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De-historicization of “Wandering Womb”: A Study of Freudian Intervention

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Abstract

Like any other disease, hysteria too has been misinterpreted by ancient medical practitioners and even by the physicians of the late 17th century. The connotation of hysteria had a very gendered perspective and the entire discourse was based on the physicality of the sufferers. The intervention of Freud completely changed the discourse of hysteria. This paper is a descriptive study that examines the trajectory of hysteria from the ancient time through the Middle Ages through the 16th and 17th centuries up to the Freudian intervention. Freud's role in hysteria de-historicized the traditional approach which is the basis of modern-day psychology to solve the mystery of hysteria.

Keywords: *Wandering womb, Freud, Hysteria, Gender, Psychology*

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1. Introduction

This paper offers to investigate the contribution of Freud in understanding hysteria in literary criticism by mapping from the pre-Freudian notion to the Freudian psychoanalytic interpretation of hysteria. The present time is the gift of our past—with that being said, it becomes an obligation to investigate our earlier times to understand how we have arrived at the present-day discourse. To have created a map of the linear advancement of the discourse concerning hysteria has two comprehensive aspects: firstly, it reveals the historical methods employed in different times which may have an immense insight into contemporary society and culture; and secondly, the trajectory that helped shape the discourse throughout time. This trajectory likewise shows the intervention of great thinkers, whose intervention changed the paradigm. Interesting enough, the work of Nick Estes discusses that the future is hidden in the past times. Though Estes' argument of an encrypted future buried in history is a different context which is related to the past occurrence of antagonism to the Dakota Access Pipeline and the present-day “land incursion and dispossession” (Cannariato), it is ideal to create an analogy to understand the modern-age discourse of hysteria and its past. The book's main argument explores the radical nature of the resistance against anti-colonialism, anti-capitalism and the chauvinistic attitude and how time and space have crafted the consciousness of the people resisting the derangement in the present time. In this case, the consciousness pops up from the collective unconsciousness of the past oppression of the Native Americans while agitating for the Dakota Access Pipeline. This willingness, the key driving force, to protest comes from knowing the history of that particular space. That understanding of history is the basis of the current sociological discourse of that place which results in the protest that can change the geography of that particular area, and consequently, the

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allusion to the title of the work *Our History Is the Future* (Estes, 2021) intrigues me to map the present-day discourse of hysteria, analyzing the history of it, giving weightage to the importance of exploring the great figures from the history.

1.1. Role of Freud

This century witnessed a huge advancement in science and technology, especially in medical science. Hysteria, like other diseases in the current time, has a different degree of discourse if we compare it with the past one. Hysteria often finds its way to the artistic depiction in literature and culture studies—in literary texts, paintings, films etc. The reception in terms of criticism and a general understanding of hysteria portrayed in the literature has dramatically changed its course after the intercession of Freud. We can divide the connotation of hysteria into pre-Freudian and Freudian categories. This influence of Freud changed not only the literary criticism but also the therapeutic discourse of this particular disease and its literary connotation. In general, hysteria is a type of disease where one's mental problem gets its outlet through one's physical behavior, which makes one act in such a manner that can not be considered "normal". The interpretation of this mysterious behavior before the advent of Freud is a different story altogether, but Freud's intervention created a different deviating *epist m* about hysteria. Right from the beginning, when people started becoming aware of the existence of such a disorder, hysteria was thought to be a disease that occurs at the physical level. In the past, when medical science was not that advanced, the ailment of the mind was only associated with the act of an evil spirit or bad deeds and the impurity of thoughts. In the case of hysteria, the disease is associated with women only, especially in the traditional approach. Though the intervention of Freud did not dissociate the disease from its gendered perspective, it opened up the possibilities for further development to understand hysteria more scientifically and ultimately de-historicised itself.

1.2. What is Hysteria?

Hysteria, in general terms, is a neurological problem that induces uncontrollable gestures. In the 21st century, hysteria can be studied under the lens of neuroscience and psychology whereas hysteria has so far been considered, until the 1880s, as something which is the result of physical trauma. In the traditional approach, the physical suffering under convulsion has been associated with the female body, thereby almost making hysteria a women-only disease. The following section will map the trajectory of the evolution of the term and the disease—hysteria. The term, "hysteria" did not exist for a very long time until c.400BCE when Greek physician Hypocrites coined the term in *The Diseases of Women*. I have used the word "hysteria" to refer to hysterical symptoms. The following section is divided into two broad categories—Pre-Freudian History of Hysteria and Freudian intervention of Hysteria.

1.3. Who is Freud

Freud is most commonly known as the founder of modern-day psycho analysis, which so often is employed in literary criticism. The concept of the tripartite structure of the human mind is made famous by him. Even in common man's diction, we use the words like "id" and "ego" to mention one's personality traits; one having frivolous behavior may be associated with the former whereas, a person having an inflexible attitude is attributed with the latter. Born on May 6, 1856; in Freiberg, Moravia, Austrian Empire, Freud was named Sigismund Schlomo (Gorman, 2008) at birth, but his father, Jacob Freud was a non-religious Jewish merchant, and Freud had two half-brothers who were older than his father's third wife. This eccentric and knotted relation within his family sometimes is read as analogous to the understanding of Freud's theory related to sexuality and repressed desire. Freud marries Martha Bernays in 1882, and in 1885, he visits Paris to study under Jean-Martin Charcot at the Salpêtrière Clinic, by whom Freud is immensely influenced. In 1886, he married Bernays after returning to Vienna. In 1895, Freud wrote a seminal work *Studies in Hysteria*, which is considered one of the most important seminal works on Hysteria. In the year 1900, one of the most significant works came out known as *The Interpretation of Dreams*, which gives emphasis on the role of the unconscious part of one's mind. In 1901, the work *The Psychopathology of Everyday Life* deals with everyday life's complexities of person, and in this work, Freud talks about the erroneous pronunciation of words or fallacious speech—better known as the Freudian slip. The 1905 work *Three Essays on the Theory of Sexuality* gives an overview of changes in one's complex conditions of sexuality from childhood to puberty. In 1905 another critical work comes out— *Jokes and their Relation to the Unconscious*, where Freud relates jokes with the unconscious of our memory just like dreams, and he argues that humor is expressed by one's superego's allowance to the ego. In 1913, he writes *Totem and Taboo*, where he critically reads religion and culture in the context of psychoanalysis. In 1914, *On Narcissism* argues narcissism as a primitive guiding force of survival. In the 1917 work *Introduction to Psychoanalysis*, "Freud sets forth with a frankness almost startling the difficulties and limitations of psychoanalysis, and also describes its main methods and results as only a master and originator of a new school of thought can do" (Hall). *Beyond the Pleasure Principle* (1920) argues how pleasure

motivates human beings. In this book, Freud argues how our basic instinct drives us into accomplishing day-to-day tasks and how life and death instinct makes us alive. Freud in *Civilization and Its Discontents* (1930) claims that we live in a society which suppresses our base desires, and this suppression causes discontent within our minds. In 1939, Freud examines past occurrences from the psychoanalytic perspective and argues that Moses was a monotheist. In March 1938, Nazi Germany annexed Austria where the “alert and still-productive 82-year-old Freud, who was dying from the cancer that, despite 33 operations, had been developing since 1923, was permitted to trade house arrest for exile in England, where he died on September 23, 1939” (Groman 2008).

In the following section, this paper discusses the pre-Freudian discourse about hysteria in different cultures.

2. Pre-Freudian History of Hysteria

In this particular segment this paper analyzes how hysteric symptoms were treated with an interpretation of its reception in the pre-Freudian time which is by many academicians referred to as the

2.1. The Historical Implication of Hysteria in Babylon

The hysteria came into existence in the 5th century BC. The term is used by Hippocrates (Tasca). But the hysterical symptoms were present long before. Reynolds and Kinnier Wilson study neurology and psychiatry in Babylon and find that “the neuropsychiatric sources reviewed here nearly all derive from the first and much longer Old Babylonian Dynasty of the first half of the second millennium BC (circa 1894–1595 BC)” (*Neurology and Psychiatry in Babylon*). Almost all symptomatic physical ailments are recorded, since the “Babylonians were remarkable observers and documentalists of human illness and behavior” they archived every aspect of physical diseases. But the human sufferings outside their known physical ailments are considered as the “result of evil forces” and required driving out, or else is a mystery yet to be understood (Reynolds and Kinnier Wilson, 2014). Till then the word like ‘nerve’ did not exist as “the dictionaries confirm” all group of ‘muscle’ is corresponded entirely by the term *siru*, i.e., ‘flesh’, and the approximation of ‘mind’ is not present (Reynolds and Kinnier Wilson, 2014). That is why they could not trace the most significant thing to understand what they thought to be the supernatural, and their dictionary did not have any such word. The word “hysteria” is not present at that time in Babylon, yet the symptoms of the disease were present at that time which is evident from the archives, and the mental illness is—due to a lack of understanding of the concept of mind, associated with a supernatural entity.

2.2. Hysteria in Ancient Egypt

Surprisingly enough, the Egyptian culture gave birth to a new era of the definition of hysteria, stressing the role of gender, and in this case—women became the independent variable to suffer from hysteria. In Egypt, tracing back to the ancient time suggests a gendered notion of hysteria which reflects an “earliest evidence of a disorder similar to hysteria comes from the Kahun Papyrus (1900 BC) and the Eber Papyrus (1600 BC) of the Egyptians who attributed hysteria to a wandering uterus” (Shetty et al., 2020). Like the Babylonians, they too did not develop the term hysteria, but the hysterical symptoms existed. The symptoms are varying degrees and there is no such uniformity, but the infliction of physical pain is common. The pain at the level of one’s body made them conceive that the association of hysteria is related to one’s physicality, as the concept of the mind as an active agent is still not there. It is believed that the uterus could unhinge and fall out of the pelvis, and it could move anywhere in the body. This movement caused various sorts of physical problems, often resulting in physical pain and other disturbances. The symptom of wandering the womb is highly sexualized. It was within the discourse of medical practice that the sexually unsatisfied womb would seek pleasure by stretching itself upwards, and in this process, it would collapse with other vital organs inflicting pain. The common belief is that the uterus could even quiz the lungs making the woman “gasped for air”, and her associates would scramble “in all directions to search for some herbs to burn, fanning the fumes toward her head or feet” (Thompson, 1999).

2.3. Hysteria in Ancient Greek and Rome

In Greek, the connotation of Hysteria is quite different. They have their mythological belief about this disease, and according to their mythology:

The Argonaut Melampus, “placated the revolt of Argo’s virgins who refused to honor the phallus and fled to the mountains, their behavior being taken for madness. Melampus cured these women with hellebore and then urged them to join carnally with young and strong men. They were healed and recovered their wits. Melampus spoke of the women’s madness as derived from their uterus being poisoned by venomous humors, due to a lack of orgasms and “uterine melancholy” (Tasca et al., 2012).

The Greek concept of the wandering womb is, therefore, related to being unable to reproduce. The departure can be found in the second century AD, as Soranus and Galen rejected the idea of roaming womb, but they accepted that a “diseased or dysfunctional womb can have remote medical influences” (Trimble *et al.*, 2016). Hysteria thereafter is referred to by Soranus as the symptom of a restricted pulmonic disorder, mutism, and a seizure of the senses (Trimble *et al.*, 2016). But the notion has not entirely changed at that time. Soranus himself seems to believe that women’s hysterical symptoms arise from “sexual abstinence” and the idea of “perpetual virginity” (Tasca *et al.*, 2012).

Leaning toward the Animism in the Middle Ages and during the Renaissance: The traditional view of hysteria so far does not record any important information about the animistic view of the woman’s body and is only concerned with the body as it is. The traditional concept of hysteria has not only adhered to the idea of moving the uterus but also the traditional concepts reject “animistic and religious views of this syndrome in favour of mechanical etiologies and therapies” (Adair, 1995). This particular juncture focuses on the animistic implementation of the disease, which is more derogatory than earlier. Regarding hysteria, Plato’s animistic thoughts of hysteria got a new tide to percolate into the nomological principle of hysteria. Plato’s thought regarding the animistic view of hysteria lies in his adherence to the fact that the “uterus was an independent animal which wilfully wandered and caused disease” (Adair, 1995). According to *Britannica*, “animism” refers to the “belief in innumerable spiritual beings concerned with human affairs and capable of helping or harming human interests” (Park, n.d.). That is why the general belief of wandering the womb, for having no suitable explanation, is linked to the idea of evil spirits that may cause trouble. In the Middle Ages, the symptoms of hysteria are thought to be the cause of wandering of the womb, which is a result of evil spirits.

From Supernatural to Natural (16th century discourse to Charcot) The decades of the old concept that hysteria is caused by the evil spirit now come to an end, though the epistemological inference about the disease is still based on physicality and wandering womb. With the rapid developments in both scientific medical practices and philosophy, the function of the brain gradually started to proliferate in the medical discourse. Foremost, René Descartes argues that the body and the soul are two different entities. This can be read as a groundbreaking development along with Thomas Willis’ introduction to a new etiology. He argues that the disease is directly linked to the brain, not to the uterus. But he still believes that it is the evil spirit that disturbs the middle part of the brain, not the uterus. Willis in 1684 in “An Essay of the Pathology of the Brain and Nervous Stock in which Convulsive Diseases are treated” states that the womb is convulsive, but the brain signals it to act erratically. In the book *Epistolary Dissertation on the Hysterical Affections*, Sydenham talks about the hypochondria and the faulty disposition of the animal spirit. In 1784, Joseph Raulin in *Affection Vaporeuse*, blames the bad air of the newly developed cities to create the disorders. In 1775, Pierre Roussel issued “Systeme Physique et moral de la Femme” where he argues that civilizational injunction on women restricts their sexual instinct to follow in nature, which causes hysteria. Franz Mesmer in this era coined the term “animal magnetism” to refer to the body fluids. He also hints at the “auto-suggestion” therapy, which later helps to develop the technique of hypnosis to treat hysteria.

Jean-Martin Charcot plays the most pivotal role in the academic understanding of hysteria. According to him, hysteria is not something which can be only attributed to female subjects instead, the law of hysteria is universal, and it can confer races, classes and most importantly the sexes. Charcot argues that “hysteria [is] an organic condition which could be caused by trauma and occur as such in ‘models of masculinity as railway engineers or soldiers’, thus leading the way in understanding neurological symptoms arising from trauma” (Waraich and Shah, 2017).

3. Freudian Intervention

The intervention of Freud to examine hysteria as a disease is a complete paradigm shift. If Charcot deciphers the universal nature of hysteria to shatter the gendered dogma, Freud on the other hand completely shifts the progression of discourse about hysteria from the physicality to the human mind. In 1895, Freud and Breuer jointly publish *Studies in Hysteria*. Where they conclude that hysteria is a mental trauma of the past which has been repressed for so long and in the present time somehow it shows its manifestation at the physical level. To understand how Freud helped shaped the modern psychological discourse about hysteria, one needs to study Freud’s most important works together. Reading Freud based on a particular case study may help one to understand how a particular patient is treated with a particular problem. For Freud, hysteria is a mental disorder related to memory, unlike the effects of physical trauma. He propagated the idea that hysteria is anchored in the distanced memory of the patient suffering from hysteria. This memory is often associated with bad incidents, which the person tries to forget. The process of forgetting traumatic memory leads to repression. Freud for the first time propagates the concept of repression that causes hysteria. This development is new and gets further developed by modern psychiatrists. Freud links the state of repressed memory with sexuality, as sexuality is a thing which in every culture is seen as something which should stay within the closet or a private place.

That closet acts like an *arche* to contain all the sexual repressions from childhood. From this, Freud creates a juncture. Firstly, he ideates that sexual abuse may lead to hysteria. The normative social construction of society creates a taboo when it comes to sexuality and this becomes much more complicated for a sexually abused child to let others know of it due to their lack of knowledge to comprehend the abuse, and the fear. Secondly, Freud talks about releasing the orgasm may relieve one from hysterical symptoms. There is a religious injunction almost in every culture for masturbation, Freud argues that the excessive thought of sexuality when it gets repressed may break the wall of repression and cause hysteria, therefore releasing the fluid may help them. Apart from that, it is Freud in the western schools of thought, who classified the mind in a tripartite structure. The unconscious according to him is the repository of all phenomenological knowledge, where nothing gets erased easily. That repressed, forgotten, long past may erupt into consciousness at the sign of suggestion or reference. Thus, Freud's hypnotism deals with discussion to trigger the particular incident that occurred in the past which is now hunting the patient to suggest the specific event which leads to an eruption of the unconscious breaking the wall of repression into the consciousness.

3.1. Freud's 'Talking Cure' Method to Treat the Hysteria of Anna O

At the age of 21, Anna, one of the first patients, was treated by Freud. She suffered from a strange illness, paraphasia, involuntary squinting, vision problems, paralysis of her extremities, sleepwalking, and hallucinations (Jenkins). In the 1880s, Freud worked with Josef Breuer in a clinic, where they developed a method known as the "talking cure". This method is intended to purge the brain, technically the method is called the "cathartic method" (Slade, 2016). Therefore, tracing the development of hysteria from ancient times to contemporary times shows a remarkable change in its discourse. The intervention of Freud did not only shape the new paradigm in his time but also modern-day psychology dramatically relies upon the techniques of the past which his works have helped to get a breakthrough. This purgation is very important, as Freud aptly utilizes this method in the popular case of Anna O, a patient suffering from hysteria. Purgation helps one release the repressed undesirable memory. Through this method, the patient can get back to the trauma of the past to re-live in that specific memory that the sufferer had sent to oblivion actively to get rid of the trauma. The traumatic memory remains intact with one in the unconscious, nevertheless, the person forgets the event, and the traumatic event is forcefully faded away from the consciousness that Freud's contemporary psychiatrists could not detect, and makes Freud confer eternity.

3.2. Case Study of Dora

The strange case of a young girl comes into existence in the work of Freud when he compiles his experience of the treatment in *Fragment of an Analysis of a Case of Hysteria* in 1905. From the account of Freud in this case study, we come to know that his patient Dora was a source of "heavy trials" for her parents, and she was burdened with a "low spirit" with an "alteration in her character" which had become her chief illness. According to Freud's acquaintance with Dora, we come to know that Dora's mother is "an uncultivated woman and above all as a foolish one, who had concentrated all her interests upon domestic affairs" which Freud terms as "housewife's psychosis". Apart from the problematic relationship between her parents, it can be interpreted that her father was the dominant one in the family, which gets further problematized as her father for Dora's early intelligence had made her his "confidante". Therefore, Freud assumes that Dora might have a special love for her father, and when asked, Dora replies "I don't remember that" which Freud says is quite "usual". But then she remembers how she whispered in her cousin's ear when she was seven, "You can't think how I hate that person!" (pointing to her mother), 'and when she's dead I shall marry Daddy'. The case study also explores the deteriorating health of her father who contracted TB when Dora was only six and when she was ten her father suffered from a "detached retina". We also learn that her father caused her mother to suffer from "venereal disease". Then we also learn that Dora used to wet her bed even after getting older. We can also find that Dora used to suffer from a strange "loss of voice" symptom which had no cure in general medical practice at that time. By the age of 14, in Freud's opinion, Dora had become "entirely and completely hysterical". Freud examines Dora and tries to investigate more like a detective to understand the underlying cause of Dora's suffering that leads to hysterical behavior. The theoretical assumption that Freud makes is based on the hypothesis that leads him to believe in repressed memory related to sexual satisfaction. Freud, after studying Dora from her childhood to adulthood, indicates her repressed infantile-sexual-desires. As we already know, his father's love for Dora was unique and Dora's expression at the age of seven to her cousin of marrying her father—according to Freud, creates a sexual fantasy towards her father which she has to hide as she knows it very well that the expression of it is a taboo and sin. Hence Freud states

The two groups of ideas met in this one thought: 'Mother got both things from father: the sexual wetness and the dirtying discharge.' Dora's jealousy of her mother was inseparable from the group of thoughts relating to her infantile love for her father which she summoned up for her protection (Freud, 1905).

The infantile complexities, according to Freud are something that children are taught by social construction to hide. This hiding of complexities is not natural, it is a forceful process. This, according to Freud, is the repressed desire. Repressed desire needs to be channelized by some means. Her desire of having sex with her father is forcefully eroded from her conscious part of the memory to the subconscious part. It is not that she entirely forgets about her desire or stops fantasizing about her father, somewhat it remains intact with her and often pops up in the conscious part of her memory and haunts her. Her incessant effort to suppress those thoughts causes her suffering, which is nothing but a kind of defence mechanism. Though Freud could not continue the treatment as Dora withdrew herself from the treatment, he concludes the case study by suggesting that Dora's suppression of very innate desire or the repressed memory of her father to satisfy her sexual desire erupts through the wall of repression, resulting in hysterical behavior.

4. Conclusion

To conclude the discussion of this paper, it can be said that it is Freud who completely changed the course of Hysteria, and therefore, we can easily divide it into pre-Freudian and post-Freudian discourse. Methods used by the physician before Freud were also not effective, as there was a fallacious understanding of the disease itself. With two case studies on Anna O and Dora which are considered to be a path-breaking work of Hysteria, Freud formulates a new era of psychotherapy. His intervention completely changed the course of the disease and helped his successors by providing the most important breakthrough about the disease. The modern-day treatment of hysteria differs significantly, but without Freud's intervention, it was not possible to come to this stage to treat hysteria. Therefore, Freud can be studied as one of the most crucial great lives of history who not only changed the entire discourse of Hysteria but also de-historicized the disease, thereby deciphering and dislocating the gynocentric physiological narrative to a completely psychological one that is related to one's memory.

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