendence some residual embodiment remains and therefore some [pattern].

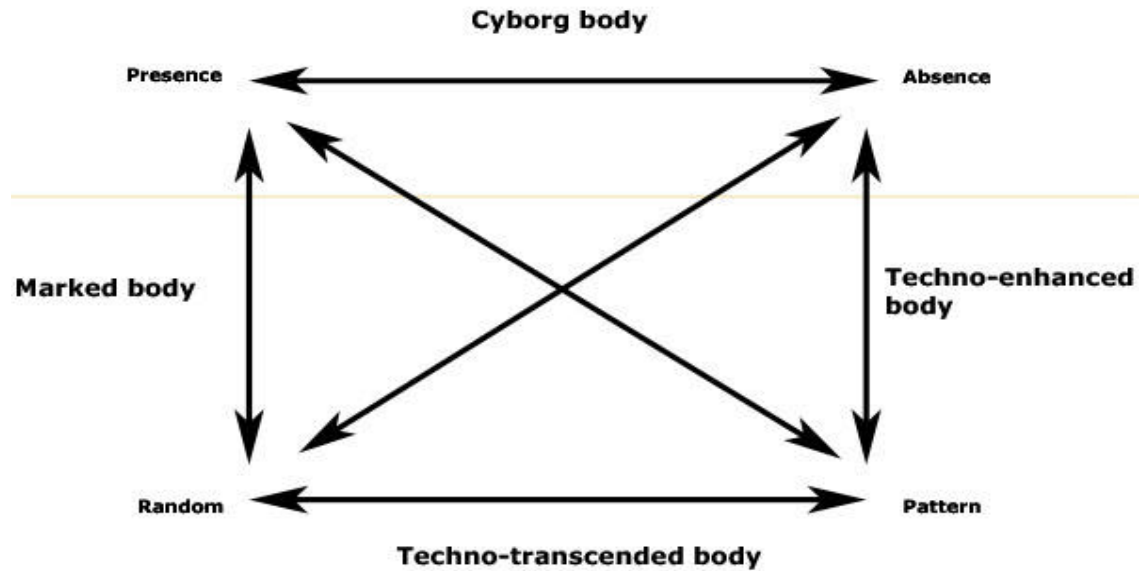


Fig. XV The four body types unpacked on the semiotic square

The **marked** body is placed at the [present/random] pairing, which indicates that embodiment is present, albeit in a mutable form, for the body's surface is treated as a clean slate that can be altered by means of different markings in terms of sexed and gendered categories specifically. The **cyborg** body, which forms the crux of this study's cyberfeminist argumentation, foregrounds embodiment as being [present] and having a [pattern]. The cyborg body is infiltrated by and in turn infiltrates technologies. This indicates that embodiment is a non-negotiable given and, despite constantly morphing and not predetermined by discredited constructions such as "natural" and "complete", the body does exist and needs to exist in order for existence to be a remote possibility. As Bruno Latour claims: "the opposite of body is not emancipation, it is not soul, it is not spirit, it is not life, especially not eternal life, **the opposite of body is death**" (1999).

In later chapters these four body types and their specific relation to the embodiment/disembodiment binary in terms of new technologies will be explored. First, though, I shall explore the problematic and contrived relation between women and technologies, in order to draw out the implications for a cyberfeminist framework and the four body types.

Endnotes:

¹ The term “morphing” refers to computer-produced visual effects in which one physical object appears to metamorphose or morph into another. The term became a household word with movies such as *Terminator 2* (1991) in which a killer robot, T1000, morphs into many different shapes due to its liquid metal construction. For an interesting compilation of essays on morphing, not only in computer graphics, but also on a metaphysical level see Vivian Sobchack (ed). (2000), *Meta-morphing: visual transformation and the culture of quick change*.

² See Elizabeth Grosz's *Volatile bodies: Toward a corporeal feminism* (1994), Vicky Kirby's “Corporeal habits: Addressing essentialism differently” (1991) and Naomi Schor's “This essentialism which is not one” (1994) for valuable contributions on the essentialism/non-essentialism debate.

³ For a further discussion and identification of four such non-essentialist criticisms see Naomi Schor, “This essentialism which is not one” in Burke, Schor and Whitford (eds). 1994. *Engaging with Irigaray*.

⁴ See Ilza Veith's *Hysteria. The history of a disease* (1965), which provides a thorough historical overview of the disease, while others, such as Martha Evans's *Fits and starts. A genealogy of hysteria in modern France* (1991) and Elaine Showalter's *Hystories. Hysterical epidemics and modern media* (1997) both take a feminist interest in the disease.

⁵ My use of the term specula(rise)d is indebted to Luce Irigaray's use of the term “specula(riza)tion” (1985a:308). Irigaray's term inverts the instrument of the speculum and the need to see into the female body into the term “specula(riza)tion”.

⁶ This devaluation of women's intellectual capacities and their so-called inability to perform in the public domain will become an important point of discussion again in chapter three when the work of the first “computer programmer”, Ada Lovelace, is discussed.

⁷ See, in this regard, Thomas Laqueur's (1987) “Orgasm, generation, and the politics of reproductive biology” wherein he describes how: “The body generally, but especially the female body in its reproductive capacity and in distinction from that of the male, came to occupy a critical place in a whole range of political discourses” (1987:1).

⁸ The deviancy of the hysterical woman is closely associated with that of the figure of the witch, especially in images and diagnoses. In fact Martha Evans (1991:26N) explains in *Fits and starts* that, when church leaders searched for stigmata that would reveal witches' supposed alliance with the devil, it was done in a similar way to the manner in which hysterical women were tested for skin sensitivities by medical scientists, namely by pricking the naked body all over. In the painting below a woman is examined for witchery. She is stripped naked whilst onlookers, mainly males, observe her so-called deviousness.



**Fig. XVI TE Matisson, *Examination of a witch*,
The Peabody-Essex Museum (1853)**

⁹ Reading was perceived to be a dangerous activity for women, for it could apparently fill their heads with “nasty” ideas. A ban was placed at the time on “imagination, impression, curiosity [...] illicit conversations, no reading that might stimulate the imagination or could leave strong impressions other than religious or moral” (Ender 1995:48). The reading of novels was thought to be the secret cause of disorders of the imagination, and hysteria was indeed constructed as a disorder of the imagination.

¹⁰ The precedence given to sight or the visible is not an unusual preference within patriarchal discourses. See Luce Irigaray’s criticism of Plato in *Speculum of the other woman* (1985a) and her close reading of Merleau-Ponty in *The ethics of sexual difference* (1993), where she shows how vision has gained a primary position amongst the senses. According to Irigaray, “all of western discourse and culture displays the structure of specularization, in which the male projects his own ego on to the world, which then becomes a mirror which enables him to see his own reflection wherever he looks. Women as body/matter are the material of which the mirror is made, that part of the mirror which cannot be reflected, the tain of the mirror for example, and so never see reflections of themselves” (Whitford 1991:34). Irigaray maintains that women are literally that which makes vision (seeing) possible, for women’s bodies are the “matter” of vision, so to speak.

¹¹ This gender inversion provides opportunity for interesting speculations about hysteria as a possible miming position of enunciation. This line of thought is pursued later in this Introduction.

¹² Charcot’s distance is echoed in the frequent depictions of the scientist as a “lonely” male who prefers to work on his own in the science fiction genre. For example in the discussion on the German film *Metropolis* (1926) by director Fritz Lang in chapter six; the recluse scientist Rotwang’s personality overlaps with this construction of the hermitic scientist.

¹³ Records show the following rate of diagnoses at Salpêtrière between 1841 and 1842: 648 women patients were admitted, of which only 1% were diagnosed with hysteria. Between 1882 and 1883, at the height of Charcot’s “reign”, 500 women were admitted and between 18-20% were diagnosed as hysterical. In the male insane asylum at Bicêtre, between 1841 and 1842, none of the inmates was diagnosed as hysterical; in 1883 only two men were diagnosed as hysterical. In other words, hysteria gained the profile of being a predominantly female disease, especially under the guidance of Charcot.

¹⁴ The disturbing connection that is made between hysteria and nymphomania (*furor uterinus*) had already been made prior in the eighteenth-century by a French neurologist, Philippe Pinel (1745-1813) (Veith 1965:33).

¹⁵ In his *Traité de l’hystérie* (1847), Jean-Louis Brachet exclaims, “l’hystérie, c’est la femme”. This quite literally means that hysteria is a woman (sex). Taken idiomatically, it can also mean that hysteria implies womanhood as a whole.

¹⁶ See Susan Griffin’s (1978) *Women and nature. The roaring inside her*, where Griffin discusses how women have been constructed as earth nurturers versus men as weapon-makers and desecrators of nature. Griffin’s work provides some radical perceptions about patriarchy, nuclear war and looming environmental degradation.

¹⁷ In his essay entitled “Isolation in the treatment of hysteria”, Charcot expressed his admiration for “the ruse, the sagacity, and the unyielding tenacity that especially women, who are under the influence of a severe neurosis, display in order to deceive in particular when the victim of the deceit happens to be a physician” (quoted in Veith 1965:235).

¹⁸ As the Swedish doctor Axel Munthe complained: “If the statement of the Salpêtrière school that only hysterical subjects were hypnotizable was correct it would mean that at least eighty-five percent of mankind was suffering from hysteria” (quoted in Showalter 1997:34).

¹⁹ Ilza Veith in *Hysteria. The history of disease* (1965) speculates that Charcot’s assistants, in a misguided attempt to be helpful, “trained” hysterical patients to perform at the right times, such as the precise time of lectures and demonstrations before a captive and appreciative audience. Also, Charcot never induced the trance state (deep hypnosis) during his sessions with a patient - he left that to his assistants: “It has been assumed that unbeknown to

Charcot these men conditioned the patients to perform according to their chief's expectations. Thus the eminent neuroscientist was led into serious error by the well-meaning efforts of his faithful associates" (1965:239).

²⁰ Werner Hiesenberg's *The uncertainty principle* (1927) is of relevance here, according to which Heisenberg determined that, for a subatomic particle, "The more precisely the position is determined, the less precisely the momentum is known in this instant, and vice versa". This means that a subatomic particle behaves differently when being watched than otherwise. This uncertain and unpredictable relation between position and momentum of subatomic particles has profound implications for notions of causality and the determination of the future behaviour of an atomic particle. Likewise, female hysterics' behaviour was directly affected by their awareness of being observed.

²¹ Blanche Wittman was known as the celebrated "Queen of the Hysterics" (Showalter 1997:34). She entered Salpêtrière in 1877 at the tender age of fifteen after an attempted rape. She sadly remained an inmate her whole life. Ironically, after Charcot's death in 1893, she became a laboratory technician and eventually she advanced to the position of radiologist. Wittman did, however, until her deathbed insist that her fits had been "genuine".

²² The "act of looking" did indeed reach new heights with the use of photography in recording hysteria and played a profound role in creating an iconography of hysteria. One of Charcot's admirers observes: "The camera was as crucial to the study of hysteria as the microscope was to histology"(Showalter 1985:149). By the 1880s Albert Londe, a professional photographer, was hired to take charge of a fully-fledged photographic service at Salpêtrière. Charcot suspected that the evasive nature and invisible traces of hysteria could only be captured successfully by means of so-called objective photographs. It was hoped that the deceptively mobile (dis)ease could finally become visible or come to light (so to speak) through the so-called objective eye of the camera. It was assumed that hysteria as an unmediated illness could be mediated and be brought "into a discursive construction" (Grzanic 1999) through photography. The silent and unspeakable bodies were voiced through the positivism of photography. Besides the dramatic postures of hysteria, the bizarre "artistic" skinographs where also carefully documented. Some physicians even went so far as to sign and date the "artworks" they had created on the hysteric skin in anticipation of the photograph, "as if the physician was the author of the subject, the artist of an **embodied icon**" (Kirby 1997:58, emphasis added).



Albert Londe, *Mlle Banares (hystérie). Tympanite*,
positive paper, gélatino-bromure, 35.5 x 47 cm, Texbraun collection, 1883



Albert Londe, *Parmentier (28ans). salle Duchenne de Boulogne (attaque d'hystérie)*
positive paper, gélatino-bromure, 35.5 x 47 cm, Texbraun collection, 1883

²³ What is also fascinating in the analysis of hysteria and appearances is that hysterical women were themselves obsessed with their own appearances. There are many accounts of hysterical women's sense of detail and decoration, such as the example of the hysterical patient who asked that a ribbon be attached to her straitjacket during a brief interruption of a hysterical attack (Evans 1991:31). Also in the hospital wards, apparently, the difference between the beds of the epileptics and the hysterics was clearly visible, for the hysterics decorated their charts with flowers, ribbons, mirrors, pictures and bright colours (Evans 1991:31). This indicates that hysterics had some sense of themselves as "visions" and the importance connoted by their appearances in the creation of hysteria as a (dis)ease.

²⁴ When two hands touch one another, the person is both the one who touches and the one who is touched. In other words, the person is both subject and object of the touch. These seemingly opposing positions, namely touching and being touched, cannot, though, be experienced together. Merleau-Ponty explains: "If my left hand is touching my right hand, and if I should suddenly wish to apprehend with my right hand the work of my left hand [...] this reflection always miscarries at the last moment: the moment I feel my left hand with my right hand, I correspondingly cease touching my right hand with my left hand" (1968:9). One switches indefinitely from being touched to touching, thus from the object touched to the subject touching. That which underlies the reversibility between object and subject is *flesh*. In other words *flesh* is the pre-condition for experiencing being touched and touching, *flesh* binds them together and makes the experience possible. The same logic applies to vision and the visible. The visible is not only seen, but also constitutes the seer: they are intertwined into the same *flesh*. They cannot be separated into different opposing entities, for the one constitutes the other. The preference given in the western tradition to vision and taking possession with the eyes is frustrated by Merleau-Ponty's self-thinking *flesh*. Merleau-Ponty does not interpret the body as the locus simply from where we see, but the body is immersed within the terms of perception. Just as the body sees, it is also seen. In fact, it is because the body is visible that it sees. Merleau-Ponty's idea of *flesh* can thus assist in displacing Charcot's insistence on observing the symptoms of hysteria, rather than talking to or touching his patients. Charcot did not understand that observing and watching also means to be seen, or that, just as the seer sees, he himself is visible: "[...] he who sees cannot possess the visible unless he is possessed by it, unless he *is of it*" (Merleau-Ponty 1968:135).

²⁵ For a more detailed analysis of this criticism of Merleau-Ponty, see Iris Young's *Throwing like a girl and other essays in feminist philosophy and social theory* (1990). In the essay entitled: "Throwing like a girl. A phenomenology of feminine body comportment, motility, and spatiality", Young deals with the differences between the two sexes' throwing abilities, in other words the differences in how the two sexes embody themselves in terms of throwing a stone. She shows that women lack trust in their bodies and that they do not put their whole body into a physical task the way men do. Apparently, women also have the tendency to underestimate their bodily capacity, whether that capacity is real or constructed.

²⁶ Like Kirby, I do not understand Derrida's notion of writing in the narrow phenomenal sense or only as a literary notion, but, as Derrida himself states, writing covers the whole "cybernetic program" (1984:9). This indicates that writing extends to cinematography, choreography, the pictorial, the musical, the sculptural, the athletic and the political (among other forms of discourse).

²⁷ Cyberpunk is a science-fiction sub-genre that concerns itself mainly with the failure of the human body when faced with invading new technologies. Pat Cadigan cannot be described as a cyberpunk author without some clarification first. Although many of the general characteristics of cyberpunk appear in her work, there are, nevertheless, some significant differences in her handling of cyberpunk elements that make her a more complex author to place. Her treatment of gender and embodiment, for instance, differs greatly from that of her male cyberpunk counterparts, such as William Gibson and Bruce Sterling.

²⁸ The category "woman of colour" will become particularly significant in the last chapter, dealing with the cyborg body as described by Donna Haraway in her "A manifesto for cyborgs" (1990).