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Hysterical Sensations: The Making And Unmaking Of The Hysterical Body In Clinical And
Literary Cultures In Fin-De-Siècle France

By

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DISSERTATION

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Abstract

This dissertation examines clinical and literary representation and performance of hysteria in nineteenth-century France. Engaging with *fin-de-siècle* prose and poetry, the project analyzes literary performances of hysteria in conjunction with the clinical demonstration of the female hysteric. Focusing on Zola's *Thérèse Raquin*, Rachilde's *La Jongleuse*, and Rollinat's *Les Névroses*, the chapters interrogate writerly movements, stylistic choices and socio-political themes that emerge from the hysterical framework popularized in a positivist culture by Jean-Martin Charcot. The dissertation begins by situating the curiosity for hysteria in medicine and culture of *fin-de-siècle*. Drawing on scholarship in the field of hysteria studies and French cultural history, I offer a reading of hysteria as a phenomenon or a performing body in which both the patient and doctor are conjoined by the enigma of the malady. From there, the dissertation turns to critical readings of literary works. Each chapter closely examines Charcot's diagnostic practices and applies the lineaments of the hysteric stages, i.e., the phases of the malady as organized in his nosography, to discern an aesthetic developed from the clinical representation of hysteria. The first chapter, on Zola's *Thérèse Raquin*, expands on the recurrence of paralysis in the novel as a thematic and stylistic motif. By drawing connections between Charcot's demonstration of pathology and Zola's naturalist writing I substantiate how *Thérèse Raquin*, while aligning with scientific objectivity of Charcot, goes beyond a superficial exhibition of physiology to expose the sensations of an ailing body. Chapter two probes Charcot's notion of "clownism," which is the second stage of hysteria. By analyzing the cultural significance of the clown figure and carnivalesque aesthetics, the chapter draws attention to the performance in the diagnostic practices of clinicians treating female hysterics, and argues that Rachilde's *La Jongleuse* challenges performative agency, queer sexuality, and female autonomy.

The final chapter turns to the final stage of the hysteric model, called “delirium,” which is placed in dialogue with Rollinat’s *Les Névroses*. This chapter situates the mode of *fantastique* in Rollinat’s poetry as also manifest in the clinical narratives of hysterical delirium. Analyzing the mortuary aesthetic in the poems, the chapter argues that both, textual and clinical bodies, portray the liminal paradox of the living-dead.

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Introduction

Qu'ai-je donc ? C'est lui, lui, le Horla, qui me hante, qui me fait penser ces folies !

(Maupassant, *Le Horla*)

Countless women admitted to the Salpêtrière in *fin-de-siècle* France exhibited a range of mysterious ailments—partial paralysis, aphasia, epilepsy, seizures, contractures, spasms, and hallucinations. These women complained of pain that did not make sense to doctors, displayed symptoms that appeared to originate from nowhere, and presented a body that defied scientific rationale. In the late nineteenth century, such strange maladies were alluded to as “hysteria.” The “Qu'ai-je donc?” of Maupassant’s narrator seems apt for these haunted subjectivities who seemed frozen in a state of fear, paralysis, pain, and delirium—manifest in both clinical narratives as well as literary fiction.

While unable to find a convincing cure for the malady, but spellbound by the enigma of hysteria, the Salpêtrière as a clinical institution curated the symptoms of hysteria by visually documenting them in photographs, drawings, illustrations, and plaster casts. More famously, in the name of clinical lessons open to the public, there were “spectacles” or live demonstrations of the malady. Hysterics were brought into the amphitheater and, under hypnosis, were provoked into “performing” different symptoms of hysteria. Such live demonstrations were immortalized by André Brouillet in his *Une Leçon Clinique À La Salpêtrière* (fig 1).¹ Displayed in the Paris Salon of 1887, the painting with the life-like figures provides a static representation of the radical lectures presented by the neurologist and chief physician of the Salpêtrière, Jean-Martin Charcot.

¹ André Brouillet (1857-1914) was a genre artist of the Belle Époque period and produced history paintings, portraits, in the academic tradition, considered in opposition to avant-garde impressionism. His painting *Une Leçon Clinique À La Salpêtrière* was first displayed in the salon d'art of 1887 and received favorable reviews. It was later sold to the Académie des Beaux-Arts for 3000 francs. A lithographic reproduction of the painting was made by Louis Eugène Pirodon and Freud possessed one that he hung in his office in Vienna.

What appears to the viewer is a clinical lesson, which appears more like a visual autopsy of the patient. All eyes appear to be looking at the hysteric, Blanche Wittmann who, hypnotized by Charcot, has collapsed in the arms of his assistant, Joseph Babinski. This all-male crowd (except for the patient and the nurses on the extreme right) seems to be absorbed in the act of looking—but one must ask: looking at what or whom?



Figure 1. *Une leçon clinique à la Salpêtrière* (1887)

Digital image courtesy of Wikimedia Commons.

The group to the left comprises Charcot's colleagues: Paul Richer (the medical artist, anatomist, and physician), Alfred Binet, Charles Féré, and Gilles de la Tourette. Others in the audience are psychologists, neuropsychiatrists, and physicians, drawn to the scene by their profession, as well as photographers, notably Albert Londe (in the apron), politicians, journalists, and novelists namely Jules Claretie and Désiré-Magloire Bourneville. The objects of spectatorship for these men are the stars of the show—Charcot and Blanche. While the neurologist seems to return their gaze, verifying his authoritative status and turned away from the hysterical woman; the passive patient appears vulnerable with her eyes closed, partially bare-

ched and her hands contorted in a spasmodic attack. Additionally, Brouillet, who created this painting based on the photographic models of the people mentioned above, also partially includes in the extreme left, a painting on the wall that shows the body of a patient in the “great hysterical arc.” This is the position of contortion in which the body of the hysteric forms an arc stretched out backward from her head to the tips of her toes. This phase or pose (fig.2) recaptures one of the carefully systematized phases and poses adopted by the patients during the attack, which were pictorially represented by Paul Regnard. The inclusion of this painting in Brouillet’s painting points to a *mise-en-abyme*, signifying a mirroring of hysteria on multiple levels. The positioning of the “arc” in the painting at the left reflects the prostrate woman on the right, which is not visually reciprocated either by the patient or other crowd members, who are facing the spectacle presented to them. In my reading, this qualifies as an unmet gaze, i.e., in the matrix of gazes, there is a refusal to view and recognize the malady that overpowers the hysteric. Instead, in the painting, Brouillet accomplishes portraying the spectacle of hysteria by capturing the clinical/patriarchal desire to see, display, and construct a malady. What appears on the surface, or rather what is staged by Brouillet, is a rendition of a “show” of hysteria. It is a realistic capture of a clinical lecture but in turn, also reveals a male spectatorship and a ventriloquizing of the female patient. Concurrently, this frame also opens for interpretation the invisible multiple stagings of hysteria. Brouillet created the clinical lecture by studying the pictures of the people included in the scene and recreated the hysterical arc from Regnard’s picture. The painting signifies the importance of the knotted temporality in hysteria when it comes to the past (photographic) staging as well as future mimetic reproductions. Suggestive of a “live” demonstration, the photographic models used by Brouillet to paint the people, as well as the picture-within-picture of the “arc” complicates the present-ness of the image and paves the way for future

reproductions of the hysterics in the form of literary and artistic representations. In this clinical lesson, how does one *see* or *sense* hysteria as the malady that afflicts the hysterics? In this rendition, hysteria appears to surface in the sight of the clinical control of the woman, which equates to controlling the malady. Paradoxically, hysteria evades representation in terms of the affect of the malady. This painting, along with many other visual documentations of hysteria appears to conceive or see the malady by focusing on that which is representable, i.e., the body of the female hysteric. Representation of hysteria is at the center of this dissertation. In dialogue with Charcot's visually inclined, "spectacular" representations of the clinical malady, this dissertation endeavors to focus on the affect of hysteria through close reading of selected prose and poetry.

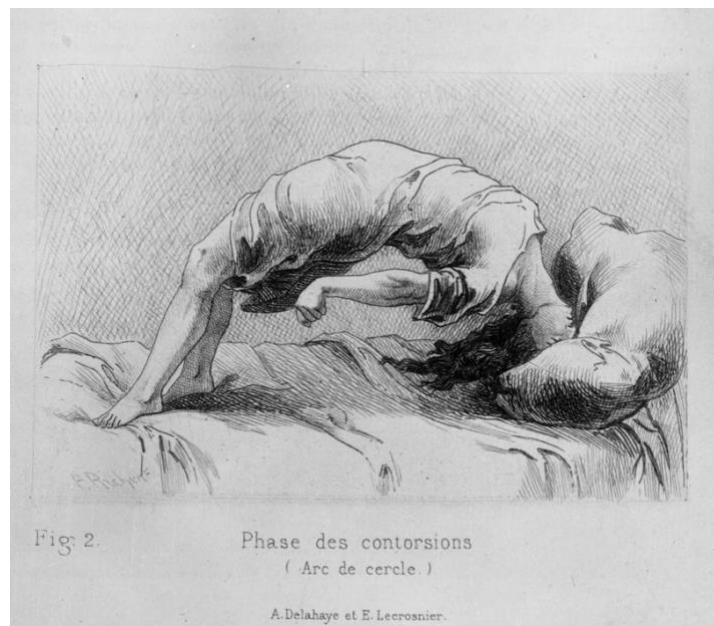


Figure 2. *Période de clownisme*

Richer, Paul. *Études cliniques* (1881), Digital image courtesy of Bibliothèques d'Université Paris Cité

The fanatical fascination with visual culture in fin-de-siècle France, which influenced the staging of hysteria in the Salpêtrière, was entangled with the widespread social, political, and artistic transformations of the era. Scholars such as Vanessa Schwartz and Maurice Samuels

underscore the importance of visual culture, such as the role of popular imagery, sculptures, posters, photography, museum exhibits, and other spectacles, in designing the cultural panorama of the period. Schwartz, for instance, in her book *Spectacular Realities*, discusses the rising consumerism in the era and the popularity of new forms of entertainment and leisure activities, such as cabarets, circuses, and department stores, to analyze how these elements influenced public opinions and experiences.² In a similar vein, in *The Spectacular Past*, Samuels, discusses the importance of spectacles such as wax displays, phantasmagorias, boulevard theatre, and the diorama that drew crowds of spectators to imagine the images of the past, especially of the Revolution and the Empire. For Samuels, the rising development of a variety of visual entertainments lured crowds who desired to *see* history in a novel form, beyond the traditional novel, painting, or historiography. History is able to come “alive” as objects such as the inanimate wax sculpted into the forms of the previous emperors,³ or the leading figures of the Revolutionary past reappearing in the phantasmagoria shows. The guillotine, which was an emblem of the French Revolution, came to naturalize and romanticize the act of decapitation and

² In Chapter Three of the book, Schwartz describes the museum, in particular the Musée Grévin as a “three-dimensional newspaper” to discuss how commercial entertainment captured the public imagination in late nineteenth-century Paris. She writes that in the years before the First World War, “visitors to the Musée Grévin might watch a panoply of entertainments: a magician in the Cabinet fantastique, gypsy orchestras, automats, Chinese shadow theater, life-size marionettes, X-rays, the palais des Mirages—a light and mirror show—and might even hear a phonograph operate. Most of these attractions played with creating illusions in one way or another and thus, aside from their sheer novelty, seemed to fit with the project of the wax tableaux in that they created a reality effect” (116). Schwartz also discusses the significance of positionality of power that such entertainments offered to the spectator.

³ Samuels discusses the role of wax museums at length, such as Philippe Curtius’ wax *salon* or “cabinet de cire” which opened in the 1770s as a fairground attraction and eventually found a permanent home on the boulevard du Temple. It was a site to see and acquire knowledge about famous people both living and dead. Hence, in the decade preceding the Revolution, one would find wax busts attached to costumed mannequins, displayed in natural settings to offer spectators a view of history’s leading actors such as the royal family at dinner in Versailles, and other celebrities such as Voltaire and Benjamin Franklin. But during and post-Revolution, the *cabinet* also came to display sculptures of prisoners. Marie Grosholtz, the future Madame Tussaud (niece and associate of Curtius) claims to have also made wax busts of the decapitated heads of Louis XVI and Marie-Antoinette, which she displayed alongside a model of the guillotined remains of Philippe-Égalité. Following the fall of the Bastille, Curtius substituted revolutionaries for the royals, and in fact constantly altered the displays to stay updated with each revolutionary event.

was appropriated as another stage of spectacle. Recollection of the turbulent past, thus, came to be reimagined in modern spectacularized versions, where, people became objects, and objects were the mouthpiece of the historical past. According to Samuels, such collective historical imagination was important for the conception of the “self” in an individual and national sense. Given this heightened historical consciousness, individuals sought to situate their position in the past in order to have a better understanding of their identity in the present modern world. In such a performative ambiance, “spectacularizing” the deranged women in the asylum or the cadavers in the Morgue, seemed inevitable.⁴

Inquiring into the “rise of a spectacular historical consciousness” Samuels argues that “by simulating total historical vision, by making details of the past visible with an unimagined degree of specificity, the new spectacles of history purported to reassure spectators that a difficult past could be *known and mastered*” (8 my emphasis). Along with Richard Terdiman, Samuels recognizes a rupture between the consciousness of the past and the present. Samuels explores how Realist fiction of the period captures the obsession of reimagining and spectacularizing the past and cautions against the dangerous implications of the structuring of the modern “self.” Terdiman has described how in the post-Revolutionary period the people experienced “the insecurity of their culture’s involvement with its past, the perturbation of the link to their own inheritance” indicating the loss of a natural relationship with the past as traditional power structures were toppled and along with it, the familiar mode of living was also destabilized (3). The radical transformation ruptures the link between the past and present, what Terdiman refers

⁴ In *Spectacular Realities*, Schwartz’s second chapter concerns the popularity of public visits to the Paris Morgue and calls it “a free theater for the masses...where bodies were laid out behind a large display window for consideration by anyone who stopped by” (11). The author analyzes the passage describing the Morgue in *Thérèse Raquin* and uses it as an example of the popularity of the macabre site for a diverse audience consisting of tourists and loiterers.

to as a “memory crisis” in which “the very coherence of time and subjectivity seemed disarticulated” and a new modern historical consciousness needed to take shape in response to this crisis (3–4). The burgeoning industrialization and urbanization in the country, while increasing diverse opportunities for experimenting with visual representations, also manifested in the fragmentation of the modern psyche.

The radical restructuring of Paris during the period of Haussmanization, transformed the visual façade of the city, and in so doing contributed to the rupturing of spatio-temporal consciousness. Referring to Paris, as the functioning body of the country, in *Paris, ses organes, ses fonctions, et sa vie* (1873), Maxime du Camp describes the city during the latter half of the nineteenth century and offers a dissection of the city’s social, cultural, and urban development. Commissioned by Napoléon III and directed by Georges Eugène-Haussmann, Paris underwent the renovation project from 1853 to 1870, to beautify and rectify the urban problems of the city. On one hand, citizens were plagued with diseases such as cholera and syphilis which ravaged the city for more than a decade,⁵ and on the other hand, politically, there was rising discontentment which led to multiple revolts and armed uprisings, significantly manifest in the Revolutions of 1848. In several neighborhoods, the residents had taken up paving stones and blocked the narrow streets with barricades that had to be dislodged by the army. The project of renovation aimed to modernize and cleanse the city of its social miasmas, but in turn, it amplified a tenor of deracination and melancholy. Haussmann’s modernization project evidently impacted the continuity of historical narratives as the city’s old neighborhoods, narrow streets, popular landmarks, and familiar milieus for *flânerie*, i.e., aimless wandering, were demolished.

⁵ Lamenting the miserable condition of the city, in 1845 Victor Considérant wrote, “Paris, c’est un immense atelier de putréfaction, où la misère, la peste et les maladies travaillent de concert, où ne pénètrent guère l’air ni le soleil. Paris, c’est un mauvais lieu où les plantes s’étioilent et périssent, où sur sept petits enfants il en meurt six dans l’année.” (Moncan 10).

Furthermore, following the Paris Commune, Haussmann's broad and perfectly straight avenues were to serve as deterrents, breaking up any grounds for political conspiracy and rebellion. The literal renewing of the city in turn mirrored the citizen's disorientation on both physiological and psychological levels. In one view, Haussmanization ushered construction of iconic monuments such as the Place de la République and Gare Saint-Lazare; installation of improved infrastructure including sewers, street lighting, and transportation; embraced a dynamic boulevard culture with urban cafes, music halls, and shops. All of these contributed to fostering a dynamism in French culture and civilization, as depicted in paintings and literature. Conversely, urbanization also led to a sense of detachment and nostalgia as evoked lyrically by Baudelaire's poems such as "Le Cygne," as well as the writing of Maxime du Camp's *Les Convulsions de Paris*. Similarly, in her essay, Linda Nochlin argues that the fragmented bodies in art mirror the sentiments of alienation and uncertainty experienced by society during the period. Social, psychological, and metaphysical fragmentation, she writes, seems to mark modern experience as "a loss of wholeness, a shattering of connection, a destruction or disintegration of permanent value that is so universally felt in the nineteenth century as to be often identified with modernity itself" (23–24). The zeitgeist of fin-de-siècle France thus echoes melancholia and destabilization, and the cult for the visual speaks to a desire to conceive an image of controlling the chaos or creating a balance.

Returning to Brouillet's painting, the rendition of the clinical lesson, as I discussed earlier, is exemplary of such a desire for control. On a literal level, the painting shows the preeminence of positivism, and on a figurative level, as the dissertation explores, frames the anxieties of clinical patriarchy in the face of an invisible malady. "Hysteria" derives from the Greek *hystera* meaning the "womb" or "uterus" and the dislocation of this organ was considered

the dominant cause for the strange illnesses afflicting women. Symptoms such as partial paralysis, aphasia, epilepsy, seizures, contractures, spasms, and hallucinations in women were viewed as symptomatic of the “wandering womb,” i.e., the displacement of the uterus. The wandering womb, appearing to have an agency of its own, was said to suffocate the organs of the body, leading to chaos. Eventually, hysteria came to be associated with demonic possession, “uterine fury” or nymphomania, and later with histrionics. Hysteria was viewed as an illness with no apparent cause or cure, obscure to the eye, generating an eternal lure that went beyond the medical. In 1862, Charcot assumed leadership and became the chief physician of the Salpêtrière, what he once called, “the grand asylum of human misery” (Hustvedt 24). Hysteria was considered as an illness with no form of its own—a *malum sine materia*. Charcot’s colleague Pierre Briquet confirms the elusiveness of the disease by stating that the illness seemed to present itself in a thousand different forms, but the doctors were unable to grasp even one of them. Without a clear cause or cure, hysteria had created a vacuum that needed to be filled for science to retain its authority. Drawn, as Sigmund Freud put it, to the “wilderness of paralyzes, spasms, and convulsions for which forty years ago there was neither name nor understanding, he [Charcot] would say: ‘Faudrait y retourner et y rester,’ and he kept his word” by transforming the outdated hospital for the epileptics, transients, and old women, into a modern medical institution (Freud, “Charcot” 49). Captivated by the enigma of hysteria, the clinical institution under the leadership of Charcot allowed this mute madness to become an object of spectatorship. Diagnostic methodologies such as hypnosis, dermatographic experiments, electrotherapy, ovary compressors, and others were applied to reproduce and observe the hysterical symptoms on the bodies of women. Clinicians would successfully reproduce the strange signs of madness for a show and tell and live demonstrations that were open to public viewing. Along with “spectacles”

held in the teaching sessions or the famous *Leçons du mardi*, visual documentation, in photographs, drawings, sketches, and plaster casts, was of paramount importance. For the neurologist Charcot, it was not so much an ambition to cure the disease, but a yearning to observe, to apply a method to immobilize the tumultuous fits of his patients, “and to order the savage thrashing into a sequence of static images” to be displayed in his museum of pathology (Hustvedt 35). The Salpêtrière became a kind of a theatre of hysteria, flaunting divas such as Augustine, Geneviève, and Marie Blanche Wittmann—the “Queen of Hysterics.” Such demonstrations, using mimesis and performative strategies, to demonstrate an invisible malady, were essentially a “spectacle” of the phantasm or the *fantastique*. It was the manifestation of the *fantastique* inscribed in and expressing itself through the hysteric’s body.

By *fantastique*, I refer to that which is neither explained away as marvelous nor supernatural, nor adequately rationalized by science. Instead, as I examine in detail in Chapter 3, the *fantastique* appears as a polymorphous object, forever transforming, multiplying, and adapting the fear, horror, and anxiety of the time and the genre of work in which it appears. The phantasm first emerges in the very mysterious nature of the malady of hysteria. In his inaugural lecture in 1882 for the new university chair of diseases of the nervous system, Charcot discussed how conditions such as hysteria appeared to the physician as enigmatic and incoherent such as the indecipherable sphynx:

L’épilepsie, l’hystérie même la plus invétérée, la chorée, et bien d’autres états morbides qu’il serait trop long d’énumérer, s’offrent à nous comme autant de sphynx qui défient l’anatomie la plus pénétrante. (...)

Quelques-uns même ne voient dans plusieurs de ces affections qu’un assemblage de phénomènes bizarres, incohérents, inaccessibles à l’analyse et qu’il vaudrait mieux peut-

être reléguer dans la catégorie de l'incognoscible. C'est l'hystérie qui est surtout visée par cette sorte de proscription. (Charcot, *Œuvres complètes* 3: 14)

It is worthwhile to discuss the overwhelming focus on the phantasm of the illness described as presenting only “un assemblage de phénomènes bizarres, incohérents, inaccessibles à l'analyse.” The body of the female hysteric remained obscure to the clinical authority and seemed to transgress all scientific and rational categories of knowledge. Many thus categorized the hysterical expression as “l'incognoscible” or unknowable because, for them, little empirical knowledge to localize the ailment of hysteria could be derived from the utterances or corporeal movements of the patient. The doctors could see *how* hysteria appeared on the body of the patient—the symptoms were almost always associated with an existing disease such as epilepsy, paralysis, contractures, and so on. They were, however, unable to know *what* it was, unable to locate the ontology of hysteria in a pathological lesion. While evidence collected in the form of visual and textual narratives by the doctors do point to traumatic events in the lives of the patients that probably resurfaced in the *histrionics* of the patients, the words and gestures of the hysteric were viewed as simply noise and hence did not posit any reason or coherence for the scientific community. During one of the clinical demonstrations, as the doctor pressed on the hysteric's body to trigger the phase of hysteria, Charcot gestures to the patient's repeated cries of “Maman, j'ai peur!” and dismisses any meaning of those utterances: “Vous voyez comment crient les hystériques. On peut dire que c'est beaucoup de bruit pour rien. L'épilepsie qui est plus grave est beaucoup plus silencieuse” (Charcot, *L'hystérie* 119). In his statement, Charcot makes a distinction between what he considered the real disease of epilepsy and the performance of epilepsy in the dramatic cries of the hysteric. To his clinical understanding, the language of the hysteric was meaningless noise and thus, while the patient's body twisted into the famous *arc en*

cercle, Charcot questions the authenticity of the corporeal movement in front of him. My abundant readings of medical literature, more specifically the multi-volume *Iconographie Photographique de la Salpêtrière*, Charcot's *Œuvres complètes*, Paul Richer's *Études cliniques sur la grande hystérie*, and Charles Richet's *Les démoniaques d'aujourd'hui*, illustrate that while incessantly engaged in observation of the hysteric's body and its symptomatic nature, physicians consistently read the hysteric's articulation of pain, trauma, delirium, as an artifice—a construction of words and sounds that did not lead back to an authentic cause. It was simply “much ado about nothing.” As per the clinical gaze, there was no other meaning assigned to the corporeal gestures or the utterances of the hysteric patient except as *histrionics*. As discussed in Chapter 2, Briquet suggested that hysteria was an illness of impression and of impressionability : “Cette souffrance provoquée par des causes physiques ou morales antipathiques à l'économie, se traduit à l'extérieur par les phénomènes propres à la manifestation des divers genres de souffrance, soit physique, soit morale, et ce sont ces phénomènes qui constituent le caractère de l'hystérie” (601). In short, Briquet proposes that hysteria is an illness of mimesis and the symptoms of physical or moral suffering are a masquerade. Moreover, even though such mimicry or imitation of diseases may emerge despite the hysteric's own will, the clinical community at large maintained that mimesis is a feminine faculty. Although Charcot was the first to claim that the disease of hysteria was not restricted to women, the malady was immortalized in *fin-de-siècle* Western culture, with a view of the female anatomy as a cryptic and uncontrollable nervous system. Such understanding equally stereotyped the feminine character as having a penchant for imitation, inauthenticity, trickery, and mimicry.

In this dissertation, I rely predominantly on these notions of the Charcotian culture—the phantasm of the malady and the phantasm of the hysteric. On the one hand, Charcot was drawn

to identify and understand the enigma of the elusive hysteria. Rejecting the idea that hysteria was a disease purely associated with a woman and her womb, he looked for the neurological cause of the malady. Contrarily, in his quest to look *for* the seat of the malady, Charcot became fixated on looking *at* the symptomatic body of the hysteric. Drawing connections between this positivist culture with the literary quest to express the unrepresentable or the *fantastique*, I analyze the Charcotian body of hysteria—by which I refer to the entity that emerges from the conjoined subjectivity of the clinician, the patient, and the malady—that resurfaces in prose and poetry.

Cross-fertilization between medicine, literature, and culture is not a rare phenomenon and this is true especially in *fin-de-siècle* France. In 1880, Charles Richet observed that, “Quant à l’hystérie légère, on la trouve partout” (Richet 7). Two years later, Maupassant interjected, “nous sommes tous des hystériques” (Maupassant, “Une femme,” 3). Similarly, in the prefatory notice to his novel, *Les Amours d’un interne*, Jules Claretie remarks, “rien de plus fréquent, dans notre société moderne que ces névroses bizarres qui produisent soit les affolés du monde ou du théâtre, soit les exaltées de la politique et des réunions populaires : les déséquilibrées du foyers ou de la place publique. L’hystérie est un peu partout à l’heure où nous sommes” (i). “Hysteria” was ubiquitous in French culture and society in the last few decades of the century. The enigma of the disease as championed by science replaced the motifs of the occult or the supernatural and paved way for the *fantastique*—the “incognoscible” or the unexplainable. Maupassant explains,

...cette frontière de la science est la limite des deux camps. En deçà, le connu qui était hier l’inconnu ; au-delà, l’inconnu qui sera le connu demain. Ce reste de forêt est le seul espace laissé encore aux poètes, aux rêveurs. Car nous avons toujours un invincible besoin de rêve ; notre vieille race, accoutumée à ne pas comprendre, à ne pas chercher, à

ne pas savoir, faite aux mystères environnants, se refuse à la simple et nette vérité.

(Maupassant, “Adieu Mystères” 4)

Hysteria, undoubtedly, made repeated appearances in medical journals and theatrical demonstrations, artistic representations, and literary works. Scholars have appropriately pointed to the intersection of theatre and literature with the clinic. Marc S. Micale provides a brilliant mapping of the discourses on hysteria, sketching a descriptive history of hysteria in the creative arts and a metaphorical history of the concept in the social and political domain of the same period. His essay in the anthology *The Mind of Modernism* offers a panoramic view of “hysteria” which was not only consuming the individuals affected by the malady, but also contaminating all the other discourses as well. Everybody wanted a piece of this mad marvel—playwrights, journalists, artists, musicians, politicians, criminals, doctors, lawyers. Charles Richet’s *Les Démoniaques d’aujourd’hui* (1880), Jules Claretie’s *Les Amours d’un interne* (1881), and the Goncourt brothers’ novel *Germinie Lacerteux* (1889), Léon Daudet’s *Les Morticoles* (1894), and the theatrical production of *Une leçon à la Salpêtrière* (1908) by André de Lorde and Alfred Binet are only a few of the works that offer a realistic representation of hysteria. At the same time, as I seek to demonstrate in this dissertation, several works represent the essence of hysteria, without objectively claiming to do so. That is, the works analyzed in the chapters to follow are literary texts that do not portray a hysteric patient as found in Claretie’s novel nor are they based in a clinical environment as offered in Lorde’s play. However, all three works intersect with the discourse of hysteria by the symptomatic *sensations* produced in the writing.

It is evident to many scholars, such as Janet Beizer, Jan Matlock, Marc Micale, and Elaine Showalter, to name a few, how hysteria’s semiotic language came to infuse life into literary bodies, by offering novel configurations to existing genres of fiction. The role of the clinician

seemed to be fused with his identity as an author and artist. Charcot's creative persona is visible in his encouragement to produce artistic representations of the diseased anatomy in photography, sculpture, and drawing, as well as in his theatrical showcasing of hysteria in the Tuesday lessons at the Salpêtrière. The assembly of photographs, especially the collection of images depicting the postures of "attitudes passionnelles," along with case studies put together by Bourneville and Regnard in the *Iconographie Photographique de la Salpêtrière*, is crucial evidence of Charcot's investment in *demonstrating* the body of hysteria. Although succeeding in creating a discourse around hysteria as a medical and psychological malady, such medical or theatrical voyeurism was able to capture only the *appearance* of a disease, while the *essence* of the malady continued to remain elusive. The articulation of symptoms such as paralysis, suffocation, mutism, muscular atrophy, convulsions, contractures, and hallucinations—from a psychological perspective remained absent. Certain literary and artistic works, however, appear to explore this space at the frontiers of science and evoke the liminality of the hysteric.

I have relied on this analytical framework to guide my research into literary representations of hysteria that reproduce the *affect* and the essence of the malady—the sensations of hysteria. Reading Jean-Martin Charcot's conception and demonstration of hysteria in dialogue with selected prose and poetry—Émile Zola's *Thérèse Raquin*, Marguerite Vallette-Eymery's, or more famously, Rachilde's *La Jongleuse*, and Maurice Rollinat's anthology of poems *Les Névroses*—and focusing on the representation of hysteria's symptomatic features, I examine the above works as literary bodies of hysteria. My work explores and argues that the texts, be they in a naturalist mode, such as the one penned by Zola, or decadent aesthetics offered by Rachilde and Rollinat, intersect with the nineteenth-century discourse of hysteria. Like the individual suffering from hysteria, these texts also echo the symptoms exhibited by the hysteric.

They rouse within the viewer/reader a powerful desire—often entwined with *angstlust*—to see the abject, to know the invisible. It becomes therefore essential for me to examine the nosology developed by Charcot, i.e., his view of hysteria as laid out in the table that describes the common stages of the attack. Charcot, along with his intern Paul Richer, developed a four-stage model of grand hysteria in order to define “a canonical general type... in terms of regularly recurring phases” (Goetz 179). These phases were defined with specific movements and occurrences.⁶

- 1) Phase one, the *epileptoid* phase, was preceded by an aura and was characterized by clonic and tonic seizures, mimicking epilepsy. Clonic seizures involve rapid muscle spasms and jerks, while tonic seizures involve stiffened and contracted muscles, loss of consciousness, difficulty breathing, and eyes rolling back into the head; when clonic and tonic seizures occur together, they are commonly known as grand-mal seizure.
- 2) Phase two, *grands mouvements* or *clownism*, involved contortions and acrobatic positions similar to those of circus performers. This phase was characterized by specific postures, such as the arching of the body in a semicircle or the hysterical arch so that only the head and feet were touching the ground; a body abandoned to contractures that are fantastic and recurrent, unpredictable, and intermittent.
- 3) Phase three, *attitudes passionnelles*, was characterized by emotional states such as terror, ecstasy, and amorous supplication.
- 4) Phase four, the final stage, was *delirium*, hallucination, which Charcot called “hysteria major.”

⁶ This description of the hysterical phases is drawn from Asti Hustvedt’s *Medical Muses* and Christopher Goetz’s *Charcot: Constructing Neurology*.

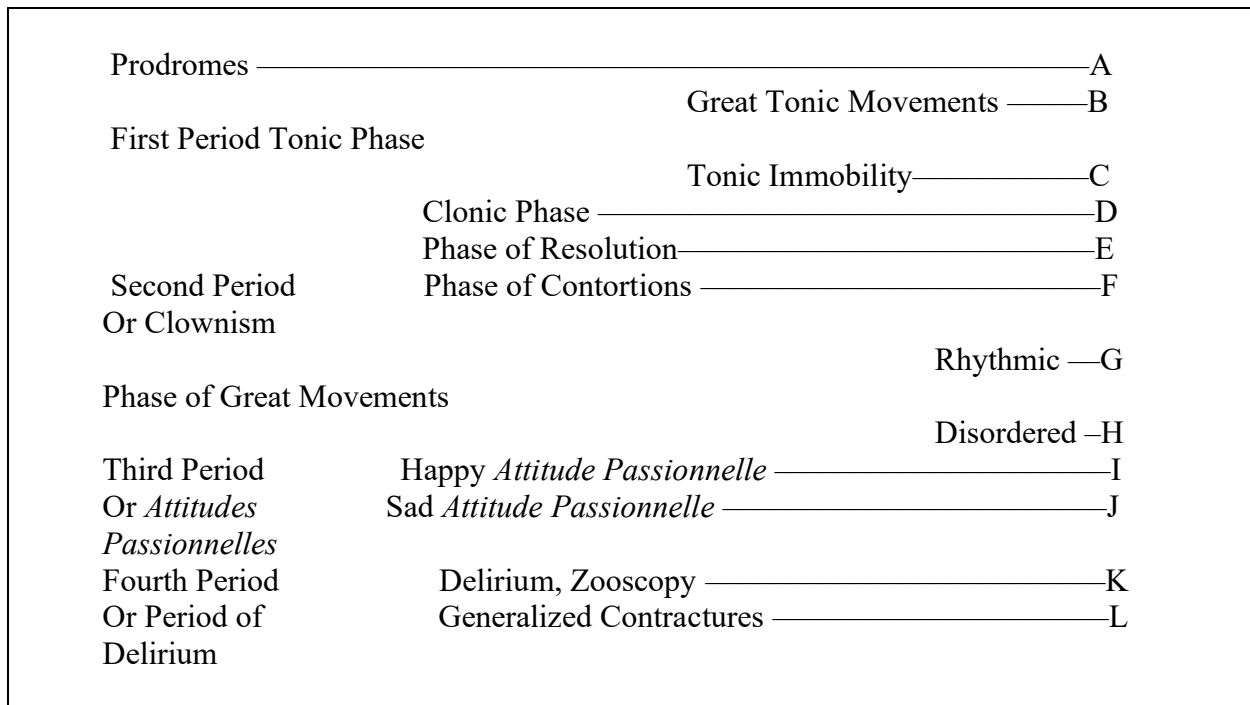


Figure 3; Richer’s synoptic table of the “complete and regular great hysterical attack,” with typical positions and their “variants,” *Etudes cliniques* (1881)

In the chapters to follow, I engage with *fin-de-siècle* prose and poetry to examine the affect, the performance and the *fantastique* of hysteria in conjunction with the clinical demonstration of the female hysteric. I interrogate writerly movements, stylistic choices, and socio-political themes that emerge from the hysterical framework popularized by Charcot. In each chapter, I closely examine Charcot’s diagnostic practices and apply the symptomatic features of the hysteric stages—as classified and organized in his *tableau* (fig.3)—to analyze the above works as hysterical narratives or bodies of hysteria.

In the first chapter, I examine Zola’s novel, to argue that the author’s naturalist endeavor, while resembling Charcot’s methodology of treating hysteria, articulates the *affect* of the hysterical body, which was neglected in the clinical representation. My close reading of the novel demonstrates that Zola’s writing reflects a “hysterical aura” through recurrent evocations of fear, suffocation, and paralysis. This “aura” is starkly similar to, but more poignant than, the

clinical description and demonstration of hysteria. In the chapter, I contend that, despite not being overly concerned with a realistic representation of hysteria, the novel offers an insight into the liminal subjectivity of an ailing body, such as that of the hysteric. The textual body of *Thérèse Raquin*, I argue, reproduces the sensation of suffocation and paralysis to expose the figure of liminality in the paradox of living-dead.

The second chapter brings my analysis of Rachilde's *La Jongleuse* into dialogue with Charcot's notion of "clownism," which appears as the second stage of hysteria. I lean into Rachilde's problematization of queer sexuality and female autonomy in the novel, along with a critical study of the figure of circus performers and carnivalesque aesthetics. This dual reading uncovers an uncanny mirroring in the diagnostic practices of clinicians treating female hysterics. Rachilde's *jongleuse*, epitomizes the hysteric and the circus performer by engaging in a dialectic of aesthetic agency, and female autonomy. By deconstructing the category of "clownism" in Charcot's *tableau* of hysteria, the chapter draws attention to the paradox that emerges in the clinician's diagnostic practice of hypnosis, which echoes his view of the hysteric's proclivity for mimicry.

The last chapter analyzes the third and fourth stages of hysteria in connection to Rollinat's poetry. Reading the poems alongside the representation of hysterical delirium, the chapter argues that the rendition of art and malady appear to be entwined in the body of the *fantastique réel* in Rollinat's *Les Névroses* as well as the Charcotian composition of hysteria. I query how the blurred distinctions between the dead and the undead emulate the haunted subjectivity of the female hysteric. By situating the mode of *fantastique* in Rollinat's poetry as also manifest in the clinical narratives of hysterical delirium, I trace a quasi-existence, a liminal paradox of the living-dead.

Chapter 1

Writing The Body of Pain: Hysterical Catalepsy In *Thérèse Raquin*

“Ils disent qu’il y a deux irréprésentables : la mort et le sexe féminin.”
—Cixous, *Le Rire de la Méduse*

In the first chapter of the dissertation, I examine the first phase of hysteria identified by Charcot in conjunction with Zola’s *Thérèse Raquin*. In Charcot’s nosography, the attack of hysteria began with the *epileptoid* phase. In this phase, the patient experiences an “aura,” i.e., a sensation of fear, pain, confusion—sensory, visual, or aural experiences—followed by tonic and clonic seizures (tonic seizures involve muscles becoming stiff and tense, while clonic seizures involve contraction and relaxation of muscles in a rhythmic pattern). The seizures were often similar to epileptic seizures, which led to stiffening of muscles, loss of consciousness, difficulty in breathing, slurring of speech, unstable gait, etc. I study the medical representation of this phase and apply its lineament to read Zola’s novel. By expanding on the thematic and stylistic recurrence of a hysterical aura and paralysis in the novel, and by making connections explicit between Charcot’s demonstration of pathology with Zola’s naturalistic writing, I argue that *Thérèse Raquin* articulates the pain of the hysterical body denied by Charcot. Despite positioning himself as the impartial physician who merely *observes* the experiment of human behaviors, the novel’s narrative vision reflects the *sensations* of the cataleptic body. Considering each chapter of the novel as an exposition of the internal nervous system of a being, Zola reveals the organic workings of the human psyche in a synecdochical and metaphorical way. *Thérèse Raquin*, I argue, is a textual body of hysteria which offers a veritable representation of the malady by amplifying the sensations experienced by a corporeal being that was not possible in Charcot’s aesthetic representation of hysteria.

Hysterical Aura

Reading *Thérèse Raquin* alongside the nineteenth-century representation of the hysterical patient reveals a striking similarity in the imagery of internment likely endured by the catatonic figures of hysterical women. One of the major symptoms of the onset of a hysterical attack was identified as “globus hystericus,” a pressure in the ovarian region that travels and creates a lump, a tightness in the throat, leading first to a loss of voice and then an eruption of madness, delirium. Below is the description of the onset of attack in a case study recorded by Paul Richer followed by Regnard’s photographic representation (Fig. 4) :

Puis l’ovarie droite augmente d’intensité, la douleur descend dans la jambe droite et jusqu’au bout du pied droit, en même temps qu’elle monte au creux épigastrique et que de violentes palpitations soulèvent la poitrine. A la gorge ce n’est plus une douleur, c’est une sensation de suffocation; la malade sent à la base du cou, comme une petite pomme d’api qui l’étouffe (boule hystérique). Ensuite les sifflements d’oreille, qui peuvent exister dès le début, redoublent surtout du côté droit; elle éprouve la sensation de coups de marteau dans la tempe droite et en même temps celle de pression sur l’œil droit; alors sa vue se trouble, elle chancelle. (Richer 28)

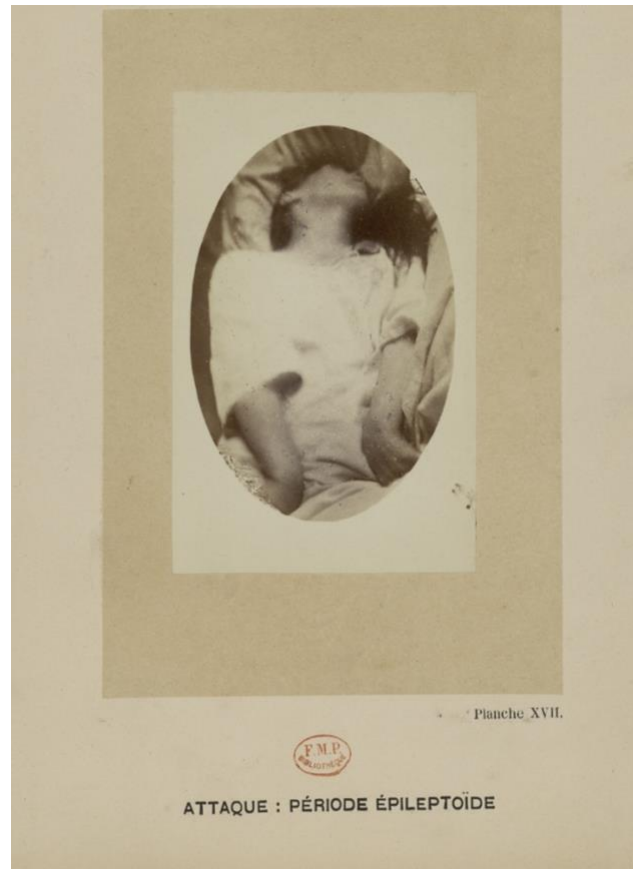


Figure 4. Planche XVII. Attaque : *période épileptoïde*,
Photograph by Paul-Marie-Léon Regnard in *IPS T.2*. (1850-1927)

Digital image courtesy of Bibliothèques d'Université Paris Cité

The patient Augustine experiences a “globus” i.e., a tightening sensation that travels from the belly region to her throat, as if a foreign object is lodged there. This then leads to other delirious sensations. The first state of the hysterical attack portrays symptoms similar to that of epilepsy, wherein primarily the hysteric experiences suffocation, confusion, and pain. Asphyxiation followed by sensorial perceptions, such as being pounded by a hammer, make Augustine feel like she is in a prison of sorts. Doctors Paul Richer and Désiré-Magloire Bourneville described cases where the onset of hysteria is often preceded by an “aura” which manifests in visual or auditory hallucinations and other phenomena such as stomach pain, epigastric contraction, palpitations, oppression. Richer notes that digestive troubles most commonly precede hysterical

suffocation and patients lose their appetite, experience nausea and vomiting. He recounts an episode of “aura” when a patient experiencing these common symptoms cries out in terror, “il vient me faire du mal,” referring to an invisible entity before experiencing suffocation and collapsing into an epileptic seizure (14). The doctor sums it up “alors *le fantôme* s’approche, mail il l’êtreint trop violemment, elle étouffe, c’est la période épileptoïde qui survient” (ibid., my emphasis). The elusive force described as “le fantôme” by the doctor is significant in demonstrating the contours of hysterical “aura.” This feeling of suffocation experienced in the first phase of hysteria is significant for my analysis of the novel. Given that Zola sought to emulate the clinical approach to objectively study physiology, in my reading of *Thérèse Raquin*, I detect a similar, and more poignant “aura” of death and confinement in the novel.

Hysterical Aura: Internment in *Thérèse Raquin*

I first offer a summary of the novel and then draw a parallel between Zola’s and Charcot’s authorial undertakings, following with analysis of thematic and stylistic components which allegorize hysterical aura in the literary work. *Thérèse Raquin*’s eponymous character may be identified as a hysteric, one perhaps comparable to Flaubert’s *Madame Bovary* by virtue of being an adulterous woman who desires and dares to pursue what she desires. Published in 1867, Zola’s novel is evocative of naturalist and gothic fiction and psychological thriller. Thérèse is an anti-heroine suffocated by her sexual appetite, or lack thereof, stuck in a loveless marriage to her sickly cousin Camille. She is presented as a woman forced to suppress her “natural” character, as she lives in the claustrophobic Raquin household. Thérèse succumbs to her desires and engages in an illicit affair with Laurent, a virile artist who is also described as a brute, driven by his “nature sanguine” (Zola 63). Laurent’s primary objective is to be taken care of, but a casual

affair becomes a deadly passion for him. Both Thérèse and Laurent become a necessity for each other, as basic as air, food, and water. Their lust leads them to commit Camille's murder, by drowning him in a lake. They anticipate being together forever, however, Camille continues to be an obstructive force between the two, when he returns in the form of a ghost/phantom and haunts the murderous couple, impeding their conjugal union. The couple drift apart and pursue carnal pleasures separately and resolve to murder one another to finally rid themselves of their repressive phantom. When the moment finally arrives, each discovers the plot concocted by the other and instead they commit double suicide, witnessed with joy by the paralyzed Mme Raquin.

Thérèse Raquin was first published in serial form in the literary magazine *L'Artiste*. The themes of adultery and murder elicited a strong reaction and perhaps led to Zola's fame who had written only two novels prior to *Thérèse Raquin*. In a review in *Le Figaro*, Ferragus expresses disdain for the contagion of putridity in writing. Works such as *Thérèse Raquin*, in his opinion, seemed to conveniently depend on "spasmes maladifs" that appeared to elicit the desired shock, but failed to demonstrate the secret of passion and romance (Ferragus 1). The author of the review is disgusted by the prominence of carnal appetites rather than morality: "*Une tempête sous un crâne* est un spectacle sublime: une tempête dans les reins est un spectacle ignoble" (ibid.). The passions of the flesh also manifested in the morbid fascination with death—Camille's murder, Laurent's compulsive visits to the morgue, fervent descriptions of corpses, death of the lovers—contribute to the putridity of Zola's work, described by the reviewer as: "une flaque de boue et de sang" (ibid.). Such disdain prompted Zola to add a preface to the novel, in which he defended his writing, comparing his work to the surgical dissection of a cadaver: "J'ai simplement fait sur deux corps vivants le travail analytique que les chirurgiens font sur des cadavres" (Zola 25). The author declares that his novel is devoid of any moral

scruples, such as remorse or redemption, and that remorse simply consists in the organic disorder and the nervous breakdown of the characters. In response to the critics who labeled his work as putrid and pornographic, Zola points out that they failed to recognize his goal similar to that of an objective analyst who was merely recording the temperaments and expressions emerging from an experiment:

Parmi le concert de voix qui criaient : « L'auteur de *Thérèse Raquin* est un misérable hystérique qui se plaît à étaler des pornographies », j'ai vainement attendu une voix qui répondît : « Eh ! non, cet écrivain est un simple analyste, qui a pu s'oublier dans la pourriture humaine, mais qui s'y est oublié comme un médecin s'oublie dans un amphithéâtre. (Zola 26)

This comparison of the author's work to that of the clinician is telling, especially for its emphasis of his neutral and unsoiled position as a spectator of the drama of physiology. Charcot insisted that he merely "inscribed" what he saw in terms of the symptoms of hysteria : "Ce serait chose vraiment merveilleuse que je puisse ainsi créer des maladies, au gré de mon caprice ou de ma fantaisie. Mais à la vérité (...) j'inscris ce que je vois" (Charcot, *Leçons du mardi* 178).

Similarly, Zola also desired to write in a fashion which demanded less imagination and more observation, "une sorte de radiographie des âmes, nécessitant moins d'imagination que de science des rapports" (Baguley 46). Following the same curiosity as that of the clinical gaze, the literary gaze simply witnessed the implications of placing certain characteristics, landscapes, movements, and events in play. Zola's investment, much like Charcot's, is thus the study of the symptoms—the lesions that appear in the fateful environment in which his characters find themselves. In this process of observing and writing, both the clinical and the literary authors seek to represent the forces that provoke a rupture in the physiology of the subject. The

representation of these elusive forces and the symptomatic effect on the body is significant for both Charcot and Zola and figure as a dominant aspect of my analysis.

In the clinical language, the term “aura” experienced by the patients of hysteria, refers to the appearance of a forewarning of the attack of epileptic paralysis. Similarly, Zola’s *Thérèse Raquin* situates the “aura” of the narrative’s intrigue in the debut of the novel. The incipit of the novel and several pages at its opening describe in detail the physical location of the Raquin boutique. Recurrent motifs of tombs and caverns reinforce the imagery of darkness, confinement, immobility, and decomposition. These spatial descriptions, while directing the gothic tenor of the novel, also foreshadow the physical and psychological calamities to follow. The description of neglect on the surface of these spaces emanates a sense of sickness, dread, and danger that will cling to the characters and the reader until the end. The location of the Raquin boutique begins to underscore this pathography of the narrative:

Au bout de la rue Guénégaud, lorsqu’on vient des quais, on trouve le passage du Pont-Neuf, une sorte de corridor étroit et sombre (...) il est pavé de dalles jaunâtres, usées, descellées, suant toujours une humidité âcre ; le vitrage qui le couvre, coupé à angle droit, est noir de crasse. (...) A gauche, se creusent des boutiques obscures, basses, écrasées, laissant échapper des souffles froids de caveau. Il y a là des bouquinistes, des marchands de jouets d’enfants, des cartonnières, dont les étalages gris de poussière dorment vaguement dans l’ombre ; les vitrines, faites de petits carreaux, moirent étrangement les marchandises de reflets verdâtres ; au delà, derrière les étalages, les boutiques pleines de ténèbres sont autant de trous lugubres dans lesquels s’agitent des formes bizarres. (Zola 31–32)

The passage is narrow, dark and the buildings are old, dull, falling apart, emanating a sickly odor. The closed, dark quarters obstruct any natural luster and this space falls in abominable gloom. In the shadows of a filthy wall, the shops strewn to the left and right sell old objects, toys, books that seem forgotten, covered in dust (“des objets sans nom, des marchandises oubliées” Zola 30). People, objects, buildings, pavements—every aspect of this space offers a vivid imagery of negligence. The play of light and shadow and the many “vitres” and “vitrage” form a boxed-like appearance of the passage—a coffin-like edifice—covered by glass. The street’s dark, damp, dirty and distinctly repellant quality ensure that those who live in it are cloistered, untouched by the surrounding urban milieu. Shadows, drafts, and darkness in the narrow passage evoke specters, death, and the tomblike confinement that is the dominant spatial metaphor of gothic literature. The resemblance of the passage to a death-trap, a “cut-throat” area evokes confinement and murder: “Le passage prend l’aspect sinistre d’un véritable coupe-gorge,” furthermore, the implication of corpses sprawled on the pavement soon follows: “de grandes ombres s’allongent sur les dalles” (Zola 33). This space is like a forgotten graveyard or a dimly lit morgue: “on dirait une galerie souterraine vaguement éclairée par trois lampes funéraires” (ibid.).

Often the description of the natural spaces, objects and people blend into one another and produce a sense of the eerie that warns the reader of an impending doom or an approaching “phantom.” A primary specimen is the portrayal of the wall that towers over the galleria in the street of the Pont Neuf: “Au-dessus du vitrage, la muraille monte, noire, grossièrement crépie, comme couverte d’une lèpre et toute couturée de cicatrices” (Zola 30). The spatial description offers the contours of a grotesque vampiric figure. By personifying the wall as a disfigured, decaying body (reminiscent of Frankenstein’s monster) whose speech is stunted— as notable in

the alliterative /k/ that mimics a cough or tightening of the breath—the narrative sets itself up in the gothic frame. The ambience of the street in effect prefigures Camille’s revolting portrait by Laurent, which in turn foreshadows his drowned body and Camille’s eventual apparition as a ghost. When Laurent paints Camille’s portrait, the image of the living Camille reflects a pale zombiesque figure: “Le portrait était ignoble, d’un gris sale, avec de larges plaques violacées (...) le visage de Camille ressemblait à la face verdâtre d’un noyé” (Zola 68–9). This image reappears in the face of his drowned body:

Camille était ignoble. Il avait séjourné quinze jours dans l’eau. Sa face paraissait encore ferme et rigide ; les traits s’étaient conservés, la peau avait seulement pris une teinte jaunâtre et boueuse (...) Cette tête, comme tannée et étirée, en gardant une apparence humaine, était restée plus effrayante de douleur et d’épouvante. Le corps semblait un tas de chairs dissoutes. (Zola 129–30)

Surfacing in a dirty grayish palette, where even the brightest colors appeared dull and muddy, the visage of Camille in life would resemble the greenish face of the one who died by drowning, and they elicit the same reaction in Laurent: “Le portrait / Camille était ignoble.” When Zola does provide a detailed description of a physical body, in the description of Camille’s cadaver, it is even less identifiable as a body, having suffered to the extent of becoming “un tas de chairs dissoutes” (Zola 129). Be it a building, a living being, a cadaver, a portrait or a ghost, the contours of animate and inanimate, helping to distinguish one from the other, disappear in Zola’s narrative. Additionally, the rhetoric of disease, death, and decay as visible in the topography contributes to the clinical nature of the novel. The description of the dark Passage du Pont-Neuf serves to introduce and explain the somber mood of the eponymous heroine, and in turn firmly inscribes the terrorizing “aura” of asphyxiation across the narrative.

The motif of asphyxiation and sensorial paralysis is also recurrent to intensify the parallels between clinical and literary “aura” of hysterical epilepsy. On several occasions the image of the living cadaver is brought up to portray Thérèse’s subjugated existence and her upended view of life. At the age of two years old, Thérèse was brought from Algeria by her father and left in the care of her aunt Madame Raquin. Before meeting Laurent, Thérèse appears passive and dormant with no free will of her own. Her existence is crushed under the weight of her bourgeois environment— “Ils m’ont étouffée dans leur douceur bourgeoise, et je ne m’explique pas comment il y a encore du sang dans mes veines...” (Zola 75). She is rendered mute like a tamed animal, and struggles to find release from her tortuous existence— “dans ma chambre froide, je mordais mon oreiller pour étouffer mes cris, je me battais, je me traitais de lâche. Mon sang me brûlait et je me serais déchiré le corps (...) j’ai voulu fuir, aller devant moi” (ibid.). This repression stems from many factors, of which matrimony, gender, and race surface most clearly. From the beginning of her life, Thérèse has passively succumbed to the wishes of her aunt Mme Raquin and her cousin/husband Camille. Neither her opinion nor her consent is valued which deepens her claustrophobic state. Below is one of many examples of Zola’s narrative that offers a stark parallel to the “aura” preceding hysterical epilepsy. The passage describes the move of the Raquin household from Vernon to Paris and Thérèse’s introduction to the boutique and the house in which she would live for the rest of her life:

Quand Thérèse entra dans la boutique où elle allait vivre désormais, il lui semblait qu’elle descendait dans la terre grasse d’une fosse. Une sorte d’écoeurement la prit à la gorge, elle eut des frissons de peur (...) La jeune femme ne trouva pas un geste, ne prononça pas une parole. Elle était comme glacée. Sa tante et son mari étaient descendus, elle s’assit

sur une malle, les mains roides, la gorge pleine de sanglots, ne pouvant pleurer. (Zola 47–8)

The narrative voice, like the clinical language describing the hysteric Augustine’s hysterical aura, seeks to underscore the physiological signs of internment. The walk into the unkempt shop compared to the descent into the grave speaks volumes about Thérèse’s psychological suffocation. This is inscribed in clinical physiological signs such as the rising of nausea and shivers (“écoeurement,” “frissons de peur”) and sensory paralysis (“ne trouva pas un geste,” “ne prononça pas une parole,” “glacée,” “roides”).

The narrative voice also mentions that her free spirit or appetite for life is a symptom of her ancestry, her African blood— “le sang de sa mère, ce sang qui brûlait ses veines” implying that this spirit / this woman thus needed to be controlled or contained (Zola 73). Having gone through a stifled upbringing in the Raquin household alongside her sickly cousin, under the sheltered care of her aunt, leads to the curbing of these “natural” appetites. Breathing in the nauseous odor of the sickness that immersed their spousal chambers signals a domestication of Thérèse into “une brute docile,” “grave, écrasée, abrutie,” which verifies the character’s feeling of being pushed into a death-like slumber. It is clear, however, that her desire is stronger than the shackles of the repressive upbringing, for Thérèse postures herself as a living-dead to continue a feigned existence: “J’ai baissé les yeux, j’ai eu comme eux un visage morne et imbécile, j’ai mené leur vie morte” (Zola 75). Although vaguely aware of the warm blood running through her veins hinting at a zest for life and adventure, the social status of Thérèse confines her to the deathly cavern amongst other zombie-like beings, forcing her to succumb to a “vie morte.” Her existence is described as being buried alive: “elle s’imaginait qu’elle venait d’être enterrée vive ; elle croyait se trouver dans la terre, au fond d’une fossé commune où grouillaient des morts”

(Zola 217–8). The imagery of the death-like-life is enhanced even by the minor figures of the narrative, such as the guests of the Thursday evening group who are compared to cardboard puppets. These figures are marred, and devoid of life, intellect, or articulate language.

Imprisoned in the company of these sinister creatures, Thérèse falls prey to feelings of terror:

parfois des hallucinations la prenaient, elle se croyait enfouie au fond d'un caveau, en compagnie de cadavres mécaniques, remuant la tête, agitant les jambes et les bras, lorsqu'on tirait des ficelles. L'air épais de la salle à manger l'étouffait; le silence frissonnant, les lueurs jaunâtres de la lampe la pénétraient d'un vague effroi, d'une angoisse inexprimable. (Zola 55–6)

Thérèse Raquin echoes horror and exudes distortion of life and death as apparent in the portraits of the characters and the décor of the narrative. The first half of the novel thus thematically and stylistically builds an aura of internment in the recurring motifs of confinement, lethargy, and danger—signaling a nervous rupture. The events that follow amplify the significance of the aura of psychosis and death in the novel.

Pursuing the “bête noire”

I align Zola's authorial venture to dissect human behavior with Charcot's clinical endeavor to examine the malady of hysteria. Both, the author and the physician, strove to demonstrate the unrepresentable psychosis or the malady—the *bête noire*—that haunts the body. Zola's novel, contrary to Charcot's demonstrations, reveals the *sensations* of the internal violence and paralytic confinement that does not always appear in the physical stigmata of the hysterical body.

Hysteria was viewed as a *malum sine materia* i.e., a. malady with no form or matter. Charcot himself admitted that symptoms such as epilepsy, chorea, and hysteria were like Sphinxes as they do not present themselves to the mind of the physician with an appearance of solidity or objectivity that may be connected to specific organic lesions (de Marneffe 75). Thus, with attentive details, the medical literature marvels at the ways in which this enigmatic body would perform—by simulating symptoms associated with other known diseases, by adopting “illogical” attitudes or postures, and by responding to the clinician’s suggestions during hypnosis. In the act of observing and recording, the clinician seeks to illustrate the elusive animal—the *bête noire* as echoed by Freud—responsible for neurotic disorder. Charcot and his fellow physicians were tormented by the malady of hysterics “que tous les auteurs s’accordaient à regarder comme le type de l’instabilité, de l’irrégularité, de la fantaisie, de l’imprévu, comme n’étant gouvernées par aucune loi, par aucune règle, et comme n’étant liées entre elles par aucune théorie sérieuse” (Briquet v). Clinicians, like Briquet, were therefore invested in observing and recording the hysterical symptoms, to provide contours and illustrate a body of the malady. The woman’s body hosting these unstable, irregular, imaginary, unpredictable symptoms thus became the prominent face of the malady. “Because hysteria represented a *great fear* for everyone,” writes Didi-Huberman, “it was the *bête noire* of physicians for a very, very long time: for it was aporia made into a symptom. It was the symptom, to put it crudely, *of being a woman*” (68). The impenetrable enigma of the malady became synonymous with the anatomy of the woman which was continuously observed, classified, catalogued, and controlled. In the boastful words of Charcot, the Salpêtrière was “une sorte de musée pathologique vivant” wherein he curated his finest specimens of hysteria (Charcot, *Œuvres complètes* 3: 4). His diagnostic methods strongly relied on the powers of observation to understand the symptoms that would

indicate the hidden lesions of the malady. The neurologist touted the presence of all the resources that the hospital would use toward the progress of science, therapy and pedagogy: “tous les appareils modernes de démonstration,” such as a casting annex, a photographic studio, a well-equipped laboratory of anatomy and of pathological physiology and an amphitheater for teaching (Charcot, *Œuvres complètes* 3: 5). Underscoring the importance of the visual, Charcot considered the patients as specimens of symptoms “à démontrer.” The manifest reason for the focus on demonstration was to be able to meticulously and repeatedly study the overt symptoms, signs, and stigmas that would reveal something buried in the physiological mechanism. The revelation is found in the obsessive tabulation of bodily anomalies organized in a table of phases created by Charcot as a means to provide a semblance of order to the chaotic malady of hysteria. He categorizes the phases based on the movements of the body such as the “epileptoid phase,” “clownism,” “attitudes passionnelles” and “delirium” or “grande hystérie.” It becomes clear that it was not Charcot’s ambition to cure the illness, but to catalogue it for show-and-tell. The plethora of clinical studies in Charcot’s reign, such as various treatises on hysteria and its dominant symptoms, the assembly of photographs in the multi-volume *Iconographie Photographique de la Salpêtrière*, and the retrospective diagnostic study of hysteria and deformities in art forms in *Les Démoniaques dans l’art*, showcases detailed descriptions of the signs and stigmas that appear on the surface of the body.

Zola’s *Thérèse Raquin*, similarly, is also a demonstration of physiology, as evident in the representation of characters such as Camille, Thérèse, and Laurent. The author, however, uses his pen-like scalpel to penetrate the physiology of human behavior. When read in conjunction with the figure of hysteria, his narrative goes beyond the corporeal surface to project the *sensations* such as that of epileptic seizures, and paralysis found in the hysterical context— in

Zola's words "une sorte de radiographie des âmes, nécessitant moins d'imagination que de science des rapports" (Baguley 46). In the preface to *Thérèse Raquin*, Zola claims that the novel is but a laboratory where he studies characteristics and not characters. He writes: "j'ai choisi des personnages souverainement dominés par leurs nerfs et leur sang, dépourvus de libre arbitre, entraînés à chaque acte de leur vie par les fatalités de leur chair. Thérèse et Laurent sont des brutes humaines, rien de plus" (Zola 24). In this regard, Zola joins Charcot by *corporealizing* neurosis. However, unlike Charcot, he goes beyond the surface of the body. In response to his critics such as Ferragus, who criticizes the cause and consequences of the romantic alliance between Thérèse and Laurent, Zola confirms that his characters are no more than animals guided by their temperaments. These characters do not resemble tragic lovers such as Romeo and Juliet,¹ because Zola underscores the very base mechanisms ("nerfs," "sang") that lead to an attraction between the lovers. Their love is not metaphysical, and effectively Zola reduces the characters purely to their innate dispositions, calling them "brutes humaines" (24). The consecutive events, arising from the corporeal form, are but reflexive movements guided by the "bête" of their nature:

J'ai cherché à suivre pas à pas dans ces brutes le travail sourd des passions, les poussées de l'instinct, les détraquements cérébraux survenus à la suite d'une crise nerveuse. Les amours de mes deux héros sont le contentement d'un besoin ; le meurtre qu'ils commettent est une conséquence de leur adultère, conséquence qu'ils acceptent comme les loups acceptent l'assassinat des moutons. (Zola 24)

¹ Ferragus criticizes the instant carnal attraction between Thérèse and Laurent by citing the passage describing Thérèse's reaction on seeing Laurent: "voici comment s'annonce la sympathie « La nature sanguine de ce garçon, sa voix pleine, ses rires gras, les senteurs acres et puissantes qui s'échappaient de lui troublaient la jeune femme et la jetaient dans une sorte d'angoisse nerveuse. » O Roméo ô Juliette! quel flair subtil et prompt aviez-vous pour vous aimer si vite?" (1).

The above description refers to an elusive force in vocabulary such as “passions” and “instinct” that deprives the characters of any free will. The novel’s characters are driven by these forces—in fact, Zola appears to corporealize these forces in the form of “brutes” called Thérèse and Laurent.

“Leurs nerfs et leur sang”: The Body of Hysteria

As I mentioned in the summary of the novel, on the surface, one may be quick to compare Thérèse to a hysteric like Emma Bovary given their similarities in a loveless marriage and lustful appetite. Zola’s novel, conversely, merges gender, race and desire—“nerfs” and “sang”—to portray the *bête noire* in the novel. The symbolic motif of “blood,” appears from the outset in reference to both Thérèse’s African race and her dormant passions and, slightly later in the novel, to the sanguine nature of Laurent.

Desire for renewal and replenishment are evident with the recurrence of “sang” and “sanguine” in relation to the temperaments of the adulterous lovers, indicating their insatiable carnal appetites. Thérèse’s source of unhinged nerves or virility is attributed to “le sang de sa mère”—her African origin—which implies a genetic deformity given her bohemian vigor for life leading to adultery (Zola 73). Implying that Thérèse was forced to suppress her natural character alludes to a denial of her free African spirit. Although not treated in depth, Thérèse’s mixed race identity and African heritage are significant for this titular character as it speaks to Zola’s own imaginary informed by the collective understanding of “race” and the historicized version of African culture in nineteenth-century France: “This was an era when white, Christian Europeans were most staunchly regrouping themselves together as one “race,” while physical difference, namely color, was becoming a more prominent race divider” (Collins 80). Collins traces and

compares the French conceptions of “race” from the Middle Ages to the nineteenth century and remarks on the inclusion of humans in the scientific part of the definition of race: “The Middle French only included plants when referring to “type” and “species.” In Larousse's nineteenth-century definition of race, the “variété d’une espèce” includes humans as well as animals and is perpetuated specifically by generation, that is, there must be a connection in bloodlines” (Collins 81). Zola’s works emphasize the influence of the social and political environment, but it is truly heredity or *la race* which highlights a certain predestined outcome for the central characters of his novels. His collection of 20 novels in the *Rougon-Macquart* series, published between 1871 and 1893, explores the lives of the family and the impact of heredity and environment over several generations. In *Thérèse Raquin*, Thérèse is the product of her French father and Algerian mother. Zola does not offer an explicit description that reveals any racial features of Thérèse, in fact, her physical description mirrors her somber emotional state: “sa face prit seulement des teintes pâles, légèrement jaunâtres, et elle devint presque laide à l’ombre” (Zola 40). However, Zola resorts to Thérèse’s bloodline to homogenize her race, i.e., he echoes the collective French myth of Africans by associating qualities of animalistic instincts, free spirit, and sexual appetite with the African race. Under Zola’s gaze, Thérèse’s African blood inherited from her mother was boiling with passion, pushing her to a dangerous precipice: “Tous ses instincts de femme nerveuse éclatèrent dans une violence inouïe; le sang de sa mère, ce sang qui brûlait ses veines, se mit à couler, à battre furieusement dans son corps maigre, presque vierge encore. Elle s’étalait, elle s’offrait avec une impudeur souveraine” (Zola 73, my emphasis). Thérèse’s passionate character and her rebellious spirit reflect the prevalent beliefs about North Africans who were often painted in a dangerous light: “comme des guerriers, des adversaires dangereux, des hommes fourbes et cruels (...) les Maghrébins sont supposés redoutables et manifestant en

permanence des intentions belliqueuses, en raison d'une cruauté jugée sans bornes" (Savarèse 90–1). When Zola describes both Thérèse and Laurent as "bêtes," it is Thérèse's "sang de sa mère" which cautions a creature beneath the surface that is on the prowl, waiting to attack.

If Thérèse is driven by her "instinct" emerging from her ancestry, her male counterpart, Laurent is also a different kind of a beast driven to act by his "nature sanguine" (Zola 63). Thérèse's vitality is brutally depleted by her marriage to the phlegmatic Camille and life in the aseptic Raquin household, resulting in her own impassive nature and asexuality. It is the savage energy of Laurent, "l'homme sanguin et vivant en brute," who revives the immobile woman (Zola 83). His sexuality infuses life into her: "On eût dit que sa figure venait de s'éclairer en dedans, que des flammes s'échappaient de sa chair. Et, autour d'elle, son sang qui brûlait, ses nerfs qui se tendaient, jetaient ainsi des effluves chauds, un air pénétrant et âcre" (Zola 72). The union of Thérèse and Laurent is "natural" owing to their respective innate temperaments, "A eux deux, la femme, nerveuse et hypocrite, l'homme, sanguin et vivant en brute, ils faisaient un couple puissamment lié. Ils se complétaient, se protégeaient mutuellement" (Zola 83). Both Thérèse and Laurent evoke "des appétits sanguins" to be gratified through each other (Zola 59). She expresses her repulsion at the violence of being physically and psychologically paralyzed alongside the sickly Camille, inhaling his nauseating odor, and "sentant (ses) membres se roidir" (Zola 74–5). Adultery, for Thérèse, thus articulated "une volupté amère"—a carnal desire and a vindictive hunger to prove to her husband and Mme Raquin that she was indeed alive and manifested a sexuality that they denied her (Zola 82). For Laurent, his primal needs reside in being taken care of, which are realized in the Raquin household. He mimics Camille's life by sharing his wife's bed and his mother's attention: "Jamais il n'avait vécu dans un pareil assouvissement de ses appétits. Il s'endormait au fond des jouissances intimes que lui donnait la

famille Raquin.” (Zola 82). Laurent, “repu, choyé, engraisé” is content with this arrangement until it is threatened (Zola 83). The idea that he would not be able to see Thérèse on a regular basis to which he had grown accustomed generated the anxiety that propelled his killer instinct. Laurent begins to get slowly affected by Thérèse’s nerves and her volatile passion; her flesh and blood infect his existence: “sa maîtresse, avec ses souplesses de chatte, ses flexibilités nerveuses, s’était glissée peu à peu dans chacune des fibres de son corps. Il avait besoin de cette femme pour vivre comme on a besoin de boire et de manger” (Zola 88). Thus, like food and water that help in keeping the blood running through the body and maintain its vitality, Thérèse was also transforming into one of those basic needs for Laurent’s existence.

The phrase quoted above demonstrates a physiological entwining and additionally hints at a neurotic entangling of the two lovers: “sa maîtresse, avec ses souplesses de chatte, ses flexibilités nerveuses, s’était glissée peu à peu dans chacune des fibres de son corps” (Zola 88). The “glissement” of the nervous flexibility gestures to a contagion—Thérèse’s neurosis bleeds into Laurent, essentially unleashing a creature of mayhem. This reveals Zola’s pure objective—to study the curious physiology of the beast residing within the strange union of Thérèse and Laurent: “étant donné un homme puissant et une femme inassouvie, chercher en eux la bête, ne voir même que la bête, les jeter dans un drame violent, et noter scrupuleusement les sensations et les actes de ces êtres” (Zola 25). The “nerfs” in the novel, therefore, are not simply in reference to the nervous composition of the characters (as in *Camille* or *Thérèse*). The “nerve” of the intrigue or the central plot of the narrative, I contend, is exposed in the *bête* conceived by the enmeshing of Thérèse’s and Laurent’s dispositions. It is indeed “le fantôme tiède et odorant de Thérèse” that invades Laurent, urging him to plan on killing *Camille* (Zola 95). On the fatal day of *Camille*’s murder, it is again the nervous energy of Thérèse that appears to guide Laurent’s

senses and prompts him to act: “les parfums légers de Thérèse se mêlaient et le pénétraient [Laurent], en allumant son sang, en irritant ses nerfs (Zola 105). After Camille’s death, both Thérèse and Laurent separately suffer from similar neurosis, nightmares, and hallucinations. Although Camille’s death eventually leads to the successful outcome for the lovers in terms of their marital union, Thérèse and Laurent, however, find no real cure to the increasing anxiety. Call it remorse or guilt, both become increasingly nervous and unable to revive the same passion for the other. Despite being joined in matrimony, the physical union of the two characters become a haunting experience as both sense Camille’s ghost invading their private space. Ironically, the separate temperaments, initially entwining the two lovers in a powerful fashion “en complétant pour ainsi dire leur organisme,” now appear to have blended into a ball of hysteria:

La nature sèche et nerveuse de Thérèse avait agi d’une façon bizarre sur la nature épaisse et sanguine de Laurent. (...) un détraquement venait de se produire; les nerfs surexcités de Thérèse avaient dominé. Laurent s’était trouvé tout d’un coup jeté en plein éréthisme nerveux; sous l’influence ardente de la jeune femme, son tempérament était devenu peu à peu celui d’une fille secouée par une névrose aiguë. (Zola 199–200)

Prior to the murder, Thérèse’s melancholic nature and Laurent’s vigorous energy combined to form a body of lust and passion, but eventually Thérèse’s nerves overwhelm Laurent to the extent of a painful rupture. Laurent’s sanguine nature is contaminated by Thérèse’s nervous disposition leading to his own insanity. This nervous erethism or “détraquement” manifest in the intertwining of nervous energies, recalls the “globus” or the “boule hystérique” in the context of hysteria. As I explained in the example of hysterical epilepsy, the “aura” of death haunts the hysteric and she experiences suffocation, a painful knot rising from the epigastric region to her

throat (“la malade sent à la base du cou, comme une petite pomme d’api qui l’étouffe”) followed by sensorial paralysis and delirium (Richer 28). The second half of the novel, I argue, reproduces similar paralytic confinement or catalepsy experienced by the hysteric.

“Cri étouffée”: Catalepsy And The Living-Dead

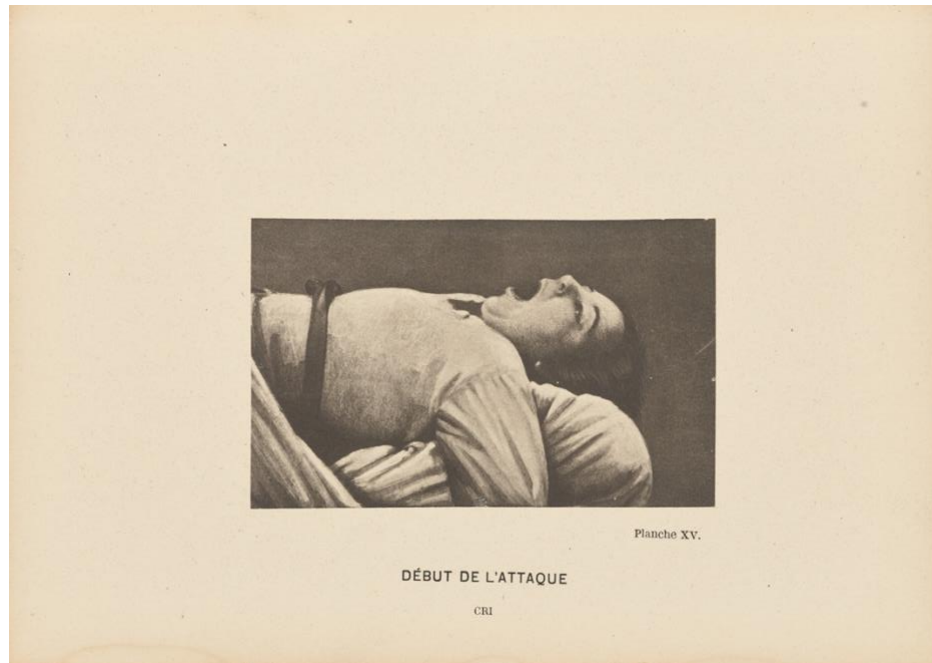


Figure 5. Planche XV. Début de l'attaque. *Cri*,
Photograph by Paul-Marie-Léon Regnard in *IPS* T.2. (1850-1927)
Digital image courtesy of Bibliothèques d'Université Paris Cité

As discussed earlier, the first phase of hysteria per Charcot’s nosology, involves an “aura” of fear, pain, confusion, followed by seizures. I have already argued that the novel’s first half traces a similar aura of internment. Above, I trace the blending of Thérèse’s and Laurent’s innate temperaments which gave rise to passions, eventually resulting in a breakdown. I align this rupture in the novel to the point of epileptic seizures and eventual catalepsy in the first phase of hysteria. During the first phase of attack, the hysteric in the grasp of the paralytic aura utters a

choked cry, i.e., the cry appears to be stifled by a phantomic force (Fig. 5). Following is another brief case description as recorded by the doctors of this symptom:

Début. -Souvent les attaques éclatent sans que la malade pousse un *cri*; d'autres fois, elle pousse un *cri étouffé*; la bouche est largement ouverte ; tantôt la langue conserve sa position naturelle (PL. XV), tantôt, au contraire, elle est allongée, en quelque sorte pendante (PL. XXVIII). Avant le cri, on note parfois des secousses, du hoquet, de la suffocation.

Période épileptoïde. - En poussant le cri, la malade devient rigide (PL. XVI) et porte d'ordinaire la tête à droite ; la bouche se ferme, les mâchoires se contractent, les muscles de la face sont contracturés, immobiles; les globes oculaires se dirigent en haut et à droite. (PL. XVII et XVIII) (*IPS T.2: 162*)

The “cri étouffé” signals repression or oppression. A certain phantasm seems to be attached to this cry and the doctors struggle to define this sound which seems inhuman—at times piercing like the whistling of a train, at times guttural like an animal, and some other times simply a noise (Richer 82, 19, 44). When the hysteric lets out the cry, her body begins to stiffen up. The muscles begin to contract and speech interrupts itself—the body succumbs to a manipulation against its will. Augustine is said to have demanded a straitjacket to avoid being tortured by this phantomic force into painful catalepsy (*IPS T.2: 143*). In the latter half of the first stage of attack, the hysteric appears like a living corpse or a statue. Reading the same descriptive pattern in *Thérèse Raquin* and given that Zola certainly sought to objectively study physiology, I contend that the “aura” of death and confinement in the first half of the novel is followed by a “cri étouffé” manifesting in the union of Thérèse and Laurent. Zola himself invites the reader to see each chapter as a study of “un cas curieux de physiologie” wherein he examines “les troubles

profonds” surfacing from the strange union of a sanguine man with an unfulfilled woman (Zola 24). Zola describes the union leading to “un drame violent” (Zola 25). I associate this violence with the painful state of catalepsy in the hysterical context. Below I offer a study of the cataleptic state of the hysteric to argue that the hysteric is pushed into the liminal paradox of the living-dead. I then analyze the same paradox in the second half of *Thérèse Raquin*, post Camille’s return from beyond the dead.

Hysterical catalepsy refers to the condition characterized by loss of muscular control and rigidity leading to illogical/bizarre postures that can be held by the hysteric for long periods of time (Fig. 6). In this condition, it was also noted that hysterics had waxy flexibility and decreased sensitivity to pain. The slowing down of bodily functions, particularly breathing, led them to be compared to the dead: “De tous les états pathologiques qui peuvent simuler la mort, la Catalepsie est assurément celui qui se produit le plus souvent et qui mérite de fixer surtout l’attention (Levasseur 5). During hysterical catalepsy, the contractures that affect the hysteric’s muscular control, as notes Didi-Huberman, “remained a kind of nosological no-man’s land, between paralysis and contortion, between immobility and movement” (Didi-Huberman 122). Towards the end of convulsions, the hysteric reaches the state of *tetanism* or tonic immobility, i.e., the patient assumes a rigid posture and appears immobile: “Enfin les muscles, épuisés par cet effort violent et prolongé, se relâchent : un sommeil complet, stupide, profond, succède à l’accès tétanique” (Richet 26).

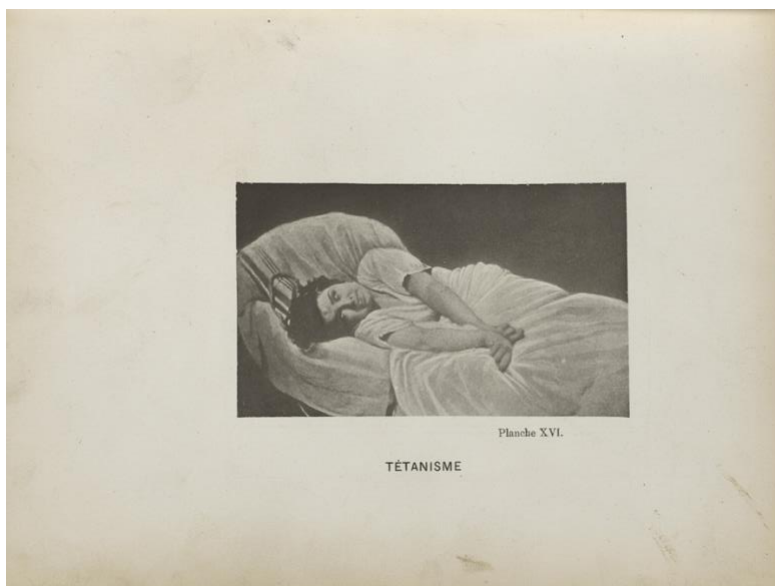


Figure 6. Planche XVI. *Tétanisme*

Photograph by Paul-Marie-Léon Regnard in *IPS T.2.* (1850-1927)

Digital image courtesy of Bibliothèques d'Université Paris Cité

In this stage, the hysteric's body is immobile on the outside, but she is of course alive during this state. A living person, but one that is manipulated like a doll or a statue, which renders the body of the hysteric a paradoxical curiosity. Additionally, these cataleptic manifestations are not permanent, but they are recurrent, at times appearing naturally, at times provoked under clinical hypnosis. Hypnotic manipulation was frequently used by Charcot and other physicians to study the symptoms of hysteria. Postulating that hypnotic state mimicked hysteria—"L'état hypnotique n'est autre chose qu'un état nerveux artificiel ou expérimental, dont les manifestations multiples apparaissent ou s'évanouissent, suivant les besoins de l'étude, au gré de l'observateur"—

Charcot considered hypnosis as the ideal path for experimentation (Charcot, *Œuvres complètes* 9 : 310).² Just as he classified hysteria in different stages, the physician offered categories of the hypnotic state: Lethargy, Catalepsy, and Somnambulism. The only difference between hysterical

² I discuss the use of hypnosis in more detail in the second chapter of the dissertation.

catalepsy and hypnotic catalepsy was clinical intervention, i.e., the former was organic or natural in nature, while the latter was induced by the physician. In the case of induced neurosis, hysteria was considered “artificial” in nature, and the hysteric’s symptoms were provoked and controlled by the physician. The hysteric thus appears to be stripped of her agency by forces of nature as well as clinical maneuvering.

A major interest in inducing hypnosis to create the “artificial hysteric” was to study the strange and phantasmic capabilities of hysterical corporeality. In this state, the subject manifested the appearance of being awake as her eyes remained open but unblinking. She has “waxen flexibility,” as she could maintain any position she was “molded into” and, thus, often led her to be compared with a doll or “a kind of statue” (Hustvedt 77). Doctors thus resorted to hypnosis to offer “suggestions” which were carried out by the hysteric in a highly automated fashion. In fact, doctors also experimented with electrical stimulation as well as dermatographism (writing on the skin) to demonstrate hysteric’s inability to *sense* pain—like a doll, a machine, a corpse. Levasseur, who considered the state of catalepsy closest to the appearance of death, explains the case of a patient who demonstrated such special characteristics in the cataleptic state: “Durant ses accès, elle devient tout-à-fait insensible. Des piqûres profondes amènent quelques phénomènes de contractilité, peu marqués toutefois. On peut donner à ses membres toute espèce d’attitudes et elle les garde pendant un certain temps” (Levasseur 7). The physician here refers to the anesthetic state of the hysteric. Such experiments underscoring the “insensitivity” of the hysterics were frequently conducted and exhibited in the clinical lessons at the Salpêtrière. For instance, Hustvedt discusses an experiment with electrical stimulation on a patient called Blanche. An electric probe was applied to Blanche’s face that would set in motion an entire repertoire of facial expressions. Once the desired look appeared,

the current was stopped and the expression would remain indefinitely imprinted, and the appropriate gesture would follow mechanically (Hustvedt 82–3). Gilles de la Tourette and Paul Richer marvel at the creation of such a “docile automaton” that could be operated according to the desire of the physician:

la malade est transformée en quelque sorte en un automate parfaitement docile, sans raideur, auquel on peut imprimer avec la plus grande facilité les poses les plus variées (...) Il arrive ainsi que les sujets cataleptiques dont nous parlons sont de véritables modèles d’expression et, si les sculpteurs de l’antiquité ont fait poser comme modèles des femmes cataleptiques, bien certainement il s’agissait de la catalepsie que nous décrivons... (88–9)

The physicians seemed to be drawn to their own powers of creation and manipulation by virtue of the desensitized hysteric. The cataleptic hysteric was voided of an organic interior by the physician. Like the imprinting of the desired facial expressions or molding of the limbs into a perfect posture, clinicians also sought to use the cataleptic body as parchment. They would write on the skin, imprint symbols, signatures, dates, names. Examining a passage that reenacts clinical dermatographism in Claretie’s *Les amours d’un interne*, Janet Beizer asserts that the skin-writing experiment renders the hysteric “a lithographic woman” reducing her status to a text or object of art (22). Suspended between life and death, human and non-human, real and surreal, the cataleptic body of the hysteric became a valuable source for Charcot’s “museum of pathology.” Along with live demonstrations of dermatography and hypnosis, visual documentation in terms of photographs, drawings, sketches, plaster casts was of paramount importance for Charcot. For the neurologist, it was not so much an ambition to cure the disease, but a yearning to observe and immobilize the tumultuous fits of his patients and organize them in a meaningful table or

tableau. The images assembled in diverse medical literature, more remarkably in the multi-volume *Iconographie Photographique de la Salpêtrière* exposes Charcot's "spectacular" endeavors. Cataleptic hysterics, thus, were curated and exhibited as specimens of *nature morte*, i.e., still life. In the context of painting, *nature morte* refers to "still life," while it literally translates to "dead nature." In their state of hysterical paralysis, the hysteric's physiology is then already viewed as "dead," which is then imprinted on the photographic plate. Paradoxically, photography also records the image of a physiology which is "still" but still has "life," so to speak, hence denying or delaying death. By virtue of this reading, the status of the cataleptic hysteric, I argue, was suspended in a liminal paradox of the living-dead. Furthermore, the clinical examination of this body sought to display the physiology and signify the body of the hysteric as the malady.

The textual body of *Thérèse Raquin* mirrors the spatio-temporal liminality found in the paralytic state of hysteria. Death in this novel is not permanent, not a resolution. It is a period of stasis conjuring the liminal status wherein death mimics life, just as the living emulate the dead/inanimate. Zola's examination of catalepsy also occurs in the physiology of the characters. However, unlike the clinical gaze, his narrative portrays the phantomic pain in depth. Hysterical catalepsy appears in the narrative when the primary characters are overpowered by the phantom of the man murdered by them. Camille's return is the figurative manifestation of the "cri étouffée" in the narrative. The obscure figure of the cadaver looms over Thérèse and Laurent—terrorizing them into a petrified state, sterilizing their carnal desire, pushing them into a stasis—until they commit suicide to acquire a permanent state of inertia. Following the killing of Camille, initially the lovers felt a sense of respite, having successfully removed the obstacle between their love for each other. However, soon enough, the two of them are overwhelmed by

recurring nightmares that deprive them of any calm or peace. Camille's ghostly presence persistently weighs over Laurent, denying him any sleep. Each time as he dreams of running into the arms of Thérèse, he would dream of falling into the glacial embrace of the dead Camille, whose nauseating putrefying odor would suffocate Laurent to death:

il croyait tomber des bras ardents et passionnés de Thérèse entre les bras froids et gluants de Camille; il rêvait que sa maîtresse l'étouffait dans une étreinte chaude, et il rêvait ensuite que le noyé le serrait contre sa poitrine pourrie, dans un embrassement glacial; ces sensations brusques et alternées de volupté et de dégoût, ces contacts successifs de chair brûlante d'amour et de chair froide, amollie par la vase, le faisaient haleter et frissonner, râler d'angoisse. (Zola 162)

The lexical imagery of suffocation is manifest in "étouffait" and "étreinte," while the sensation of death appears in words "froids," "pourrie," "glacial." A tremendous force seems to erupt from the ghost of the dead man and engulfs the life force of Thérèse and Laurent. The statuesque petrification is prominent in the scene of the wedding night, when Thérèse and Laurent are finally united in marriage. They both feel emptied of any passion for each other, yet, to justify their criminal action, and in the hope of freeing themselves from Camille's ghost, Thérèse and Laurent consider their marital union crucial. Conceived as a liberating bond, the marital union paradoxically serves to invite and enliven Camille's ghoulish presence.

Laurent s'arrêta, la gorge sèche, étranglant, ne pouvant continuer. Au nom de Camille, Thérèse avait reçu un choc aux entrailles. Les deux meurtriers se contemplèrent, hébétés, pâles et tremblants (...) Le spectre de Camille évoqué venait de s'asseoir entre les nouveaux époux en face du feu qui flambait. Thérèse et Laurent retrouvaient la senteur

froide et humide du noyé dans l'air chaud qu'ils respiraient; ils se disaient qu'un cadavre était là, près d'eux, et ils s'examinaient l'un l'autre, sans oser bouger. (Zola 188)

The monstrous apparition of Camille serves as the frightful obstacle in the conjugal life of Thérèse and Laurent, plummeting them into hysteric turmoil. Similar to the spectral force that deprived the hysteric of any agency and forced their body into painful catalepsy, Camille's presence, invisible yet palpable, exhausts Thérèse and Laurent of all passion and drive. Zola employs language that rejoins the symptomatic narrative of the hysterical patients—the tightening of the throat, the rising pain in Thérèse's womb, the trembling—and reproduces clinical hysteria. Once passionately inseparable, Thérèse and Laurent cannot bear to be together as the phantom of their victim becomes the “globus” in their lives. Their desire for each other had also perished with Camille and their wedding chamber resembled a coffin:

Lorsque les deux meurtriers étaient allongés sous le même drap, et qu'ils fermaient les yeux, ils croyaient sentir le corps humide de leur victime, couché au milieu du lit, qui leur glaçait la chair. C'était comme un obstacle ignoble qui les séparait. La fièvre, le délire les prenait, et cet obstacle devenait matériel pour eux; ils touchaient le corps, ils le voyaient étalé, pareil à un lambeau verdâtre et dissous. Ils respiraient l'odeur infecte de ce tas de pourriture humaine; tous leurs sens s'hallucinaient, donnant une acuité intolérable à leurs sensations. La présence de cet immonde compagnon de lit les tenait immobiles, silencieux, éperdus d'angoisse. Laurent songeait parfois à prendre violemment Thérèse dans ses bras; mais il n'osait bouger, il se disait qu'il ne pouvait allonger la main sans saisir une poignée de la chair molle de Camille. (Zola 205)

The revenant stigmatizes the physiology of the couple with fevers, palsy, delirium, and lethargy. In this portrait of pain, Zola diverges from the clinical demonstration of hysteria. On the one

hand physiology is at the center of this description, on the other hand, the narrative voice also corporealizes the phantomic force. Camille's cadaveric presence embodies the *bête noire* and contributes toward enlivening the sensation of suffocation and catalepsy. The couple feels the presence of this specter as sharply as if a putrid mass of human remains lay between them on their conjugal bed, which powerfully dissuades them from enjoying any kind of intimacy. What appears as sensorial paralysis (interference in visual, aural and tactile sensations) in the description of hysterical epilepsy is presented with a more subjective focalization in Zola's writing ("ils touchaient le corps, ils le voyaient étalé, pareil à un lambeau verdâtre et dessous"). The unexplainable fear toward the invisible is vocalized in the novel. Additionally, the narrative also provides a sensorial portrait of the obscure lesion in the form of Camille's specter. By obscure lesion, I imply the unknown source or seat of hysteria. Charcot emphasized in clinical observation of the hysterics the same objective as a physician conducting an autopsy on the dead: discovering the lesion responsible for the curious symptoms of hysteria. Zola's narrative similarly offers the contours of Camille as the seat of malady. Even in his living form—frail, sickly, and asexual—Camille's physical existence as Thérèse's husband was a menacing disturbance for the lovers, robbing them of their freedom and sexual indulgence. Thérèse was leading life in a grim stupor until Laurent's corporeality brought some vivacity into her, but this prurient life was doomed by Thérèse's ties to Camille. The "appétits physiques" for Thérèse and Laurent thus lead to the germination of murder in the first place. At the outset of the narrative, one cannot ignore the glacial state in which Thérèse was cloistered—sexually, and otherwise—that signals a catalepsy: "il lui prit une envie sauvage de courir et de crier; elle sentit son cœur qui frappait à grands coups dans sa poitrine; mais pas un muscle de son visage ne bougea," "La jeune femme ne trouva pas un geste, ne prononça pas une parole. Elle était comme glacée (...)

les mains roides, la gorge pleine de sanglots, ne pouvant pleurer” (Zola 41, 48). The heroine slips into a similar frigid state after Camille’s phantomic reappearance. The “sanguine” Laurent also mirrored the neurosis of his wife, as apparent in his feverish symptoms and stupefied body: “Sa face se convulsionnait, ses membres se raidissaient; on voyait que les nerfs se nouaient en lui. Le corps souffrait horriblement, l’âme restait absente” (Zola 202). The physical anguish of Thérèse and Laurent, effectively, manifests the psychological turmoil—which is purely organic in nature as stressed by Zola—“une rébellion du système nerveux tendu à se rompre” (Zola 24). This state of “rebellion” is a consistent theme in the narrative amplified by the circuitous nature of life and death as manifested in the novel. The voracious desire for “life,” or to gorge on life such as Thérèse’s carnal desire, Laurent’s animalism, and even Mme Raquin’s cossetting, results in a physical choking as evidenced in Camille’s drowning, Thérèse and Laurent’s paralytic fear ending with their double suicide, as well as Mme Raquin’s paralyzed body. However, this physical choking or the state of catalepsy does not terminate in a clear denouement, but rather symbolizes a liminality—a chasm where time, space, subjectivity seem to freeze—the dead emulate the living and life appears inanimate.

Zola’s narrative makes persistent and symbolic references to unresolved death. Despite the death of the murderous lovers, which could be construed as a poetic punishment, the dénouement is one which fails to offer a catharsis, a release—neither for the players of the plot nor for the readers of the text. In her immobile state, Mme Raquin allegorizes the stasis that captures the readerly experience: “roide et muette (...) ne pouvant se rassasier les yeux, les écrasant de regards lourds” (Zola 301). Mme Raquin is unable to quench her retribution, since her tonic position denies her the pleasure of physically attesting the gruesome death of her son’s killers. She tries to fill her cup of wrath merely through the sight of the fallen cadavers. The use

of negation to portray Mme Raquin's unsatiety gestures to the irresolution offered in this climatic scene. Camille's death fails to offer the lovers the desired autonomy to achieve their emancipation: it does not release Thérèse from the shackles of the Raquin household and it abominably defeats the purpose of uniting the bodies of Thérèse and Laurent to freely express their animalistic desire for each other. Even after contemplating the contorted corpses of her son's killers for nearly twelve hours, Mme Raquin feels incapable of sufficiently satisfying her hungry eyes with the hideous sight. The recurrent motif of unsatiety hence gestures to the symbolic role of death. Death in this novel, is not a resolution but a stasis, a liminal temporality; it mimics the living, just as the living emulate the dead/inanimate. Mirroring the cataleptic state of hysteria, the tombl-like quality of the novel also signals a seizure of the agency of the characters as well as readers of the narrative. Desiring to reveal the rawness of sensations, Zola constructs a narrative that succeeds in exposing the macabre catalepsy that often escapes veritable representation, especially in the clinical discourse.

Representation of the Real

In a period dominated by a culture of the visual, for both the clinician Charcot and the naturalist writer Zola, representation of the imperceptible was by means of its corporealization. The body is at the center of their work to illustrate the existence of a malady. As I have consistently analyzed above, Zola's narrative seeks to focus on the fundamental elements of physiology (blood, nerves) to visualize a body in pain, paralysis, and delirium. This is clearly manifest in the substantial symptoms that surface in Thérèse and Laurent due to Camille's presence. In this regard, Zola's approach to writing resembles Charcot's method of corporealizing the unexplainable malady of hysteria—by reproducing and repeatedly observing

the physical symptoms of hysteria. As evident in the abundant medical literature of the period produced under his mentorship, the veracity of hysteria was demonstrated through harmonious and aesthetic images of women's bodies. In my comparative analysis, I discern a difference in the representation of the body. *Thérèse Raquin*, contrary to Charcot's vision, appears to align with and represent the entropy of hysteria.

In the Charcotian discourse, much emphasis lies in the method of observing and reproducing the image of the body rather than in the witnessing of actual experience of the malady that afflicted and marginalized countless women and men. The study of anatomy in the clinical lesson thus appears to align with a realistic portrayal of the body—a *vraisemblance*—in which living bodies were naturalized to perform as objects or models. Charcot was celebrated for his astute observation of the body's exterior forms to make innovative diagnoses. Post Charcot's death, Freud writes an essay on the neurologist:

He was not a reflective man, not a thinker: he had the nature of an artist—he was, as he himself said, a 'visuel', a man who sees. Here is what he himself told us about his method of working. He used to look again and again at the things he did not understand, to deepen his impression of them day by day, till suddenly an understanding of them dawned on him. In his mind's eye the apparent chaos presented by the continual repetition of the same symptoms then gave way to order: the new nosological pictures emerged, characterized by the constant combination of certain groups of symptoms. The complete and extreme cases, the 'types', could be brought into prominence with the help of a certain sort of schematic planning... (Freud, "Charcot" 49–50)

Charcot's "visual" talents dominate his intellectual work on hysteria. As evident from Freud's writing, Charcot used powers of persistent observation to visualize a schema, an order in the

chaos emerging in the hysteric's body. He developed his nosography, the famous classification of the phases of hysteria, based on this method. Like a surgeon performing an autopsy, Charcot's eyes dissected the body of the patient in front of him. It was equally important for him to meticulously inscribe and imprint what the clinical gaze captures, and hence the Salpêtrière doctors were encouraged to hone their artistic skills. This led to the inclusion of many professionals in the Salpêtrière, such as Paul Richer,³ who exhibited the skills that contributed to the permeability of medicine and art. Eventually, the clinic also hired an onsite photographer to record and fix the symptoms of hysteria on photographic plates. Charcot thus preached the significance of knowing the body in detail, to be able to distinguish perfect forms from imperfect ones (that he called "formes frustes"). The study of the human body in the "nude" was crucial for clinical endeavors as much as for artistic copies of the anatomy:

nous devrions connaître le *nu*, aussi bien et même mieux que les peintres ne le connaissent. Un défaut de dessin chez le peintre et le sculpteur, c'est grave, sans doute, au point de vue de l'art, mais en somme cela n'a pas, au point de vue pratique, des conséquences majeures. Mais que diriez-vous d'un médecin ou d'un chirurgien qui prendrait, ainsi que cela arrive trop souvent, une saillie, un relief normal pour une déformation ou inversement?... Cette digression suffira peut-être pour faire ressortir une fois de plus la nécessité pour le médecin comme pour le chirurgien d'attacher une grande importance à l'étude médico-chirurgicale du NU. (Charcot, *Leçons du mardi* 22)

Observing the living, pathological body was critical for Charcot's methodology—the "anatomo-clinical method." As Didi-Hubermann claims, this method was a "compromise on the

³ Richer attended one of Charcot's lessons where the latter described the need for a medical study of the hand for which artistic talent was additionally important. Richer's illustration for his friend Henri Meillet's medical thesis led him to be discovered by Charcot at the defense of Meillet's thesis where Charcot exclaimed: "On ferait le diagnostic sur ces dessins!" (Ruiz 22).

physiological and essentialist aim of the study of nervous diseases. One cannot watch the brain as it functions, but one can locate the effects on the symptomatic body provoked by alterations, and thus prejudge its operation” (Didi-Huberman 21). The possibility of representing the psychopathological regions or the physiology of the cerebral cortex as per Charcot lies in the repeated, methodical and precise clinical observation of the living exterior. Comparing his hospital with an atelier, the “visual” artistry of doctors with painters, the nude bodies of the hysterical women became models, as well as canvases for the clinical gaze. The body as a canvas reflected the invisible lesions of the malady. In the Charcotian dialect, the anatomo-clinical lessons therefore evoke a *vraisemblance* i.e., an appearance of the “real.” The focus was on the façade, face, photo, for representation of an illness rather than expressing the psychological impressions of the hysterics. This is apparent in the experiments conducted in the cataleptic state. I have already discussed how doctors provoked catalepsy and proceeded to perform experiments that ranged from inserting needles into their arms to giving them electric shocks and literally inscribing on their skin. These experiments were meant to *show* the enigma of the hysteric body and the power of scientific suggestion.

Hysteria was a spectacular disease: “with the sound of gong, the wave of a hand, the beat of a tom-tom, or the push of an anatomical button, a physician could create a cataleptic woman and pierce her body, with needles; a lethargic woman, capable of being “petrified” into astounding postures; and for the grand finale, a somnambolic woman, open to any suggestion (...) Actors, artists, architects, musicians, visiting royalty, politicians, the prefect of police, and other members of high society also came to witness the phenomenon. Before rapt audiences, Charcot’s patients were *ordered to enact* degrading and fascinating scenarios” (Hustvedt 102–3, my emphasis). The audience, mostly male, viewed with awe, how the hysterical body could be

stripped of her agency.⁴ These “shows” rarely revealed the pain and turmoil from which such patients suffered. Instead, there is a clinical demonstration of the hysteric’s physical and psychological manipulation. Gilles de la Tourette recounts several episodes in which a hysteric was hypnotized and persuaded to engage in acts that led to sheer violation of their autonomy. For instance, a hysteric was asked to kiss another doctor, one was asked to strip naked so that they could all take a bath, one was asked to commit murders (de la Tourette 131–40). These instances expose an abuse of power used to subjugate patients who were already in the grips of an illness. Using hypnosis to create narratives and skits that urge the hysterics to don another role in the name of science manifests the myopia of the clinical gaze. Given hysteria’s elusive form, no cure was in sight, but it was through spectacular documentation—in the form of staged reenactments, sculptures, wax models, photographs—that Charcot displayed the *tableau* of hysteria, and by extension, made the Salpêtrière and himself figures of popular imagination.

Zola’s naturalist writing sought to represent the harsh realities of life using the clinical storytelling approach. When the author likens his work to a painting of nude figures, calling it his “copie exacte et minutieuse de la vie,” he evokes the human mechanism stripped of the social construction of values or morality (Zola 25). Zola’s writing is geared towards portraying the

⁴ Although I do not analyze that passage which details Laurent’s visit to the morgue, it is significant to note that the Morgue in Paris was one of the most popular destinations for tourists and residents. The Morgue’s popularity may be comparable to Charcot’s clinical lessons at the Salpêtrière. These were open to public viewing and like the morgue, also piqued a voyeuristic curiosity amongst visitors. The iconic painting by André Brouillet *Une leçon clinique à la Salpêtrière* (1887)—analyzed in the Introduction—provides striking insight into such a clinical exhibition of a passive body, manipulated by her malady and the medical man. Displayed in the Paris Salon in 1887 and present in the form of a lithograph in Freud’s study in Berggasse 19 in Vienna, the painting, with the life-like figures, provides a static representation of the radical lectures presented by the neurologist Charcot. This painting is an aesthetic vraisemblance of a clinical lecture, and like Zola’s verbal painting of the morgue scene, presents a place of death and delirium as a “spectacle.” What appears to the viewer is a clinical lesson in the audience of an all-male crowd (with the exception of the patient Blanche and the nurses in the extreme right) comprised of men of science, as well as journalists, politicians, and novelists. The cataleptic body of Blanche resembles a specimen of *nature morte*. The woman seemingly suffocated by the “animal” inside her, a “true resemblance of a pale-faced death,” is machinated under clinical dramaturgy to provide this visual tableau of hysteria (Didi-Huberman 69). What appears on the surface, or rather what is staged by Brouillet, is thus a rendition of a “show” of madness of a clinical lecture.

author's disturbing vision of reality: "selon ses facultés de vision et de compréhension" (Zola, *Pour Manet*, 109–10). His method of writing is characterized by the belief that novelists should experiment with characters, testing hypotheses about human nature and actions, and carefully document the reality of their behavior in their environment:

De plus, nous admettons encore qu'il y a un rapport nécessaire entre les actes et leur cause; mais quelle est cette cause? Nous ne la sentons pas en nous, nous n'en avons pas conscience comme quand il s'agit de nous-mêmes; nous sommes donc obligés de l'interpréter, de la supposer d'après les mouvements que nous voyons et les paroles que nous entendons... (Zola, *Le Roman Expérimental* 9–10)

Committed to realism, naturalist writers like Zola desired to portray life as it was, its banal truths, empty of any idealization or distortion. At the same time, the naturalist vision sought to objectively inquire and interpret the act or behavior. Susan Harrow describes Zola's work as "obsessively corporeal," referring to his documentation and analysis of his own bodily symptoms in his correspondence, and the ways in which his novels inscribe the bodily fate of his fictional characters especially in the *Rougon-Macquart* series (14). This approach joins that of the burgeoning importance of the clinical gaze that influenced naturalist writing through which the naturalist authors sought to present "the obverse of the natural process, fixing and transmuting a world in decay" (Baguley 197). The naturalist objective is thus not simply offering a mimesis of the real but portraying the real through the author's lens. While aligning himself with the method of a scientist conducting experiments, Zola's naturalist approach emphasizes the importance of *sensing the real*. In Zola's *Le Roman Expérimental* (1880), the author explains "le sens du réel" as capturing the essence of reality through accurate observations of the societal beauties and flaws. Citing that "imagination n'est plus la qualité maîtresse du romancier" replaced by "le sens

du réel” Zola explains: “Le sens du réel, c’est de *sentir* la nature et de la rendre telle qu’elle est. Il semble d’abord que tout le monde a deux yeux pour voir et que rien ne doit être plus commun que le sens du réel. Pourtant, rien n’est plus rare” (Zola, *Le Roman Expérimental* 208 my emphasis). Naturalist writing is thus rooted in the sensorial interpretation of reality. Zola encouraged detailed descriptions of settings, characters, spaces and physiological processes serving to plunge the reader in the sensory experience of the fictional world. While staying scientifically arduous, he invited constructing narratives that aimed to be socially engaging and revealing the complexities of human nature. Thus, even though physiology is at the center of *Thérèse Raquin*, the objective of the narrative is to immerse the reader in the sensorial turmoil of ailing characters, rather than distorting the nature of reality. He portrays a haunted subjectivity through a network of figures, temperaments, space, voice, colors, allusions and more. Contrary to Charcot, rather than offering a mimetic image of an ill woman, going beyond the surface, Zola’s scalpel dissects the sensations of suffocation, paralysis, fear, and madness.

Zola’s portrayal of the malady is in the representation of the body *inside out*. This is manifest in the indelible cicatrix on Laurent’s neck which has drawn a lot of attention from scholars. While forcing Camille off the boat, the frail victim makes a last attempt to save/avenge himself and bites Laurent in the neck, tearing away a piece of flesh before being thrown into the water. For Laurent, the bite mark on his neck is not only a throbbing souvenir of Camille’s death, but also emblematic of a living carcass that seems to have found residence in his body. Like the phantom that obstructs Laurent’s and Thérèse’s union, the ugly wound on Laurent’s neck is another embodiment of Camille that affects on both a physical and psychological level. This gruesome wound piercing Laurent’s skin like a thousand needles is illustrated in great detail:

Il rabattit le col de sa chemise et regarda la plaie dans un méchant miroir de quinze sous accroché au mur. Cette plaie faisait un trou rouge, large comme une pièce de deux sous ; la peau avait été arrachée, la chair se montrait, rosâtre, avec des taches noires ; des filets de sang avaient coulé jusqu'à l'épaule, en minces traînées qui s'écaillaient. Sur le cou blanc, la morsure paraissait d'un brun sourd et puissant ; elle se trouvait à droite, au-dessous de l'oreille. Laurent, le dos courbé, le cou tendu, regardait, et le miroir verdâtre donnait à sa face une grimace atroce. (Zola 123)

The reader joins Laurent's focalization, studying the stigmas on his own flesh, reflected in the murky light of the cheap mirror. Laurent's wound displays putrefaction similar to the bare bodies in the morgue resembling butchered meat: "des tas de viandes sanglantes et pourries" (124-5). The details of the colors appearing on the flesh are telling. The raw pinkish flesh is speckled with red and black; streaks of dried blood are visible up to the shoulders. Camille's murder scene did not involve blood as he was drowned. However, the violence of bloody murder is powerfully visible in the details of the wound ("des filets de sang avaient coulé jusqu'à l'épaule") and the teeth-marks embedded in his skin also carve a powerful impression in his psyche ("la morsure paraissait d'un brun sourd et puissant"). In the exposition of this seething lesion, along with the transformation of the brute Laurent into a frail wretched creature, Zola offers a portrait of pain experienced by Laurent. The stubborn wound symbolically exposes the "disease" or the *bête* that inflicts both Laurent and Thérèse. While Laurent views the portrait of the wound emerging from the glaucous mirror hanging on his wall, the reader in turn views the bent back of the man, his neck twisted, and the face contracted in horror—altogether a grotesque figure takes shape. Laurent's probing gaze is reciprocated by an image: "et le miroir verdâtre donnait à sa face une grimace atroce." While it is clear that Laurent sees the reflection of his own body in agony, there

appears a distance between Laurent and the one that meets his gaze. The agonizing grimace that meets Laurent's eye symbolizes an agency attributed to the grotesque of Camille's presence that speaks through the open wound.

The wound thus symbolizes a corrosion in the body, as well as a deterioration of the psyche. The monstrous wound appears to slowly consume Laurent's sense of agency, "il crut qu'elle lui mangeait la chair" and he begins to see it as something "other" clinging to his flesh: "c'était comme de la chair étrangère qu'on aurait collée en cet endroit, comme une chair empoisonnée qui pourrissait ses propres muscles" (Zola 153, 280). This wound, a piece of flesh abjected from Laurent's body, is thus attributed a separate mythical agency, such as a vampire sucking out his being from the inside, forcing him into a state of living-death. The allegory of vampirism in this indelible wound is unmistakable as developed by Behrendt in her essay on social parasitism in *Thérèse Raquin*. Behrendt argues that "Zola's creative process in literature is not one of demythification in order to cast off myth but rather a process of demystification and demythologization which reveals the nature of human behavior which gave rise to the myth initially" (35). The belief in the supernatural phenomena that Zola brings into his naturalistic narrative, such as Laurent's monstrous wound or Camille's ghost that obstructs the physical union of Laurent and Thérèse, serves to illustrate the abdication of responsibility for one's action in the moral world, locating the source of their torment *outside of themselves*, in the supernatural world (Behrendt 39). For Behrendt, the vampiric wound thus exteriorizes the reality of social corruption. In my analysis, the portrait of the wound as an abjected or othered entity, alongside the image of the hysteric suffering from hysterical catalepsy, demonstrates the grotesque of hysterical pain. In the pre-Freudian era, the hysteric's pain was often overlooked, masked in terminologies, and aestheticized in images. In Zola's examination of physiology in the narrative,

the author appears to deviate from mimetic representation of malady, toward the “sens du réel,” the sensations of suffering. This is evident in the description of the indelible wound on Laurent’s neck.

Laurent’s wound never seems to heal, appears to come alive at the thought of its creator, and burns angrily when Laurent’s body comes in contact with Thérèse. In fact, the very thought or image of uniting with Thérèse seems to re-open the wound. The passage below describes such an episode. Uneasy, and unable to sleep, Laurent’s thoughts turn to Thérèse, and he decides to see his lover. At that very instant, there seems to be an internal cry, a rupture that seizes Laurent’s body: “cette pensée lui fit courir un grand frisson froid dans le dos. L’épouvante le reprit, une épouvante bête et écrasante” (153). Fear immobilizes him and his wound reminds him that he is a captive:

Le sang s’était porté violemment à son cou, et son cou le brûlait. Il y porta la main, il sentit sous ses doigts la cicatrice de la morsure de Camille. Il avait presque oublié cette morsure. Il fut terrifié en la retrouvant sur sa peau, il crut qu’elle lui mangeait la chair. Il avait vivement retiré la main pour ne plus la sentir, et il la sentait toujours, dévorante, trouant son cou. Alors, il voulut la gratter délicatement, du bout de l’ongle ; la terrible cuisson redoubla. Pour ne pas s’arracher la peau, il serra les deux mains entre ses genoux repliés. Roidi, irrité, il resta là, le cou rongé, les dents claquant de peur. (Zola 153)

The oozing hot lesion appears to infect Laurent’s psyche, slowly eating away his sense of agency. Laurent is described as paranoid, fearful of being discovered and he loses control over his physical and social interactions. Instead of acting at his will, Laurent appears to be enslaved by his own fear. The motif of freezing up (“roidi”) is recurrent in the narrative. He appears immobilized, succumbing to the dark force that threatens his existence. Zola refrains from giving

a moralistic name to this force—it may be trauma, guilt, or remorse—but it is evident that the visible lesion on Laurent’s body symbolizes a rupture of the psyche. The lexical field in the above passage echoes the decay that traverses the narrative (“mangeait,” “dévorante,” “trouant”). Laurent’s flesh wound is an external stigma of internal deterioration of the characters. The desire to scrub out the lesion has to be controlled, for the “trou rouge” symbolizes a well of feelings that Laurent is unwilling to explore. Stuck in terror, Laurent, like Thérèse, also becomes cataleptic (“roidi”), powerless to salvage himself from the agony.

Laurent’s catalepsy is comparable to the state of hysterics who were also likely captives of their own trauma. Although offering some acknowledgment that the events in the hysteric’s life may have some bearing on their physical distress, when discussing the psychological anguish of the hysterics, the physicians hardly focused on the cause. Hustvedt offers Augustine’s biographical account and traces her first convulsions to a few days after she was raped by her employer. Having rebuffed the advances of “Mr. C,” the thirteen-year-old was threatened by a razor. Following the event, she was fired to keep her quiet. Augustine suffered from stomach pains, hallucinations and had convulsions frequently. When she was brought to the Salpêtrière at the age of fourteen, she had paralysis that had shifted from the left side of the body to the right. Hustvedt also discusses the effects of years of separation between Augustine, her mother and other family members that certainly had some impact on the child. Additionally, the young girl had experienced sexual assault at the tender age ten—a brutal scene that she would revisit repeatedly during her hysterical attacks at the Salpêtrière. Going by Freud’s study on hysteria, Augustine’s example is one of many whose suffering may resurface in the form of anomalies on the body. A follower of Charcot’s work, Freud, years later, interpreted the hysteric’s behavior, physical abnormalities, and other psychosis as “reminiscences” (Breuer & Freud, 7). Freud

asserts: “The core of a hysterical attack, in whatever form it may appear, is a memory, the hallucinatory reliving of a scene which is significant for the onset of the illness” (Freud, “Preface and Footnotes” 137). Freud’s work on the unconscious mind and the repression of trauma has been crucial in the later approach to hysteria. In the Charcotian era, however, the focus was constrained to the visual manifestation of hysteria, wherein the veritable representation of the malady was only *seen* and not understood. In fact, Charcot was known to be less interested in the words of the hysteric, “when he listened, he listened for physiological indicators and noted impairments such as stutters and aphasia” (Hustvedt 201). In one of his lectures, using hypnosis, Charcot provoked a contraction of Augustine’s tongue, and larynx muscles that “effectively silenced the talkative girl” (Hustvedt 201). In fact, Charcot was unable to loosen her tongue or larynx and Augustine stayed mute for a week. Her voice was revived after inhalation of amyl nitrate, but the medical literature does not mention what she had to say about this “experiment.” Augustine’s experience of being literally silenced for a clinical show and tell speaks of an abuse like her sexual assaults. Such incidents reveal that objectivity in science meant neglecting the complexities surfacing in the psyche of the patient. In the description of the wound, as I have discussed above, while the physiological effects are at the center, they do not disregard the psychological ramifications. By virtue of mimicking Charcot’s looking approach, Zola succeeds in creating a *tableau* of suffering, illustrating the physical manifestation of pain, along with the sensation of rupture.

Conclusion

Zola’s textual body of hysteria, in its recreation of the malady through the sensations of fear, suffocation, paralysis, offers a view of hysteria that is starkly different from that of

Charcot's. As I discussed earlier, a proponent of naturalism, Zola approaches writing or the experimental novel by conducting experiments with characters, environment, situations, to examine human behavior. Naturalist writers often engaged with themes of social determinism, degeneration, and examined the harsh realities of life, such as poverty, urbanization, industrialization, crime, and corruption. Zola contends that naturalist writing, by an accurate depiction of human behavior, should function as a magnifying glass to focus on societal issues. In this chapter, I have argued that while the clinical gaze desired to look at and *write the body* of the woman suffering from hysteria, Zola's naturalist vision unwittingly *writes the pain* of hysteria by articulating a physiological and psychological crisis. *Thérèse Raquin*, writes Baguley, "is Zola's most deliberate attempt to apply physiology to the novel. Zola directs the reader to believe that certain moral conditions and options (passion, remorse, homicide, suicide) are logically, fatally, determined according to the operation of certain general laws" (86). He claims that "the work reads like a psychological novel in which the psychology has been replaced by physiology and the moral issues by 'scientific' laws" (87). Desire and determinism ultimately lead to the crisis of the individuals in the novel. Both Thérèse and Laurent, given their fatal attraction, suffer from the same psychological collapse manifest in their bodies as echoes the narrator: "Cette communauté, cette pénétration mutuelle est un fait de psychologie et de physiologie qui a souvent lieu chez les êtres que de grandes secousses nerveuses heurtent violemment l'un à l'autre" (Zola 159–60). Although this novel is not overtly concerned with hysteria, I contend that through the writer's method of scientific realism, he offers an insight into the liminal subjectivity of an ailing body, such as that of the hysteric. The textual body of *Thérèse Raquin* reproduces the sensation of suffocation and paralysis to expose the figure of liminality in the paradox of living-dead. The repulsion expressed by Zola's critics of the novel, calling it "putrid" is revealing in

terms of the unpreparedness to see and sense the reality of human nature up-close. This in turn may be related to the limitations of the medical representation of hysteria, which often overlooked the pain, violence and horror of a malady that is masked by the corporeal exterior of the woman. When these unattractive effects of the real are projected through such naturalist writing, they often result in a different reception of what is otherwise viewed as aesthetically fascinating.

Chapter 2

Rachilde's *La Jongleuse* and the Hysterical Performer in Charcot's "Clownism"

“La scène n’illustre que l’idée, pas une action effective, dans un hymen (d’où procède le Rêve), vicieux mais sacré, entre le désir et l’accomplissement, la perpétration et son souvenir : ici devançant, là remémorant, au futur, au passé, sous une apparence fausse de présent. Tel opère le Mime, dont le jeu se borne à une allusion perpétuelle sans briser la glace : il installe, ainsi, un milieu, pur, de fiction.”
—Mallarmé, “Mimique”

In this chapter, I closely investigate “clownism,” the term adopted by Charcot to name the second phase of hysteria. The clinical literature on hysteria, as diagnosed by Charcot, does not offer an elaborate explanation on the choice of the term to describe the corporeal movements of the patient. The clinician appears to have chosen “clownism” to refer to the “grands mouvements,” i.e., the phase in which the hysterical patient adopts spectacular postures resembling those of an acrobatic performer. Gesturing toward a comic entertainer – a circus clown – “clownism” derides the symptoms of the hysterical patient and seeks to center on the performative nature of the female body. However, I argue that “clownism” reveals the clinician’s *own* performative aesthetic.

Charcot classified hysteria as a malady of mimesis and considered the hysteric’s proclivity for mimicking an illness as a vulgar performance – “une culte de l’art pour l’art.”¹ His diagnostic methodology thus obsessively centered on detecting “pseudo” markers of hysteria called *formes frustes*. Using “artificial suggestion,” i.e., hypnosis as diagnostic practice, Charcot fixated on refining the crude symptoms to demonstrate hysteria in a true and perfect form. I contend that by designating the phase of the malady as “clownism,” Charcot discloses a

¹ This phrase appears in Charcot’s, *Leçon sur les maladies du système nerveux* : “Chacun sait, en effet, que le besoin de mentir, tantôt sans intérêt, par une sorte de culte de l’art pour l’art, tantôt en vue de faire sensation, d’exciter la pitié, etc., est chose vulgaire, en particulier dans l’hystérie.” (16–17).

spectacularism—by which I mean not the ability of the hysterics to mimic, mime, and move their body, but Charcot’s own performative control of a body that transgresses normative expectations.

In this chapter, I read Charcot’s diagnosis in dialogue with Rachilde’s *La Jongleuse* to bring into focus the clinical desire to diagnose the performative female body. I argue that Rachilde’s *jongleuse* adopts the markers of “clownism” and implicitly challenges Charcot’s controlling authority. The character of Léon Reille views the bourgeois widow Eliante Donalger as a hysteric performer and desires to possess the woman in order to impose his clinical and masculine authority. Rachilde’s *jongleuse*, however, thwarts societal norms and defiantly adopts the aesthetic of “l’art pour l’art” to offer a novel discourse on sexuality and artistic superiority. I will begin by outlining how the doctors understood and classified hysteria as a masquerade, a malady of mimesis, followed by an examination of their own uncanny diagnostic methodologies which paradoxically mirror the performance of hysteria. I will then analyze Rachilde’s *La Jongleuse* in the Charcotian dialectic of “clownism.”

“Clownism” – Taming The Vulgar Act

Performance or performativity was established as integral to hysteria and to the hysterical body. When Charcot categorized the second phase of hysteria as “clownism,” he made a clear association between the hysterical body and the performing body of the circus arena. In this phase, the hysteric appeared to be possessed by a force which led her limbs to thrash violently and contort to form intense and indescribable acrobatic poses. By labeling the phase “clownism,” it may be that Charcot was referring to the “illogical” and absurd corporeal movements akin to that of the acrobatic clown. In my reading, the attribution of the term “clownism” reveals

Charcot's denigration of the female hysteric's predilection for mimicry, a "clowning" without a clear rationale.

Although Charcot was the first to claim that the disease of hysteria was not restricted to women, the malady was immortalized in *fin-de-siècle* European culture, as a commonplace to view the female anatomy as a cryptic and uncontrollable nervous system. It was equally common to stereotype the feminine character as having a penchant for imitation, inauthenticity, trickery, and mimicry. The ability to mime or simulate other diseases perfectly was seen as a fundamental characteristic of the female hysteric. It was imperative for the medical authority to find a clear referent for the "illogical attitudes" of the hysterical patient and to inscribe the symptoms in a scientific framework. I view this need as a drive to assume power in order to control the chaotic expression of the female body. Charcot obsessively focused on using the observation methodology or the "looking" approach to distinguish the fake or "pseudo" symptoms from the "true" organic ones, because, as he insisted, it was crucial for the clinician to "unmask" the pretense of hysteria.² In Charcot's view, the masquerade was either voluntary or involuntary, but in either case, the mimicry itself was viewed as problematic.

Charcot elaborates on this performative characteristic by distinguishing *imitation* and *simulation*. By imitation, the neurologist refers to *neuromimésie*, i.e., the involuntary imitation of other ailments.³ According to the doctors, the hysteric has an innate propensity to absorb sounds

² "Nous, en particulier, qui, par profession, sommes voués à cultiver spécialement le champ neuropathologique, nous ne devons jamais oublier que les types les plus divers d'affections organiques cérébrales ou spinales, avec lesquelles nous sommes aujourd'hui familiarisés, pourront à chaque instant, dans la catégorie de l'hystérie, rencontrer un pendant, un représentant, un « sosie », pour mieux dire, qu'il nous faudra savoir démasquer" (Charcot, *Leçons du mardi* 522).

³ "Et la ressemblance est parfois si frappante qu'elle rend le diagnostic des plus ardu. On a quelque fois désigné sous le nom de *neuromimésie*, cette propriété qu'ont les affections *sine materia* de simuler les maladies organiques. (...) Or cette ressemblance qui désespère parfois le clinicien doit servir d'enseignement au pathologiste qui, derrière le syndrome commun, entrevoit une analogie de siège anatomique, et, *mutatis mutandis*, localise la lésion dynamique d'après les données fournies par l'examen de la lésion organique correspondante. Et ceci nous conduit à reconnaître que les principes qui régissent l'ensemble de la pathologie sont applicables aux névroses, et que, là

and gestures from her environment and the uncanny ability to mimic all that she has seen or heard when triggered by a hysterical attack or provoked under hypnosis. Charcot identified such suggestibility as one of the major symptoms of hysteria which enabled the patient to simulate all sorts of medical conditions, among the more common being pregnancy, epilepsy, and syphilis. He hence cautions that in *neuromimésie*, despite spectacular evidence of an ailment, it may well be a fictitious presentation of a “true” organic symptom. This was exemplified during the 1870s, when the hysterics were placed in the same ward as the epileptics due to renovations at Salpêtrière. It is documented that many young hysterics began to imitate every phase of epileptic seizures. At first, Charcot failed to distinguish the imitations from the “real” seizures but eventually he went on to develop his own nosological concept of hysteria and diagnosed the seizures of the hysterics as symptoms of their inherent neurotic tendency of mimicry. He distinguished these seizures as “hystéro-épilepsie.” Pierre Briquet, a prominent doctor of hysteria in the nineteenth century, suggested that it was an illness of impression and of impressionability. He defined hysteria as a manifestation of the part of the brain destined to receive affective impressions and sensations: “Cette souffrance provoquée par des causes physiques ou morales antipathiques à l’économie, se traduit à l’extérieur par les phénomènes propres à la manifestation des divers genres de souffrance, soit physique, soit morale, et ce sont ces phénomènes qui constituent le caractère de l’hystérie” (601). In essence, Briquet’s description suggests that hysteria is an illness of mimesis and the symptoms of physical or moral suffering are a masquerade. Moreover, even though imitation of diseases may be outside the hysteric’s own volition, many voices in the clinical community echoed the universal view that mimesis is a

aussi, on doit chercher à compléter l’observation clinique en pensant anatomiquement et physiologiquement” (Charcot, *Leçons sur les maladies du système nerveux* 16).

feminine faculty. In his treatise on hysteria, Briquet states: “La faculté d’imiter, (...) est, comme on le sait, l’un des privilèges des femmes; elle est encore bien plus celui des hystériques. Il suffit qu’une de ces malades ait vu une fois un geste, aperçu un acte qui l’aura frappée, pour qu’involontairement elle l’imite, soit dans son attaque de convulsions, soit dans les symptômes hystériques qu’elle présentera hors des attaques” (*Traité clinique et thérapeutique de l’hystérie* 371). He even goes on to marvel at how hysterics were able to perfectly simulate the barking and howling of dogs, the meow of cats, roars and yaps, the clucking of chickens, pigs’ grunts and the croaking of frogs (317–318). Even as its relation to the *hystéra*—the uterus—was called into question and hysteria began to be considered a desexualized illness, it never ceased to be recognized as a *sentimental* illness and, therefore, feminine (Didi-Huberman 73).

For the objective onlooker then, the hysterical body was unconsciously or voluntarily lying—deception and obscurity forever accompanied hysterical symptomatology. Along with the involuntary quality of mimicry, the patient’s ‘conscious’ *simulation* of symptoms further overlaid the hysterical body with doubt. In his lectures, Charcot identifies *simulation* as intentional feigning or staging of symptoms or portraying an outburst for attention on the part of the hysteric:

Il s’agit de la *simulation*, non plus de cette *imitation* d’une maladie par une autre, (...) mais bien de la simulation intentionnelle, voulue, dans laquelle des malades exagèrent des symptômes réels, ou encore créent de toutes pièces une symptomatologie imaginaire.

(Charcot, *Leçon sur les maladies du système nerveux* 16–17)

The concern that the patient was consciously faking the symptoms to garner the attention of the physician was exceedingly common and deception was seen as a symptom of being a woman no less than of being a hysteric. As per these doctors, the hysteric is thus *acting out* and/or simply

acting. Many doctors have echoed the challenge of being duped by hysterical trickery and caution that hysterics inherently *want* to cheat, lie and exaggerate.⁴ The gendered history of hysteria has branded the female temperament as excessive or hyperactive and hence hysteria was an affliction related to femininity. Charles Richet described this excess in terms of the patients' vivid imagination and short-lived outbursts: "elles ont des sentiments passagers et vifs, des imaginations mobiles et brillantes, et parmi tout cela l'impuissance de dominer par la raison et le jugement ces sentiments et ces imaginations" (13). Most of the character traits of hysterics, as per Dr. Joseph Grasset in his entry on hysteria in *Dictionnaire encyclopédique des sciences médicales* (1889), were simply exaggerations of the female character. He characterizes the hysteric's attitudes as the need to attract the attention of others, fickleness of purpose, emotional instability, and lack of willpower: "We thus come to conceive of hysteria as the exaggerations of the female temperament, *the female temperament that has become a neurosis*" (Finn 195). The hysteric's neurotic need for attention was thus seen as expression of the outrageous and the "unnatural" in their bodily gestures and language, as echoed by Dr. Brouardel, Dean of the Paris Faculty of Medicine in the 1880's: "The need to be noticed becomes acute in the hysteric and takes on the most disagreeable forms. No longer is she content to converse pleasantly, her language becomes spicy, and the urgent desire for attention incites her into actions that are absolutely out of line" (Finn 197). Curiously, Charcot criticizes such performance devoid of any didactic value—as evident in the phrase "l'art pour l'art."⁵

⁴ Charles Richet for instance writes: "Rien ne leur plait plus que d'induire en erreur ceux qui les interrogent, de raconter des histoires absolument fausses, qui n'ont même pas l'excuse de la vraisemblance, d'énumérer tout ce qu'elles n'ont pas fait, tout ce qu'elles ont fait, avec un luxe incroyable de faux détails. Ces gros mensonges sont dits audacieusement, crûment, avec un sang-froid qui déconcerte. Le médecin qui examine des hystériques doit songer sans cesse qu'elles veulent le tromper, lui cacher la vérité et lui montrer des choses qui n'existent pas, aussi bien que lui dissimuler celles qui existent (11).

⁵ The phrase "l'art pour l'art" or "art for art's sake" was adopted by several intellectuals of the nineteenth century and rose to popularity with Théophile Gautier's use of the phrase in his works such as *Albertus* (1834) and

Chacun sait, en effet, que le besoin de mentir, tantôt sans intérêt, par une sorte de culte de l'art pour l'art, tantôt en vue de faire sensation, d'exciter la pitié, etc., *est chose vulgaire, en particulier dans l'hystérie*. (Charcot, *Leçon sur les maladies du système nerveux* 16–17, my emphasis)

The penchant for *simulation*, at times for no objective outcome and simply to draw attention, reveals for Charcot a narcissistic value which he considers “vulgar.” Unlike Freud’s eventual focus on psychoanalysis, Charcot, clearly, seems to dismiss any psychic need or drive which is at issue, and responsible for the behavior and instead focused on the “performance” apparent on the outside, as articulated in “l’art pour l’art”. In his view, the hysteric’s exaggerated, hyperfeminine performance defied the ordered beauty of a classical tradition and manifested a crudity associated with the carnivalesque.

The circus, carnival, and similar vaudeville performance sites emerge as a means to escape from the mundane, the norm, the constraints of meaning and being. According to Mikhail Bakhtin, the carnival culture that emerged in the medieval period was characterized by a temporary inversion of social norms and hierarchies, where the lower classes could openly mock and satirize those in power. The carnivalesque aesthetic refers to the qualities and transgressions of this culture, which include humor, parody, irreverence, and exaggeration. Bakhtin contends: “[A]ll were considered equal during carnival. Here, in the town square, a special form of free and familiar contact reigned among people who were usually divided by the barriers of caste, property, profession, and age” (10). The circus or the carnival paved a way to display the grotesque in the outcasts, the strange, the savage whose exhibition, while evoking horror, was also applauded and monetarily rewarded. In terms of art or aesthetics, this was certainly not

Mademoiselle de Maupin (1835). The phrase reflects the artistic creed to let a work of art exist purely for itself rather than be tied to a political or religious agenda or serve a moral justification.

considered as high art. The grotesque of this space relates to a derision of degenerate bodies. Shock, horror, pleasure, desire, mingle in these performative spaces where the distinctions between human and inhuman, race, class, gender, and constraints of time and space seem permeable. This carnival in the hysteric's proclivity for "une culte de l'art pour l'art" seems to be exposed in Charcot's view of "clownism." Charcot and his peers were defenders of the French tradition, which was typically associated with the belief that France was the centre of Latinate learning throughout the medieval and early modern period and was therefore the true heir to the classical traditions of the Ancients (Marshall 21). Marshall remarks that according to Charcot "to deny the rules of classicism within one's own performance was, (...) to be diseased" (22). Charcot appears to evoke hysteria's mimetic burst as "diseased" because it is a performance without causality. The actual psychic causes, however, are not considered. Charcot attempts to cure this disease by assuming control in steering hysteria towards a performance for pedagogy. The clinician's preference for the ordered beauty of the Neo-classical aesthetic is reflected in his own clinical aesthetic, i.e., in the meticulous designing of a nosology of symptoms of hysteria. The categoric labeling of hysterical symptoms to offer an *ordered* and a *didactic* image of hysteria, and the use of photography to *demonstrate* the hysteric's malady, also aligns with the conviction of a classicist tradition.

In Charcot's contempt for the crude performance of hysteria, I also discern a dislike of the autotelic or self-directed art form because it is assumed by the female body. Such performance essentially denies a true opportunity for scientific signification and shows an oppositional agency of femininity. The unusual postures adopted by the hysteric originated for an ambiguous objective, from an unknown source, and in the wrong context. They were not performed by trained acrobats who garnered gasps of horror, looks of awe, and applause. It

would be disparaging for science to concede to the unknown agent that on the one hand controls the female body and on the other illustrates a unique performance, disavowing the clinician's vocational prowess. In the clinical view, such aesthetic autonomy displayed by the female hysteric was "vulgar." Given that several Salpêtrière patients worked in fairs or freak shows, the neurologists were keen to reestablish proper boundaries and hierarchies between the clinic and the carnival. Charcot attacked the aesthetic forums such as the carnivals with fear that they flaunted the shocking symptoms of illness as "remarkable abilities" and undermined Charcot's own clinical performance and values (Marshall 22). This was especially true when Charcot attempted to ban hypnotic displays at carnivals, fairgrounds, and theatre to distinguish the carnivalesque performance from his own use of clinical practice of hypnosis. Be it one way or the other—*imitation* (i.e., the patient was unconsciously mimicking an illness) or *simulation* (i.e., the patient was knowingly faking it)—women's corporeality viewed through the lens of hysterical performance was always under critical inquiry and presented itself as *an act* that needed taming. Charcot therefore finds a way to reassume a patriarchal authority by placing the hysteric and her abilities under his performative control. Paradoxically, the classicist clinician, like the hysteric, also resorts to a "clowning" by adopting the sideshow of hypnosis as a diagnostic practice. Charcot's drive to control the hysteric's expression through a carnivalesque practice discloses a larger cultural discourse on performative agency in the period.

Clownism: Charcot's "vocation esthétique"

Hysteria was the enigma that stumped science and created a void that needed to be filled in order to maintain the clinical authority of the period. "Clownism" is then the clinician's

performance in a positivist culture arising from an existential crisis, a “horror vacui.”⁶ Although the expression “horror vacui” is used in the context of art, the term aptly captures Charcot’s positivist drive to signify hysteria in a meaningful nosology. In the clinical framework, chaos ensued because hysteria was considered as an illness with no form of its own—a *malum sine materia*. Charcot’s colleague Briquet, confirms the elusiveness of the disease by stating that the illness seemed to present itself in a thousand different forms, but the doctors were unable to grasp even one of them.⁷ It is my contention that Charcot viewed capturing and elucidating hysteria as his own “vocation esthétique,” in the sense elucidated by Jean Starobinski.⁸ I read “clownism” as Charcot’s process of *forming* the malady to showcase his own performative agency.

Charcot, like many in *fin-de-siècle* France, was attracted to the circus and often frequented venues of performances. For the clinicians of the Salpêtrière, places such as street fairs, carnivals, velodromes, circuses, and cabarets provided an ideal environment within which to observe different specimens of the human form—the athletic and the aberrant or unusual individuals (Marshall 137). Endorsing Diderot’s proposition that “Nature produces nothing incorrect,” it was important for clinicians such as Charcot and his colleague Paul Richer to observe and understand nature in its entirety “to produce a comprehensive description of the living human body in all of its variation: in degeneracy and in health, in aggression and in fear” (Marshall 140). The objective of such detailed medical observation was to study the *ideal norm*

⁶ From Latin, “Horreur vacui,” in the context of art, refers to “fear of vacuum” or fear of empty spaces.

⁷ Briquet, quoted in *La leçon de Charcot: Voyage dans une toile* (Paris : Catalogue de l’exposition organisée au Musée de l’Assistance Publique, 1986), p.69.

⁸ I borrow this phrase from Starobinski’s seminal essay *Portrait de l’artiste en saltimbanque*, 9. The author discusses in this essay the symbolic representation of the *saltimbanque* or the circus performer as a self-portrait of the artist or author. Using examples of varied authors and artists of the nineteenth and the twentieth centuries, Starobinski examines the artist’s relationship with the world and his own aesthetic vocation as depicted in the image of pierrots, jesters, fools, lady acrobats, androgynous performers, and tragic clowns, among others.

or *type*, i.e., the *perfect form* of a body in its natural state, whether that be a muscular weightlifter's Herculean physique or the physical stature of a dwarf. Charcot's supporter Georges Guillain noted that the neuropathologist preferred the circus or the comic gymnastic performances at the Folies Bergère, to the theatre, a penchant which led him "to name one of the poses of hysteroepilepsy 'clownism' in recognition of the impressive acrobatic feats commonly performed by clowns during this period" (Marshall 137). Charcot appears to laud the *perfect* acrobatic form adopted by the ailing body and in doing so, the clinical gaze focuses on the performance prompted by the malady "hysteria." Amongst the different acrobatic postures viewed during this phase of attack, most prominently known is the hysteric arc, in which the head touches the feet. In medical terminology, it is known as opisthotonos: spastic muscle contractions constituted the *arc en cercle*, or the circular arc which has become the icon of hysteria. The image of a woman's body in this hysteric arc also features prominently in demonic or religious possessions. The demarcation between religious possession or mysticism and hysteria was very fluid during this period and this explains Charcot's inherent need to *brand* the image of hysteria in the medical framework—much like an author putting his signature on his oeuvre. Additionally, by referencing the circus performer with the label of "clownism," Charcot can be associated with the several artists and authors of the *fin-de-siècle* who sought to portray their own creative insight and autonomy by incorporating the figure of the circus performer in their work.

From the mid-1850s, French culture was inundated with works centered around the acrobatic clown to express many creative tensions.⁹ Literary critic Jean Starobinski describes the

⁹ Geneviève Sicotte notes that this was a pivotal period that exposed the tensions brewing across the nineteenth-century literary: "tensions entre le romantisme et le réalisme, entre la poésie, le théâtre et le roman, entre les discours littéraires et journalistiques ou essayistiques, entre l'art et la morale" (Sicotte, 9). Charles Deburau continued the legacy of his father Jean Gaspard Deburau, the first of many Pierrots at the *Théâtre des Funambules*,

space of circus as “un îlot chatoyant de merveilleux, un morceau demeuré intact du pays d’enfance, un domaine où la spontanéité vitale, l’illusion, les prodiges simples de l’adresse ou de la maladresse mêlaient leurs séductions pour le spectateur lassé de la monotonie des tâches de la vie sérieuse” (7). The circus is a threshold separating the real from the unreal, a land where magic is palpable, and a liminal space where ambiguity of gender, race, and class can lead to infinite possibilities. In the same vein, in *Decadent Aesthetics and the Acrobat in Fin-de-Siècle France*, Jennifer Forest focuses on examining how the ambiguities produced in the performance of the acrobat seeped into the imaginary of the Decadent movement in France. Forest analyzes “the ways in which fin-de-siècle writers and artists found exhilarating liberation in adapting to their practices the paradoxes offered by the acrobatic body in performance” (11). For instance, Théodore Banville’s *Odes Funambulesques*, published in 1857, drew attention for transgressing literary convention by adopting the figure of the clown in a poetic genre. His critics despised and failed to understand the author’s preference for circus and pantomime to the *Comédie Française* repertoire.¹⁰ Banville’s explorations of the aesthetics of the circus in a lyrical arena, evident not only in *Odes Funambulesques*, but in his entire corpus, suggest not only the writer’s creative

and Paul Legrand entertained audiences as Pierrot at the *Folies-Nouvelles*. The *Cirque de l’Impératrice* and the *Cirque Napoléon* were ragingly popular. Honoré Daumier’s *saltimbanque* paintings, Thomas Couture’s painting *Le duel après le bal masqué*, centering on the clown figure, appeared in 1857. Théodore Banville’s *Odes Funambulesques*, also published in 1857, drew attention for transgressing literary convention by adopting the figure of the clown in a poetic genre. The decades to follow would find other works inspired by the acrobatic clown, such as Baudelaire’s “Le Vieux Saltimbanque” that appeared in his collection of prose poems, which also includes another carnival representation in “La Femme Sauvage et La Petite Maîtresse” (1869); Edgar Degas’ *Miss Lala au Cirque Fernando* (1879), the Goncourt brothers’ naturalist novel *Les Frères Zemganno* (1879), Edouard Manet’s *Un bar aux Folies-Bergères*, which appeared in the same year, and Paul Margeurite’s pantomime *Pierrot Assassin de sa Femme* in 1882. Similarly, the carnivalesque had seeped into the mass culture through the vibrant posters in the 1880s and 1890s by Jules Chéret. These works represent just a few from the plethora of plays, novels, poems, essays, caricatures, and paintings where creative tensions were expressed through the carnivalesque.

¹⁰ Forest observes: “Unlike most of his compatriots who worked to distance themselves as far as possible from practical bourgeois culture by retreating to a rarefied aesthetic realm, Banville went back literally and figuratively to the rowdy, dirty, popular theater, in particular the *Théâtre des Funambules*, not to appropriate and internalize it as detached and cleansed representation – as had occurred in the eighteenth century, as well as with most poets who followed Banville – but to reproduce its unorthodox practices” (“Théodore de Banville and Funambulesque Aesthetics,” 19).

buffoonery, but also his desire to work under the sign of the *funambulesque* (Forest, “Théodore de Banville,” 19). The acrobatic performer clown for Banville allegorizes the poet’s performance—his aesthetic innovation—by treading the highbrow art with the risk of falling and failing.¹¹ Many artists and authors thus endeavored to replicate through their work the “disruptive, disorienting, and ultimately liberating sensations that one experiences during acrobatic performance” (Forest, *Decadent Aesthetics* 11). Exploring the attraction toward such exhilarating freedom in the ambiguity of the circus performer, Starobinski analyzes how the *saltimbanque* in literature and art serves to mediate the artist’s private image and public persona. The identity of the writer appears to be knotted in his rendering of the clown figure, and according to Starobinski this is an “autoportrait travesti” signifying that the clown figure offers value beyond the novelty in aesthetics (8). There is a metaphoric stylization as well as a metonymic fusion of the artist and his *clown*.¹² While Charcot was not a poet or painter by profession, and despite his view of the carnivalesque as a crude art form, his branding of

¹¹ As one of the first poets to represent the clown in a symbolic referent of the poet in an important manner, the body of poems in *Odes Funambulesques* is significantly anchored by Banville’s first and last poem – “La Corde Roide” and “Le Saut du Tremplin,” respectively. The poet figuratively compares himself to the tightrope walker who entertains his audience by performing lyrical gymnastics, and in this guise aspires to reach new heights of success. The tightrope is symbolic of the classical convention, the highbrow art that the poet treads, albeit with risk of falling (from grace) into the abyss, by his whimsical acts. At the same time, this “corde roide” also offers a space that separates the poet from the critical brouhaha below, and the limitless skies that promise a spiritual transcendence.

¹² The identities of these traditional fools were “on the borderline between life and art, in a peculiar mid-zone, as it were; they were neither eccentrics nor dolts, nor were they comic actors” (Bakhtin 30). As stock characters, they were to become once and for all, Harlequin or Pantaloon, and continued to play this role, while the story line may be fabricated differently. The traditional fool or jester was known as such, on stage as well as off-stage, as there was no real end to their individual performance. Blending of life and art, acting as the bridge between illusion and reality was similarly integral for writers who identified an analogous liminal essence in the clown figure. Starobinski views the literary appeal of the carnivalesque figure who appears to stand outside the normative boundaries of gender, class, and, in certain ways, even the artistic genre, as “une forme singulière d’*identification*.” He writes “Depuis le romantisme (mais non certes sans quelque prodrome), le bouffon, le saltimbanque et le clown ont été les images hyperboliques et volontairement *déformantes* que les artistes se sont plu à donner d’eux-mêmes et de la condition de l’art. Il s’agit d’un autoportrait travesti, dont la portée ne se limite pas à la caricature sarcastique ou douloureuse” (8).

“clownism” divulges a tension similar to an authorial or performative identity. In the following discussion, I continue to examine the label of “clownism” in conjunction with Charcot’s clinical methodologies that I call pedagogical/diagnostic performance. This reading will illustrate how Charcot also portrays an uncanny performance of hysteria or his “autoportrait travesti.”

Autoportrait Travesti: Charcot’s Suggestible Body

Much of Charcot’s diagnostic performance emerges in his own conception of hysteria,¹³ his own nosology of the illness that details the ways in which hysteria simulates symptoms of known diseases. According to Charcot, it is a fundamental task of nosography to follow the “method of types,” to recognize and distinguish the type. Based on this belief, Charcot postulated that in natural hysteria the *formes frustes*, i.e., the crude, badly designed symptoms should be addressed after dissecting the archetype, i.e., the perfect form of the symptom, which becomes possible in hysteria provoked under hypnotic suggestion. For the clinicians, hysterical symptoms appearing in their raw, indecipherable forms were viewed as a defiance of the clinical authority and needed to be tamed. This basically resulted in the disciplining of the female hysteric.

¹³ This statement is influenced by the work of Didi-Huberman in *Invention of Hysteria*. By carefully examining Charcot’s trademark observational practices, professed to be both non-invasive and non-interventionist, the author exposes the artifice of the practice and manipulative power of the clinical authority late nineteenth-century. During his tenure at the asylum, Charcot oversaw the development of the *Iconographie photographique de la Salpêtrière*, a multivolume work cataloguing women in different stages of hysterical attack. In theory, the collection was meant to serve as an archival resource and as a pedagogical tool, and Didi-Huberman critically analyzes this practice to exhibit the theatricality of fin-de-siècle hysteria in which both the doctor and patient participated, following a certain “contract” that helped meet their own expectations. While turning the focus away from the tirelessly inspected hysterical body, Didi-Huberman interrogates the role of the doctors, interns, and photographers who instigated the clinical voyeurism. Additionally, I also largely refer to the works of Asti Hustvedt’s *Medical Muses* and Jonathan Marshall’s *Performing Neurology* to solidify the artifice and performativity employed by Charcot in the diagnostic practice of hysteria, blurring the lines between science and theatre. Hustvedt carefully examines the lives of the famous hysterics Blanche Wittmann, Augustine and Geneviève who were studied, scrutinized and exhibited and perhaps even used as guinea pigs during their stay in the wards of the Salpêtrière. Marshall extensively studies Charcot and focuses on the performative aesthetics of neuropathology itself. He also focuses on how Charcot and his associates developed a complex aesthetic understanding of their practice and of disease.

Hypnosis or what Charcot called “artificial suggestion” thus allowed the clinicians to *simulate* the power of the unknown/undiscovered *other* that controlled the hysterical performance. Herein lies the uncanny mirroring of hysteria by the clinician, who sought to make a copy in their own practice of hysteria, just as they claimed that hysteria mimicked other illnesses. By introducing the carnivalesque sideshow of hypnosis in the Salpêtrière as a diagnostic methodology, I contend, Charcot and his peers sought to re-brand/rewrite the hysterical performance under their authorship to seek control and ownership of the female hysteric.

The clinical gaze postulated that the hysterical body was suggestible and susceptible. As per the neurologist, the only “reliable” symptoms to diagnose hysteria were found in what has been termed the physical stigmata, namely narrowing of the field of vision and skin sensitivities, which include hemianesthesia or the loss of sensation on one side of the body. Additionally, the role of suggestion during hypnosis began to be considered as another “reliable” symptom in identifying hysteria, as Charcot maintained that *the very susceptibility to hypnotism is indicative of a hysterical symptom* declaring “les grandes hypnotiques sont des hystériques” (Charcot, *L’Hystérie* xci). The world-renowned neurologist thus defended suggestibility, i.e., hypnotic suggestion, as a reliable diagnostic tool and widely promoted the practice despite vehement opposition. Hypnotism was mocked by the scientific community and was considered part of the hocus-pocus of traveling shows, an act put up by quacks to dupe gullible people. Hypnotic practice, known in common parlance as “mesmerism” or an “occult force,” was openly condemned by the medical establishment, but many physicians persisted in researching the phenomenon in secrecy, fearful of being found out and labeled as charlatans.¹⁴ It was, however,

¹⁴ The phenomena of hypnosis or suggestion had emerged in the eighteenth century when the German doctor, Franz Anton Mesmer came up with the theory of “mesmerism” or what he termed as “animal magnetism.” Mesmer believed that an invisible natural force or a universal fluid, possessed by all living beings, could have cosmic influence on living organisms including humans, animals and vegetables. Mesmer had theorized that diseases were

when Charcot incorporated hypnotism in his scientific practice that the Academy of Science was forced to change its position and legitimized the field of hypnotism. Charcot argued that *hypnosis imitated hysteria*, maintaining that the psychological state of a female hysteric is analogous to that of those who were hypnotized, and it was rather an induced neurosis which was possible only with hysterics. The neurologist systematized hypnotic phenomena the same way as he had categorized the irrational symptoms of hysteria, by organizing the phenomena into three main categories that he considered were types of their hysterical equivalents: lethargy, catalepsy, somnambulism.¹⁵ Charcot distinguished between what he called “auto-hypnosis,” when an attack and slippage into any of the above phases occur spontaneously, and “artificial hypnosis,” meaning that the hysteric was susceptible to a trauma and could be provoked into any of the phases by inducing hypnosis.¹⁶ In this artificial state, the physician had the power to alter her corporeal form to showcase the symptom, in a form considered impeccable, by the clinical gaze. Through this curative intervention, the doctor applies “suggestion” or “impression” to transform the “natural” hysteric with her arbitrary symptoms and duplicities, into a kind of artificial woman, “a perfectly docile automaton,” whose physical and mental form may be manipulated to

caused by a corporal imbalance of this fluid and healing could occur by restoring harmony. He conducted highly theatrical “group healings” in which his participants, mostly women, were “mesmerized” into hypnotic trances from which they awoke seemingly cured of whatever ailed them. This alternative practice of medicine of hypnotism or animal magnetism, as it was called, survived repeated rejections by the scientific community and in fact was highly popularized across Europe in the nineteenth century.

¹⁵ Gilles de la Tourette confirms stating: “Entre la léthargie, la catalepsie et le somnambulisme hypnotique et les états de même nom appartenant à l’hystérie, il n’existe que cette différence, à savoir, que les premiers états sont provoqués, les autres spontanés” (298).

¹⁶ The assumption that hysterics were more susceptible to hypnotism than others was eventually revealed to be erroneous for the Nancy School in France 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 and this error in judgement impacted negatively on his research (du Preez 52).

the liking of her “operator.”¹⁷ Hypnosis opened a path for experimentation for Charcot¹⁸ and his peers, presenting multiple opportunities to re-design the symptoms and showcase the malady of hysteria. The provoked state of hysteria allowed the clinical possession of the female hysteric. The hysteric in the state of “artificial suggestion” thus aligns with the figure of the circus performer that reestablishes the clinician-author’s vocational identity. Repurposing a carnivalesque aesthetic into diagnostic performance, the clinician becomes comparable to the artist and author who sought to mediate their persona through the figure of the *saltimbanque*.

The Charcotian diagnostic practice reveals an undeniable need to control and domesticate a body that transgresses normative socio-clinical expectations. Offered in part as clinical lessons, the doctors thus used hypnosis to perform numerous experiments on the hysteric. They proceeded to induce the state of catalepsy through hypnosis, by sounding a gong or shining a light or using a tuning a fork as triggers to provoke the hysterical symptoms in the patient. As Gilles de la Tourette describes, once the clinician gives the “suggestion,” the hysteric is under their spell: “Dès lors, elle nous appartient” (132). Once prompted the patient would go limp and numb, immune to any physical sensation. In this state, the physicians were free to manipulate the corporeal as well as psychological being of the patient. The body assumes a pliable almost waxen flexibility that may be “molded” to achieve a unity between the facial expression and the corporal posture, a physiological harmony that would make cataleptic patients ideal models for the sculptors of antiquity. Apart from moving their limbs or changing their facial expression, the

¹⁷ Il existe au même degré dans tous les muscles du corps, ce qui fait que la malade est transformée en quelque sorte en un automate parfaitement docile, sans raideur, auquel on peut imprimer avec la plus grande facilité les poses les plus variées. (...) Les mouvements imprimés aux diverses parties du corps, en tant qu’ils sont expressifs, sont suivis en quelque sorte fatalement de mouvements secondaires destinés à compléter l’expression primitivement ébauchée par la main de l’opérateur (Gilles de la Tourette and Richer 95).

¹⁸ Charcot writes : “Entre le fonctionnement régulier de l’organisme et les troubles spontanés qu’y apporte la maladie, l’hypnotisme devient comme une voie ouverte à l’expérimentation. L’état hypnotique, n’est autre chose qu’un état nerveux artificiel ou expérimental, dont les manifestations multiples apparaissent ou s’évanouissent, suivant les besoins de l’étude, au gré de l’observateur” (Charcot, *Œuvres complètes* T9 : 310, 1890).

doctors often experimented to transform the emotional and mental state of their patient. From making subtle suggestions, such as asking them to make certain corporeal gestures, to asking them to act like animals, or convincing them that they are somebody else, to observing their mental anguish by telling them that they have been attacked by rats or snakes, the doctors saw endless possibilities to manipulate their patient. Alfred Binet, one of the physicians at the Salpêtrière, known today as a pioneer of the IQ testing, describes the significant transformation in the identity of the hypnotized hysteric by citing the example of two patients observed by M. Richer:

Endormies et soumises à certaines influences, A... et B... oublient qui elles sont ; leur âge, leurs vêtements, leur sexe, leur situation sociale, leur nationalité, le lieu et l'heure où elles vivent, tout cela a disparu. Il ne reste plus dans l'intelligence qu'une seule image, qu'une seule conscience : c'est la conscience et l'image de l'être nouveau qui apparaît dans leur imagination. Elles ont perdu la notion de leur ancienne existence. Elles vivent, parlent, pensent, absolument comme le type qu'on leur a présenté. (Binet 304-305)

While the description above seeks to describe the effects and possibilities offered by the hysterical body, it also exudes the seductive power that the physicians possessed over their patient. The power to mutate a person completely into an image. The capacity to erase all memory of the hysteric's "prior existence," to strip her of her "self," alludes to a power equated with that of a creator, an artist, and for that matter even gestures to a god complex. Increasingly the physicians resorted to suggestions borrowed from the clichéd acts of the sideshow hypnotists, transforming their patient into another person or another species, or transporting them to a different place. This is evident in the extensive writing that describes the performance of the

physicians and their hypnotized hysterics.¹⁹ There was a sense of ownership, a pride of being able to possess and control their patient. This form of possession has sexual undertones and also gestures to overthrowing religious power, since the demarcation between hysteria and demonic possession was quite fluid. Moreover, the above description that focuses on the power to take away, to recreate, portrays a violence emerging from the socio-clinical anxiety of being insignificant. In the hypnotized or unnatural state, a hysteric offers a non-menacing representation of illness, a “demystified image” (Hustvedt 81). The inability to recognize hysteria in its natural form leads the clinician to assume control by shifting attention to their own diagnostic performance.

Charcot’s staged hysteria denies the organic expression of the female malady. By resorting to (what was then considered) a carnivalesque methodology, such as hypnosis, Charcot displaces the enigma of the female malady into his own uncanny (re)construction of the illness—re-authoring hysteria under his name. The clinical authority thus took possession of hysteria, by controlling the corporeal expression of the hysteric as echoed in Gilles de la Tourette’s words “dès lors elle nous appartient” (132). “Clownism” in effect not only relates to the hysteric’s corporeal antics, but moreover reverberates a socio-cultural anxiety leading to performative control of a body that transgresses normative expectations. In the discussion to follow, I juxtapose the performances of the *jongleuse* in Rachilde’s *La Jongleuse* with Charcot’s performative construction of hysteria. I argue that Rachilde’s *jongleuse* challenges Charcot’s act of taming the carnival—the carnival that is the inchoate expression of the hysterical body criticized by the physician as “une sorte de culte de l’art pour l’art.”

¹⁹ Alfred Binet, *Les Alterations de la Personnalité*, Georges Gilles de la Tourette, *L’hynotisme et les états analogues au point de vue médico-légal*, Charcot, *Leçons sur la métallothérapie et l’hypnotisme*, Joseph Delboeuf, « Une visite à la Salpêtrière, » *Revue de Belgique* (1886)

Rachilde's *La Jongleuse*

I read Rachilde's *La Jongleuse* as a literary performance of hysteria that problematizes performative agency and authorship in Charcot's "clownism." *La Jongleuse* exposes clinical and patriarchal anxiety as manifest in the character of Léon Reille, the young doctor who desires to possess the charismatic Éliante Donalger in Rachilde's novel. The bourgeois widow in the decadent story who juggles knives as a hobby embodies the enigma and transgressions of hysteria as well as the circus performer. As opposed to the Salpêtrière doctors who prided themselves on their ability to "own" and control the hysteric, the young doctor in Rachilde's novel fails to possess Éliante. Éliante's eccentric and scandalous performances—as viewed by Léon—evident in her juggling knives to entertain an audience for her own pleasure and indulging in passionate love-making with an inanimate object echo "une culte de l'art pour l'art," which is offensive to Léon, revealing his angst.

Summary

Éliante Donalger is a forty-year-old widow who lives with her niece Missie and her husband's uncle. She is a woman shrouded in mystery and characterized multiple times as an "actress" and femme fatale. Léon Reille, a medical student is obsessed with this enigmatic woman, who juggles knives as a hobby and entertains guests in her private room and refuses to live by rules of society. While she admits her love for Léon, she refuses to engage in a normative sexual or marital relationship and declares her happiness in simply being: "Il me suffit d'être..." (Rachilde 31). Éliante prefers to embrace and enjoy life (and death) on her own terms and expresses her individuality in ways that excite and confuse Léon. Léon is absolutely shocked by the bourgeois widow's exhibitionist lifestyle and is most scandalized when he witnesses in her private room

her indecent passion for a Greek alabaster amphora that seems to come alive with her caresses. Although he is revolted, Léon continues to desire Éliante. While claiming to love Léon, she seeks to arrange a marriage between him and her niece Missie, who desires Léon, however the young doctor refuses this proposal. At one point, he comes to believe that Éliante is finally ready to succumb to him. Éliante offers a mesmerizing performance through her dancing and lets Léon believe he has finally made love to the juggler. However, he wakes up to realize that the widow had tricked him into spending the night with Missie. He witnesses Éliante's last majestic juggling act, which ends in a dramatic suicide. The novel ends with Léon and Missie married and welcoming a baby girl and Léon expressing his wish that the child would be granted Eliant's eyes, "*ses yeux, les yeux du rêve*" (Rachilde 303).

Written in a form that combines theatrical and epistolary genres, the novel is essentially a kind of a conversation between the young doctor and the enigmatic hobbyist juggler, bringing into light Eliante's theories on love and autonomy. The exchange simultaneously reveals for the reader Éliante's unique performative agency and Léon's *angstlust* for this transgressive woman. Éliante is consistently described as an actress, a performer, an atypical woman. In the pages to follow, I will analyze these signifiers and read Rachilde's *jongleuse* as a hysterical performer.

La belle jongleuse, la femme fausse, la comédienne ! (Rachilde173)

Éliante Donalger is an exotic woman who is unafraid to assert that she is self-sufficient and does not need a man to fulfill her sexually or otherwise. Éliante's double life portrays the two-sides of female agency, which is controlled by public perception and liberated in a private sphere. The bourgeois widow, aware of her "otherness" in the normative world, thus creates a domain in which she performs for her own sensual and artistic pleasure—art for the sake of art.

This juggling act leads Léon Reille to repeatedly call Éliante a “comédienne.” Earlier in the chapter, I discussed the space of the circus and other carnivalesque avenues as a threshold between the real and the fantastic and I also explained the importance of the clown figure as a medium for aesthetic and metaphysical transcendence. In the context of Rachilde’s *jongleuse*, I now bring into focus more specifically the female “clownesque” figure. In an era enthralled by performative aesthetics, spectacular female acrobats would serve to further romanticize the fantastic space of the circus or vaudeville performances. While the clown or the acrobat may appeal to the eye of the artist to stimulate a creative desire in his vocation, the female acrobat’s “to-be-looked-at-ness”²⁰ stems as much from her corporeal agility as from her ambiguous sexuality. The androgyny may be a result of viewing sensual women engaging in acts that defy their normative image of femininity. Female acrobats thus added glamor as well as invited a view of alternative sexuality. The famous aerialist Miss La La, Edgar Degas’ muse recaptured in *Miss La La au Cirque Fernando* (1879), stunned audiences with her signature acts, such as being pulled up to the height of 200 feet by biting down on a rope or hoisting a 200-pound cannon with her teeth. Suzanne Valadon performed tricks while riding bare-back horses, and Polaire enthralled audiences with her electric moves and with her wasp waist in music-halls, while Chau-Kao also dubbed “the clownesse” was one of the first female clowns to perform regularly at the Moulin-Rouge and Le Nouveau Cirque. A spectator who enters the realm of the circus would likely look at the female performer and view her as an ornamental accessory of the circus body. She is a paid attraction; she is identified for her antics. The spectator thus views the “femme-sauvage,” “acrobate,” “danseuse de corde,” “sylphide,” “dompteuse” and “écuyère”²¹ and in

²⁰ I borrow the term from Laura Mulvey’s “Visual Pleasure and Narrative Cinema” to examine the issue of the male gaze and the female performer as a body to be looked at in the nineteenth-century circus context.

²¹ Nichola A Haxelle analyzes each of these roles assigned to the female circus performer in “‘Ces Dames du Cirque’: A Taxonomy of Male Desire in Nineteenth-Century French Literature and Art.”

these roles the female acrobat exhibits a dizzying confluence of eroticism and the uncanny. Clad in a tight spangled costume, the female acrobat's sex is on display—more than her male counterparts—and she emits a sexual aura by her very appearance in this transgressive space. Simultaneously, her corporeal antics exude a sexual charge that is not associated with normative femininity, but rather an ambiguous sexuality, which opens a portal for the male spectator to project his own sexual desires or fears. Starobinski describes the evolution of the female performer from androgyny to the femme-fatale and he discusses how the lady acrobat in the performance space contributes to the construction and the undoing of the artist or the author's subjectivity. He writes: “L'androgynie du clown acrobate est moins une constatation objective qu'une projection imaginative du spectateur poète” and that the female acrobat possesses “un immense pouvoir de métamorphose, associé à son agilité” (35, 48). Many authors and artists of *fin-de-siècle* have created works which appear to exalt the female acrobat, however, as contemporary scholar Nichola Haxell contends, “the categories of performance correlated with expressions of (male) desire and prerogative” (784). Haxell asserts that despite acknowledging her artistry, “the female circus performer rarely emerged from these male texts (...) as an autonomous creative being; most often she was situated within a patriarchal framework of male-female sociopolitical, as well as, erotic relations” (784).²² Rachilde is one of the rare women writers to have applied the carnivalesque aesthetic in her writing and *La Jongleuse* transgresses the patriarchal framework of male-female erotic relations. Éliante Donalger articulates her autonomy by navigating between private and public spaces, between being looked at and looking, and between performing for herself and for others. The following discussions will expand on how Éliante's ambiguity impacts the making and unmaking of Léon's subjectivity.

²² In her essay, Haxell analyzes the figure of the female acrobat in the works of many male authors such as Balzac, Baudelaire, Edmond de Goncourt, Toulouse de Lautrec, Jules Vallés and J.K. Huysmans among others.

Although Léon Reille views the *jongleuse* in the literal role later in the novel, he struggles with Éliante's ambiguous identity from the outset. Léon's interest in Éliante is piqued by the mystery surrounding her and his curiosity leads him to track her. However, subverting the norms of courtship, it is Éliante who invites the young doctor into her carriage and decides to take him to her place late in the night. While an exciting opportunity to finally meet her, for Léon it is also infuriating that it is she who has assumed the active role. He thus blurts out: "Madame, il serait plus naturel que je vous invitasse" (Rachilde 11). From here on, the question of what is "natural" continues to be at the center of the narrative. Éliante's fierce independence is frustrating for Léon and his scientific brain cannot grasp her penchant for the unconventional and eccentric lifestyle for a woman of her status. Léon Reille may be viewed as the clinical and patriarchal archetype who is fixated on diagnosing Éliante's enigma. This is primarily evidenced in the young doctor's insistence that Éliante remove her clothing so that he can see and examine—much like one examines an artifact to evaluate its authenticity or its value. Léon attests this to Éliante: "Vous me semblez un objet curieux, et cela m'amuse de vous regarder de près derrière la vitrine" (Rachilde 12). Léon's use of the term "curious object" reminds us of the objectification of the hysterical women in the Salpêtrière, owing to their strange bodily response to hysterical and hypnotic suggestion. In an effort to diminish Éliante's agency, Léon subjugates her by calling her an object to be looked at. This strategy intersects with Charcot's diagnostic performance, by which I refer to the clinical gaze, that sought to reappropriate the enigma of hysteria to its demonstrative value, i.e., by staging the symptoms and capturing the anomalies in the form of photographs, illustrations, and theatrical showings. Léon's approach to Éliante thus aligns with Charcot's "looking approach" that seeks to locate and demonstrate the source of enigma and thus prove his mastery.

Focalized through Léon, Éliante's enigma suggests a danger to Léon, which makes his desire to *see* her bare body more urgent. This mystification is in part featured in Éliante's allure described in the novel's incipit:

Elle quittait la salle flambante, emportant sa nuit, toute drapée d'une ombre épaisse, d'un mystère d'apparence impénétrable montant jusqu'au cou et lui serrant la gorge à l'étrangler. Elle faisait de menus pas, et la queue d'étoffe noire, ample, souple, s'étalant en éventail, roulait une vague autour d'elle, ondulait, formant les mêmes cercles moirés que l'on voit se former dans une eau profonde, le soir, après la chute d'un corps. Elle marchait la tête droite, les yeux baissés, les bras tombés, l'air pas jeune, car elle demeurait grave, et (ce qui sortait de son enveloppe funèbre semblait très artificiel : une face de poupée peinte, ornée d'un bonnet cheveux de brillants, lisses, d'acier, reflets des cheveux se collant aux tempes, trop tordus, trop fins, si fins qu'ils imitaient la soierie, un lambeau de sa robe noire, cette gaine satinée presque métallique. Ainsi coiffée d'une coiffure étroite posée sur de minces oreilles rouges paraissaient vraiment saigner sous le poids d'un casque coupant, elle était plus blanche de son fard qu'aucune autre femme fardée. (Rachilde 1–2)

Her exaggerated black garb alludes to a thick shroud—a “funeral envelope.” The narrator inserts several signs of death, which on one hand describe Éliante as a femme-fatale, and on the other hand as a supernatural creature. Her exaggerated black dress is compared to deep waters disturbed by a drowning, and the tightness of her dress and hairstyle allude to a sheath enveloping the sharp weapon—Éliante herself. Emily Apter writes that “intimations of murder by strangulation, suffocation, and drowning are worked into the garment, and there is a pronounced militaristic menace in the style of her hair” (258). The shiny steely-looking hair

worn in the style of a helmet gives Éliante the look of an insurgent as Hawthorne states that she (Éliante) “is a guerillère avant la lettre” (xvii). In contrast to her black dress that sheathed her body, strangling her to death, Éliante’s visage is exaggerated with white make-up, like the painted face of a doll or a clown, which points to an artificiality and a statuesque appearance. The narrator clarifies that she is however living (“elle vivait cependant”) and in fact had instincts and agility akin to a wild animal (Rachilde 2, 4). Éliante’s ambiguous existence—between life and death—is a motif that ties her with the hysteric’s catatonic body in the control of the doctors. Additionally, seen from Léon’s viewpoint, this woman “d’un mystère d’apparence impenetrable” divulges the anxiety that Léon experiences. The garb covering her body troubles Léon greatly, as it signifies a *refusal* to be seen—it is a denial of vision. Concurrently, it is an indicator of a deadly secret.

Léon fears that Éliante’s dark clothing obscures either an object of pleasure, which is denied to him, or a weapon that would lead to his destruction. In either case, the denial of *vision* and *knowledge* of the woman’s body is a threat. Rachilde’s hysteric, however, refuses to unveil her body, which implicitly gestures to a refusal to be controlled by the male/clinical gaze. On several occasions, Léon demands that Éliante remove her clothing, claiming that her garb made him afraid. Aware that Éliante is Créole and French, he seems to associate her Créole ethnicity with a source of fear, as evident in his demand that she remove her gloves to prove her white race. When she does so, he examines the flesh expertly to trace any physical defects (Rachilde 13). At her house, Léon begs Éliante to remove her dress, saying that it is “trop noire” and has a chilling effect on him: “Je vous en supplie, ôtez-là, cette robe, madame Éliante... ou chassez-moi tout de suite de chez vous. Otez-la, rien qu’un peu. Dégantez votre cou, vous étouffez, il me semble. On dirait que vous vivez dans une peau de serpent. Moi, ça me fait froid... et vous, ça

doit vous faire trop chaud” (Rachilde 19, 22). The repetitive pleading to remove the tight dark clothing alludes to the secret that is kept from him, that is denied for his viewing. He describes her existence as a mask, a deception by comparing her living in snakeskin. Éliante’s polite refusals provoke Léon’s fragile ego, and he describes her behavior as a performance meant only to tease him for her own vanity. The idea that Éliante is performing for her own pleasure is viewed by Léon as a transgression that needed to be tamed.

Léon Reille, the doctor-in-training, seeks to observe, possess, and tame the transgressions of Eliante’s physical and mental persona, much like the doctors who sought a pseudo “possession” of the hysteric’s body, i.e., using hypnosis to manipulate the hysteric like a puppet or a doll. His approach to professing his love for Éliante manifests in his attempts to violate her—as evidenced in his stalking her for over three months, and even using physical force to possess her. He challenges her that he will succeed in acquiring her (her body, her secrets) “je vous l’aurai, ça c’est sûr... aussi sûr que vous êtes une odieuse coquette... ou une folle” (Rachilde 22). While the clinicians treating hysteria at the Salpêtrière were able to boast that under their hypnotic suggestion the hysteric “belonged to them” physically and morally, Léon is unsuccessful in accessing his object of obsession. Éliante dispassionately thwarts his sexual advances and reminds him that *her* consent and desire are essential in this relationship: “cher enfant.... et ne me faites pas de mal inutilement. Je suis libre de choisir mon heure et même de ne pas vouloir du tout. Je suis capricieuse, ennuyée, assez souffrante pour craindre un surcroît de souffrances physiques ou morales. Je ne cherche que la paix et l’oubli” (Rachilde 24). Éliante is self-aware and knows that she does not want physical or moral harassment. She not only infantilizes Léon in words but also demands clearly that he not hurt her when he attempts to show his “love” by forcefully holding her. Her response reveals a definitive refusal to engage in

any sexual affair and she makes a clear claim to *her* choice. While the hysteric performer was unable to articulate her agency in Charcot's diagnostic performance, Éliante appears to rationally confirm her boredom and vagary and that she invited Léon for the pleasure of his company and found it "absurd" that a man claiming to love a woman was incapable of holding a face-to-face conversation (Rachilde 25). Léon, however, perceives Éliante's refusal only as a performance of her gender. He believes it to be a deceptive ruse to further pique his curiosity. As I have discussed earlier in the chapter, there was constant skepticism in identifying hysteria as a genuine illness, stemming largely from hysteria's gendered history. Charcot's methodology of understanding hysteria was principally attached to deciphering if the symptoms presented in the hysteric's body were a *simulation* (i.e., the patient was knowingly faking them) or an *imitation* (i.e., the patient was unconsciously mimicking them). Whether the hysteric was *acting*, or her psyche was *acting out*. The question of performance and deception is tightly intertwined with the female body. Rather than accepting her free will, Léon repeatedly calls Éliante "comédienne"—an actress and a liar. His reaction further evidences a masochistic and clinical authority that refuses to let non-knowledge prevail. In fact, he reads her rebuff as a symptom of an illness:

— Comédienne ! ricana-t-il. Je sais bien la comédie que je devrais jouer, moi ; me précipiter à genoux et jurer que je suis content ! Ça jamais. Je ne peux pas. Je suis poussé vers vous par une autre curiosité que celle qui poussent les petits jeunes gens *snoobs*. Ça ne m'amuse pas les façons du *monde où l'on s'ennuie*. Tenez, Éliante, je vais vous avouer ma véritable curiosité, une idée de futur docteur en médecine. Je crois que vous avez la lèpre ! Montrez-moi votre poitrine... si vous n'avez pas la lèpre, je me rends un compte exact de votre mal, cœur ou cerveau, et je me retire très correctement. (Rachilde 25)

Léon's reaction to Éliante's refusal echoes the dominant ideology that women are liars and deceptive. Éliante's refusal to lay bare her body for Léon's eyes leads him to question her authenticity and, in fact, he contends that she is hiding a deadly disease. In his discourse, Éliante appears as a destructive force, one that could poison him or contaminate his capacities. The removal of her dress for sexual union signifies de-weaponizing her and asserting his power to make her vulnerable.

While Léon's verbal rampage seeks to invalidate Éliante's autonomy and to prove that she is diseased, paradoxically it reveals his own performative anxiety, i.e., "horreur vacui." Léon begins by declaring his unwillingness to play the role of the young bourgeois man content to play along with her caprice. He soon establishes the role that *is* important for him by distancing himself from the population of the "snobs." In this distance, the young doctor reveals his revulsion for the bourgeoisie and decadent culture and additionally, gestures to the superiority of doctors. By demanding to see her body "par une autre curiosité" he suggests the privilege of a "futur docteur en médecine" (Rachilde 25). Éliante, by stressing her free will and by drawing attention to Léon's youth, effectively diminishes his masculine authority and clinical privilege. The denial of a physical union for Léon is, therefore, effectively emasculating as it means the impotence to possess Éliante (*avoir*) and the failure to demystify her (*savoir*). By asking Éliante to prove her faultless femininity, Léon seeks to uphold his status quo as a male clinician with the expertise to tame Éliante's transgressions.

La jongleuse étrangère

When discussing Éliante's transgressions, it is essential to consider the categories of "otherness." Éliante Donalger's French-Créole identity and her queer sexuality are strong

signifiers of her foreignness as focalized by Léon in the novel. Additionally, Rachilde intersects racial and sexual otherness with French bourgeois decadence as well as circus aesthetics and thus complicates Éliante's performative position in the novel. In the case of Éliante Donalger, it is not so much that she destroys the norms, but that she negotiates between the acceptable and unacceptable. She is French and Créole, feminine and androgynous, sexual and asexual, an outcast and a hero. Her strangeness emerges from this polysemic identity which presents a challenge for Léon. Léon's struggle to accept Éliante's "otherness" resonates with his own experience of estrangement from Éliante.

As a French-Créole widow, Éliante's bourgeois French modesty and her exotic savage spirit are always hanging in a balance, as allegorized by her passion for juggling knives. While she plays the part of the widow dressed in a black dress that covers her from head to toe, she also boldly asserts her sexuality and even flaunts her sexual attraction for the inanimate alabaster vase. On the question of remarrying as per French social conventions, Éliante explains her resistance to remarriage by professing her innate need for complete freedom. She attributes her "wildness" to her Créole identity : "parce que je suis un peu sauvage, il faut que j'aie à l'aventure selon mon caprice d'ancienne bête élevée à quatre pattes" (Rachilde 67). As we saw in the first chapter, in Zola's novel *Thérèse Raquin*, the eponymous anti-heroine is also seen as struggling to contain the wild passion that is apparently due to her African origins. The narrator describes Thérèse's free spirit or appetite for life as a symptom of her lineage: "le sang de sa mère, ce sang qui brûlait ses veines"—implying that such an appetite needed to be controlled or contained (Zola 73). Rachilde's heroine vocalizes this stereotype and expresses that she is able to contain her animalistic impulses by conforming to the French norms, such as wearing modest clothes: "Les créoles, Monsieur, ne sont pas mises dans des langes et serrées au maillot, on les

laisse nues errant par terre, les premiers jours de leur enfance. Aujourd'hui je m'enferme dans des robes extrêmement montantes pour avoir le droit d'une revanche. Comme on sent que je ne suis pas coquette, je peux aller très loin..." (Rachilde 67). Juxtaposing the verb of confinement (enfermer) with the open-ended ellipses at the end of the sentence, Éliante semantically balances prudishness with flirtation and gestures toward her place between her two cultures. Katherine Gantz thus calls Rachilde's heroine a "translator, moving effortlessly between the languages of French privilege and islander 'otherness'" (944). Éliante's cultural bilingualism, Gantz explains, "allows her a strategic position from which to subvert the collective constraints of colonial/bourgeois/patriarchal society" (947). However, for Léon, this biculturalism offers an ambiguous figure in Éliante, which is further complicated by her erotic performances. When observing Éliante's sensual corporeal movements, Léon's privilege as a male subject is disturbed by Éliante's slippage into androgyny and her apparent objectophilia. In face of this alienation, Léon thus repeatedly labels her an *actress*.

In Léon's view, Éliante is perpetually playacting, whether juggling in front of an audience or articulating the meaning of love. To him, Éliante's "comédie" separates her from the world of reason and reality (Rachilde 149). True to the role of the *jongleuse*, Éliante, however, narrates the story of her being and offers *her* truth, albeit one that evades Léon's normative ideals. The essence of Éliante resides in her desire to *be* and to perform for her own pleasure. This is evidenced in the two performances, wherein, despite having the privileged position of the male subject, Léon seems to be deprived of viewing Éliante as the desirable feminine object. The first is when Éliante engages in a love-making with the Greek amphora and the other when she juggles sharp knives in front of a private audience. During the latter performance, Éliante substitutes her black dress with a maillot of an acrobat and dons a clown's wig, artfully throwing

sharp metal knives in the air in front of a cheering audience. This sight brings Léon a sadness, as she seems further alienated from him and the world he understands: “il gardait pour lui la douleur de la voir là, debout et jonglant, séparée de sa famille, de la société, du monde entier, de toute l’humanité par l’énigme de sa comédie perpétuelle” (Rachilde 149). The “là” in Léon’s reflection on Éliante’s alienation speaks to the performative sphere, which is the source of both enigma and anxiety. Éliante’s bourgeois class and her alluring looks offer an attractive image of feminine sexuality and Frenchness. However, when she chooses to perform—of all arts—the act of juggling sharp knives, for Léon the image of Madame Donalger is ruptured. Éliante then represents the site where distinctions between performer and spectator are obscured. Moreover, by bringing the carnival to her house, and transforming herself into the performer of a “low” art, Éliante further distorts the boundaries between social conventions, class aesthetics and performance of femininity. Éliante in her blonde clown wig also sported a velvet mask that covered all but her red mouth:

sa bouche, très rouge, sa bouche entre parenthèses... sur une page blanche et noire ! Elle sourit, cette bouche. Cela lui creusa des fossettes (...) les hommes, debout, derrière sa [Missie] chaise, se sentaient saisis du petit frisson qui prend tous les mâles devant la *forme* non déguisée malgré le déguisement. (Rachilde 146)

Éliante’s red mouth, framed in parentheses appears to signify a provocative reading—a text that was open for interpretation. Éliante’s disguised *form* yet leaves a lot for viewing, allowing men to project their sexual fantasies. The smiling red mouth which emphasized her dimples constructs an erotic imagery for the male gaze. Léon is positioned as the privileged male spectator of the female body, nevertheless, he appears to be more aware of his passivity. Éliante’s strange guise seems to mock his masculinity and her smile reveals a triumph. He is aware that she deliberately

positions her body to be admired by a collective gaze. The dimpled smile of the juggler troubles Léon who suspects Éliante's complicity in inviting multiple men and women to project their desire on her performative body. It is in these hungry looks that Éliante feels alive and celebrates herself.

When Éliante transforms herself into the carnivalesque *jongleuse*, her body becomes her own art. In the space of circus or the carnival, the display of grotesque acts would be applauded and monetarily rewarded, however, when Éliante dons the clownesque role to juggle knives or writhes against the inanimate vase, she seeks to perform as a way to pleasure *herself*. (Rachilde 149). When juggling sharp knives, her performance while enticing an audience, is aimed at seducing her own senses:

On sentait vibrer en elle comme une autre lame à la fois perfide et passive. Elle s'amusait naïvement, absolument, du plaisir original qu'elle leur procurait, et il lui fallait aussi le désir aigu des regards pointés sur elle, toute la vibration d'une atmosphère chargée d'électricité amoureuse Elle jouerait encore, vibrant de la seule vibration métallique de ses couteaux, lame d'acier trempée aux feux de passions, désormais dédaigneuse de sang et de chair, n'usant plus que son propre fourreau noir. (Rachilde 149–150)

For Léon, this is the first time that he views his love interest in an androgynous and erotic avatar and, as with Éliante's interaction with the Greek amphora, he is yet again deprived of sexually engaging with the writhing body in front of him. The description, again most likely through Léon's view, is charged with sexual overtones. The "pointed" phallic inferences ("lame," "désir aigu," "regards pointés") combined with the recurrent "vibrer," "vibrant," "vibration" create a sexual imagery and a dialectic of desire and denial. The gaze of the audience formed of men and women transfixed at the sight of Éliante serves to whet Éliante's desire while she denies Léon

possession of her body. The narrator focuses on Éliante's procurement of the "original pleasure" which is tied to her being *looked at*. She needed the pointed desire of the looks focused on her just as her eyes followed the flaming knives to generate a charged amorous atmosphere. The knife and the male gaze then symbolically penetrate Éliante, who vibrated with pleasure. In fact, the juggler ends her performance with a jolting twist by receiving the last knife in her breast, resulting in a literal penetration and slight spill of blood (Rachilde 150). As the knife plunges into her body, there is a gasp of admiration and Léon covers his eyes. Léon seems to be then deprived of the climactic thrust, which in turn alludes to a denial of male signification. Robert Ziegler points out that "Eliante's performances are narcissistic ones, not designed to entertain admirers, but to please and flatter her with her power to attract, her ability to magnetize the love, the look and the attention of her audience" (122). Éliante is, therefore, in control of her own script and she appears to redirect the causality of the male gaze toward a different *jouissance*. In this performance, Rachilde situates a transgressive female persona in a performative framework that challenges the traditional privilege of the male gaze and allows the female performer to claim ownership of her art.²³ Rachilde's hysteric in the character of Éliante appears to rejoice in "l'art pour l'art" and denies being signified by the clinical male gaze. More meaningful than mere parlor room diversions, in such performances, Éliante defines herself through the art and

²³ In my reading of this scene, I am implicitly drawing from Laura Mulvey's *Visual Pleasure And Narrative Cinema* and Griselda Pollock's *Vision And Difference*. Both authors explore the concept of the male gaze – in the field of cinema and art. Mulvey argues that in traditional Hollywood cinema the viewer is always positioned as a male spectator who objectifies the female characters on screen and therefore women are typically presented as objects for fetishizing pleasure and contribute to furthering the male character's narrative. Similarly, Pollock discusses the impact of the male gaze in erasing or distorting women's subjectivity in modernist art. Moreover, Pollock also draws attention to the exclusion of female artists and explores the intersectionality of race, class and gender to reveal the sexual and social politics in art history. Rachilde in *Éliante* offers a feminist figure who positions herself as art to be looked at, and the artist who rejoices in looking.

ability to stimulate her audience. While being looked-at is important for Éliante's subjectivity, she also refuses to simply become a composite of the desiring gaze—as occurs in the composition of the hysteric female in Charcot's diagnostic practice. Rachilde's hysterical performer, on the contrary, is careful to detach herself from others in order not to lose her autonomy.

Jouissance – “Mon mal ? Je l'avoue : je me meurs d'amour et, comme le phénix, je renais, après avoir brûlé, de l'amour !” (Rachilde 32)

Éliante's detachment from others and strong desire to be free is visible in her performances in which she presents death in symbolic and literal forms. Rachilde's hysteric declares herself the phoenix who rises from the ashes (32). This mythical attribute of Éliante's persona is significant as it implicitly brings into discourse the experience of orgasmic pleasure and offers an alternative ideology of sexual pleasure or *jouissance*. In French, the sensation of orgasm is referred to as “la petite mort” to signify a temporary loss of consciousness or mini-death followed by a feeling of rejuvenation due to intense sexual pleasure. The term “jouir” is also relevant to sexual climax and additionally refers to being in possession of or aware of oneself. Thus, when Éliante Donalger describes herself as the creature that dies from love and is also reborn from love, she assigns the power of *being* to this experience that brings the apex of pleasure and pain. The term *jouissance* in psychoanalysis refers to intense physical or intellectual ecstasy and is often associated with a transgressive or forbidden experience. In the context of the novel, Éliante's love-making performance with the inanimate vase is transcendental (for Éliante) and transgressive (in Léon's view).

Léon's love for her is driven by his desire to possess her for his sexual gratification, whereas Éliante finds such a vision of love destructive. For her, physical union would destroy her force rather than sensually fulfilling her, and she does not need human caresses to experience transcendental pleasure: "Mais ce n'est pas le but, le plaisir; c'est une manière d'être. Moi, je suis toujours... *heureuse*. Je voulais vous mener ici pour vous prouver que je n'ai pas besoin de la caresse humaine pour arriver au spasme... Il me suffit d'être..." (Rachilde 31). Éliante thus attempts to show Léon a vision of pleasure that is more forceful and constant than a physical union. She rejects the idea of love as one that is goal-oriented, that stems from desiring an object and culminates in the possession of that object. Such love, in her view, robs one of individual force. Instead, she advocates for love as an experience of one's own self—a growing knowledge that one receives from the relationship with the other. She rather views pleasure as a way of being, one that enriches the individual. Instead of seeking a union with another human being that culminates right after, Éliante eroticizes the esthetic of her own *being* (il me suffit d'être...). In my reading, this notion of self-directed pleasure aligns with "une culte de l'art pour l'art" that Charcot deemed vulgar in the hysterical performer. The "illogical attitudes" found in the hysteric's corporeal movements suggested vulgarity due to the absence of a rational purpose or referent. In performing love-making without sexual intimacy with a man, Rachilde's *jongleuse* recreates the imagery of the "illogical attitudes." Éliante asks Léon to watch as she

se tendit comme un arc de la nuque aux talons. Elle ne s'offrait point à l'homme ; elle se donnait au vase d'albâtre, le personnage insensible de la pièce. ... [L]'homme vit ses paupières closes se disjoindre, ses lèvres s'entr'ouvrirent, et il lui sembla que des clartés d'étoiles tombaient du blanc de ses yeux, de l'émail de ses dents ; un léger frisson courut le long de son corps, – ce fut plutôt une risée plissant l'onde mystérieuse de sa robe de

soie – et elle eut un petit rôle de joie imperceptible, le souffle même du spasme. (Rachilde 32–33)

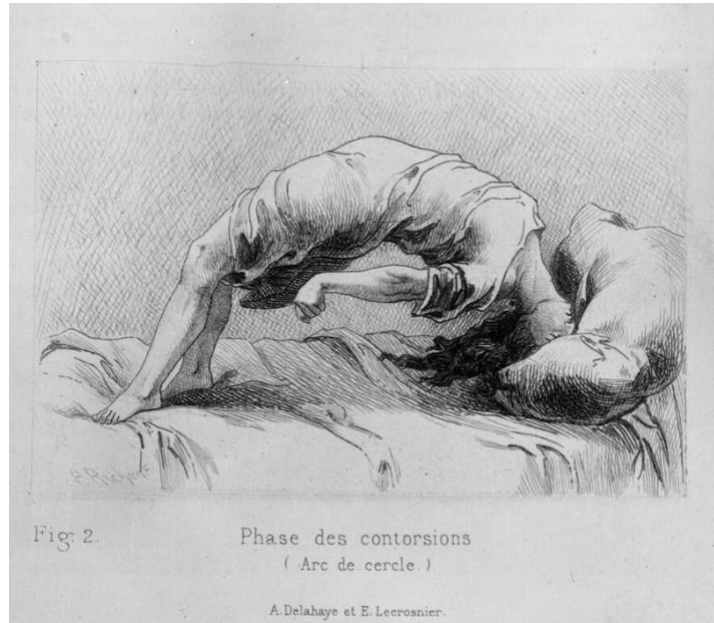


Figure 7. Période de clownisme or *arc de cercle*

Richer, Paul. *Études cliniques* (1881)

Digital image Digital courtesy of Bibliothèques d'Université Paris Cité

The bent back posture or the *arc en cercle* (Fig. 7), which is emblematic of hysteria and particularly the “illogical movements” of “clownism,” also alludes to a posture of the body ready for sexual intercourse and Éliante recreates the same in the above passage. However, Éliante assumes agency and control of her body by asking Léon to be the passive spectator as she steps outside the binary sexual politics. Rachilde’s hysterical performer in this way changes the narrative of *jouissance* by articulating a different concept of Eros. By equating the pleasure of love-making to the transcendental pleasure experienced by an artist or a performer, Rachilde’s hysterical performer appears to regain the subjectivity denied to Charcot’s hysteric patient in his pursuit of writing/authoring hysteria.

Rachilde's anti-heroine signals a feminist view of *jouissance* that speaks to the celebration of sexuality, where the body is a transformative force. Hélène Cixous has written extensively about the concept of *jouissance* and argues that it is a powerful force that has been suppressed by patriarchal society. In her seminal essay *Le Rire de la Méduse*, Cixous advocates for the movement of "écriture féminine" by urging women to inscribe their bodies and sexuality in their own stories to repossess their textual and sexual subjectivity obscured by masculine desire: "qu'elle écrive et proclame cet empire unique" (38). Cixous compares the pleasure of writing with the pleasure of sexual self-stimulation to underscore the abandonment of social or linguistic constraints which in turn gestures to a cerebral engagement:

L'imaginaire des femmes est inépuisable, comme la musique, la peinture, l'écriture : leurs coulées de fantasmes sont inouïes (...) Cette pratique, d'une richesse inventive extraordinaire, en particulier de la masturbation, se prolonge ou s'accompagne d'une production de *formes*, d'une véritable activité esthétique, chaque temps de jouissance inscrivant une vision sonore, une *composition*, une chose belle. La beauté ne sera plus interdite... (38)

The female imaginary thus disrupts the hegemonic order and offers a view of self-constructed female subjectivity which has infinite possibilities. "Écriture féminine" is then symbolic of regenerative love that is unafraid to not reach a limit: "jouisseuse de notre devenance. Nous n'en finirons pas!" (Cixous 67). The *jouissance* described by Cixous as a "desire-that-gives" offers a vertiginous space which is echoed in Éliante's description of love. Éliante prefers to experience love by enhancing her entire being by everything that draws her: "tout ce qui est beau, bon, me paraît un absolu, la définition même de la volupté" (Rachilde 31). Éliante's being is therefore a culmination of polymorphous pleasures—a sexuality that loves with all her senses rather than

limiting it to the orgasm from human touch. Her philosophy of pleasure certainly may be viewed as a nod to feminism in the celebration of freedom and autonomy. She thus expresses to Léon that he would be unable to really know her or understand her, because he does not speak the same language—that of pleasure or *jouissance* (Rachilde 62).

Éliante's identity and her experience of pleasure are not affiliated with another person, but to her own self and to the depth of knowledge that she holds within herself: “je porte en moi le secret de toutes les sciences en ne sachant *qu'aimer*” (Rachilde 31). This knowledge grants her the ability to see, experience, and express beauty and pleasure. For Éliante, the more uncritical the love, the greater is the range of objects of attachment:

Vous me parliez de plaisir ? Ceci est bien autre chose ! C'est de l'amour en puissance dans une matière inconnue, la folie de la volupté muette. Il [Le vase] ne dira jamais rien. Il est très vieux, il a des siècles, il est resté jeune parce qu'il n'a jamais crié son secret à personne. (...) Regardez bien, et tâchez donc de voir un moment.... par mes yeux ! Venez toucher cela. Je vous le permets.... (Rachilde 27)

The alabaster vase thus rejuvenates Éliante and offers her pleasure owing to its symmetry, its shape and beauty and the secret it holds. Éliante invites Léon to experience her vision of beauty and pleasure and communicates the purity of indiscriminate love for any object: “Sentez-vous, dites, cette douceur si désespérante du contour enfin délimité? Il n'ira pas plus loin, car il a atteint la perfection. Il n'augmentera ni ne diminuera, il est immuablement de la beauté. Ah ! vraiment je veux que vous sachiez, au moins cinq minutes vous extasier, de la bonne façon et sur quelque chose d'immortel” (Rachilde 28). In Éliante's elegant description of the vase, she articulates an inclusivity, as if she is not a passive witness of the vase's beauty, but actively participates in a sensorial love-making with the object. Éliante thus offers a view of *jouissance*

that joins the view of Roland Barthes. In *Le Plaisir du texte*, Barthes explores the relationship between the reader and the text and the ways in which we derive pleasure from reading. By articulating his notion of *jouissance*, he argues how literature and the act of reading as a sensual experience can offer the possibility to enjoy a text at a visceral level. Barthes views *jouissance* as a form of pleasure that surpasses the limits of language and finds itself in a liminal space: “Ce n’est pas la ‘personne’ de l’autre qui m’est nécessaire, c’est l’espace : la possibilité d’une dialectique du désir, d’une imprévision de la jouissance” (Barthes 11). He argues that it is a form of signification that is beyond the reach of rational thought and is instead rooted in the body and in sensory experience. It is a form of resistance against the dominant cultural and linguistic structures that define our understanding of reality:

Texte de jouissance : celui qui met en état de perte, celui qui déconforte (peut-être jusqu’à un certain ennui), fait vaciller les assises historiques, culturelles, psychologiques, du lecteur la consistance de ses goûts, de ses valeurs et de ses souvenirs, met en crise son rapport au langage. (Barthes 25–26)

The author describes and prescribes the dangerous form of pleasure that involves a loss of comfort and effacement of the self in order to surrender to the forces of desire. Éliante Donalger also embodies this form of transgressive pleasure as expressed by the frustrated Léon: “il est clair que *tu vis comme on jouirait*” (Rachilde 128, my emphasis). Her union with the “sexless” alabaster vase, in front of Léon who passively witnesses the scene, underscores the non-performative role of the phallus in generating the moment of ecstasy. Additionally, her *jouissance* succeeds from communion with her environment and the cerebral love that she experiences with *her own being*. The amphora does not substitute for the phallus or stand in for a man, and Éliante articulates this by evidencing her freedom from linguistic significations:

Quand je dis : *sans sexe*, cela n'indique pas que je veuille châtrer personne. Mon urne tunisienne est tour à tour *une* urne ou *un* vase, car cela lui plaît ainsi. Elle n'est pas forcée de fournir une opinion, de prolonger sa satisfaction de me sentir la caresser ou de se creuser de joie lorsque je la contemple. Elle est chaste, et je la laisse chaste. (Rachilde 75–76)

By de-gendering the object, Éliante attempts to offer the young doctor a different vision of pleasure—one that is unrestrained by social or cultural significations. When she enthusiastically talks about the beauty of the vase and how it brings her ecstasy, Léon momentarily finds an admiration for Éliante the artist, who has a fine sensibility for “l’art, sa transposition dans l’éternel” (Rachilde 30). However, he soon goes back to fixating on Éliante the exotic woman and urges her to turn her sensual admiration toward the man in the room rather than the earthen vessel: “Il serait plus charitable de vous tourner vers votre *meilleur ami* d’un soir et de lui faire les amitiés que vous faites à ce personnage insensible” (ibid.). For Léon, pleasure continues to be signified by what his body can physically penetrate and, thus, the alternative vision of *jouissance* threatens his entity.

Jacques Lacan argues that *jouissance* is a paradoxical aspect of human desire, that it is both sought after and feared due to its association with death. In the psychoanalytic framework, *jouissance* is desirable and pleasurable because it allows the subject to experience a sense of completeness or unity, but it is also painful because it reminds the subject of their own lack and the impossibility of ever fully satisfying their desires, which Lacan identifies as the castration complex.²⁴ This is true to Léon’s character, who pursues Éliante and is intrigued by her, but his

²⁴ Lacan discusses and expands on the notion of *jouissance* in several works such as *Seminar V: The Formations of the Unconscious* (1957-1958), “The Subversion of the Subject and the Dialectic of Desire” (1960) and *Seminar XX: On Feminine Sexuality, The Limits of Love and Knowledge* (1972-1973) to name a few.

idea of *knowing* her translates into a sexual possession of the woman to fulfil his own masculine ego. He thus projects his fear of being insignificant onto Éliante by describing her *jouissance* as deadly. The future doctor warns that Éliante's atypical sexual inclinations are symptoms of life-threatening sickness, like the dance of Saint Vitus ("la danse de Saint-Guy") which can lead to paralysis (Rachilde 128). For the sake of her limbs, Léon prescribes that Éliante should thus "sin like the rest of the world" (ibid.). Léon's view of sex and sexuality echoes a patriarchal ideology that considers a woman's queer proclivity for sex as dangerous and abnormal—something that needs to be contained.²⁵ Léon's warning appears to target women who seemingly trespass the limits of pleasure ("les personnes de ton sexe qui se permettent le luxe d'un physique *surnaturel*") and echoes the clinical view of hysteria as a feminine disease associated with her sexuality or sexual performance (ibid.). Moreover, Léon seems frustrated at Éliante's blatant exhibition of this heightened pleasure and, while Éliante privileges him with the front seat of this performance, the sight does not provide him with the sexual gratification he desired. Éliante's unabashed passion is for *her* to experience and Léon can only view the woman's fully clothed body wrapped around the silent vase. What appears to Léon is thus simply a display of art created by "la plus extraordinaire de comédiennes" (Rachilde 33). Ziegler argues that Éliante's orgasm is not a performance meant to embarrass Léon or wound his vanity, "yet he is right in calling her an actress, not because the reactions she expresses are simulated, false, but because Éliante is usually more intent on acting out her feelings than sharing them with him and risking

²⁵ This remark recalls Freud's notion of "polymorphous-perversity" first discussed in *Three Essays on the Theory of Sexuality* (1905). The concept refers to the idea that in early childhood, prior to the processes of socialization and psycho-sexual development, human sexuality is not organized, as later present in adults. Sexual pleasure may be characterized by desires or drives toward a variety of objects, stimulated by sights, sounds, touching, etc., i.e., the pleasure is not merely genital but sensual. According to Freud, it is this original non-specificity of the libido in early childhood that may later manifest as so-called "perversions" in the adult.

their dilution” (121). Thus, Éliante’s literal suicide, which occurs at the end of the novel, also appears as a spectacular performance symbolizing her rejection of male-imposed role. Léon seems to believe that he has finally succeeded in taking Éliante to bed. When he wakes up, he is next to Éliante, or so he believes, as in front of him stands *another* Éliante with the knives that she seems to prefer over him (Rachilde 300). Léon realizes that Éliante had yet again eluded him. The woman he had made love to was Éliante’s niece Missie. In the performance, Éliante changes the act by allowing the knife to penetrate her for real, petrifying the juggler for eternity. In her death, Éliante appears to preserve her mysterious “self”: “La femme glissa en arrière. Un flot pourpre noya le masque pâle... son dernier fard...” (Rachilde 303). In this spectacular performance, Éliante seems to make a final resounding claim to her autonomy as an artist and a woman by not allowing Léon to penetrate her physically or otherwise.

Conclusion

Rachilde’s *jongleuse* epitomizes the hysteric and the circus performer by engaging in a dialectic of aesthetic pleasure, agency, and female autonomy. The character of Eliante Donalger disrupts the traditional understanding of female identity and focuses on the complexity and agency of women. Through her creative expression and refusal to follow the norms of the patriarchal framework, Éliante claims her own subjectivity and challenges the prescribed roles and expectations of the society. By defiantly adopting the aesthetic of “l’art pour l’art” the female juggler offers a novel discourse on sexuality and artistic superiority. Reading Rachilde’s *La Jongleuse* in conjunction with Charcot’s conception of hysteria, I underscore the power dynamics present in the positivist culture of the *fin-de-siècle* that reduce women to passive objects of curiosity. By deconstructing the category of “clownism” in Charcot’s *tableau* of

hysteria, I draw attention to the paradox that emerges in the clinician's diagnostic practice of hypnosis, as he demonstrated the hysteric's proclivity for mimicry and performance. By labeling the bodily gestures as "clownism" the Charcotian community reappropriated the natural expression of a malady to an act, overlaying hysterical gestures with the glitter of the theatrical performer. In so doing, the clinical hand was veiling their own inability to grasp the enigma of hysteria and instead blended her into the figure of a jester, a pantomime, an entertainer. The heroine of *La Jongleuse* performs a similar desire for creative autonomy and in ways she gives voice to the hysterical performer who was denied any agency in Charcot's "clownism." Léon's desire to "possess" Éliante in bed and be her "master" mirrors the clinical performance of hysteria as directed by Charcot. Rachilde's character however offers an alternative narrative as Éliante challenges and defies Léon's patriarchal and clinical dominance. By retracing the fascination with the clown figure in nineteenth-century literary culture, I review the motivations and machinations in the clinical demonstration of hysteria. The clinical endeavor to know and show hysteria as revealed in the construction of Charcot's nosography of the malady, which includes the stage labeled as "clownism," discloses an anxiety that intersects with the cultural and literary inquiry for innovation and authorship. In the same vein, as one of the few women writers of the period, Rachilde's desire to establish herself as an author and a writer was significant and she fought hard to be recognized as a "gender-neutral 'writer'" (Holmes, 34). The performative practices of both Charcot and Rachilde reveal an engagement with the carnivalesque and the hysteric women, and when read in conjunction, unveil anxieties related to agency and authorship from male and female perspectives.

Chapter 3

Hysterical Delirium: Navigating Life-in-Death and Death-in-Life in Rollinat's *Les Névroses*

“La femme porte au-dedans d’elle-même un organe susceptible de spasmes terribles, disposant d’elle, et suscitant dans son imagination des fantômes de toute espèce. C’est dans le délire hystérique qu’elle revient sur le passé, qu’elle s’élançait dans l’avenir, que tous les temps lui sont présents.”
—Diderot, “Sur les femmes”

In the last chapter of my dissertation, I bring into conversation the final stage of the hysteric model called “delirium” with some poems from Maurice Rollinat’s *Les Névroses*. According to Harper’s Latin Dictionary, the word delirium derives from the Latin *deliro-delirare* (*de-lira*, to go out of the furrow) hence, to deviate from a straight line, to be crazy, deranged, out of one’s wits, to be silly, to dote, to rave. Delirium was the phase that was considered to afflict hysterics after the phase called *attitudes passionnelles*, or “passionate poses” in which the patient acted out emotional states such as terror, ecstasy, and amorous supplication. Hysterical delirium or the phase of “délire,” also called “grande hystérie,” demonstrates a powerful disarticulation between the mind and body, and the past and present. The hysterics have reminiscences of past events from their lives, including physical pains and emotions related to events that may have triggered the malady. In this phase, the hysterics were found to have imaginary conversations, suffer from demonic possessions, or have ecstatic and erotic encounters with an “Invisible” entity. In this chapter, I read *Les Névroses* similarly, mirroring hysteria’s delirium. I analyze phantasm as well as the *fantastique* in Rollinat’s poetry alongside the representation of hysterical delirium in the clinical “narratives.” Often manifest in the figure of the living-dead woman, I discuss how the poetic discourse aligns with and diverges from the clinical feminizing of pathology. Moreover, the chapter also considers the cult of hystericization of modern anxieties, i.e., the increasing use of malady as a metaphor for socio-political degeneracy.

The *Fantastique*

As I have argued an “invisible” entity haunts the discourse of hysteria, by which I mean the forces that are not seen by the clinical eye, do not appear to have a form in the flesh, but manifest in the very notion of their existence. My interest in examining the phase of “delirium” stems from analyzing the “Invisible” entity that reveals itself in the state of psychic distortion. Additionally, I examine the state of hysterical delirium in the construction of a narrative. For this, I refer to the mode of *fantastique*

Many critics and scholars have dealt with the question and classification of the *fantastique*. Louis Vax, Pierre Castex, and Roger Caillois have observed the existence of two antithetical domains within the fiction of the *fantastique*: the “real” and all that is understood as the “unreal,” “inadmissible,” and “inexplicable.” In this dichotomy, the themes enumerated by Caillois seem helpful in distinguishing the literature of the *fantastique*, such as pacts with demons, phantoms, revenants, or the dead reappearing in the world of living, invisible or undetermined entities, vampires, animated statues or automatons, sorcery, inversion of dream and reality, stoppage, or repetition of time, etc. Todorov classifies *fantastique* as that which can sustain its pure state of inexplicability: “Le fantastique, c’est l’hésitation éprouvée par un être qui ne connaît que les lois naturelles, face à un événement en apparence surnaturel” (Todorov 29). Once determined to be supernatural, unexplainable in terms of natural law, the event enters the realm of “merveilleux.” If, the mysterious event is finally resolved using the laws of nature, the fiction becomes “étrange.” Nathalie Prince illustrates the ineffectiveness of limiting the meaning of *fantastique* to a pure category by analyzing several theoretical approaches and offering critical readings of known authors and seminal works. The existence of a supernatural event is not a precondition for a work to be considered *fantastique* and, if the events can be explained by

science, that also may not be sufficient to diminish the essence of the *fantastique*. The *fantastique* appears as a polymorphous object, forever transforming, multiplying, adapting the fear, horror, anxiety of the time and the genre of work in which it appears.¹ Prince recognizes the *fantastique* in accordance with four elements: 1) the supernatural or the occult that may or may not be accepted in the play of hesitation; 2) the aspect of the malevolent that may emerge in the form of an evil force (vampire, ghost, witch); 3) the inevitable sentiment of fear or terror in the face of the aggressive force of the supernatural; 4) intellectual intervention of reason to understand and contemplate the object of terror (99). In Prince's view, the *fantastique* is the occurrence of any event that leads to the disruption of the normative order/reality—as conceived for the individual in question—by presenting itself as a menace, a source of anxiety, fear, ambiguity: “le fantastique est le récit du surgissement d'un surnaturel ou d'un irrationnel pour soi, c'est-à-dire une conscience, dans un ordre naturel et rationnel normatif qui constituait l'ordinaire de cette conscience” (16). When analyzing the representation of a fragmented subjectivity, in Rollinat's *Les Névroses* and in the phenomenon of hysteria, I discuss the *fantastique* as the mode which morphs the distinctions of real and illusion, dead and alive, pain and pleasure.

Delirium and “Milieu Fantastique”

Published in 1883, many scholars consider Rollinat's *Les Névroses* as a cathartic narrative of pain, paranoia, disease and death composed from the poet's own neuroses: “Il a choisi de classer et de cataloguer les multiples manifestations d'une expérience douloureuse”

⁴ “le fantastique n'est [...] jamais fixé en principe” (Hellens, 9) ; “... c'est la notion même du fantastique qui se nuance, s'infléchit, s'élargit, se rétrécit selon les structures des œuvres qu'elle caractérise” (Vax, 6).

(Miannay 325).² Geoffroy reviews the collection, writing “Chez Rollinat, une même tristesse, toujours égale, est répandue sur toutes choses, coupée seulement par les éclats, par les sanglots, d’une sensibilité malade (...) nous sommes en présence d’une œuvre née presque tout entière d’un tempérament spécial, d’un état d’esprit inguérissable” (1). The title of the five-part volume alludes to a fragmented self or a feverish *dédoublement*. Rollinat’s dual persona was viewed by others in the fact that the writer and musician was as much drawn to the dynamic life of the cabaret in Paris ³ as he found refuge in the tranquility of nature in his hometown of Berry. *Les Névroses* evidences a pathography of Rollinat’s “surexcitations cérébrales, les hallucinations et les terreurs de l’homme pressé de vivre et craignant la mort” (Geoffroy 2). Rollinat expresses in his own correspondences this cerebral suffering or “céphalalgie” which haunts him for a long time:

(...) j’ai dans le crâne une tenaille atroce qu’une invisible main s’acharne à s’enfoncer, à ouvrir et refermer sans cesse au milieu de ma cervelle dont les méninges gonflées de sang qui bout, battent sinistrement comme des cœurs malades ! Est-ce assez horrible ? (...) Pourtant si cette névrose ne doit finir qu’avec ma vie, me sentira-je assez de stoïcisme et de volonté pour condamner ma pauvre tête à un nouveau martyr, en faisant le creuset de mes rêves et l’alambic de mes élucubrations ? ... Je ne sais ! et plutôt que de résoudre

² Elodie Gaden’s dissertation *Pourquoi lire Les Névroses de Maurice Rollinat?* has been a valuable source for this project in situating the poet’s work in a literary and historical context.

³ Maurice Rollinat performed frequently at the cabaret Le Chat Noir in Paris. He was known for his virtuoso performances on piano of his poems and those of Charles Baudelaire and Edgar Allen Poe. Rollinat riveted his audiences by performing music in a macabre fashion, often looking possessed and incorporating elements of madness and the mortuary on stage (Knapp 92). It is known that Rollinat attended Charcot’s lectures and demonstrations for over two years and incorporated what he observed—convulsive grimaces and corporeal twitches in his own performance (Gordon 529). His audiences were said to have been highly entertained by Rollinat’s hallucinated delivery and the strangeness of his transmogrifications.

pour ou contre une question si lamentable, je préfère attendre et m'illusionner avec
l'espoir d'une guérison possible (Miannay 327)

The author's pathological affliction consumes him to such an extent that he refers to his condition almost like a live autopsy conducted by a supernatural force. The mental anguish appears to blur his sense of reality, so much that death may be the ultimate resolution. At the same time, the poet prefers to delay death for the fear of substituting one torment for another ("un nouveau martyr"). The *fantastique* is the spawn of such a suspended state where life and death are atemporal. Rollinat's *Névroses* is a product of this "othered" existence, "un monde à part peuplé de fantômes atroces et de cauchemars sans nom où j'alimentais mon spleen en croyant le calmer dans ce milieu fantastique. (...)" (Miannay 328). In this regard, I read the poems beyond an exercise of purging his demons. By nourishing his "spleen," Rollinat channels his neurotic visions to engender this decadent *milieu fantastique* in order to thrive through his angst. The poet, whose physical existence may be at a diminishing point in the corporeal world, survives in the decaying corpses, dancing skeletons, and breathing mannequins. Read in this light, Rollinat's poetic corpus is an extension of his psychological existence, suspended in a liminal state, a body that is "fantastic" and "real." In this macabre alter-dimension, the reader examines the slippage between the notions of life and death, as the poet animates the unrepresentable *affect* of pain, pleasure, passion, and putrefaction in poems grouped under the sections *Les Ames*, *Les Luxures*, *Les Refuges*, *Les Spectres* and *Les Ténèbres*.

For instance, "La Peur" which begins the section *Les Spectres*, illustrates the invigilating power of paranoia. The omniscient voice of "Fear" vivifies the haunting entity:

Je soumets l'homme à mon caprice,
Et, reine de l'ubiquité,

Je le convulse et le hérissé

Par mon invisibilité. (La Peur, vv.5–8)

Fear and insanity are shapeless agents of chaos that perpetuate cognitive dissonance. However, by animating these specters, the poet illuminates the inextricable links between his two milieus. “La Peur” paints the terrorizing power which is invisible : (“reine de l’ubiquité,” “un vertige où rien ne luit”) but always encumbering her victim with her malicious presence: (“il me sait derrière lui,” “Je donne, en talonnant ses pas la sensation chuchoteuse de la bouche que je n’ai pas” (vv. 6, 67, 70, 72–74). The poem consisting of 124 verses depicts the manipulation of “La Peur” who relishes in her power of conjuring hallucinatory visions of ghostly women, smiling decapitated heads, flames in a deserted house, bleeding lavender fields, giant horses in the middle of an arid prairie. She drives a lonely man to insanity, who will hear whispers in the darkness of his room and screams of bloody murder from the depth of the woods. Expressed as the first-person narrator, the “je” is the dominant instigator of the poet’s delirium by inciting fear, confusion and paralysis (“Je pétris,” “J’intervertis,” “j’envoûte,” “Je dénature,” “Je déprave,” “Je brouille,” “J’immobilise,” “Je durcis,” “je fonds,” “je déracine,” “j’égare,” “je condamne”) (vv. 77, 81, 84, 89, 90, 93, 96, 97, 98, 106, 107). Tormented by “fear” who shrouds “Reason” with “Madness,” the victim is thrust in a world where only pessimism prevails (vv. 75–78). Similarly, in “La Folie,” Rollinat externalizes the morbidity of his mind by portraying the malady in the form of a poisonous spider:

La tarentule du chaos

Guette la raison qu’elle amorce.

L’Esprit marche avec une entorse

Et roule avec d’affreux cahots. (La Folie, vv. 1–4)

The tercet following the refrain reflects the dizzying effect on “L’Esprit,” whose gait is now irregular and jerky. Despite the seemingly harmonious form of the poem with its rhythmic refrain of “la tarentule du chaos,” the feverish cries of “les manchots de la camisole de force” has as much of a jolting effect as the groans in the recurrent assonances of /a/ and /o/ (“chaos,” “amorce,” “entorse,” “cahots,” “caveaux,” “cerveaux”). Additionally, the image of death breaking her back laughing as the mind slides towards entropy,

Aussi la Mort dans ses caveaux

Rit-elle à se casser le torse,

Devant la trame obscure et torse

Que file dans tous les cerveaux

La tarentule du chaos. (“La Folie,” vv.9–13)

simultaneously vivifies the menacing web of neuroses that suffocates the mortal poet. These forces beyond the control of “Reason” open the macabre space to Rollinat’s reader and allow them to examine the liminal space between life and death in which the poet seems suspended.

The web of chaos afflicting the poet is poignant in “La Céphalalgie” (also in *Les Spectres*). Rollinat mentions a “souffrance de tête” in many of his letters, describing his inscrutable pain that almost paralyzes him (Miannay 375). As examined in “La Peur” and “La Folie,” Rollinat’s poems evoke a powerlessness as his agency is tangled with an invisible force that seems to possess his very existence. In “La Céphalalgie,” rather than using a first-person narrative, the poet resorts to describing a man repeatedly using the pronoun “celui” to offer a portrait of the force that has robbed him of his peace and sanity : “Celui qui garde dans la foule / Un éternel isolement ;” “Celui (...) qui tressaille au moindre bruit;” “Celui dont l’âme abandonnée / A les tortillements du ver” (vv. 1–2, 9–10, 33–34). The lonely person, plagued by chaotic cries,

blinded by obscure visions is envious of resting cadavers and searches for “une introuvable paix” which, he ultimately decides, may be found only in suicide (v.18). The man is ready to act with his revolver, however, this apparent undertaking of agency also seems to be snatched away by the invisible demonic force:

[“]Cette fois ! je me suicide :
À nous deux, pistolet brutal !”
Sans que jamais il se décide
À se lâcher le coup fatal : (vv.37–40)
Cet homme a la Céphalalgie,
Supplice inventé par Satan ;
Pince, au feu de l’enfer rougie,
Qui mord son cerveau palpitant !... (vv.41–44)

The man seemingly existing in a cadaveric form, appears to show an intellectual clarity by deciding to intervene in his own life : “l’heure est sonnée (...) cette fois! je me suicide” (vv. 35-37). However, the “Céphalalgie,” the torture triggered by “Satan” appears to overpower his willingness yet again. Death will not be easily accessible, and the mind will continue to be feverishly consumed by the malady, as signified by the ellipses that trail after the exclamation mark in the final verse. The overwhelming anguish articulated in the poem is underscored by the unsaid and the unknown in the ellipses. Does death necessarily mean an ending, a permanent stasis? Going beyond the romantic projection of “une introuvable paix”; the notion of death seems to impassion Rollinat from an epistemic standpoint. As much as the mortal existence pulsates with indescribable anguish and pain, the fear of death or the unknowing of what lies beyond has an equally paralyzing effect, pushing the poet in the in-betweenness. This liminality

evokes the mode of *fantastique*. Rollinat echoes the paradox in “La Torture.” The poet focalizes the internal suffering in the first-person: “mon crâne est un fourneau d’où la flame déborde” (v.1). The blinding torment, as in “La Céphalalgie,” also leads the speaker to attempt ending his life, only to fail:

Je prends un pistolet. Horreur ! ma main le lâche,
Et la peur du néant rend mon âme si lâche,
Que pour me sentir vivre, — oh ! l’immortalité ! (vv. 9–11)

The desire for eternal slumber or the remedy to terminate the pain, ironically, also manifests the dissolution of feeling alive “sentir vivre.”⁴ *Les Névroses* thus catalogues the poet’s delirious inquiry into the paradox of life-in-death and death-in-life. The poet thus makes queries to tombs and corpses: “Que se passe-t-il dans la boîte, / Six mois après l’enterrement ?” (“La Putréfaction,” vv.3–4) ; “Préfères-tu, — trouvant que la douleur enivre, — / Le sanglot des vivants au mutisme des morts ? (“L’Introuvable,” vv.7–8). These questions illustrate the poet’s subjectivity suspended between the torment of living pain and fear of deathly void.

Just as Rollinat’s delirium evokes the *fantastique* manifest in the poet’s necromancy, the hysteric experiencing delirium also slips into a “milieu fantastique”—a disarticulated spatio-temporality in which she communicates with the inanimate or non-existent. This is one way in which I read the mode of *fantastique* in the clinical representation of hysterical delirium, i.e., by virtue of the blurring of real and imaginary and past and present. The hysteric experiences visual, tactile and auditory hallucinations, happy or horrifying, (re)emerging from a memory, real or

⁴ This desire to “feel the sensations” is related to the artistic desire to be inspired and to create. Rollinat expresses in one of his letters how his neuroses paradoxically fuel his artistic visions: “Chose bizarre! la névrose a doublé mon tact et ma raison, et loin de me détacher du réel, elle m’y a cruellement assujetti. Tout m’apparaît dans son vrai jour, hors de moi ; et si mon intérieur est halluciné, je vois clair à l’extérieur. Expliquer cette anomalie, j’en serai fort en peine, mais elle existe, et je la prouve quotidiennement” (Miannay 328).

illusory. Doctors at the Salpêtrière recorded and described the physical and verbal enactments and mental and emotional agitations of several hysteric patients as they slipped into the stages of passionate poses and appeared to communicate with beings from a fantastic dimension.⁵ Of many patients, the case histories of Augustine, Blanche, and Geneviève are more well-known. The deranged hallucinatory state of *grande-hystérie* would conjure figures, people, and events that may be absent in the rational present but living perhaps in the crevasses of the hysteric's imagination or memory. They would call for these absent individuals, grieve for them, make love to them, have fights with them. For example, Paul Richer describes Augustine's delusionary state, as she shouts at an invisible man who appears to threaten her: "Sale bête! Pignouf!... Est-il permis?" (Richer 226). She accuses him of torturing her: "Il m'en fait faire du mauvais sang...J'irai sitôt que je pourrai... Tu m'envoies des grenouilles" and makes a gesture as if attempting to pull frogs out of her mouth (ibid.). Sometimes Augustine's world is tinted with different colors, or she sees flames emerging from the mouths of men speaking around her. At times she is threatened by the phantom of a black, hairy man, covered in sweat, rolling his black eyes at her, or sees scenes from novels she had read play out in front of her (*IPS* T1:132). During such episodes, the hysteric would also exhibit bodily signs—frozen with fear, profusely sweating, bleeding, etc. For instance, as a teenager, Geneviève showed all signs of pregnancy, with loss of appetite, frequent vomiting, and a swollen belly. However, months later in the maternity ward, the examination revealed no sign of a baby. Years later, admitted at the Salpêtrière, Geneviève believed that her lover Camille, who was presumed to be dead, was

⁵ The *Iconographie Photographique de la Salpêtrière* (1879-1880) by doctors Désire-Magloire Bourneville and Paul Regnard curate several photographs with case studies describing the phases and accounts of hysterical attacks. The multi-volume collection includes the highly popular images of the patients in the passionate poses or attitudes such as "Moquerie," "Menace," "Crucifiement," "Appel," "Supplication Amoureuse," "Érotisme" and "Extase." Similarly, Paul Richer's *Études cliniques sur l'hystéro-épilepsie ou grande hystérie* (1881) also contains detailed descriptions of hysterical delirium in the patients.

secretly visiting her at nights to engage in a sexual affair with her. Geneviève claimed that she had a miscarriage and Bourneville notes that she bled profusely during her menstrual cycle (*IPS* T.2: 207). Cases of being driven to self-harm are also recorded. For instance, Geneviève made several attempts to harm herself by cutting her arms, overdosing on pills, and other forms of self-injury. Bourneville recorded these brutal events without offering much explanation, like notes on her menstrual cycle, her temperature and nature of her convulsions that are found catalogued in the same manner (*IPS* T1: 58, 59). Richer remarks that in this stage, the hysteric believes in the reality of her dreams and her hallucinations to the extent that even post attack, vestiges of the delirium affected the clarity of their present surroundings and events: “Nous pouvons nous expliquer ainsi les dispositions de ces malheureuses, qui, aux temps de sorcellerie, s’accusaient elles-mêmes avec tant d’audace et d’obstination, se vouant à la torture et au bûcher, plutôt que de renoncer à la croyance d’un commerce diabolique qui n’avait jamais existé que dans leur imagination” (Richer 130). These “poor souls” were victims of their “imagination” that completely controlled their actions and impacted their sensations, ranging from fear, ecstasy, pain and pleasure. The cerebral possession of the hysteric in this sense aligns with the neurotic suffering manifest in Rollinat’s *Névroses* in which the demarcations between real and imaginary are uncannily permeable.

In the blurring of real and imaginary, it is significant to consider the “voice” that narrates the hallucinatory phase of the patient. In my reading of only a few poems from *Les Névroses*, I have gestured to the shifting position of the narrative voice—at times assuming the position of the demonic force and at times objectively portraying the suffering mortal. Given that the case studies of the hysterics were transcribed by doctors, it is significant to discuss the *fantastique* emerging in the mode of writing. In the *Iconographie Photographique*, initially Bourneville

mostly recorded the symptoms of the hysterics as an objective narrator. Evidently, unlike Rollinat's poems, most of the case histories describe the superficial symptoms of the suffering hysteric, i.e., the *affect* of pain or pleasure finds little to no attention. Even when describing incidents of self-harm, the doctor distances from delving into the sensation. For instance, Bourneville records Geneviève's frequent attempts to injure and kill herself and uses language that neutralizes any sensations of the hysteric, and in turn that of the reader:

Mai. — Les accidents que nous venons de décrire ont disparu dans les premiers jours d'avril ; puis, consécutivement à des attaques survenues au commencement du mois de mai, Geneviève, dans son délire, s'est *saignée* au bras droit : le sang a coulé en jet. (*IPS* 58)

14 novembre. — G. s'est pratiqué une nouvelle *saignée* au bras droit avec des ciseaux. Pour atteindre son but, elle s'y est reprise à trois fois : le sang a coulé en assez grande quantité (*IPS* 59)

Bourneville, however, notes one horrific event of self-mutilation when, without being able to explain why, Geneviève used scissors to completely cut off the nipple of her left breast, and the doctor records that she felt no pain: "Cette mutilation, dont on peut constater la réalité ne lui causa aucune douleur [Hémianesthésie gauche] (*IPS* 52). Similarly, being familiar with Augustine's childhood history, he made generalizations while describing her behavior in delirium and the episodes appear in the form of a string of random sentences, punctuated only to indicate a change: "Dans un moment de répit, L... raconte ses visions: tantôt elle voit Jules (l'ouvrier peintre), qui tient un couteau d'une main, la menace et lui intime l'ordre de venir avec lui (...) Les morts sont décharnés; ils ouvrent la bouche et ont des lumières dans les yeux. Le charriot est accompagné d'une dizaine d'hommes qui l'appellent, entouré de flammes, de

corbeaux et orné d'un drapeau tricolore" (*IPS T2*: 131–132). Given that this approach to hysteria was pre-Freudian psychoanalysis, none of these descriptions follow any probing or speculation of the mind. In due course, Bourneville abandons the summaries and resorts to recording Augustine's visions in the first-person. As Asti Hustvedt observes, in addition to allocating over eight pages of text to describe Augustine's delirium, the doctor printed it in a smaller typeface than the rest of his clinical notes and interspersed her long quotations with comments similar to stage directions to provide the reader with a sense of what was happening physically during the reenactment (199–200). Below is an example of Augustine's verbal delirium, which Bourneville transcribes by hand, and incorporates of his own accord the ellipses, parentheses, and emphases:

“Mais Georges n'est jamais comme cela... Il se tient à la Salpêtrière... Je n'aurais jamais dû te céder... Je ne comprends pas que ça vous tienne tant que ça... Moi, je puis me vaincre... pas tout-à-fait..., mais en partie... Tu as beau faire, tu ne m'embrasseras pas... C'est la deuxième fois que tu viens et *tu veux* absolument... Mais il n'y a pas d'endroits pour cela à la Salpêtrière... à moins de faire comme la jeune fille dont je te parlais tout à l'heure... (*Elle se débat parce que Émile ne veut pas entendre raison*) ... Je ne sens pas ?... Oui, je ne sentais pas.... mais je sens maintenant, je m'en suis assurée moi-même.”
(*Elle est mécontente ; Émile ne la croit pas ; elle se débat, pleure, se secoue, grince des dents*). “Tu n'y arriveras pas... Je ne veux pas de ces choses-là ici... Ah ! vrai, tu m'en fais...” (*IPS T2*: 154)

In this example, I do not strive to examine the nature or the trauma of the hysteric's delirium. Akin to Hustvedt, I want to underscore that in the act of transcribing his patient's visions, Bourneville does not only write what he sees, but also *visualizes* the reaction and response of Augustine's invisible interlocutor (Hustvedt 201). Similar to the case descriptions in

the third person noted above, the lack of engagement with the patient's *affect* continues, however, there appears a need to make the patient's hallucinations more "visual" or more visually "true." This example reads more like a script and has abundant play of punctuation. On the one hand, the doctor may endeavor to be faithful to record the patient's pauses, her tone, and her demeanor. On the other hand, however, it is also curious that Bourneville "imagines" and supplies the missing information in Augustine's apparent monologue ("*elle se débat parce que Émile ne veut pas entendre raison*" "*Émile ne la croit pas*"). In my reading, Bourneville in this instance is not merely a passive witness to hysterical delirium, but a participant—apparent in the shift of the narrative position—who has the privilege of *seeing* and *hearing* the "Invisible" interlocuter like Augustine. These examples, supplemented with the many photographs of the hysterics in the "passionate poses" shaped the "clinical narratives" of hysteria. These narratives seek to portray the "Invisible" entity which overpowers the hysteric and compels her bodily movements. In the crafting of these stories, paradoxically, while denying the validity of the "Invisible" interlocuters as "delirium," the medical gaze also seeks to summon and demonstrate the forces of imagination. In my reading, the *fantastique* also emerges, inevitably, from the intertwining of the hallucinations of the hysteric with the medical gaze.

The Clinical Gaze and *le fantastique réel*

I echo the term *fantastique réel* from Edmond Picard's *Le Juré*, to underscore the zeitgeist of fin-de-siècle France. In his lyrical monodrama, Picard offers a new branch of the *fantastique* that he terms "*fantastique réel*." He asserts that Nature encumbers our path with insoluble mysteries which science, rather than solving these problems, can only evoke, and the act of discovering and describing these mysteries is what is "*fantastique réel*." The burgeoning

positivist culture was significant in diminishing the credence in the supernatural. However, as assert many writers of the period, the *fantastique* displaced the usual subjects of dread to scrutinize the new discoveries of science, such as hypnotism, psychiatry, spiritism, etc. The *fin-de-siècle*, although a period more positivistic than others, succumbed to a sort of aesthetic of horror. The notion of “voluntary suspension of disbelief” was no longer powerful for phantoms, ghouls, magicians, or pixies to hold appeal. However, science seemed to have replaced the supernatural as an object of the *fantastique*, urging a famous author of fantastic fiction to lament: “Ainsi qu’un temple des religions nouvelles, un temple ouvert à tous les cultes, à toutes les manifestations de la science et de l’art, le palais de l’Industrie montre chaque soir aux foules ahuries des découvertes si surprenantes que le vieux mot balbutié toujours à l’origine des superstitions, le mot « miracle », vous vient instinctivement aux lèvres” (Maupassant 3). Maupassant in this statement upholds the discovery of science, i.e., what the clinical eye detects, as the “new religion” that will change the meaning of “miracle” by demonstrating their surprising new discoveries. The entangling of science and the supernatural thus gestures to this *fantastique réel* which blurs the lines between “reality” and “illusion” and insists that demarcations between “natural” and “pathological” can be problematized. The strange object in this liminal field becomes the focus of inquiry.

Rollinat’s *Névroses* and Charcot’s conception of hysteria in many ways allude to the mode of *fantastique réel*, as both engage with an entity that fascinates and torments that they desire represent. This aligns with Picard’s vision, who writes that for the art of *fantastique*: “qu’une énigme demeure, par quelque côté indéchiffrable, et tourmente, tourmente, tourmente...” and that “l’œil de l’artiste” engages in evoking the darkness of this impenetrable world (x–xi). The object of the *fantastique* thus is in the “eye.” Hysteria was also predominantly represented via the

gaze of the doctor. The essence of “delirium” found in the clinical case studies is overwhelmingly founded on what the clinical eye sees and relates. Additionally, hypnotic suggestion or artificially provoked hysteria by medical intervention further complicated, or rather concretized the notion of *fantastique*. For Charcot, the obsessive focus was to understand and prove that hysteria was a valid neurological illness that merited the same nosographical attention as other diseases. He defended the authenticity of the malady and famously claimed that hysteria was not his invention, was not limited to the Salpêtrière or even to France: “Ce serait chose vraiment merveilleuse que je puisse ainsi créer des maladies, au gré de mon caprice ou de ma fantaisie. Mais à la vérité, je ne suis absolument là que le photographe ; j’inscris ce que *je vois*” (Charcot, *Leçons du mardi* 178, my emphasis). In his statement, Charcot thus wants to underscore the reliability of the clinical gaze by aligning it with the objectivity of the eye of the camera. Hysteria, the malady is *not* a product of the doctor’s “fantasy,” based on Charcot’s statement, but can be read through his gaze. It is the faith in the power of science that the positivist culture of *fin-de-siècle* sought to impart to the public. The “inscribing” of the delirious stage as “seen” by his colleagues thus represents the *symptomatic* effects rather than the causal effects—a snapshot of the malady that seemed to have raided the corporeality of the hysteric. The causal effects would eventually be pursued by Sigmund Freud’s clinical investigation of hysteria, leading to the foundation of modern psychoanalysis.⁶ In 1895, Freud with his colleague Josef Breuer published *Studies on Hysteria* which, like the *Iconographie Photographique de la Salpêtrière*, carefully represented patients with hysterical symptoms. However, unlike the earlier work that relied heavily on visual representation of hysterics and their bodies, this collaborative

⁶ Freud’s later work, particularly *The Interpretation of Dreams* (1900), *Three Essays on the Theory of Sexuality* (1905), and *Dora: Analysis of a Case of Hysteria* (1905) are significant to the advancement of his psychoanalytic theory which strongly argued that unresolved and unconscious childhood conflicts involving sexual desire and rivalry with parents contribute to the development of neuroses, including hysteria.

work focused on the verbal information from the women patients themselves and introduced the concept of “talking cure” (de Marneffe 71). Freud proposed that repressed memories and emotions could influence a person’s behavior and manifest as physical symptoms. He thus encouraged verbalization of emotions and memories to gain insight into the condition and offer symptom relief. Moving away from Charcot’s “looking approach,” as writes de Marneffe, Freud chose to listen. His development of the theory of the unconscious mind was pivotal in psychoanalysis, which delved into the dissection of the mind and childhood trauma: “Hysterics suffer mainly from reminiscences” (Breuer & Freud 7). For Freud, the behavior or corporeal movements of the hysterics was a meaningful mimicry of traumatic events of the past and in his examination, he sought to find the cause of the rupture between the mind and the body. Charcot, sought to “look” for the seat of the malady in the physical abnormalities and sought to display them in images. The focus for my analysis in this chapter is on Charcot’s “looking approach.”

Charcot’s clinical gaze entailed tools of observation such as photography. The photographic plates thus became the doctor’s retina to record the quivering signs of hysteria, much in the way Bourneville’s *visualization* “inscribed” Émile’s existence from Augustine’s imagination. The *attitudes passionnelles* provided a “body” of content more expansive than the first and second phases of hysteria (epileptic catalepsy and illogical attitudes/clownism). At this stage of hysteria as per Charcot’s nosology, the patient suffers from certain hallucinations and expresses outbursts, remonstrances, conversations with imaginary interlocutors, and so on.

Charles Richet explains:

C’est le moment où se dressent des hallucinations de toute sorte, tantôt gaies, tantôt tristes, tantôt amoureuses, tantôt religieuses ou extatiques. Chaque fois qu’une image a surgi dans l’esprit, aussitôt les mouvements des membres, les traits de la physionomie,

l'attitude générale du corps, tout se conforme à la nature de cette hallucination. Ces poses, ces *attitudes passionnelles*, ont une vivacité, une vigueur d'expression qu'on ne saurait retrouver ailleurs. (30)

The “attitudes” thus offer an enactment of the hallucination, which is then viewed as well as *visualized* by the photographic lens. When the hysteric appears to summon her “Invisible,” the doctors in turn conjure the image of the *malum sine materia*. In the multi-volume *Iconographie Photographique de la Salpêtrière*, ten photographs exhibit these *attitudes passionnelles* assumed by Augustine during her hysterical attack. A caption complements each plate : “Menace,” “Appel,” “Supplication Amoureuse,” “Érotisme,” “Extase,” “Hallucination de l’ouïe,” “Crucifiement,” and “Moquerie.” During the attack of delirium, based on the hysteric’s bodily movements and emotional tenor, the doctors inscribed meaning in the “narrative” by incorporating the captioned photograph with the textual description. Here is one such example of Augustine’s attack of delirium penned by Bourneville:

L’attitude change brusquement. X... fait : psitt; psitt; est assise à demi, voit un amant imaginaire qu’elle appelle (Pl. XIX). Il cède, X... se couche en se portant sur le côté gauche du lit et montrant la place libre qu’elle lui fait dans le lit. Elle ferme les yeux, la physionomie dénote la possession, le désir assouvi; les bras sont croisés, comme si elle pressait sur son sein l’amant de ses rêves... (*IPS T.2: 162*)

Au bout d’une minute à peine — on sait que tout va vite en rêve — X.. se soulève, s’assoit, regarde en haut, joint les mains en suppliante (Pl. XX) et dit d’un ton plaintif : “Tu ne veux plus ? Encore...!” (*IPS T.2: 162–163*)

The photographic plates mentioned in the description are shown below in figures 8 and 9.

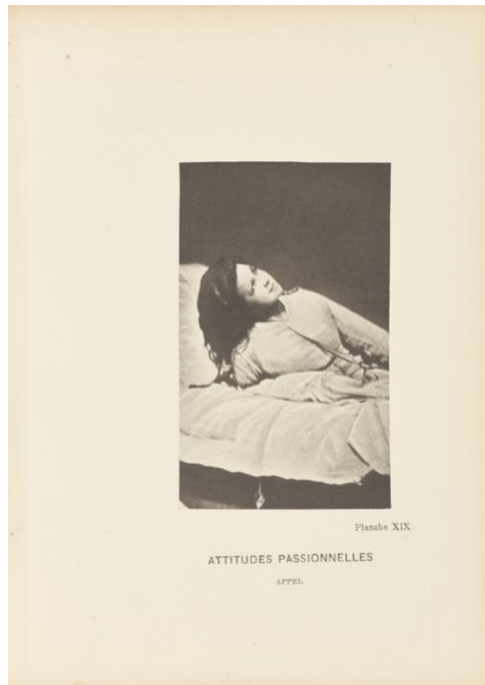


Figure 8. Planche XIX. *Attitudes Passionnelles*. “Appel”
Photograph by Paul-Marie-Léon Regnard in *IPS T.2.* (1850-1927)
Digital image courtesy of Getty’s Open Content Program

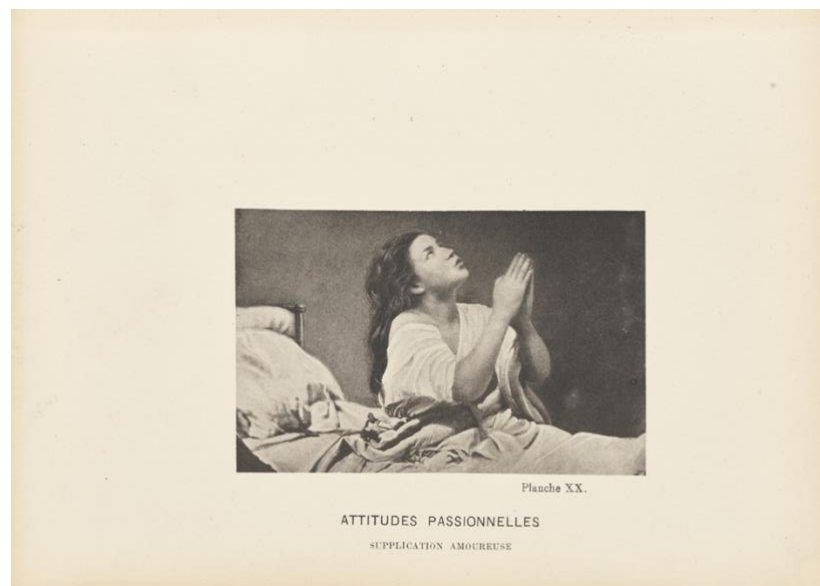


Figure 9. Planche XX. *Attitudes Passionnelles*. “Supplication Amoureuse”
Photograph by Paul-Marie-Léon Regnard in *IPS T.2.* (1850-1927)
Digital image courtesy of Getty’s Open Content Program.

Bourneville gestures to the hallucinatory mode that overpowers the hysteric by “imaginaire,” “possession,” “comme si,” and “rêve.” Additionally, by projecting this reverie in the form of a narrative—on the one hand guided by the physiognomy of the patient, on the other steered by the clinician’s own signification of meaning—the *fantastique* emerges in the entwined subjectivity of the medical gaze and the vision of the hysteric. In this fantastic body, Augustine herself disappears into the moniker of “X” and is the leading lady of a theatrical play of sorts. The assembly of the images of the “attitudes” also suggested the several roles she plays: pining for her absent lover, pleading for his return, ecstatic, dismayed, scorned, lusting, satiated, and so on. The textual labels thus imbue meaning for the visual reader to articulate the disjointed narrative of the hysteric’s delusion.⁷ It is significant to note that the visually curated “attitudes” of the hysteric had practically no play in the curative measures. As I have consistently argued, Charcot had more interest in demonstrating the validity of hysteria by offering a spectacle of the incongruities in the hysteric’s body, i.e., aphasias, muscular atrophies, catalepsy, seizures, etc. Photography or visual representation for Charcot was important to satisfy both a scientific need and an artistic tradition, claiming that when fixed in photos, not only are they instructive for the purposes of education, but they leave nothing to be desired (de Marneffe 82). However, the malady of the hysteric “visible” in these “attitudes” gestures to a fragmented subjectivity. The doctor’s effort in presenting the hysteric’s subjectivity in a rather harmonized fashion paradoxically imbricates her in a new narrative of photo-text. Augustine the hysteric patient

⁷ “The very naming of the attitudes passionnelles (“passional attitudes” or “poses”) renders primarily visual a subjectively meaningful state. The meaning of these variable states was further fixed through the use of captions, which ostensibly identified, but in fact constructed, the specific meaning of each gesture. Finally, the poses present as stereotyped depictions of emotion what were probably witnessed as chaotic gestures. In fact, the style of the photographs has much less in common with other early photographs of mental patients than with the theatrical portraiture of the day (de Marneffe 81).

exists, but the woman captured and demonstrated in the photo-textual narrative appears as an “other” entity.

Let me explain by calling further attention to the existing disjunction between image and text. To begin with the formulation of the very first volume of the *Iconographie* (1875), this volume was purely an album of photographs without any accompanying text or explanation. Minimal text was used purely to provide chapter headings and to divide the book into patients suffering from hysteria and epilepsy and a section consisting of photographs representing other miscellaneous diseases. Charcot perhaps recognized the “conceptual vacuum” in these photographs and under his guidance, Bourneville assembled the next three issues by publishing his case histories and using the photographs as an illustrative tool (Hustvedt 177). This process of assembly in itself points to a temporal and theoretical disparity between text and image as the case studies were already written by Bourneville and he used the photographs taken by Regnard and included them as he saw fit. Additionally, one needs to remember that it would have been physically impossible to instantaneously capture the fits and attacks of the hysterics. Regnard worked as the onsite medical photographer and takes credit for visually capturing the passionate poses of Augustine. However, contrary to the spontaneity and chaos of hysteria, this was a carefully controlled process: “The hysterics were brought to him in the fully equipped studio, with its bed, screens, lamps and darkroom. Regnard used a wet collodion process that has an exposure time of two to three seconds. While much shorter than earlier photographic techniques, this nonetheless means that Augustine had to be still while her picture was taken” (Hustvedt 191). While in some photos Augustine was lying down, in others her “attitudes” imply a thrashing of limbs and continuous movement (such as “Menace” and “Moquerie”), yet most of these images show remarkable clarity. For the camera to “capture” such frenetic movements, she

would have had to have held her position for several seconds for Regnard to achieve clear prints (Hustvedt 191). One therefore postulates that many of these images portray the “artificial hysteric,” i.e., the immobilized patient, provoked into holding her poses through hypnotic suggestion. As I have discussed in more detail in the previous chapter, patients at the Salpêtrière were frequently provoked into a cataleptic state using hypnosis. In this “sleep” state, they were at times physically injured, or given suggestions—ranging from “harmless” ones, such as telling them that there were rats or snakes leading to squeamish screams, convincing them that they were dogs or birds, or provoking them to perform erotic acts such as kissing a resident doctor or visiting priest. The hysterics followed these suggestions much like a method actor or an automated machine. The women, already in the grips of invisible forces, now follow the “script” provided by the doctors—obscuring their own identity. Moreover, the photos of Augustine in the “staged” poses appear to have an almost “timeless” quality: she appears in a white or light-colored gown, with open hair, sitting on a bed in a somber room, looking right into the camera. There are no indicators of the era or the place in her appearance or in the *mise-en-scène*. All these factors contribute toward a destabilized “narrative” of hysteria. Is this woman still Augustine? What really ails her? When she convulses and quivers, are they the “frissons” of pain or pleasure? The intervention of the clinical gaze then causes another rupture between hysterical delirium and its representation. Delirium, I contest, inscribes itself in the “clinical narrative.” Indeed, when the clinical maître observes the hysteric with a scalpel-like gaze or makes a découpage of their seizures and spasms in the form of static photographic plates, they are problematizing the status of the hysteric, echoing “le réel est fantastique” (Picard x). The image of this otherworldly woman thus provokes “l’œil de l’artiste” to examine the liminal space between “real” and “fantastic.”

“*La maladie est une femme*”: Representing the Disease or the Woman?

Echoing the discourse of and around hysteria, often manifested in the figure of the living-dead woman, Rollinat’s *Les Névroses* also challenges the dynamics of life-death, vigor-weakness, angst-lust, and real-fiction. Below I read a few poems from the anthology to examine the representation of the impenetrable woman as a monstrous muse: at times she is a repository of inspiration, fueling creativity, giving life; at times she is the debilitating force who threatens the artist’s very existence. Moreover, as I have done with the earlier poems as well as with the excerpts from clinical case histories, I want to examine the position of the narrator and its ambivalence. This will reinforce my argument that the *fantastique* emerges in the subjectivity entwined in the (medical) gaze and its mesmerizing object (hysteric). I have argued that the representation of “delirium” in the “clinical narratives” are overwhelmingly founded on what the clinical eye *sees* and *visualizes*, which leads to an ambivalence. Similarly, in my close reading of “À l’Insensible” among other poems, I focus on the knotted relationship between the voyeur and the viewed.

The motif of *fantastique* emerges in the very first verse of “À l’Insensible.” Rollinat’s male narrator mournfully asks: “Es-tu femme ou statue?” echoing the clinical curiosity towards the statuesque body of the woman afflicted with symptoms of hysteria (v.1). The voice of the poet resonates adoration, desire along with pain and anxiety—that manifest in the clinical gaze. Like Charcot’s hysteric, Rollinat’s female avatar taunts him with her incongruent form and the poem traces the “nothingness” in the frozen body of the woman he so desires:

Es-tu femme ou statue ? Hélas ! j’ai beau m’user

Par les raffinements inouïs que j’invente

Pour forcer ta chair morte à devenir vivante,

J'ai beau me convulser sur ta gorge énervante,
Tu n'as jamais senti la luxure savante
De mon baiser. ("À L'Insensible," vv.1–6)

On the surface, the poem expresses unreciprocated love. The verses trace his failure to provoke any desire in the “chair morte” of the woman who enrages the jilted lover to commit murder (v.3). The poet is struck with horror that his passionate proclamations and complete devotion are met by the woman’s “froideurs suprêmes” and “bras morts et glacés” (vv.11, 22). Furthermore, the poem contradicts the Pygmalion myth, wherein the artist creates his ideal woman by breathing life into his statuesque creation. Rollinat’s “insensible” woman, in response to the poet’s “luxure savante de [s]on baiser,” responds only with mutism. The “nothingness” displayed in her impenetrable form joins the allegory of the Freudian “bête noire” that evades any reasonable explanation. The repetition of failed attempts at the onset of the poem (“j’ai beau m’user,” “j’ai beau me convulser”) leads to the terrible fear of being subjugated, ironically by the impassive creature: “Tu veux qu’en tes bras morts et glacés je me torde” (v.22). The lexicon visibly echoes the clinical efforts to manipulate the body in a quest to understand her or rather the source of her malady. Interestingly though, the convulsing symptoms of hysteria (“convulser,” “tordre”) are associated with the narrative voice, implying a hysteric contagion or the speaker’s own neurotic fixation. Consider these verses that recall the pose of “Supplication Amoureuse” (Fig. 2) in the *Iconographie*:

Et quand je te supplie à genoux que tu m’aimes,
Je reste épouvanté par les froideurs suprêmes
De ton regard ! (vv. 10–12)

The narrator appears then to have assumed a position like the delirious hysteric urging her “Invisible” lover. The gaze of the “Insensible” in the poem is void of any emotion which creates doubt about the existence of the woman herself. The poet’s insufferable pain is described in images of him crawling like a viper, being trampled upon, burning in hell but always failing to arouse any response (v.13, 17). The void in the “Insensible” projects the narrator’s own terror of discovering a vacuum in his own being which ultimately provokes him to erase the existence of the woman-statue:

Puisque toujours passive et sans miséricorde,
Tu veux qu’en tes bras morts et glacés je me torde
Ce soir, de tes cheveux, je vais faire une corde
Pour t’étrangler! (vv.21–24)

The irony of strangling the woman who resembles a cadaver or a statue, amplifies the poet’s fearful anguish. The stony silence of the woman in the roundelay attacks the ability of the lover, leaving him wanting. The lust *to know*—apparent in the opening query—peaks in the climactic moment of the poet’s instinct to kill. However, by situating the act of killing in the future “ce soir (...) je vais faire,” the erasure of the corpse-like woman is suspended. Contrary to the Charcotian approach of creating an “artificial” woman, by inscribing the living-dead woman in his poetic frame, Rollinat symbolically allows the female to speak through her silence. Although the voice of the poet dominates the discourse of failed love, the abundance of feminine rhymes (“énervante,” “blêmes,” “bouche,” “morde”) allows the voice of the woman to resonate in every stanza. In every sestet, each verse—except the first and last—terminates in a rich feminine rhyme. The enclosed rhyme pattern (ABBBBA) audibly performs the entwined relationship between the desiring male and passive female.

Like the poem addressed “À l’Insensible,” others, such as “L’Introuvable,” “À l’Inaccessible” and “À une Mystérieuse” also conjure the image of an otherworldly woman who entices with her mute gaze. The poet infuses imagery of “magnetism” or hypnotism to evoke possession of the senses, such as:

Ton frôlement me fait tressaillir jusqu’aux os

Et dans ses regards pleins d’invisibles réseaux

Ta prunelle mystique enveloppe mon âme (“À une Mystérieuse,” vv. 9–11)

Contrary to the “froideurs suprêmes” in the gaze of the woman in “À l’Insensible,” in this poem, the narrator speaks of cerebral possession by gesturing to the complexity of knowledge (“invisibles réseaux”) in the gaze of the mysterious woman. The motif of an intricate web of mystery or a chasm concealing knowledge surfaces in these poems to reveal the poet’s authorial anguish in the face of “Art.” The trope of comparing a woman to a creation of art is well known, and Rollinat revisits the same in his work.⁸ “À l’Inaccessible,” as suggests the title, refers to the elusive quality of Art and the poet claims it to be even more bewitching and vicious than a woman (“Magicien masqué plus tyran que la femme, / Art! Terrible envoûteur qui martyrise l’âme, / Railleur mystérieux de l’esprit pèlerin!”, v.2–4). The poem, in fact, establishes a connection between the feminine figure and artistic inspiration, which in turn would provide him the lust or desire to live on. The image of the elusive woman presents for the artist “le chef d’œuvre inconnu,”⁹ the pursuit of which forms the purpose of his life. Simultaneously, the image masks his fears of facing creative corrosion or discontent. Ambivalent desire manifests itself in

⁸ Not only does Rollinat exploit the literary trope of using the feminine figure as a metaphor for Art or the artist’s muse, but he also literally situates the names of women from his own life who inspired him to continue his literary existence: In “À l’Inaccessible,” the poem inscribes Rollinat’s wife Marie Serrulaz in an acrostic. Marie inspired several of Rollinat’s poems as evident in “L’Ange gardien,” “L’Ange pale,” “Les Étoiles bleues,” “Aquarelle,” “L’Étoile du fou” which are acrostic poems.

⁹ Balzac’s novella of the same title portrays the artist Frenhofer’s anguish of completing his masterpiece, eventually resolving into disastrous events.

the warped relationship between the narrator and his muse, whom he wants to create and control *and* by whom he wants to be subjugated, as evident in these verses:

Donc, tu m'as tout entier, tu me subjugues ! Mais,

En toi, je ne sais pas et ne saurai jamais

Ce que j'aime le mieux de l'Ange ou de la Femme ! ("À une Mystérieuse," vv.12-14)

The emphasis on not knowing the essence of her enigma—is she “real” or “surreal”—presents the knot that the poetic voice seeks to untie, but this knot needs to exist, for his life to persist.

Femininity, as manifest in these poems, appears to thus uphold the motif of ambiguity. The figure of the woman also alludes to the problem of infusing life or creation. The “Inaccessible” is then the zenithal rendition of Art which, when achieved, may prove to be a deception (“L'homme évoque pourtant ton mirage moquer” v.11). The relentless “problème” of Art is striking in these verses:

Longuement il [l'homme] te cherche et te poursuit sans trêve,

Abîme où s'engloutit la tendresse du cœur,

Zénith où cogne en vain l'avidité du rêve ! ("À l'Inaccessible," vv.10, 12–14)

For a meaningful existence, the speaker in the poem desires an incessant source of inspiration—a bottomless “abîme”—for the constant pursuit of Art. This motif of the “abîme” traverses the corpus to speak to the poet’s fear and fascination with oblivion. These poems in Rollinat’s *Les Névroses* unearth telling images of mute female figures that fuel the *fantasy* of knowledge.

Charcot’s passionate undertakings of hysteria also reveal a similar chiasmus—the living cadaver is not only their enigmatic muse, but also the void into which they transpose their own angst-lust.

Admitting that hysterics were “sphinxes who defy the most penetrating anatomy,”

Charcot also desired to *know* the illness, to catalogue and curate it (Charcot 15). While Rollinat’s

narrator of “À l’Insensible,” frustrated by her mutism, chose to suffocate his muse, Charcot preferred the silence of the hysteric. As I have noted above, Charcot was not really interested in what the hysteric had to say—their words were suspected to have falsehood and their cries were described as noise: “Vous voyez comment crient les hystériques. On peut dire que c’est beaucoup de bruit pour rien” (Charcot, *L’hystérie* 119, my emphasis).¹⁰ Rather than listening for any meaning in the cry, the doctor relied on the power of his gaze to determine the validity of the symptoms and, most likely, often disregarded the intimate experience of the patient. The Charcotian vision of knowing the elusive malady entailed immobilizing the hysteric and manipulating their symptoms for a show and tell. Under hypnosis, hysteric patients were provoked into a cataleptic state, prodded, poked, pricked with needles to experiment on the impressionability of their skin, and given “suggestions” that the hysterics followed like a machine. These women, claims Hustvedt, became wax dolls or automatons, with “no organic interior,” since in their anesthetized state, they also did not shed any blood when wounded, suggesting thus, a non-corporeality (77). The positivist culture used many creative tools to visually embalm this “fantastic” body—in live demonstrations, photographs, sketches, plaster casts, descriptive case histories, etc. The *fantastique réel* emerges in this hysteria: medical men treating hysteria as scientific, but obsessively presenting it as phantasmagoric, relishing in the living-dead status of the hysteric. The sphinx of hysteria thus persisted to foster the Salpêtrière’s

¹⁰ During one of his Tuesday lectures, Charcot presented a hysteric to demonstrate the different phases of the attack of hysteria. Charcot would press on certain parts of her body, that he called hysterogenic points, to provoke symptoms such as seizures of epilepsy (marking the first phase,) clonic or clown-like movements (describing the second phase,) and passionate poses. During the demonstration, the patient screamed “Maman j’ai peur!” Ignoring this cry, Charcot continued the lesson by drawing attention to the poses that the hysteric’s body appeared to be forming. A moment later the patient cried out again, “Ah maman!” and Charcot remarked to his audience: “Vous voyez comment crient les hystériques. On peut dire que c’est beaucoup de bruit pour rien. L’épilepsie qui est plus grave est beaucoup plus silencieuse” (Charcot, *L’hystérie* 118–119).

narratives of hysteria. The clinical insistence on displaying the woman and her body as the malady, simultaneously pathologized femininity and aestheticized pathology.

Rollinat's *Les Névroses* also reveals the trope of pathologizing femininity as introduced in my analysis of "À l'Insensible." If the female figure in poems such as "À l'Inaccessible" and "À une Mystérieuse" evoke a life-force, other poems blatantly compare woman to a vampiric force that kills. "Le Succube" for instance shows the female incarnation of the "sangsue"—a blood-sucking demon who has lured her "victime" to the point of begging for his "martyrdom" (vv. 9, 5). This creature is the paradox of death and desire, a motif revisited in the representation of the "Circé moderne."¹¹ "À la Circé Moderne" portrays yet another tortuous entwining of the male voyeur/victim and the female muse/monster evident in striking comparisons such as the passionate entwining of two snakes or poison ivy wrapped around a tree:

Comme deux serpents maniaques
Dans le mystère enlaçons-nous !" (vv. 11-12)
Mon désir s'enroule et se tord
Autour de ton beau corps de marbre,
- Ainsi le lierre autour de l'arbre –
Horrible et doux, il rampe et mord (v. 17-20)

Death and orgasmic pleasure are entwined, described as "horrible et doux" (v.20). The figure of hypotyposis in the above vivid similes strengthened with the recurrent [o] and [u] sounds ("enlaçons-nous," "s'enroule," "tord," "autour," "corps," "mord") dynamically establish the knotted relationship, one which would culminate only in death. Additionally, the image of a cord

¹¹ The Circé refers to the enchantress in Greek mythology known for her knowledge of potions and herbs that she used for punishing her offenders by transforming them into animals. By the nineteenth century, the figure of the Circé had evolved from a magical myth to that of a *femme fatale*— an enchanting sorceress, a deadly seductress.

expressed in the figure of the “serpent” or that of “lierre,” that are inherently poisonous, evoke toxicity. The imperative mode employed by the poet is effective in portraying his passive and anxious state as he begs her to devour him: “Harcèle-moi / Salis-moi / Insulte-moi,” evoking a distorted subjectivity (vv. 27–29). Addressing the “wicked angel,” the poet thus describes his desire for self-annihilation and inscribes the face of death in the female form: “Dussé-je mourir à la fin, / Empoisonné par ta caresse!” (v. 31–32). Additionally, the contractual demand of the poet (“Donne-moi ton corps enchanté / Et reçois mon âme en échange!”), while reminiscent of the deal with the devil, recalls the doctor-patient union where the clinical eye demands the *fantasy* of the hysterical body—the “chère onduleuse”—who is as enchanting with her seizures and convulsions as the poisonous sorceress in Rollinat’s poem. In the final stanza of the poem, the narrative voice expresses such insatiable hunger for the modern Circé that he urges her to hound him with her “malice,” corrupt him with her “trahisons” and abuse him to the point of death (v. 27–32). “Malice” and “trahisons” may be translated as “mischiefs” and “betrayals” – which may very well be compared to the trickery of the disease of hysteria in the clinical eye. The ultimate insult for the medical community would be to submit to the riddles of the hysterical body that appeared to defy scientific reason—unless the scientific eye reappropriates hysteria into an aestheticized narrative of pathology.

Rollinat’s “La Maladie,” may be viewed as another example of feminization of disease and suffering. The narrative voice repeatedly compares disease to woman, “la maladie est une femme,” reminiscent of the clinical project to feminize hysteria and portray the malady in the corporeal images of the female patients. Nevertheless, Rollinat’s representation of the living cadaver, I contest, engages in manifesting the *affect* of delirium and death, rather than the *aesthetic* of the female body. The woman is a metaphor that aids the poet in mediating the

neuroses that afflict him, a poet of modernity. In “La Maladie,” for instance, by declaring that malady is a woman, Rollinat associates the element of unpredictability of an ailment as apparent in the enjambment of the refrain “La maladie est une femme / Invisible comme un remord.” Here the poet insists that *she*, that is the malady, is palpable yet obscure. Malady is an imperceptible and unknowable force that will plague the physical and mental competencies: “Avec elle on a toujours tort! / Elle vous vide, elle vous tord” (vv.10–11). The feminization of disease aids in confronting the presence of “la maladie” as a body, but this body is still “invisible” and, hence, elusive. The focus for the poet is to portray a decomposing subjectivity, afflicted by elusive forces of mortal reality. So, while some poems of *Les Névroses* may clearly illustrate the *femme fatale* (“À la Circé moderne,” “Les Deux Serpents,” “Le Succube,” “La Bête”); it is not a ubiquitous theme of the collection. The ever-fluid form of the female figure in the anthology, in effect, mirrors the ambivalent position of the poet himself who seeks to defy the normative signifiers of life and death: “il aperçoit la pourriture sous l’enveloppe humaine et on arrive à vivre plutôt sous la terre des cimetières qu’avec les vivants, qui lui ont semblé n’être que des corps décomposés, des squelettes ambulants ” (Geoffroy 1). The figure of the female hysteric or the living cadaver in the poems is an extension of the author’s own subjectivity that serves to mediate the ambivalence in face of reality.

In “La Dame en Cire” the narrative voice remarks a revolving mannequin through a glass frame and notices with horror her quivering nostrils: “elle vit donc!” (v.6). Passionately taken by this glimpse of life in a wax doll, the poet’s only desire is to be united with this living mannequin: “De voir entrer chez moi la dame en cire” (refrain). The discovery of life breathing through the wax figure afflicts the spectator with “un amour que rien ne peut occire” (v.8). The susurrating repetition of “cire” / “occire” amplifies the essence of the living mannequin: wax.

The liquifying quality of wax permeates the senses in the alliteration of /r/ (“desire,” “déchire,” “purpurine,” “burine,” “vipérine,” “vitrine”). The intoxication of the magic exuded by the breathing doll is such that he demands her existence be etched into his, asking her to lodge herself in his cerebrum: “La pivoteuse à bouche purpurine / Dans mon cerveau s’installe et se burine” (vv.24-25). The emphatic assonance of the /i/ erupting abundantly (“cire,” “poitrine,” “narine,” “curiosité,” “obscurité”) contributes to the screeching effect that associates with the mechanical swiveling of the wax doll, a sound that creeps and etches into his psyche. The medical fascination for hysteria aligns itself with this magnetic effect on the voyeur, who is pressed against the glass frame and, despite the feeling of horror and insanity, desires nothing but “la dame en cire!” In his desire, the poet expresses an attraction to the liminal state of the breathing mannequin and articulates a state of sublimity, where fear mingles with pleasure. Like the quivering nostrils of the wax doll, the “vapeur” in “Lèvres Pâmées,” excites the poetic voice. The narrator seems stupefied at the sight of the deathly, half-open lips of the unconscious/immobile women. The hypallage in the poem’s title serves to animate a fragment of the body, hinting at a fetish for passive female bodies, a motif often surfacing in literature concerning necrophilia. But a closer reading reveals that the subject of fascination has more to do with the breath that escapes the half-closed mouth of the frozen figure:

Quand leurs plaintes inanimées
 S’exhalent comme une vapeur,
 Les lèvres des femmes pâmées
 Ont des sourires qui font peur. (vv.5–8)

The women and their immobile bodies are reduced to a passage formed by the lips “demi fermées,” and the slight glimpse of life (“vapeur”) in the torpor is enough to generate fear and

pleasure (v.4). By focusing on this one part of the visage that reproduces the motif of “abîme” discussed earlier, the poet draws our attention to that liminality where life seems to be suspended in “la convulsive torpeur” (v.3). Additionally, the enclosed rhyme of “peur” repeated in all the stanzas (“peur,” “torpeur,” “stupeur,” “enveloppeur”), reverberating with the assonance of “âme” (“femmes,” “pâmées”), creates a vertiginous confluence blurring fear and femininity, life and death. Looking upon the curious smile on the face of the unconscious woman may reflect the erotic temptation emerging in the male voyeur, but more distinctly, the poet emphasizes the uncertainty and “le mystère enveloppeur” (v.11). The reader approaches the “abîme,” the half-open mouth of the fallen woman, urged by the poet’s fascination to focus on the breath symbolizing “life” that results in the subsequent pull towards the ‘morte-vivante.’

In “Le Monstre,” the figure of the living cadaver appears in the woman in the process of undressing in front of a mirror. The scene of unveiling, however, leaves much to be desired. Far from eroticizing this “femme étrange,” the reader is presented with an impassive dismembering of a skeletal woman (v.1). The woman takes off her golden wig revealing a yellow skull, she then removes a glass eye, false set of teeth, a wax nose, fake breasts made from cotton wads and finally dismantles her artificial leg. The monster emerges in the juxtaposition of the “vivant squelette,” whose existence is a farce, superficial like her prosthetic parts. The bodily fragmentation of the woman denies the fetishistic sexual pleasure for the reader, as the poet ridicules the falsities that form a veil for her skeletal figure:

Ce soir, je l’appelais mon chou

Il me trouvait charmante à travers ma voilette!

Et maintenant cette Ève, âpre et vivant squelette,

Va désarticuler sa jambe en caoutchouc ! (vv.11-14)

The humor fused with the macabre surfaces in the image of this “Ève” whose femininity and, more importantly, corporeality are blurred in ambiguity. Her aesthetic form in its ambivalence—suspended between attraction and repulsion, dead and undead—mirrors the narrator’s own anguish and unites with the “monstre” of hysteria. In their anesthetized state, hysterics not only became ventriloquized dolls for Charcot, but in many cases, they did not shed any blood when wounded, suggesting a lack of organic matter as evoked in Rollinat’s living-dead. In this way, the “vivant squelette,” “beau corps de marbre” and the “onduleuse” succubus may join the “fantastic” body of hysteria by exhibiting the absence of an organic interior.¹² However, it is crucial to note that the poet seeks to blur the boundaries of life and death to keep interrogating the mechanisms of the “self” that is neither fully alive nor totally dead, while Charcot focused on the non-organic and inanimateness of the hysterical woman.

Malady and Metaphor: A Culture of Hystericization

So far, I have examined the mode of *fantastique* employed in the narrativization of hysterical delirium alongside the rendition of neuroses in Rollinat’s anthology of poems. Staying close to the etymological meaning of delirium, I want to now analyze how the malady (hysteria and neuroses) “deviated” from representing physiological ailments to navigating and metaphorizing social ailments. Earlier, I argued that under Charcot’s guidance, the clinical literature inscribes “delirium” by process of montage and decoupage of image and text and subjective interpretation of photographic images. As the section heading suggests, I will now examine the origin of the culture of hystericization, echoing Janet Beizer’s analysis of hysteria as a cultural symptom in her work *Ventriloquized Bodies*. Beizer writes: “The body of the

¹² Rollinat, “A la Circé Moderne” (v.18), “Le Succube”, (v.1)

hysteric—mobile, capricious, convulsive—is both metaphor and myth of an epoch: emblem of whirling chaos and cathartic channeling of it Fastened onto the hysteric’s almost totemic form is the anxiety of an age” (8–9). Embodying the conventional feminine attributes of chaos—alterity, deception, excess—the hysteric is the ultimate leaking vessel whose outpourings need to be contained by man. It became increasingly common therefore to hystericize any and all events of disorder and disease. In my discussion to follow, I draw attention to the existing cult of metaphorization in science. By studying the reappropriation of religious language in science, I underscore the origination of the cult of navigating discourses on pathology and sociology through metaphors. Concurrently, I will read some poems to discuss the portrayal of social neuroses by applying the same aesthetic approach.

Charcot consistently worked to exorcise hysteria from religious possession and from the domain of the occult, and strategically reappropriated language of religion to classify the delirious postures of the hysterics. Religion and mythology were influential cultural touchpoints in the era and the Church was threatened by medical science, especially from disciplines such as psychiatry and neurology. The medical faculty in Paris was under constant surveillance by the Catholic-dominated government of the Second Empire (1852–1870). The dominance of the Church weakened in the early 1880s, with a new government supporting the separation of Church and State (Hustvedt 247–48). Science was increasingly challenging religious teachings and found pathological explanations for what was considered diabolical or divine. Sinners were reidentified as criminals and demonic behavior began to be recast as symptoms of pathology (for instance compulsive behaviors symptomatic of conditions such kleptomania, alcoholism,

nymphomania, etc.).¹³ Despite such battling for dominance, Charcot and his peers sought to invoke religious or mythical metaphors in the scientific context to communicate the otherworldly nature of hysteria. This is evident in the naming of the *attitudes passionnelles*—evoking an expression of physiognomy reminiscent of “les mystiques du Moyen-Age, les Saintes les plus renommées par leur exaltation religieuse” (*IPS* 108).

Similarly, Charcot and other physicians at the Salpêtrière invoked religious lexicon and iconographic motifs to describe certain hysterics as “ectastics” and “démoniaques.” Geneviève’s erotic “fantasies” led Bourneville to write a section under the title “Succube” in the second volume of the *Iconographie photographique* to describe her most voluptuous sensations emanating from her imagination. He writes: “Geneviève est une *succube*. La nuit, elle reçoit la visite de Camille ou de M. X..., qui sont devenus aujourd’hui une seule et même personne. Elle le voit, lui cause, l’embrasse, en reçoit des baisers, perçoit le contact de son corps sur le sien, et éprouve les sensations les plus voluptueuses. Durant ces scènes, elle est toute éveillée” (*IPS* T.1:104). The succubus refers to the demon that takes the form of a woman to have sexual intercourse with a man while he is sleeping.¹⁴ Paradoxically, rather than being a succubus, Geneviève is the “victim” who claimed to have erotic encounters with a nocturnal entity (Hustvedt 273). There is a footnote in which the physician explains the myth of the Incubus, a male demon that preys upon sleeping women, but it is not clear in what way the doctor compares his hysteric to the predatory sexual demon. It leads me to wonder if in some way he is implicitly evoking the monster that emerges from repressed sexuality. There appears to be a connection

¹³ Hustvedt, *Medical Muses*, (247-249); Micale, “Discourses of Hysteria in Fin-de-Siècle France”, *The Mind of Modernism*, (77-92); Barrows, “Social Scientists and the Crowd, 1878-1892”, *Distorting Mirrors: Visions of the Crowd in Late Nineteenth-Century France*, (114-136)

¹⁴ The fatal attraction to this creature is inked in Rollinat’s “Le Succube” which I analyzed earlier in the chapter. The poem depicts the figure of the *femme fatale* in the figure, presumed to be a prostitute, who devours her fixated mortal man.

between the religious exigence to practice celibacy with sexual excess, especially when describing Geneviève's phases of erotic delirium. Given Geneviève's background, Charcot and his doctors used her case frequently to medically explain visions of saints or demonic possessions. In *Medical Muses*, Asti Hustvedt describes Geneviève Basile Legrand as an ideal patient to prove Charcot's conviction that demons and saints, from the past and present, were hysterics (226). Geneviève was born in a village name Loudun, which is said to have seen the most famous demonic possession in French history concerning a nun named Jeanne des Anges. Born nearly 200 years post this event, Geneviève, an orphan showed similar signs of demonic, divine, hysteric possession and was, thus compared to the same nun, by the doctors at the Salpêtrière.¹⁵ The section "Succube" in the *Iconographie* appears to testify to the physical and emotional effects of the "possessed" state that led the hysteric to believe that she not only *saw* Camille, but also kissed him, *felt* his body on her, and was ready to swear in "a court of law, before God" and anyone else that Camille was "real" and that her body was only following his "orders" (*IPS* T1:105). The section describes Geneviève's ravenous sexual appetite, her hallucinatory love affairs with Camille and with a Doctor X. The section "Succube" thus focuses on describing the curious state of "possession" to demonstrate Geneviève's hysterical conundrum. More importantly, the physicians sought to conflate mysticism with erotic delirium and bring religious ecstasy in the realm of hysteria.

In the *Iconographie*, amongst cases of patients at the Salpêtrière, Bourneville also includes legends of Margeurite Marie Alacoque, Joan of Arc, Madeleine Bavent, Louise Lateau, the convulsionists of Saint-Médard and other legendary "saints," "visionaries," and "witches," diagnosing them as hysterics. While reading Geneviève's case of delirium, we find recurrent

¹⁵ For more details, see Hustvedt, "Geneviève," *Medical Muses*, pp.226-313.

interjection where Bourneville compares hysterics of the present and the “visionaries” of the past by making observations of their gestures, historical descriptions and actions as found in hagiographies and other art forms (Hustvedt 256). Similarly, manifest in *Les démoniaques dans l’art*, Charcot and his colleagues applied retrospective medicine to artistic representations of religious excess wherein Charcot interpreted various paintings depicting religious ecstasy and demonic possession from the fifth to the eighteenth centuries based on his symptomatology of hysteria. By incorporating religious language into medical parlance—like the section title “Succubus” and the names of the “passionate poses,” the positivist culture thus endeavored to reappropriate the religious and the occult—a pathologization of the supernatural. Religious language, iconography, myths were incorporated as an “aesthetic” in the positivist portrayal of hysteria. Pathologization in this way, conceived hysteria in a new fashion and asserted power over its discourse.¹⁶

While assuming dominance by pathologizing the divine and demonic, a thread of ambiguity prevails and pronounces the *fantastique* within scientific discourse. Clinical knowledge and the role of imagination are blurred, which allows the body of the hysteric to become an “aesthetic” of the strange and the suffering. The literal blurring in the photographic image of Geneviève titled “Extase” manifests such distortion (Fig.10). The photograph is part of a series of other images that appear to capture the “période terminale” or the final stage of hysterical delirium. Sitting on her bed, her palms joined together in prayer or some other form of supplication, Geneviève appears to be looking up at someone/something. The features of her face

¹⁶ Foucault’s concept of pathologization demonstrating positivist control over the discourse of sexuality is useful in understanding the cult of medicalization in nineteenth-century France. In the first volume of *History of Sexuality*, Foucault argues that medicalization offered authorities and institutions to assert control over the discourse of sexuality by claiming to offer a framework of knowledge on what is “normal” versus “abnormal.” By assuming the position of the supreme arbiter of knowledge, science seemed to have paved the way for a culture that came to rely heavily on the language of pathology to describe the problems in the society.

are erased due to the abundance of light—either due to the lighting in the room or the effect of spiritual rapture (Hustvedt 296). The margin to navigate such interpretation, I contest, denotes the *fantastique*. In this space, the image of Geneviève is no longer tethered to an ailment. Instead, the effacement of her features or the abundance of light appears to steer our query of the strange. As in my earlier discussion on the *fantastique réel*, I underline the role of positivism in displacing the usual subjects of the fantastic and the increasing passion for discovering a new “aesthetic” of horror. Psychiatric medicine and the creative arts were marked by a “turn inward,” concerned with uncovering deeper irrational or nonrational levels of human experience and pioneering new techniques of narration to capture the inner workings of the human mind (Micale 2). Rollinat’s aesthetic emerges from this *fin-de-siècle* optic entwining positivism and art.



Figure 10. Planche XXIV. Terminal Period: Ecstasy
Photograph by Paul-Marie-Léon Regnard in *IPS* T.1
Digital image courtesy of Wellcome Images.

During the Third Republic, the interplay between science and arts was significant in depicting the socio-cultural neuroses of the period. The conception of neuroses in the Charcotian era, termed “neurasthenia,” aligned closely with the conventional medical understanding of the term, i.e., a condition of nervous exhaustion and weakness frequently associated with the demands of modern life and stress. Rollinat’s *névroses* speak to this condition and his collection of poems offer a poignant portrait of this suffering. The Third Republic, writes Micale, “was a period of rapid social, economic, and political modernization during which France underwent sudden and profound internal changes associated with the processes of industrialization, urbanization and democratization” (86). The fall of the Second Empire in 1870 and the Paris Commune in 1871 intensified the sense of disillusionment and anxiety which steered the philosophies of many writers including Rollinat. The Paris Commune was a revolutionary movement to decentralize the government—a bold experiment in social transformation. The violent suppression of the Commune and the massacre of the communards left an indelible mark on the minds of the people. For Rollinat, “les désillusions de 1871 et la naissance difficile de la République, l’exaltation et l’enthousiasme de la génération précédente ont disparu (...) Rollinat va surtout conserver la tendance à la pitié pour tous les êtres qui souffrent et un désir de communion mystique avec toutes les douleurs du monde (Miannay 383). The “douleurs du monde” refer to the new maladies or the “mal” that appeared to plague the “modern” mind at an individual and communal level. Indeed, the turn of the century resounded with the deterioration of societal mores in the form of ennui, perversion, nervousity and delinquency. Rollinat’s poems evoke this “mal” stemming from social “evils” or “pathologies” such as alcoholism, prostitution, homosexuality, criminality, suicide, and venereal diseases that haunted the late nineteenth century. For instance, “Le Fantôme du Crime,” which is the opening poem of the first section of

the collection (*Les Âmes*,) describes the all-pervasive “Mal” that reigns over the narrator (v.4). As seen in the later poems, such as “La Folie” and “La Céphalalgie,” the image of neurotic ailment or cerebral possession surfaces in: “Mon crâne est un cachot plein d’horribles bouffées : / Le fantôme du crime à travers ma raison / Y rôde, pénétrant comme un regard de fées” (vv.11–13). The motif of haunting by an elusive dark entity is ever-present and the poet strives to draw the contours of this invisible torment. In this poem, the “phantom” that hounds and compels him materializes in the form of criminality:

Le meurtre, le viol, le vol, le parricide
Passent dans mon esprit comme un farouche éclair,
Et quoique pour le Bien toujours je me décide,
Je frémis en voyant ramper dans mon enfer
Le meurtre, le viol, le vol, le parricide. (vv. 16–20)

Rollinat’s narrator describes a moral anguish by staging the tension between “Mal” (“tout ce que le Mal insuffle dans nos cerveaux”) and “Bien” while he is a feeble object in their play (v.4). “Satan” embodies the overpowering force (“les notes infernales qui vibrant dans mon cœur où Satan vient cogner”) drives his thoughts of committing brutal acts such as murder, rape, theft, and patricide (vv.6–7). The idea that he may be tempted to carry out such depraved crimes leads the narrator to lose faith in humanity. A sentiment of pessimism or anti-clericalism permeates the poem, as the first-person narrator concludes with the lingering suspicion that Man is inherently perverse:

Pourquoi l’instinct du Mal est-il si fort en nous,
Que notre volonté subit son joug atroce

À l'heure où la prière écorche nos genoux ?...

L'homme est donc bien pervers, ou le ciel bien féroce ! (vv. 47–50)

The notion of “volonté” seems farcical in Rollinat’s world, as the narrator suspects that Man is driven by wills of divine powers or the devil within. Prayers seem to have no effect in protecting one from the enslavement of Evil. In the depiction of this conflict, the religious vocabulary (“Mal,” “Bien,” “Satan,” “enfer”) appears to mask the social maladies brought in by the mutating culture of the era. Rollinat’s *névroses* finds the *fantastique* in this new make-up of society “(i)nspirant à la fois la passion du désir et la pulsion de mort” (Peylet 152). These social “pathologies” manifest in several poems either as the speaking subject (“La Peur”) or as the elusive force that dominates the narrator. The disarticulation or deviation is therefore as much a neurosis of the internal as the external.

The disenchantment resulting from the destabilized socio-political climate ushered in a spirit of decadence to challenge and subvert the notions of harmony and balance in beauty, morality, and rationality. Paul Bourget defines decadence by evoking “une certaine mélancolie comme l’inévitable produit d’un désaccord entre nos besoins de civilisés et la réalité de causes extérieures” (9). The discord between the internal and external realities led to creative inquiries about moral and material existence. Decadence entails exploring distortion, i.e., the darker and more hedonistic aspects of human nature by employing intricate symbolism and sensory experiences. Rollinat’s poems appear to evoke the *affect* of distortion as experienced in his reality: ¹⁷ “Dans sa vision pessimiste de l’homme et de la nature, les profondeurs intérieures recèlent les monstres du Mal, celles du monde extérieur, les figures multiples de la Mort”

¹⁷ Rollinat’s name in the list of decadent writers does not appear as frequently as that of J.K. Huysmans, Jean Lorrain, Rachilde, Gautier, d’Aureville or Baudelaire, and it is not my prerogative to qualify him as a decadent writer. It is important however, to bring into light that *Les Névroses* in many ways reflects the anxieties that are often articulated in the decadent movement.

(Miannay 381). Death in *Les Névroses* is primarily evoked in the strange intertwining of animate and inanimate, through depictions of cadaverous life or living cadavers. The significance of the recurring motif of “frissons” offers a provocative understanding of this paradox. In “Les Frissons” the poet explores the ubiquity of shivers or spasms and the antithetical nature of these “frissons” that signify different sensations. The poem is a rumination on the obscure tapestry of human experiences and the symbolic meaning of “frissons” —at times emanating from “espoir,” “vie,” “beauté;” and other times propelled by “peur,” “froid,” “mal,” “mort” (“Les Frissons”). These verses of the octave in AAABCCCB rhyming scheme resound the paradox of living-dead:

Les anémiques, les fiévreux,
Et les poitrinaires cireux,
Automates cadavéreux
À la voix trouble,
Tous attendent avec effroi
Le retour de ce frisson froid
Et monotone qui décroît
Et qui redouble. (vv. 65-72)

The oxymoron in “automates cadavéreux” serves to evoke the torment of living a life infected by disease (anemia, fevers, tuberculosis). While not dead, these bodies are already in a state of decomposition brought on by the sickness and the horror of inevitable death. The disease evoked implicitly recall the social pathologies—poverty, laborious living, alcoholism, etc. The implied comparison of living beings with “automates” in this poem recalls the overpowering effect of modernization that drove man to an abstruse state of existence. The jubilant blurring of living and suffering is perhaps most poignant the collection’s last poem titled “L’Épitaphe.” The

concluding interjection of the poem: “Vive la mort! Vive la mort!” seals the poetic corpus (v.13). The enneasyllabic rondel describes the slumber of the physical body of the madman (“l’affreux sommeil de la matière”) who spent his life quivering in horror and indescribable suffering (v.6). In death, he finds the fervently desired stillness celebrated in the acclaim “Vive la mort.” Death then appears to be a resolution. However, what may appear as the poet’s final words effectively gesture to a continuum. Addressing a divine entity, the poet’s voice booms from beyond the mortuary stone in “De Profundis,” alluding to a continuation of suffering and decay: “*Quand la souffrance avec ses limes / Corrode mon cœur et mes os, / Malgré moi, je crie à vos cimes : / Mon Dieu !*” (vv.6-9). This invocation then gestures to a non-closure of agony, a continuous erosion of the self that evades the limits of the material body even after death. Rollinat’s final verse from *de profundis* reverberates with “vive la mort” in the repetition of the hard hitting /v/ sound. In “*Vieux refrain des vieilles victimes*” the echoes of “vie” distort the overwhelming imagery of death surfacing in the collection (v.15). The corpse that represents and externalizes death is then an ontological vacuum.

Rollinat’s passionate views on death also aligns with Freud’s psychoanalytical viewpoint as evident in *Civilization and its Discontents* which came out years later in 1929. The work explores the complex interaction between human psychology and societal structures: Freud contends that while civilization indicates safety and evolution, it also breeds forms of discontent stemming from the inherent dissonances between the individual and the societal expectations. Of the many aspects of discord, Freud examines how the awareness of morality leads to an existential discontent, introducing the concept of the “death instinct” that drives individuals towards a return to an animate state. Freud underscores the conflict between the inherent human drives and constraints of civilization and explains the role of religious and illusory beliefs in

assuaging human suffering. By promising to provide solace or higher purpose, these beliefs, according to Freud, mask existential anxieties. While predating Freud, Rollinat's poems appear to show an underlying passion for death, which may be related to the existential anxieties of his own time. While the poet expresses the delirium for death in rather morbid tones in poems such as "La Céphalalgie," "La Torture," and "Le Mauvais Mort;" in "Le Magasin de Suicides" he infuses dark humor. The poem appears to externalize "death" by making it a common object of consumption in a material world. "Le Magasin de Suicides," depicts a "shop" of tools and remedies for the act of suicide.¹⁸ The cataloguing of the "engins de mort": firearms, razors, chemical asphyxiants, poisons, ropes, etc. reads like a marketing advertisement (vv.9). Not only does the salesman guarantee the quality of the products, but also invites "for a moderate price" to learn about a superior method of suicide from "Mademoiselle Pieuvre et Madame Vampire" (v.14). The poem is a satirical take on the impending dangers of modernization. Man is plagued by decadence in every aspect of life—and in death as well. The shop of death not only includes man-made weapons, such as guns and knives, but also stores "bolt of lightning" and carefully procured exotic venoms: "Les poisons de la fleur, de l'herbe et du serpent, / Le curare indien, la mouche anatomique, / Le perfide nectar au suc de noix vomique" (vv.5–7). While situating the rising consumerist culture, the poet echoes a morbid fascination with death and mockingly underscores the performance or the "art" in dying. This is manifest in the verses which describe the "spectacle" of "une étrange mimique / Quand on s'est mis au cou cette corde qui pend !" and the macabre dance effectively performed by poison "Qui fait qu'on se tortille et qu'on meurt en rampant (vv.5–6, 8). The stylized versions of death thus gesture to the nature of decadence.

¹⁸*Le Magasin des suicides* also appears as the title of a 2012 French adult animated film based on Jean Teule's novel of the same name published in 2006. I have not come across any indication that the novel was inspired by Rollinat's poem.

Additionally, the poem also evokes a culture steeped in turmoil. Death may be seen as the catch-all solution from the social “evils” or pathologies that were corroding values of humanity. In my reading, I consider *Les Névroses* at a liminal juncture, where the mortuary aesthetic of the poems mirrors the author’s psyche.

Conclusion

Barbey d’Aurevilly, Rollinat’s friend and peer, compared the poet with Baudelaire and Poe and stated that the work of all three was “poésie gâtée dans sa source, physique, malade, empoisonnée, mauvaise, décomposée par toutes les influences morbides de la fin d’un monde qui expire” (325). The enumerated qualifiers in the statement symbolize a macabre delirium. The representation of “delirium,” as I have examined in this chapter, appears to be guided as much by the authors—clinical and literary—as by external factors. I have, therefore, largely analyzed the mode of *fantastique* that is entangled with the body of the hysteric and that of the poet, the “Invisible” bodies that fuel their fantastic and clinical narratives, and to some extent, the social body of the period. The rendition of art and malady appear to be entwined in the body of *fantastique réel* in Rollinat’s *Les Névroses* as well as the Charcotian composition of hysteria. The poet renders the image of disease and suffering wrought by psychological and sociological pathologies. In his mortuary aesthetic, he depicts a quasi-existence, i.e., life and death negotiated in a liminal space, sustained by the image of the living-dead. Breeding living skeletons, breathing mannequins, dancing corpses, his poems may align with the Salpêtrière’s performative display of the delirious hysterics. However, his ambivalent narrative position serves to inscribe delirium from a matricial perspective and evokes the polarized *affect* of a pseudo existence in decadent times.

Conclusion

“Hystérique ! hystérique ! vous dis-je. Nous sommes tous des hystériques, depuis que le docteur Charcot, ce grand prêtre de l’hystérie, cet éleveur d’hystériques en chambre, entretient à grands frais dans son établissement modèle de la Salpêtrière un peuple de femmes nerveuses auxquelles il inocule la folie, et dont il fait, en peu de temps, des démoniaques.”
—Maupassant, “Une Femme”¹

The passage from Maupassant above effectively captures the nerve of the *fin-de-siècle*.

Being labeled a “hysteric” seemed unavoidable during the period, given that any act or emotion appearing “excessive” to the eye was deemed vulgar, criminal, insane—hysterical. Parallel to the medical and scientific discourse, hysteria also became a powerful presence in the popular and cultural imagination. The meaning and symptoms of hysteria accumulated extensively in the turn of the century, “employed as a metaphor for: artistic experimentation, collective political violence, radical social reformism, and foreign nationalism. It became the shorthand for the irrational, the will-less, the uncontrollable, the convulsive, the erratic, the erotic, the ecstatic, the female, the criminal, and a host of collective “Others”. It was a synonym for everything that seemed excessive, or extreme, or incomprehensible about the age” (Micale 84). Nevertheless, a meandering fog continued (and continues) to surround the entity of “hysteria” that tortures women, that defies an epistemology and complicates an ontological status. While examining the clinical body of hysteria (by body, I refer to the entity that emerges from the conjoined subjectivity of the clinician, the patient, and the malady) alongside the literary works, I have sought to draw attention to the formal sensations and aesthetic nature of hysteria.

In one view, the hysteric is afflicted by an elusive illness that controls her body, but simultaneously she is also smothered by the unrelenting clinical efforts to probe her body and to

¹ Maupassant’s “Une Femme” expresses the author’s criticism of hystercizing women for simply acting on human impulses. The essay echoes the trial of Gabrielle and Marin Fenrayou, a couple who plotted and killed Louis Aubert, Gabrielle’s lover. Both were condemned to life sentences of forced labor.

see what lies within her. In so doing, the clinical gaze like a pen writes a new narrative about the hysteric, evidently complicating the hysteric's subjectivity. Conversely, the hysteric's body in the Charcotian gaze, echoing the clinical desire to fill an epistemological void, challenges the image and meaning of hysteria. In this project, I endeavored to examine hysteria as such a paradox, and also move beyond the clinical setting to examine its importance as a trope or an icon in the literature of *fin-de-siècle*. The literary works analyzed in this dissertation—Zola's *Thérèse Raquin*, Rachilde's *La Jongleuse*, and Rollinat's *Les Névroses*—do not overtly concern themselves with the malady of hysteria or the trope of the hysteric. In my reading of the prose and poetry, I have sought to demonstrate that, in different ways, these works echo the symptomatic nature of hysteria in their writing and offer a more nuanced understanding of liminal subjectivity, such as that of the hysteric.

By symptomatic nature, I refer to the malady's sensations and affect that often evaded the clinical and metaphorical representation of hysteria. Drawing from an array of clinical literature, particularly penned by Charcot, Bourneville, and Richer, and the images of Regnard, my analysis reinforces the cult of the *fin-de-siècle* positivist obsession with hysteria and spectacularizing of the female hysteric. The cult of the visual in the context of the fractured subjectivity of the nation is discussed at length in the Introduction. The three texts analyzed in the chapters, furthermore, demonstrate a reaction to patriarchal dominance—by which I mean the effects of living by the rules of a heteronormative and male-centric society. Charcot may have dismissed the idea that hysteria was an illness resulting from the dislocation of the *hystéra* or the uterus, however, his spectacular demonstration of the malady worked only to fortify the gendering and sexualizing of the illness. Surveillance, invasion, and domination by patriarchy have been at the forefront of the discourse of hysteria as evident in the photographic staging of the hysterics. As analyzed in

depth, Zola's naturalist novel and the decadent aesthetics of Rachilde and Rollinat, while conceptually and stylistically different, resemble each other given their treatment of control and manipulation manifestly present in hysteria.

The symptomology—fear, suffocation, paralysis, manipulation, mimicry, violence, abuse, hallucinations, and insanity surfacing in the textual bodies—points to a culture of *control*. Whether emerging in the power politics between religion and science, doctor and patient, State and citizen; in the dynamics of family, marriage, gender and sexuality; or in the colonization of the mind and body by forces of emerging technology and artificial intelligence; the notion of control permeates the period of nineteenth-century France, as well as contemporary times. In writing this project, I have constantly endeavored to examine the works by understanding these controlling agents found either in the ghosts of the *fantastique* or the forces of reality. By doing so, I have attempted to demonstrate the liminal status of an ailing body. In the clinical discourse, the ailing body clearly refers to the patient whose agency is overpowered by her malady and further manipulated by the curative measures of the clinician. Suspended between man and malady, the hysteric suffers from “wounds of patriarchy.” Arguing that the hysteric and hysteria mark social and cultural norms, Krasny writes:

Hysteria is one of the ways through which the traumatic wounds of patriarchy are rendered legible—audibly, visibly, bodily, performatively. Through feminist scholarship on hysteria we have come to understand its dual nature: on one side a symptom through which patriarchy's violence is being diagnosed and on the other side an act of defiance that exposes, showcases, makes visible and known this violence through its performance.

(130)

Both *Thérèse Raquin* and *La Jongleuse* visibly demonstrate such “wounds of patriarchy.” In many ways, the narratives in these novels appear to be suffering from morbidity due to the unbridged societal expectations and the desires of the women characters. The root of hysteria in the novels seems to originate from an “excess” in female sexuality that is deemed dangerous. In Chapter 1, Thérèse’s innate Africanness, leading to her illicit affair with Laurent, and in Chapter 2, Éliante’s erotic proclivity for the inanimate vase and juggling, may well qualify these women as hysterics. My focus, however, has been to trace the effect and affect of the hysteria that emerges in the narrative in the form of fear, paralysis, suffocation, seizures, and delirium. The textual body of *Thérèse Raquin*, seeks to portray, as intended by Zola, the sensations of being haunted by unexplainable entities, living a stifled existence. The female author Rachilde, on the other hand, depicts a bourgeoisie juggler, an anti-heroine, in a writing style that altogether challenges the norms laid down by patriarchal knowledge. The performative nature of the novel intersects with the diagnostic performance of positivism and exposes the hypocrisy of the clinical gaze. Similarly, Rollinat’s many poems demonstrate figures of women—whether alive, or dead, or somewhere in between—who instilled fear in the poetic voice, provoking the desire to control her. Living skeletons, breathing mannequins, and dancing corpses, in Rollinat’s mortuary aesthetic, not only serve to display a decadent mode in his writing but also evoke the pseudo existence of women, as manifest in Charcot’s “museum of pathology.” In these works, the symptomatic nature of hysteria, in this sense, appears to portray the subjectivity of a woman as a site of anxiety. Thus, on one side, as Krasny writes, these symptoms illustrate abrasions produced by an oppressive society, and on the other side, manifest a powerful reaction to the claustrophobic control—as represented in the suffocating environment of the Raquin household, Léon’s violating clinical gaze and the poetic voice’s controlling gestures. These are, of course,

only a few examples of several works that illustrate the persistent manipulations to control, freeze, silence, and erase the entropy that surfaces in the woman's body.

Overall, my project is a product of my interest in the inexplicable malaise of hysteria and literature. Exploring and arguing that texts of a naturalist nature, such as that penned by Zola, or of performative and decadent modes such as written by Rachilde and Rollinat, while representative of different writerly movements, stylistic choices, and socio-political themes, intersect with the nineteenth-century discourse of hysteria. Concurrently serving as the medical mystery for the doctor to solve, and the maverick muse for the artist to portray, the hysterical body gestures to the entropy and anxieties of societies, as indescribable as the mad woman herself.

Works Cited

- Apter, Emily. "Weaponizing the *Femme Fatale*: Rachilde's Lethal Amazon, *La Marquise de Sade*." *Fashion Theory*, vol. 8, no. 3, 2004. pp. 251-265.
- Baguley, David. *Naturalist Fiction: The Entropic Vision*. Cambridge, 1990.
- Bakhtin, Mikhail Mikhailovich. *Rabelais and His World*. Translated by Hélène Iswolsky. Indiana, 1984
- Barbey d'Aurevilly, Jules. *Lyon-Revue, revue littéraire illustrée historique et archéologique*, deuxième année, n° 17, novembre, 1881.
- Barrows, Susanna. "Social Scientists and the Crowd, 1878-1892." *Distorting Mirrors: Visions of the Crowd in Late Nineteenth-Century France*. New Haven, 181, pp. 114–136.
- Barthes, Roland. *Le plaisir du texte*. Éditions du Seuil, 1973.
- Behrendt, Patricia Flanagan. "Dangerous Wounds: Vampirism as Social Metaphor in Zola's *Thérèse Raquin*." *The European Studies Journal*, vol. 2, no. 2, 1985, pp. 32–40.
- Beizer, Janet L. *Ventriloquized Bodies: Narratives of Hysteria in Nineteenth-century France*. New York, 1994.
- Binet, Alfred. *Les altérations de la personnalité*. Paris, 1892.
- Bourget, Paul. *Nouveaux essais de psychologie contemporaine*. Paris, 1885.
- Bourneville, Désiré-Magloire and Paul Regnard. *Iconographie Photographique de la Salpêtrière*, volumes 2. Paris, 2017.
- Breuer, Joseph and Freud, Sigmund. *Studies on Hysteria*. Translated and edited by James Strachey. New York, 2004.
- Briquet, Pierre. *Traité Clinique et thérapeutique de l'hystérie*. Paris, 1859.
- Charcot, Jean-Martin. *Leçons du mardi à la Salpêtrière*. Paris, 1887–1889.

- . *Leçons sur les maladies du système nerveux*, vol. 3. Paris, 1877.
- . *L'Hystérie*. Edited by Étienne Trillat. Paris: L'Harmattan, 1998.
- . *Oeuvres complètes*. Lectures collected and published by Bourneville, Babinski, Bernard, Féré, Guinon, Marie and Gilles de la Tourette. 9 vols, Paris, 1887–1889.
- Cixous, Hélène. *Le Rire de la Méduse et d'autres ironies*. Paris, 2010.
- Claretie, Jules. *Les Amours d'un interne*. Paris, 1881.
- Collins, Holly L. "'This African blood that burned in her veins': Rereading Race in Emile Zola's *Thérèse Raquin*." *Dalhousie French Studies*, vol. 106, 2015, pp.79–90.
- De la Tourette, Gilles. *L'hypnotisme et les états analogues au point de vue médico-légal*. Paris, 1889.
- De la Tourette, Gilles, and Richer, Paul. "Hypnotisme," *Dictionnaire encyclopédique des sciences médicales*. Paris, 1889.
- De Marneffe, Daphne. "Looking and Listening: The Construction of Clinical Knowledge in Charcot and Freud." *Signs*, vol. 17, no. 1, 1991, pp. 71–111.
- De Maupassant, Guy. "Adieu Mystères," *Chroniques. Le Gaulois*, Paris, 1881,
https://fr.wikisource.org/wiki/Adieu_myst%C3%A8res.
- . "Une Femme," *Chroniques. Gil Blas*, Paris, 1882,
[https://fr.wikisource.org/wiki/Une_femme_\(Maupassant\)](https://fr.wikisource.org/wiki/Une_femme_(Maupassant)).
- Du Preez, Amanda. "Putting on Appearances: Mimetic representations of hysteria." *De arte*, vol. 69, 2004, pp. 47–61.
- Didi-Huberman, Georges. *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière*. Cambridge, 2003.
- Ferragus. "Lettres de Ferragus." *Le Figaro*, 23 janvier, 1868, p.1.

- Finn, Michael R. *Hysteria, Hypnotism, the Spirits, and Pornography: Fin-de-Siècle Cultural Discourses in the Decadent Rachilde*. Newark, DE, 2009.
- Forest, Jennifer. *Decadent Aesthetics and the Acrobat in French Fin-de-Siècle*. New York & London, 2021.
- Forest, Jennifer. "Théodore de Banville and Funambulesque Aesthetics." *Dalhousie French Studies*, vol. 72, Fall 2005, pp. 17-31.
- Freud, Sigmund. "Charcot." *The Freud Reader*. Edited by Peter Gay. New York, 2006, pp.48–56.
- . *Civilization and Its Discontents*. Translated and edited by James Strachey. New York & London, 2005.
- . "Preface and Footnotes to Charcot's *Tuesday Lectures (1892-94)*." *The Standard Edition of the Complete Psychological Works of Sigmund Freud*. Translated and edited by James Strachey. London, 1962, pp. 131-137.
- Gantz, Katherine. "Une Langue étrangère: Translating Sex and Race in Rachilde's *La Jongleuse*." *The French Review*, vol. 81, 2008, pp. 944-954.
- Gay, Peter. Editor. *The Freud Reader*. New York, 2006.
- Geoffroy, Gustave. "Chronique: Les Névroses." *La Justice*, Paris, 1 mars, 1883, pp.1–2.
- Gérard Peylet. *La Littérature fin de siècle, de 1884 à 1898 : entre décadentisme et modernité*, Paris, 1994.
- Goetz, Christopher. *Constructing Neurology*. Oxford, 1995.
- Gordon, Rae Beth. "From Charcot to Charlot: Unconscious Imitation and Spectatorship in French Cabaret and Early Cinema." *The Mind of Modernism: Medicine, Psychology, and the Cultural Arts in Europe*. Stanford, 2004, pp. 93–124.

- Harrow, Susan. *Zola, the Body Modern: Pressures and Prospects of Representation*. New York & London, 2010.
- Hawthorne, Melanie. *The Juggler*. Introduction. New Brunswick, 1990.
- Haxell, Nichola A. "Ces Dames du Cirque: A Taxonomy of Male Desire in Nineteenth-Century French Literature and Art." *MLN*, vol. 115, no. 4, 2000, pp. 783–800.
- Hellens, Franz. *Le Fantastique reel*. Michigan, 1967.
- Holl, Ute. "Compressions." *Cinema, Trance and Cybernetics*, Amsterdam, 2017, pp. 137–158.
- Holmes, D. *Rachilde: Decadence, Gender and the Woman Writer*. Oxford, 2001.
- Hustvedt, Asti. *Medical Muses: Hysteria in Nineteenth-Century Paris*. New York, 2011.
- King, Russell S. "The Poet as Clown: Variation on a Theme in Nineteenth-Century French Poetry." *Orbis Litterarum*, vol. 33, 1978, pp. 238–252.
- Knapp, Bettina L. "The Golden Age of the Chanson." *Yale French Studies*, no. 32, Paris, 1964, pp. 82–98.
- Krasny, Elke. "Hysteria Activism: Feminist Collectives for the Twenty-First Century"
Performing Hysteria: Images and Imaginations of Hysteria. Belgium, 2020.
- Levasseur, Paul. *De la catalepsie au point de vue du diagnostic de la mort apparente*. Rouen, 1866.
- Marshall, Jonathan. *Performing Neurology: The Dramaturgy of Dr. Jean-Martin Charcot*, New York, 2016.
- Miannay, Régis. *Maurice Rollinat: Poète et Musicien du Fantastique*. Michigan, 1981.
- Micale, Marc S. "Discourses of Hysteria in Fin-de-siècle France." *The Mind of Modernism: Medicine, Psychology, and the Cultural Arts in Europe*. Stanford, 2004, pp. 71–92.
- Moncan, Patrice. *Le Paris d'Hausmann*. Paris, 2002.

- Mulvey, Laura. "Visual Pleasure and Narrative Cinema." *Screen*, vol. 16, Autumn 1975, pp. 6-18.
- Nochlin, Linda. *The Body in Pieces: The Fragment as a Metaphor of Modernity*. Thames & Hudson, 2001.
- Picard, Edmond, and Odilon Redon. *Le Juré*. New York, 2012.
- Prince, Nathalie. *La Littérature fantastique*. Paris, 2015.
- Rachilde. *La Jongleuse*, Société Mercure de France, Paris, 1900.
- Richet, Charles. "Les Démoniaques d'aujourd'hui – étude de psychologie pathologique." *Wikisource*, 1880,
https://fr.wikisource.org/wiki/Les_D%C3%A9moniaques_d%E2%80%99aujourd%E2%80%99hui_-_%C3%A9tude_de_psychologie_pathologique/01.
- Richer, Paul. *Études cliniques sur la grande hystérie ou l'hystéro-épilepsie*. Paris, 1885.
- Rollinat, Maurice. *Les Névroses*. Paris, 1917.
- Ruíz-Gomez, Natasha. "Shaking the Tyranny of the Cadaver: Doctor Paul Richer and the 'Living Écorché'." In *Bodies Beyond Borders*, Leuven, 2017, 231–302.
- Samuels, Maurice. *The Spectacular Past: Popular History and the Novel in Nineteenth-Century France*. New York, 2004.
- Savarèse, Eric. *Histoire colonial et immigration : Une invention de l'étranger*. Paris, 2000.
- Schwartz, Vanessa. *Spectacular Realities : Early Mass Culture in Fin-de-Siècle Paris*. Berkeley, 1998.
- Sicotte, Genviève. "Présentation: Que peut l'approche synchronique? Ou quand la littérature fait date." *Études françaises*, vol. 43, no. 2, 2007, pp. 5-12.
<https://www.erudit.org/en/journals/etudfr/2007-v43-n2-etudfr1779/016469ar/>

- Starobinski, Jean. *Portrait de l'artiste en saltimbanque*. Paris, 2004.
- Strachey, James. Editor and translator. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*. London, 1962.
- Terdiman, Richard. *Present Past: Modernity and the Memory Crisis*. New York, 1993.
- Todorov, Tzvetan. *Introduction à la littérature fantastique*. Paris, 1976.
- Vax, Louis. *La Séduction de l'étrange : étude sur la littérature fantastique*. Paris, 1987.
- Ziegler, Robert. "Rachilde and 'l'amour compliqué'." *Atlantis*, vol 11, no. 2, Spring, 1986, 115–124.
- Zola, Émile. *Le Roman Expérimental*. Paris, 1902.
- Zola, Émile et Leduc-Adine, Jean-Pierre. *Pour Manet*. Brussels, 1989.
- Zola, Émile. *Thérèse Raquin*. Paris, 2001.