

Hysteria, Hypochondriacs, and Good Historians: Harming Women in Pain

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Realizing Equity Symposium
Spring 2023

- This paper is written in disability accessible fonts-

Denouncing Apollo

Powerful women- especially those whose talents are inarguably more impressive than that of their male peers- are often perceived as monstrous or perverse, unwell or unwholesome in their challenge to male authority. 'Madness,' a term used to designate mental illness, is also a description of anger, and for women, the two seem to be understood as related. ¹

Cassandra of Greek mythology and Mary Magdalene of Magdala, both of Ancient Near Eastern infamy, were defamed by experiences that led to community belief in both being “hysterical women”. Cassandra² rejected the sexual advances of Apollo, exerting her autonomy, a choice that would have been viewed as ambivalence, or reneging on an agreement to become his bride and Pythia³. Mary Magdalene had seven demons “cast out” of her body according to a passage in the synoptic gospel of Luke⁴, and went on to be an Apostola of Jesus, and a Prophetess in Gaul after his resurrection. Both were women divided into categories of honorable and dishonorable by these experiences and from the label “hysterical”.⁵ Hysteria, defined in this paper as not being believed for displaying somatic symptoms of disease, mental illness, or particular abilities or lack thereof, was pervasive in the

¹ Traistor, 54.

² Cassandra or Κασσάνδρα, was a princess of Troy and was considered clever, beautiful, but insane. Given the gift of prophecy, she was cursed after refusing to have sex with Apollo and her prophecies were never believed again. She was seen as a liar and a madwoman, but her twin brother who she trained in the same art was always considered correct. Her myth is now a rhetorical device for any woman who is never believed despite espousing the truth.

³ A high priestess at the temple of Apollo, essentially his bride or “vessel”.

⁴ Luke 8:2 NRSV

⁵ Schaberg, 80.

Ancient Near East. Using Laurie Layton Schapira's Jungian model of hysteria to analyze perceptions of hysteria in both the Cassandra and Mary Magdalene narratives, this analysis can demonstrate the pervasive legacy of damage hysteria has left women, demonstrably active and destructive still today.

Cassandra and Apollo were active in Greek religious life, and their representation amongst the community particularly guided and socialized gender roles for women. "Apollo came to represent truth and beauty, distance and objectivity. He who shoots from afar. He taught the value of abstraction and self-reflection."⁶ To the people bearing this faith system, this is what Cassandra flippantly *turned down*. She came to represent qualities a woman should avoid despite once being a chosen clairvoyant. While Apollo sent the gift of prophecy to Cassandra, he also had the power to withhold it.⁷ Instead of honoring consent, Apollo punishes Cassandra (read: coercion) and leaves her to a life of being constantly gaslit⁸ and disbelieved. After his curse, no one would believe what Cassandra would have to prophesy despite her gift being proven sound again and again.

Apollo's misogyny reflects the larger Manichaeian tradition which asserts that 'matter, evil, darkness, and female are interchangeable concepts'. With such an attitude, it is no wonder that Apollo had such bad luck in his numerous amours; Cassandra was only one of many.

⁶ Schapira, 25.

⁷ *ibid*, 26.

⁸ Gaslighting is a form of psychological abuse in which false information is presented to the victim, making them doubt their own memory and perception and attempts to make them believe they are "crazy". This is most often done through the denial of facts, events, or what one did or did not say. It is an increasing frequency of systematically withholding factual information from, and providing false information to the victim and having the gradual effect of making them anxious, confused, and less able to trust themselves.

Laurie Layton Shapira, psychiatric nurse and scholar, makes an excellent point regarding misogyny here, but the rest deserves an integral correction. Cassandra experienced an aborted rape, and was not an amour of Apollo. She said “no”, and was cursed for expressing her own desires related to sex. That’s abuse, not love, and an incredibly important distinction in her story. Because she said no, she is labelled as hysterical for not sharing the same fleeting desire as Apollo, or even other socialized women in society-“ a woman chosen for and well-schooled in the maintenance of the integrity of her vessel.”⁹ Cassandra was specifically socialized to be a Pythia and pursue union with Apollo- so to turn him down she must be mad, emotionally unhinged. But by cursing Cassandra, Apollo could publicly criticize and condemn her, but privately use her gift of prophecy for his own gain.¹⁰

ὕστέρα¹¹

You see, he does not believe I am sick! And what can one do? If a physician of high standing, and one’s own husband, assures friends and relatives that there is really nothing the matter with one but temporary nervous depression a slight hysterical tendency- what is one to do?¹²

Using Laurie Layton Schapira’s model of the Cassandra Complex in her book *The Cassandra Complex: Living with Disbelief, A Modern Perspective on Hysteria*, one can chart hysteria in Cassandra’s story and use it as a model for where it also occurs in the texts of Mary Magdalene. A history of hysteria is

⁹ *ibid*, 30.

¹⁰ *ibid*, 31.

¹¹ *Hysteria*.

¹² Charlotte Perkins Gilman, *The Yellow Wallpaper*.

necessary to create a foundation to understand this model. Schapira argues Cassandra and Apollo both have a place in the medical field because Apollo is the father of Asclepius, the God of medicine.¹³ While Schapira gives a very brief history of hysteria as her foundation for the Cassandra Complex model, we can seek other authors for its history up to Jung, which form critical components of Schapira's model. In her book *Doing Harm*, Maya Dusenbery opens her overview on hysteria with the etymology of the word:

The word *hysteria* derives from the Greek word [ὑστέρα]. Although it's modern myth that ancient Greek medicine described a single distinct disease called hysteria, early Western medical texts did attribute an array of physical and mental symptoms- the menstrual pain to dizziness to paralysis to a sense of suffocation- to the effects of a restless uterus roving about the body; treatments were aimed at either enticing or driving the organ back into its proper place in the pelvis. Since a womb that 'remains barren too long after puberty' was especially prone to wandering, the philosopher Plato explained, prompt marriage was another recommended cure.¹⁴

Scholar Dr. Elinor Cleghorn concurs when she writes in *Unwell Women*: "medicine validated these social determinate by constructing the myth that a woman *was* her biology; that she was ruled by it, governed by it, at the mercy of it."¹⁵ She goes on to add, "The historical- and hysterical- idea that women's excessive emotions have profound influences on their bodies, and vice versa, is impressed like a photographic negative beneath today's image of the attention-seeking, hypochondriac female patient."¹⁶

¹³ *ibid*, 51.

¹⁴ Dusenbery, 63.

¹⁵ Cleghorn, 2.

¹⁶ *ibid*, 3.

In the ANE women were seen as the weaker sex, slower than their male counterparts, a smaller version of that male ideal, and ultimately deficient and defective because of these supposed differences from men.¹⁷ In Ancient Greece, any female¹⁸ medical malady was believed to be caused solely by the uterus. “Where women’s entire social existence was denied by their uterus, it made perfect sense that the disorders and dysfunctions of their bodies and minds would be too.”¹⁹ In a time when dissection was prohibited, this was all Hippocrates and his colleagues had to go on- they believed either the uterus was diseased or it was causing diseases.²⁰

The Hippocratics also believed that the uterus was autonomous and able to roam throughout the body if unoccupied by marriage and pregnancy. “Suffocation of the womb” came from the idea that “an unfulfilled, unemployed uterus could move out of place wreaking havoc on the organs it reached, including the heart and the liver, and causing a startling array of symptoms.”²¹ These were just some of the reasons the female body became shrouded in secrecy and shame.²²

Hysteria became a catch-all term for any illness or unpleasant symptom a woman experienced or was perceived as suffering. With the arrival of the medieval period, a roaming uterus was no longer the trending theory as the culprit for hysteria-

¹⁷ *ibid*, 21.

¹⁸ In the words of Elinor Cleghorn: “Of course, not all women have uteruses, and not all people who have uteruses, or who menstruate, are women. But medicine, historically, has insisted on conflating biological sex with gender identity.” (2).

¹⁹ Cleghorn, 21.

²⁰ *ibid*.

²¹ *ibid*, 22.

²² *ibid*.

demons were. Women were treated with prayer, incantations, and exorcism, while some of their “hysterical” counterparts were tortured and executed as witches.²³

Women would be bound, pierced with needles, dunked in water, deprived of food and drink, denied sleep, made to carry red-hot iron, or have hot fat smeared on their vaginas. These sadistic procedures were meant to force women to confess, but they often induced hallucinations and disassociation, which were interpreted as proof of possession...But if her crime was grievous or heretical...the judge should ‘sentence her to flames.’²⁴

Demon possession gave way to “nervous disorders”, which were diagnosed fairly equitably between men and women.²⁵ Women called the “fairer” and “weaker” sex, were believed to have a poorer constitution that contributed to hysteria, whereas hysteria in men was believed to emanate from the spleen. Lastly, “the need to preserve modesty was all too often prized over objective knowledge about women’s bodies, diseases, and pain.”²⁶ Rather than perform an examination, physicians would guess at an ailment or simply blame hysteria.

In the 19th century the new specialty of gynecology was introduced, and treatments localized to the female reproductive organs were used to combat any untoward symptoms, reinvigorating the uterine theory, this time including the other reproductive organs. Many women had their perfectly healthy uterus, ovaries, and fallopian tubes removed. The trend only came to an end “mainly because doctors became uncomfortable sterilizing women- or, as one physician put it, being ‘the

²³ *ibid*, 64.

²⁴ Cleghorn, 39.

²⁵ *ibid*.

²⁶ *ibid*, 83.

destroyer of everything that makes a woman's life worth living."²⁷ As the 19th century continued to unfold, women were less likely to be sterilized, but were increasingly accused of making themselves sick by not accepting their gender roles- doctors were saying ladies were getting sick because they were choosing to conduct themselves in an unfeminine manner. Cassandra would have been one to know.²⁸

This theory became further defined as doctors claimed hysteria was caused *by* being female. Symptoms could not simply be an underlying illness because women were "unreliable historians" who were not knowledgeable about their own bodily experiences. Thanks to Sigmund Freud and his contemporaries, "Women's illnesses are assumed to be psychosomatic until proven otherwise."²⁹ Put succinctly:

Hysteria was something of a catch-all diagnosis in its day. Symptoms ranged from the frustratingly vague to the impressively grotesque, and the uterus was almost always blamed for a hysteric [sic] woman's suffering. It was all supposedly explained by something called 'reflex theory,' which meant, essentially, that physical symptoms resulted from mental overexertion, excessive emotions, and the like.³⁰

At last we arrive at Jung, whose definition of hysteria wasn't far off, and it surrounded a concept he called the complex. The complex organizes our perception, experiences, and affect around a constant theme and keeps our mind stable.

The complex has an abnormal autonomy in hysteria and a tendency to an active separate existence, which reduces and

²⁷ *ibid*, 65.

²⁸ *ibid*, 68.

²⁹ *ibid*, 75.

³⁰ Norman, Abby. *Ask Me About My Uterus: A Quest to Make Doctors Believe in Women's Pain* (Kindle Locations 426-429). PublicAffairs. Kindle Edition.

replaces the constellating power of the ego-complex. In this way a new morbid personality is gradually created, the inclinations, judgements, and resolutions, of which move only in the direction of the will to be ill. This second personality devours what is left of the normal ego and forces it into the role of a secondary (oppressed) complex.³¹

Cleghorn agrees: “all women were unwell by virtue of having a uterus. And women who failed to put their uteruses to good use also risked losing their minds.”³² In the Cassandra Complex Model, hysteria exists because the healthy ego has received or gained too much autonomy and independence. This malfunction coupled with the woman’s base desire to be ill, and her somatic complaints leads to a “morbid” or “broken” personality that replaces the healthy one. According to Jung (and Schapira who agrees), this results in intrusive thoughts that overtake the woman until she receives the attention that the morbid complex demands.³³

To “correct” the issue of hysteria, the morbid, hysterical, complex must be replaced with a healthy ego. The patient must be socialized back into the preferred mode of thinking. It is important to note however, this will be ineffective when the patient is being medically gaslit, and is not in fact, hysterical.³⁴ There is a difference between simply not being heard, and having an unsolved medical complaint.

in Magdala: *Astheneo* and Hysteria in Two Texts

³¹ Schapira, 61.

³² Cleghorn, 60.

³³ *ibid.*

³⁴ Histrionic Disorder is still a disorder on file in the DSM-V.

Independent women, solitary women, women past childbearing age- in fact, all women who were not subordinated by marriage and motherhood- were a threat, a hazard, a scourge.³⁵

Mary of Magdala has been continuously misidentified, misrepresented, and mischaracterized in comparison to her male peers that accompanied Jesus, a reputation that must still be refuted and corrected diligently.

Despite carrying sainthood in the Catholic Church, the narrative that has been attached to Magdalene, is one of a repentant sex worker, despite no explicit mention of her alleged sex work or prostitution in the four gospel texts.³⁶ “The division of women into the honorable and the dishonorable is perhaps the most insidious political function of the stigma of ‘whore.’”³⁷ Mary is remembered as the saint who repented, not as the saint who historically was one of the most effective prophetesses of Gaul, or as the saint who had her own gospel, or was trusted with the news of Christ’s rising and further teachings.³⁸ Hysteria has had long reaching affects on her legacy.

Before considering the Cassandra Complex with Mary’s narrative, one must first look at two texts: her exorcism or "casting out" of demons in Luke 8, and passages available in her gnostic gospel. Both are integral to her perception as hysterical. Only in the Lukan passage are Jesus’ femme [sic] followers described as recipients of

³⁵ Cleghorn, 40.

³⁶ Here sex work denotes consent and prostitution denotes sex trafficking.

³⁷ Schaberg, 80.

³⁸ Schaberg, 85, 88.

healing³⁹: “The twelve were with him as well as some women who had been cured of evil spirits and infirmities: Mary called Magdalene, whom seven demons had gone out...”⁴⁰ The Greek text reads the exact same way, specifying diseases or demons being the subject of healing. It is worthy to note, however, that the Greek used for “diseases” in this passage comes from the root ἀσθενέω,⁴¹ meaning weak, inefficient, deficient in faith- besides the traditional interpretation of demonic.

This alone proves that Mary’s disease, or society’s perception of her disease made her an outlier in Jewish society for being categorized as weak physically, but more crucially- morally. The connotations of being ineffective and morally weak as a female prophetess would mar her reputation not only while alive, but especially posthumously. Just like Cassandra turning down Apollo and being considered ambivalent, foolish, careless; the ramifications of *any* interpretation of *astheneo* put Mary in a poor position.

Why Jesus, a popular prophet and teacher would take on someone who was 1) previously ill with a reputation of mental illness or epilepsy (often conditions that went hand-in-hand), 2) a woman, 3) a hysterical woman who sought healing for her conditions of weakness and then would follow anyone didn’t seem like a trustworthy apostola? Every part or translation of *astheneo* would have clung to her.

As for Mary’s gnostic text, there is far more to work with. The coptic text found in what is known colloquially to scholars as the Berlin Codex, bears the most

³⁹ Levine, Amy-Jill, and Marc Zvi Brettler, editors. *Jewish Annotated New Testament*. Second ed., Oxford University Press, 2017.

⁴⁰ Luke 8:2 NRSV.

⁴¹ *Astheneo*.

interesting translation, while all three papyri attributed to Mary do not vary drastically from one to another.⁴² In the remaining fragments of the papyri, the resurrected Jesus is talking with his disciples teaching and answering questions. On what is now designated as page eight, Jesus gives what Protestants would recognize as “The Great Commission”, or something resembling what they’ve read in the gospels. Jesus tells his followers that are gathered there (N.B.- the men *and* the women) “Walk forth, and announce the gospel of the Kingdom.”⁴³ This is reflected in the Greek as well. Jesus gave the commission to all who were gathered; Mary too.

Other verses are of note because they show Mary is not just an outlier for her “healing” from Jesus in Luke 8, but for her prophetic abilities and the bond of friendship and trust she shared with Jesus. On page ten of the papyri, Peter speaks to Mary and says, “Sister, we know that the Teacher loved you differently from other women.”⁴⁴ Peter acknowledges that Mary became a disciple and mentee of Christ, but also more so than the men in the group because Jesus entrusted his legacy with her. She was the first to see and tell of his rising⁴⁵ and she took his commission to tell the *euangelion*⁴⁶ along with her male colleagues.

⁴² King, Karen L. *The Gospel of Mary Magdalene: Jesus and the First Woman Apostle*. Polebridge Press, 2003.

⁴³ BG 8502 2.8.23-24

⁴⁴ BG 8502 2.10.2-3

⁴⁵ N.B.: and was not believed by the men she had worked with in her midst, one of her first Cassandra moments. She was not deterred and encouraged the women she was with (Mary and Martha, and possibly others) to continue to tell the good news. It took “doubting Thomas” putting fingers in the wounds of the risen Christ for him and some of his peers to believe.

⁴⁶ “good news”.

Also highly notable further down in this passage, Mary replies to Peter and says “I had a vision of the Teacher,”⁴⁷ and she goes on to describe it. Having visions is a mystic ability that displays an intimate connection to the divine, and is an ability that is considered when an individual is proffered for sainthood. It was revered in the Jewish tradition as well, and was considered a prime way that the divine communicated with their [sic] chosen. That being said, the divine gave prophets and high figures visions, and only trusted persons were considered to bear this gift. Audiences were skeptical, and only trusted the visions of who they felt were the right people and were spiritual leaders. Mary would have faced skepticism as a woman, but because of her past her visions would have felt like that of Cassandra’s- on a non-believing audience. Peter himself shows this skepticism when he says: “How is it possible that the Teacher talked in this manner with a woman about secrets of which we ourselves are ignorant? Must we change our customs, and listen to this woman? Did he choose her, and prefer her to us?”⁴⁸ Toxic masculinity, too, found its place in the Ancient Near East.

Although the text acknowledges that Mary was deeply moved by these comments and wept, she stands up for herself:

‘My brother Peter, what can you be thinking? Do you believe that this is just my own imagination, that I invented this vision? Or do you believe that I would lie about our teacher?’ At this Levi spoke up: ‘Peter, you have always been hot tempered, and now we see you repudiate a woman, just as our adversaries do. Yet if the Teacher held her worthy, who are you to reject her? Surely the Teacher knew her very well, for he loved her more than us.’⁴⁹

⁴⁷ BG 8502 2.10.10. The Greek for this text is unable to be confirmed with the multiple Greek dictionaries available to this author.

⁴⁸ BG 8502 2.17.15-20.

⁴⁹ BG 2.18.3-14.

Mary challenges the gaslighting as Levi comes to her stead questioning the toxic behavior Peter is engaging in that is mimicking the communal notions about femme [sic] mystics. It is ultimately Jesus' authority and approval that gives Mary her clout, and eventually her own abilities may stand on their own.

Mary and Cassandra- Hypochondria or Harlot?

Mary Magdalene is the madwoman in Christianity's attic. Her Madness- historical or not- is open to feminist analysis. It could stand for resistance and subversion, for rage and brave protest against patriarchy, that is, for a type of sanity. In this sense, her madness would be a preferable alternative to healing, unless with the healing came further power and speech, not taming and submission.⁵⁰

Now that we have a copious background of Mary, we can plug in her details to Laurie Layton Schapira's model of hysteria. We must first assume that Mary had symptoms that others would perceive as somatic or needing medical attention. We know from both the passage in Luke that she had to have demons cast out of her according to the retelling, and from the gnostic texts that she had visions. One can safely surmise from classical interpretation that Mary presented with both epilepsy and hallucinations, comorbidities of one another.⁵¹ These definitely would have characterized Mary as both symptomatic and problematic. These symptoms would have composed her morbid complex- the complex that was unhealthy and created the hysterical traits and intrusive thoughts about being ill that Jung spoke of.

⁵⁰ Schaberg, 79.

⁵¹ Denzey-Lewis, Nicola. "Mary Magdalene." Gender and Gnosticism. Mary Magdalene, Nov. 2022, Claremont, Claremont Graduate University.

This would have informed her decision making, and her desire to seek out someone like Jesus for healing, and also to follow as a prophet.

With somatic symptoms in tow, Mary also made a socially questionable choice just like Cassandra. While Cassandra rejected the sexual and marital intentions of Apollo, Mary was an independent and autonomous woman who sought out the healing practices of Jesus and ultimately became his apostola after her exorcism. From the narratives available, it's unknown whether she became conventionally well, just that "seven demons were cast out". This could have meant she stopped having seizures, but more than likely she didn't, because in her gnostic gospel she tells the male disciples about visions she had of the teacher (Jesus) after his resurrection and ascension. Hallucination or in this case, mystical visions are not an uncommon comorbidity with epilepsy, especially with untreated or intractable seizures, which hers would have been at the time.⁵² However, it was being entrusted by Jesus to be an apostola, and to be the first to receive the news of his rising that gave her authority⁵³ to perform her current and future roles despite outward views of hysteria.

Mary also carried the reputation for these choices and the lifestyle that she led from the beginning, long before the Catholic church mis-labeled her a harlot.

The reference to 'other beggars like her' links the hysterical woman with the disreputable lifestyle of this movement...Jesus 'appeared secretly to just one woman and to those of his own confraternity.'...Women involved in early Christianity as in other eastern cults were open to the accusation of whore- whether married or unmarried, unconventional or conventional.

⁵² Cited from personal experience, but more information can be found at epilepsyfoundation.com

⁵³Denzey-Lewis, Nicola. "Mary Magdalene." Gender and Gnosticism. Mary Magdalene, Nov. 2022, Claremont, Claremont Graduate University.

Mary had a deep-seated problem with hysteria, and it wasn't just from unsolved somatic symptoms.

Jesus did not consider that she had a morbid complex, but rather a healthy ego alongside valid somatic complaints. He, and Mary would have tossed out Laurie Layton Schapira's Cassandra Complex Model because it did not help women to get well in the first place by immediately presuming them inaccurate historians of their own bodies, but also conspirators against themselves. In addition, Jesus as a healer was focused not on "fixing" bodies that were malfunctioning, but restoring them into the community. A fact emblematic in Mary Magdalene's exorcism or healing itself. Mary was once an outlier due to her disease and reputation from it, and after her interactions with Jesus was restored back into a community alongside the disciples. The gnostic gospel text shows that community grappling with the reality of that restoration, and learning from one another what that entails, and what changing their belief system looks like. For Mary, this meant advocating for herself that she was capable of leadership and teaching alongside the others. Cassandra unfortunately didn't get as far.

Crippling Hysteria

If all the male doctors in the world were to tell me with one voice that the Operation is painless, and two or three female prostitutes...were to whisper in my ear with sobs and shudders... that 'the pain is dreadful...' I should believe the female prostitutes...simply because I am a woman. I know my own make.⁵⁴

⁵⁴ Cleghorn, 95.

Both Cassandra and Mary of Magdala challenge the medical orthodoxy⁵⁵ put forth by their own cultures and practitioners like Laurie Layton Schapira who believe conditions like hysteria still exist, and promote work that keeps it in the DSM-V. “Gender bias in medicine is not only scientific or biomedical. It is cultural, it is social it is political.”⁵⁶ More importantly, the practice of hysteria is intentional. Author Abby Norman outlines how hysteria often masquerades today:

And in fact, what was once termed *hysteria* has evolved into what is now called *conversion disorder*, where a neurological symptom develops for which there is no physiological explanation or known organic cause. That doesn’t mean it isn’t real though: the patient is not malingering or putting on his or her symptom; it occurs unconsciously and is not under the person’s conscious control. Although conversion disorder may share some features with its hysterical progenitor, its presentation and diagnostic criteria are actually quite specific. One of its most prominent features is that the patient does not seem very worried about the symptom...and it typically is just one symptoms, usually of neurologic origin...True conversion disorder is actually very rare: the National Organization for Rare Disorders puts its incidence rate at less than 25 cases per 100,000 people.⁵⁷

NB: Norman emphasizes that the patient still deserves care for valid and real symptoms that are presenting should conversion disorder be the case, but the history of hysteria is pervasive when labeling femme patients with this problem. Conversion disorder isn’t the only new name for hysteria, however. “Hypochondria, malingering, and somatization disorders...While people often regard somatization disorder as being ‘all in the head,’ by definition it involves very real physical symptoms which the patient is not faking.”⁵⁸ The common misconception is that the symptoms are being faked for

⁵⁵ *ibid*, 320.

⁵⁶ *ibid*, 318.

⁵⁷ Norman, 123.

⁵⁸ *ibid*.

attention. However, with somatization symptoms present with no apparent cause to the significant distress of the patient. The diagnostic labels afore mentioned can significantly harm, delay, or deter a patient's care when it is assumed to be a mental health issue, no other physiological treatments or testing may be explored. Should other symptoms or ailments arise, the patient is automatically disbelieved. It is also tremendously difficult to get this kind of nomenclature removed from one's chart. This is what disabled oracle, writer, and activist Alice Wong describes as an "assault to my personhood."⁵⁹

Norman eloquently relays what it is like for her to be sick:

The pain was extremely specific. The vague stomach and chest pain that came from panic and anxiety were nothing like the persistent, pulsing ache that seemed to have taken up residence between my midriff, hip bone, and lower back. The dizziness and nausea that came from nerves was nothing like the sudden, breathtaking nausea that overtook me after just a few bites of food. I would often still be in want of food, but, simultaneously, somehow also be on the verge of vomiting.⁶⁰

Norman succinctly describes that a patient is their own best historian of their own body, despite any diagnosis. They are the foremost expert. She knows the nuance and difference between the difference types of pain she experiences, and despite having carried many different diagnostic labels, this fact has not changed. Alice Wong comments on this phenomenon that many if not all crip⁶¹ people experience: "I think many people with disabilities would say they could deal with the difficulties of a health

⁵⁹ Wong, 4.

⁶⁰ Norman, 125-6.

⁶¹ Crip is a shortened version of the word "cripple" and has been reclaimed by the disability community as an identifying and community-based term. It signifies anyone who experiences any kind of disability.

condition, a disability, or an inaccessible environment. What can be truly perplexing and infuriating are the reactions and attitudes of others.”⁶²

To put numbers on the problem:

- Women are more likely to be offered minor tranquilizers and antidepressants than analgesic pain medications⁶³
- Women are less likely to be referred for further diagnostic testing than men are⁶⁴
- Women receive better care when men are present with them in the room⁶⁵
- Women’s pain is much more likely to be seen as having an emotional or psychological cause, rather than a bodily or biological one⁶⁶
- Black women receive pain medications and treatment at an even lower rate than white women, still believed to feel less pain than their peers.⁶⁷
- It takes a woman with pelvic pain an average of 7 years to get diagnosed.⁶⁸
- Patients have better outcomes when they are treated by female physicians, including being less likely to die.⁶⁹

Summed up by Alice Wong: “Inequality is institutionalized.”⁷⁰

Women and AFABs [sic] have been making their own meaning from their health conditions despite the control of men, resisting models of hysteria that would limit them and keep them from their callings and their rights.

Unwell women are exposing the extent to which medical mystification permeates the quality of our care and treatment, and how the degree of

⁶² Wong, 32.

⁶³ *ibid*, 3.

⁶⁴ *ibid*.

⁶⁵ Dusenbery, Maya. *Doing Harm: the Truth About How Bad Medicine and Lazy Science Leave Women Dismissed, Misdiagnosed, and Sick*. HarperOne, 2019.

⁶⁶ Cleghorn, 3.

⁶⁷ *ibid*, 4.

⁶⁸ Cleghorn, Dusenbery, Norman.

⁶⁹ Norman, 141.

⁷⁰ Wong, 335.

impact depends on our gender, skin color, and socioeconomic status. Unwell women are building a knowledge base where medicine has failed to; they are bringing to light the experiences, feelings, and realities lived every day that medicine can't, or won't accommodate.⁷¹

Cassandra and Mary were unwell women then, and they would be unwell women now.

The main difference is they would have a better chance of finding community today than when they existed. By making their own meaning, they likely helped many other women and AFABs do the same amidst claims of hysteria, medical gaslighting, misdiagnosis, and disbelief.

⁷¹ Cleghorn, 317.

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