Emblems or Caricatures? Discourses about Hysteria and Anorexia Nervosa

Whilst the name of the symbolic female disorder may change from one historical period to the next, the gender asymmetry of the representational tradition remains constant. Thus madness, even when experienced by men, is metaphorically and symbolically represented as feminine: a female malady. (Showalter, 1987, 4)

Statistics published in many different countries seem to point to the fact that women are much more likely than men ask for psychiatric/psychotherapeutic care. Although there is not a clear-cut case for saying that more women suffer from psychiatric/mental illnesses, it seems to be unquestionable that women dominate in particular disease categories: depression, eating disorders, anxiety and phobias – syndromes which were formerly covered by the label “hysteria” (Ussher, 1991). There has been a vast increase in the interest in the academic discourse related to hysteria in the last few decades. It was facilitated mostly by feminist scholars who argued that the so-called female diseases are expressions of women’s protest against oppressive social and medical practices. Through the examples of classical hysteria and one of its contemporary “descendants”, anorexia nervosa I am going to discuss different – psychological, psychoanalytic and feminist – discourses which may help to answer the question: is it that women are more prone to particular psychiatric illnesses.
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and feminist - discourses could only be facilitated that is more likely to be the case. In exploring the continued association between female sexuality, deviancy, and disease these social scientific and clinical approaches themselves contributed in a way to the survival of (psychiatric) gender asymmetry.

Hysteria, the mysterious female malady has always occupied a particular status amongst diseases as a maker of the fundamental problems of (medical) science and gender issues. One of the most significant turns in the history of the disease was brought about by Sigmund Freud and his discovery of early traumatic experiences as a clue to the hidden sources of patient’s disabilities. The disclosure of the secrets d’alcôve – the sexual conflicts hidden from the sufferers themselves – opened the way to the more profound problem of the development of sexual difference itself. The revolutionary idea of exploring the narrative histories of hysteric as supposedly sufficient material for both diagnosis and therapy was not only an attempt to give a vote for psychic causes in symptomatology, but to find missing fragments of the puzzle of (female) sexuality Freud was troubled by. Although Freud was successful in proving that psychological processes have their physiological effect, and that hysteria means a displacement or transposition of libido from one organ or bodily zone to another, neither he nor his critics were satisfied with his explanations about the specific “female” characteristics of the disease. Despite its contradictions and “mytical” nature in the eyes of established academic institutions, the Freudian theory rendered an enormous service to modern science: it helped to force back the obscure messages coming from the body behind the borders of rational mind, into the territory of language of science. But it was just a transitory victory, since the message remained half-decoded, many secrets d’alcôve were still closed away, symptoms of hysteria survived and turned up again in their transformed manifestations. Official medical science was not
interested in and did not want to hear Freud’s frustrated question “What does woman want?” but instead decided to break into further pieces the already fragmented hysterical body. This undertaking has ended up in the deleting of the original diagnosis from the vocabulary of mainstream psychiatry. The diagnoses was replaced with fragments of the original classification, terms like “somatization disorder”, “conversion disorder”, etc. The new names with the new aura of respectability have not fulfilled the wish to get rid of the embarrassment caused by the mysterious nature of certain symptoms still alive.

Although classical forms of hysteria have disappeared - in some cases they were just renamed which means they were displaced in the linguistic realm of psychiatric categories - the disease still exists, it is still around in altered formations or under new names. The recent emergence of anorexia nervosa as a mass-scale “female disorder” - its statistical prevalence shows that 9 of 10 anorexies are women - invites us again to think about the hypothetical gendered nature and meanings of these bodily messages. If we accept that in the case of hysteria and anorexia the body of the sufferer is deeply inscribed with a cultural and symbolic construction of femininity emblematic of the given historical era, we have also to ask why adolescent and young adult women are almost always central to these periodic eruptions of social and cultural maladjustments.
Anorexia nervosa, the disease characterized by the behavioural pattern of excessive dieting and refusal of food was identified in the 1870s, but as a diagnosed form of disease it has remained a relatively rare disorder for nearly a century. The taking up of anorexia is as unique to today's culture as the epidemic of hysteria was to the Victorian era. It's rise began after World War II, and has shown a continuous acceleration during the past fifty years.

The disorder has a different character today than it had in the Victorian era or even in the fifties of this century (Brumbaugh, 1992). The first difference is connected to the attitudes of women then and now to their body-image and towards the act of eating and food itself. Victorian anorexics wanted to remain slim because of the spiritual and social meanings of the slender body, but explained the restrictions of food-intake with somatic reasons. "I am not able to eat because it hurts" explained the background of her behaviour the 19th century anorexic, while contemporary women are horrified by fatness: "I don't want to eat since I am too fat". Another difference between last century and today's anorectic behaviour is, that the latter is coloured by bulimia, excessive food-intake and vomiting which was not present in 19th century case records. The reasons behind this - which will also be discussed later in detail - can be connected to the changes in the "social body" and cultural norms. Although representations of women reflected much of the ambiguities 19th and early 20th - century society had about women, the ambivalences about gender roles were less obvious then today. One reason can be that the "dangerous", "irrational" female hunger - and desire - seemed to be more easy to control since contradictions around gender roles were just about to formulate into more direct public messages. It does not mean that the tensions around femininity would have been weaker than today, but there was a big difference in the social context which articulated both the forms of protest and also repression. The contradictory feelings about desire and femininity could not show
themselves on such a wide scale as today when these are more easily available through the media and other channels of information. The other fundamental difference can be attributed to the development and paradoxical impact of consumer culture (Bordo, 1993). Female hunger (and desire) has always been a cultural metaphor of danger and uncontrollability. Contemporary consumer culture handles desire in a way that it makes the “double-bind” attitude a norm: on the one hand there is an imperative to consume (buy, eat, possess) more but at the same time a woman must remain slender and docile, a useful body for society. The general message is to satisfy desires while not to show them publicly but hide them away. We have to notice here the dynamics of attraction and repulsion which are attributed by psychoanalysis as the fundamental structure of the mechanisms of desire and also the constitution of the hysterical symptom. The alternating behaviour pattern of excessive food intake and refusal in bulimia is a symbolic marker of the neurotic (hysterical?) way contemporary consumer society relates to desire. This ambivalence also reflects increasingly sharpening contradictions in concepts about femininity. (It may be of importance to call attention to the continuous attenuating of the female body, the sharpening of its contours in case of anorexia). Current cultural ideals of the woman offers freedom from domestic, a purely reproductive femininity while simultaneously suggesting fragility and lack of power over social space. The seriousness of the problems brought by these new expectations towards women can be also seen in the difference between last century anorexia and the contemporary disease: today anorexics are more thinner than their last century “forerunners” what makes the condition more hazardous. What makes it more threatening is the paradoxical effect of the popularization of the disease which heightened the public awareness of anorexia. We may think that the growing knowledge of the dangers of extreme dieting should help sufferers to cope with the problem, but paradoxically, public awareness and availability of information had a more negative impact (Brumberg, 1992). An article published in 1986 in the American Psychologist called attention
to a startling phenomenon: young women who know most about anorexia nervosa are most at risk to develop it (Striegel-Moore, Silverstein and Rodin, 1986). This astonishing observation contributes to the understanding of why anorexia became in the last few decades a “communicable” disease, a real epidemic. Joan Jacobs Brumberg (1992) calls attention to the fact that in the United States where anorexia is the most widespread no popular/scientific text has had a wide circulation than Hilda Bruch’s The Golden Cage: The Enigma of Anorexia Nervosa (Bruch, 1970) which has sold over 150 000 copies. Cases of celebrities who got publicity through the media - the most prominent was that of Princess Diana - also heightened awareness and also contributed to the spread of the disorder. The contemporary moral imperative “Run more and eat less” undoubtedly contributes to the “contagion” of eating disorders among the followers of the religion of health. The new component of female morality of checking one another’s diet and weight may well articulate the reasons behind, but we have to look for further explanations. Slenderness itself is only tip of the iceberg. For a more articulated picture we have turn to theories about the symbolic meanings of the body and femininity.
Rebellion Against the Dualism of the Body

Instead of being a form whose contents are historically provided, after the 19th century the body has been regarded as a base on which cultural constructs are founded. The female body became a metaphor for the corporeal pole of the Cartesian dualism, representing nature, emotionality and irrationality. In these representations the image of the dangerous, greedy female body, which is ruled by emotions is opposed to the masculine will, the locus of rationality, social power and self-control. Many contemporary feminist scholars have interpreted the symptomatology of hysteria as a rebellion against this dualism and the underlying (patricrhal) order. These readings of hysteria suggest that by way of the transformation of their bodies, hysterics made a "mockery of culture" (Clément and Cixous, 1986). Their inability to speak - sometimes in the literal sense of the word, i.e. in the case of aphasia - was interpreted as a rebellion against the language and the culture of the father. According to these feminist theories hysterics wanted to return to their "mother-tongue", to a regressive communication of infancy, into the realm of the semiotic. Their unwillingness (inability?) to accept the Law of the Father is described by Hélène Cixous in a very passionate way: "those wonderful hysterics, who subjected Freud to so many voluptuous moments too shameful to mention, bombarding his mosaic statue/law of Moses with their carnal, passionate body-words, haunting him with their inaudible thundering denunciations" (Clément and Cixous, 1986, 95). Joan Jacobs Brumberg gave voice to a similar opinion concerning anorexia: "Anorexia nervosa is a freely chosen method of communicating and asserting power - in essence, an exercise in free will" (Brumberg, 1988, 37). What is missing from these interpretations is the self-defeating, counterproductive nature of the protest, the recognition, that the revolt typically collapses into its opposite. While the hysterical (anorexic) rejects the symbolic order in favor of the semiotic world of the mother, the
"Lacks" and "Excesses" of Femininity

The occurrence of hysteria in women was for many centuries linked to theories about the womb (hyster[o] in Latin). The earliest known medical reference to hysteria is from Egypt in the 19th century B.C. which suggests that certain illnesses of women were caused by the womb traveling around in the body (Creed, 1993). The ancient Greeks who believed that the womb of sexually frustrated women dries up her bodily fluids what makes the womb to move around and make more trouble for the woman. We could go through the whole history of premodern medicine and would find the similar explanations. Should we accept the proposition of Peter Brooks (1993) that nomenclature, the name "hysteria" itself was a two thousand year destiny of the disease, which was finally defeated by modern science - mostly by psychoanalysis - and then leave the problem, or could we use these representations as meaningful even in our understanding of hysteria and its different forms today? The womb was - and still is - represented in cultural discourses in an ambivalent way. This organ as a site of creation and reproduction is partly handled with amazement and fascination, but on the other hand it is a source of fear and anxiety. Through her womb, the woman is connected to the cycle of birth, decay and death what reminds men to their mortality and the fragility of all the surrounding world. According to Freud those are the outer-castrated - genitalia of the woman (the mother) which are the most horrifying sights for men. However Freud also refers to the womb as an image in fantasy what releases the feeling of the uncanny which "is undoubtedly related to what is frightening to what arouses dread and horror" (Freud, S.E. 219):

"Недостизи" и "Вишици" на женственоста

Појавата на хистерија кај жените со векови била поврзувана со теорија за матката (hister[o] на латински). Најстарата позната медицинска референца за хистеријата дозаѓа од Египт во 19-тиот век п.н.е. и вели дека одредени болести кај жените се предизвикани од матката која патува низ целото тело (Крид, 1993). Старите Грци верувале дека матката на сексуално фрустрираните жени ги сушти нејзините телесни течности и тоа ја тера матката да се движи наоколу и да ја прави повеќе проблеми на жената. Би можел да ја поминеме целата историја на предмодерната наука и би насмет слични објаснувања. Треба ли да го прифатиме предлогот на Питер Брукс (1993) дека номенклатурата, самото име "хистерија" била двувладаидогодишна срдбина на болеста, која конечно била свододана од модерната наука - најмногу од психоанализата - и потоа да го оставиме проблемот, или пак можеме да ги земеме овие репрезентации како значајни дури и во нашето денешно разбиране на хистеријата и нејзините различни форми? Во културните дискурси матката била - и се уште е претставуван на двоен начин. Кон овој орган, како место на креација и репродукција делуменчо е пристапуван со чудење и фасцинација, но од друга страна е и извор на страх и анксиозност. Преку нејзината матка, жената е поврзана со крвот на ракањето, пропаѓањето и смртта, што ги потсетува жбите на нивната смртност и крвостта на снот свет кој ги окружува. Според Фројд надворешните „кавирани”, генитали на жената (маката) се најстрашната глетка за жбите. Мегутоа, Фројд матката ја смета и за слика во фантазијата која го ослободува чувството на Чудношто кое „неосмислено е поврзано со застрашувањето - со она што предизвикува страх и уплах" (Фројд, S.E. 219):
It often happens that the neurotic men declare that they feel there is something uncanny about the female genital organs. This unheimlich place, however, is the entrance to the former Heim [home] of all human beings, to the place where each one of us lived once upon a time and in the beginning. There is a joking saying that “Love is home-sickness”; and whenever a man dreams of a place or a country and says to himself, while he is still dreaming: “this place is familiar to me, I’ve been here before,” we may interpret the place as being his mother’s genitals or body.” (Freud, S.E. 245)

Contemporaries of Freud (Karen Horney, Helene Deutsch, Melanie Klein) called attention to the - unconscious - meanings of the womb as sources of both anxiety and jealousy. The theory of fear or jealousy of the reproductive abilities (and organs) of the woman was basically a reply of early psychoanalysts to Freud’s penis-envy theory, but the debate ended up in a deadlock and continued only in the last few decades in feminist psychoanalytic theory (Mitchell, 1974).

If we put all of these in the context of dynamics of hysteria and anorexia nervosa, it is interesting to see how the concepts of both lack (lack of the penis) and excess (the existence of the womb in women as an “extra” organ) are both represented in psychoanalytic concepts of femininity. The hysterical and anorexic-bulimic bodies themselves also display both lacks and excesses: lack of sexual desire in hysteria and anorexia, lack of appetite and “feminine” bodily forms and functions such as menstruation, in anorexia; the “excessive” functioning of different parts of the body in hysteria and bulimia; excessive food intake in bulimia, etc. It is interesting to notice the bifurcation of “lacks” and “excesses” in psychoanalytic thought: while classical Freudian theory emphasized lack, post-Freudian (feminist) object-relations theory puts stress on the excesses of the maternal in interpreting femininity. However there are some...
particular cultural representations of femininity which embody both attributes. The most expressive manifestation of the interconnectedness of lack and excess as a symbolic marker of femininity can be found in those representations of the woman which attribute her body abnormal, monstrous characteristics. The topos of woman as a sign of abnormality has always been a constant element in Western culture and scientific discourse. It reached its heights in romanticism, where the fascination with death contained also eroticism (Gay, 1984). This mixture of the morbid and erotic is also represented in the female-as-monster. Referring to the observation that several of Freud’s patients were deeply troubled by fantasies of circus animals and carnivalesque disorders, and Bakhtin’s distinction of the “classical” and “grotesque” bodies, Sara van den Berg notes, that the hysterical body struggles to reach the classical ideal of the “pure, closed, smooth, disciplined, still, harmonious, clothed, graceful, upright, fragrant” body, while unwillingly represents the grotesque “impure, open, rough, disorderly, noisy, naked, awkward, inverted, smelly” corps (van den Berg, 1994). The body itself becomes an obstacle to her, a special boundary, which blocks her from living in the world.

In *Powers of Horror*, Julia Kristeva gives a typology of personalized horror which shows the significance of the various orifices and boundaries of the body (Kristeva, 1982). For Kristeva the cost of the emergence of a clean and proper, social body is abjection. The abject is not that which is dirty or impure about the body, but that which is not in its proper place. The abject as marginal and unincorporable signals a site of possible dangers and threats both for the individual and society. The sharp ambiguity of emotions released by the female body is attributed
This helps to explain why the idealization of women and the woman as a theme of violence are the two sides of the same coin. Most typically at the turn of the 19th and 20th centuries, the same body, the reproductive capacities of which performed venerable, even sacred functions, was also to be profaned. Today it is well represented by the recent upsurge of horror films where the birth-giving function of the woman has become a theme of most horrifying images. In these films the womb is shown symbolically in images of intra-uterine settings which are dark, narrow, winding cellars or literally in relation to the female body which gives birth to aliens or other terrifying creatures (Creed, 1993).

The excessiveness and overproliferation previously associated with the maternal, today is replaced into the realm of technologies of reproduction: radio, film, video, computer, etc. (Doane, 1990). As we saw earlier in relation with the ambiguity of the feminine, similarly, these techniques are not only objects of fascination but also of anxiety. The doubling, repetition, the multiplying of objects is closely related to the womb in fantasy not only in terms of reproduction (and the maternal), but as Freud says, both can be regarded as sources of the feeling of the uncanny. These anxieties today can be partly attributed to the increasing
involvement of women in commodity production in the 20th century, which has altered our relationships towards secrecy, knowledge and the ultimate question of origins.

Veilings and Unveilings of Truth

The commodity fetishisation of female bodies which was even more typical in the second half of the 20th century has been expressed in new relations between the visible and invisible, the representable and unrepresentable and their consequent practices and discourses (Buci-Glucksmann, 1987).

Veiling as idea is peculiarly connected to women and to female sexuality: it is associated with female charity and modesty on the one hand and with their submission to authority at the other. Unveiling, the making of women visible, public, as reproducible and available commodities has special female connotations not only because of the eroticism of the female body, but because of the (female) personification of Nature and Truth (Jordanova, 1989). The erotic dynamic of veils (and also of distance, limit and border) is that they make the viewer to fantasize about the “real thing” behind. Women and their secrets have always had a profoundly ambiguous status, being both desired and feared (see e.g. the mythical case of Pandora). Traditionally the secrets of nature (the universe) are identified with the secrets of women’s bodies, so the personifications of women as naked. Truth means “ultimate” reality itself which is finally exposed.

Hystericities are often accused of just “imitating”, “role-playing” their disease, misleading the outside environment, their doctors, deceiving science and rationality, of hiding the secret. One
The most prominent forces of unveiling in modern age are science and medicine. They claimed special truth-status for themselves, a privileged relationship to Truth and Nature, and the Woman, as the personification of nature was the appropriate corpse for anatomy and other medical procedures. We must add however that traditional biomedicine has never been able to unravel the "secret" even by its highly sophisticated tools of examination connected to vision (x-rays, ultra-sound and other modern diagnostic techniques making images of the body's inner and outer surfaces). The reason of the - partial - success of psychoanalysis in treating hysteria was, that Freud displaced the paradigm of unveiling from the field of vision into the realm of listening. He was the first person in the history of medicine who listened seriously to the verbal messages of women, who thought that the secret can be found in an other dimension of the senses, in the world of narratives which are layered upon each other.
the same way as bodily tissues. The problem with the Freudian method was that following the medical model, Freud, himself an outstanding anatomist, was also searching for the “ultimate truth” by unfolding systematically, one-by-one the different layers of the narrative, digging more deeply in the “body of the narrative”, into the intricate tissue of the secrets d’alcool, the labyrinth of reminiscences. It was no question for Freud that it is the hysteric’s psyche which takes possession over her body. Although this was a revolutionary statement sounded too mystical and unscientific for contemporary - and even later - official medicine, the problem that caused more embarrassment for Freud was something different. His problem was related to the traditional view about the symptoms of the hysteric, the general belief that these symptoms were nothing but comedy, a genuine deception. After finding the psychic element, the “story” behind the symptom, one question remained unanswered for Freud: which one of the two - body or mind - makes the comedy? Who is lying? The answer arrived later, from part of Lacanian psychoanalysts. As Bice Benvenuto writes: “They are both telling the truth, the truth of their conflict, the paradoxical solution of two orders of things converging in the body of the woman: the encounter - clash of the symbolic and of the “real”.” (Benvenuto, 1994, p. 64.) From this it seems that the “ultimate” truth is there, at the meeting-point of the Symbolic and the Real, at the borders of two territories: of maternal authority and the paternal Law, at the boundaries of mind and body, the borders of language. No wonder that biomedical sciences with their armour related to the body stopped at this border and that psychoanalysis, the science of the mind with its linguistic techniques was also not able to go across it.

Now we can see why hysteria was (is?) an emblematic of the conflicts of (post)modern science: the conflict of different
dimensions - symbolic and real, bodily and psychic - are embedded in it. But one question still remains. Why does the hysterical stop at the border, why does she stick in the conflict? What does Woman want? She wants nothing and everything. The hysterical is in conflict even with her own conflict - as Rice Benvenuto says she is in conflict with her own deception (Benvenuto, 1994). We may suppose that she is both afraid of the suffocating, death-bearing qualities of the "good" mother (and her womb) but at the same time she does not want to leave its safety and warmness, and simultaneously she is attracted to the world of the father, but scared of the power and dominance it symbolizes. So she wants to be neither mother nor father, but her desire is to be both of them. She does not want to be either female or male, but also wants to be both of them. She is struggling for nondifferentiation.

We can easily follow this struggle in the development of the hysterical diseases from the 19th century to the present. As the hide-and-seek could not be stopped by either party - neither by patients nor by their doctors - most of the classical hysterical symptoms disappeared while new transformations (and names) of the disease turned up as part of the "big game". Last century hysterics withdrew libidinal forces from some part of their bodies while transported libido to others, playing the game with the fragments of their bodies. Contemporary anorexics play the hide-and-seek with the whole surface of their bodies, withdrawing all (female) vital forces from it - this is a fatal, "life-or-death" comedy, sometimes (1:10 cases) literally risking their own lives. The ambiguity, the eternal conflict shows itself in a more powerful way: in case of contemporary anorexia the blocking of the body to get involved with desire occurs parallel with the performance of motoral and intellectual (hyper)activity (Brumberg, 1992). The simultaneous hiding of the flesh (and desire) and exposition of the body in sports and other activities displays even a sharper ambivalence as we saw in the case of classical hysteria. The irresolvable conflict of desire, the desperate cry for
видење кај класичната хистерија. Нерешливот конфликт на желбата, очакнувањата, пожелбата за недиференцирање, желбата да се биде и недеситие и вишок, се покажани во симптомологијата на анорексија нервоса комбинирана со будилината е неизменчиво мешавање на одбињање и внесување на храна. Меѓутоа, оваа борба не е - и никогаш не била, игра со еден играч. Ниту хистеријата, ниту која и да е друга (психијатрискиска) болест, не може да се протокала со индивидуални психички процеси.

Меѓу социјалните научници кои ја проценуваат хистеријата, најшироко е прифатено дека модернинот медицински дискурс одговара богата улога во конструирањето на женското тело како непокретно, забележено и диво (Шоултер, 1987). Ако го прифатиме аргументот на антивисокорисниот дискурс од 1960-титите и 70-титите - и некои подобни жени постструктуралистички пристап - дека сите психијатрискиски болести се зависни од општествените и културните вредности, и насловниоти практики, а не од (научна) обективност, „тајната“ на женските болести лесно може да се открее со испитување на општествената контрола и придржувањата дискурси. Иако е неопорно дека овие пристапи можат да содржат множество важни препознавања и дека нивната експлораторска сила е многу значајна, од друга страна, пак, може да се добие дека секоја анализа сама по себе е единодимензионална. Ова е тачно и за пристапите кои ги прикажава во овој труд. Меѓутоа, вредностите на толкувањата на симболичните процеси што ги нуди психоанализата и врелевантните пораки на академското feminism за родовите односи - заедно со нивните недостатоци - може да се признават. Можеме да се согласиме со Џеи Anner и другите научници кои велат дека еден мулти-димензионален пристап со критичната анализа на социјалните процеси, може да резултира со набоја на најдобриот одговори - освен ако не ја бараме „апсолутната вистина“ или „уникатната тајна“ на женските болестни.

Превод: Саке Тасев

nodifferentiation, the wish for being both lack and excess is expressed in the alternating of refusal and intake of food in the symptomatology of anorexia nervosa combined with bulimia. However this struggle is not - and never has been - a game with a single player. Neither hysteria nor any other (psychiatric) illness can be interpreted solely by individual psychic processes.

It is widely accepted amongst social scientists studying hysteria that modern medical discourse has played an important role in constructing the female body as deficient, diseased and unruly (Showalter, 1987). If we accept the argument of the 1960s and ‘70s antipsychiatric movements - and of some later poststructuralist approaches - that all psychiatric illnesses are dependent on social and cultural values and labeling practices, and not (scientific) objectivity, the “secret” of female maladies might be easily found by means of the examination of social control and its associated discourses. Although it is indisputable that these approaches may still hold many important recognitions in store and their explanatory force is highly significant one can add on the other hand that each analysis on its own is one-dimensional. This is also true for the approaches I have introduced in this paper. However the values of the interpretation of symbolic processes offered by psychoanalysis and the relevant messages of academic feminism about gender relations - together with their insufficiencies - have to be also recognized. We can agree with Jane Ussher and other scholars who propose that a multi-dimensional approach which combines the individual approach with the critical analysis of social processes may result in finding the best answers; unless we are looking for the “absolute truth” or the “unique secret” of female maladies.
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