In Andre Brouillet’s 1887 painting of Jean Martin Charcot giving a clinical lecture at The Salpetriere, the brightly lit foreground is dominated by the figure of Charcot and his hysterical patient, Blanche Wittman. Charcot’s left hand supports his patient. His right hand supports his lesson in hysteria. Wittman’s body is compliantly collapsed across Charcot’s left forearm in the characteristic back-arched posture of the hysterical fit. The hysteric’s eyes are shut, her head and neck are twisted to the side, her bosom and shoulder are partially bared. The doctor’s right hand is posed in the fist of authority, the index finger extended in emphasis.

The room is filled to capacity with bearded, black-suited medical students, and all of them, whether standing against the windows and walls or seated, are leaning forward as though captivated by the authority of Charcot’s words. Or, at second glance, perhaps they are transfixed by the spectacle of Miss Wittman’s artful fit? In the shadows, on the back wall of the lecture hall, behind the students, hangs a series of large medical illustrations. These illustrations within the painting are of prostrate women, stretched out on wooden floors and slabs with their backs arched in the helpless ecstasy of a hysterical fit.

In the late nineteenth century, there was a fondness for images of collapsing, broken-backed women. The technical name for this posture was opisthotonus, “a spasm of muscles of the neck, back and legs in which the body is bent backward.” Sometimes, it was stressed that the posture represented the spasm of a hysterical fit. At other times, the posture was said to be the outcome of some spasmodic sexual excitement. But either way the emphasis went, the meaning was actually the same. The confusion between female sexual desires and hysterical fits is generic to the study of hysteria. The images in the Charcot painting convey the centuries-old gendered script where mentality and rationality were assigned to the doctor (typically a male), while bodily spasms and irrationality were assigned to the patient (typically female).
Charcot’s students were told that mild hysterias were not a real illness, “but one of the varieties of female character. . . . One might even say that hysterics are more womanly than other women.” And, like the most womanly of women, hysterics were said to be “impressionable, malleable, coquettish, seductive, lazy.” At the same time, men were warned not to be taken in by the hysterics’ womanly arts, because the hysterics can be “unjust, violent, she recriminates with bitterness, gives herself over to scenes, tears and extravagance, makes a show of her passions”. And, obviously such a woman is in no way suited to “bring happiness and calm to the conjugal hearth.”

Charcot’s students were also taught how to make the diagnostic differentiation between epileptics and hysterics. “The hysterics were the ones who adorn their medical charts with artificial flowers, ribbons, pieces of mirrors, pictures with bright colors.” Hysterics, unlike the epileptics, are untruthful, recalcitrant, and tricky. The helpless ecstasies of the hysterical fit very often turned around into displays of power, acts of rebellion and rampant sexuality. Thus these most womanly of women with their stereotypical femininity could be almost virile in their masculinity. The students of Charcot, compassionate as they might have been as they found themselves entranced, perhaps seduced, by the dramatic spectacle of Blanche Wittman’s opisthotonus, were being taught that hysterics were tricky deceptive females, as enigmatic and elusive as the female herself.

Whether in medicine, art, psychology, politics, or religion, it has been a long-standing tradition to employ the enigmatic body of a woman with its mysterious desires and perplexing, unpredictable movements as a fetishistic emblem. As I shall be demonstrating, the fetishism strategy displays with suspicious urgency a narrow or partial representation of the body’s experience, in order to mask or repress a fuller experience that might otherwise constitute a trauma. We must ask, “Are the images of broken-backed, hysterical women so flagrantly dramatic that they foreclose the possibility of the trauma of loss, perhaps specifically, the loss of childhood innocence?” If we look past the glittering spectacle of the foreground image, we gain access to the images of loss that loom in the background. At the same time we do not banish the foreground but retain it, so that we may decipher the dynamic relationship between both images. It is crucial to the fetishism strategy that while it focuses the viewer on the foreground, it also allows that some expression be given to the potentially traumatic experience that lies in the background or margins. Like the fetish, which is both an item of concealment and an item of revelation, the images of women in films both mask the traumas and expose them.

In a film, what the female (and, of course, sometimes the male) performer does and says is, in part at least, a product of how the directors, writers, cameramen, editors, costumers, hair-dressers, and make-up and lighting artists decide to use her body. At a certain point, though, the performer is the artist, who must transmit an emotional experience to the audience. The body of the performer is the essential creative medium. In the films I will be discussing, the bodily presence of the film star—her posture, gestures, facial expressions