



## ORIGINAL ARTICLE

### The hysterical anorexia epidemic in the French nineteenth-century

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*The official birth of hysterical anorexia is attributed to the French alienist Ernest Charles Lasègue (1816-1883). Starting from his 1873 article, anorexia as a ‘new’ psychopathological picture is subjected to extensive clinical and theoretical study. This paper is not an analysis about the process through which anorexia was formalized as specific psychiatric condition. Rather, it focuses on another important issue: the possibility that the ‘same’ disorder may have different meaning depending on the historical period considered. Furthermore, it is asserted that the study of every pathological form is conditioned by social, individual and cultural conditions. For example, in the same year the English Sir William Gull publishes a paper about “anorexia nervosa” which is described in a different way depending on the different perspective. Lasègue’s description is a way of seeing a kind of sufferance, that is he ‘sees’ this pathology through the hysterical paradigm. Starting from these considerations, this article discusses the construct of ‘hysterical anorexia’ trying to understand why, in late nineteenth century France, hysteria and anorexia were viewed as two aspects of the same specific disorder. Finally, it is discussed why anorexia gradually emerged as an independent mental disorder just after the death of Charcot (1893).*

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When we talk about hysterical anorexia, it is impossible not to mention the French Charles Ernest Lasègue (1816-1883) and his article “On hysterical anorexia” (1873). The relevance of his work is in the theorization and characterization of anorexic phenomenon referring to hysteria.

Lasègue believes that anorexic condition derived from a hysterical inanition and, as he states, it “refers to a phenomenology which is less superficial, more delicate, and also more medic”.

Generally, Lasègue identifies three stages of anorexie hystérique. In the first stage, the patient feels a “sensation of fullness” and suffers “after commencement of the repast”. Furthermore, a hyperactive behavior appears and the patient eliminates some foods from her diet. In the second stage, there is an evident physical deterioration and the patient neither wants nor wishes to get better. In the third and final stage, patient exhibits a several emaciation and “begins to be anxious from the sad appearance of those who surround her, and for the first time her self-satisfied indifference receives a shock”. The patient realizes the gravity of her emaciation just when others (parents and friends) show signs of alarm.

Starting from Lasègue’s description, it starts to get into a first elaborate theorization of a ‘new’ psychopathological picture. Consequently, psychiatric environment starts to see a set of phenomena that look like the construct we use still today to talk about ‘anorexia’: loss of weight, food refusal, amenorrhea and hyperactivity.

Since then, many clinicians will make use of the term ‘hysterical anorexia’. There is a huge and exponential growth of hysterical anorexic cases during XIX century in France.

However, Lasègue is not the only one talking about this disorder. In the same year, the English Sir William Withey Gull coined the term ‘anorexia nervosa’ to identify and distinguish it from ‘hysteria’. For English physician, anorexia had to be differentiate from hysteria since its origin was to be considered in the central nervous system.

Therefore, unlike Gull’s hypothesis, Lasègue considered “that hysteria had a definite relationship with anorexia” (Hepworth 1999, p.38). In fact, for Lasègue, anorexia is part of the extended symptomatic group of hysteria.

According to his observations, hysterical patients always showed eating disorders with the same mental and behavioral modalities. For this

reason, it is conceivable stating the existence of an anorexic clinical picture on its own within the broader hysterical framework.

As we can see, there is an evident difference between England and French theories during the same period. While in England anorexia was connected with neurosis, in France hysteria was overpowering and explained any other mental disorder, including anorexia. Hysteria was the dominant paradigm through which anorexia could find its causes.

The same Lasègue confirms this prevalent thought in France when in his article asserts that: “the terms ‘anorexia’ might have been replaced by ‘hysterical inanition’, which would better represent the most characteristic of the incidents”.

The consequence is that in France hysteria and anorexia were evaluated two sides of the same coin or, to be precise, two aspects of the same specific disorder of women.

This happens because, as Hepworth (1999, p.37) states:

“the connection between hysteria and anorexia nervosa was functional in maintaining a psycho-medical framework. The shift from the organic to the psychological in the search for a cause of anorexia nervosa was partly managed through the discourse of hysteria”.

The great French ‘hysterical epidemic’ suddenly ran out soon after Charcot’s death (1893). Anorexia started gradually to emerge as mental disorder on its own, losing its hysterical matrix. It will find a ‘new’ meaning in terms like ‘anorexia nervosa’ or ‘mental anorexia’.

The process through which anorexia is going to be formalized as specific psychiatric condition is very delicate as well as the sudden disappearance of its hysterical matrix. Both questions include many factors that should be analyzed but this is not the place to discuss it in depth.

Beyond all theories, the credit for Lasègue is that of having highlighted anorexic disorder and stimulated interest and curiosity of the scientific world for a mainly feminine pathology.

Still today, the debate about the bond between anorexia and hysteria cannot be considered definitively solved.

As Micale (1993) writes, history of psychiatry “is marked by the phenomenon of ‘rising’

and ‘falling’ diseases” (p.496). In fact, every form of mental disease has its historical and cultural background. This means that the same disorder can have different meaning depending on the historical period and the study of every pathological form is conditioned by social, individual and cultural conditions of its own age.

Even ‘history’ of anorexia has undergone to these conditionings and will undergo them in future. After all, psychiatry had the opportunity to face with unlimited ‘golden ages’: that of hysteria in nineteenth century, that of schizophrenia in twentieth century and anorexia in twenty-first century. We cannot know if anorexia will be destined to disappear like hysteria, in case this happens a new history will be probably written.

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