

HYSTERICAL PODCAST TRANSCRIPT

UNSW Centre for Ideas: Welcome to the UNSW Centre for Ideas podcast, a place to hear ideas from the world's leading thinkers and UNSW Sydney's brightest minds. The conversation you are about to hear, *Hysterical* – recorded live at the Sydney Opera House as part of the *All About Women* Festival – features author Pragya Agarwal and UNSW Sydney Associate Professor, Lisa Williams, as they explore the history and science of gendered and racialised emotions. We hope you enjoy the conversation.

Lisa Williams: Hello, welcome everybody. I'd like to acknowledge the Gadigal people, the traditional custodians of the land on which we're gathering today, and pay my respects to their elders past and present. This land, which was never ceded, always was and always will be Aboriginal land.

I was considering the topic that we will be discussing today and how reconciliation is really an emotionally-charged process, as it should be. Anger, fear, sadness, but also hope and gratitude. We as a society, people of all genders, need to support one another in the deeply-needed actions to progress reconciliation, and embracing the emotions that it brings about in us. It's my sincerest pleasure to be here today with Dr Pragya Agarwal at the 2023 *All About Women* Festival. This session is sponsored by UNSW, which is where I'm an academic in psychology. I'm a social psychologist, and my research sits at the intersection of human behaviour and human emotion. I'm interested in how emotions – many of them positive – pull us together and help us navigate the complexities of social relationships. I've researched emotions such as pride and gratitude, and how they play out in situations from teamwork to romantic conflict, from wellbeing to blood donation.

I'm also strongly committed to progressing equity, diversity and inclusion. I'm Associate Dean of Equity, Diversity and Inclusion in the Faculty of Science at UNSW. And our goal is to drive systemic change to promote inclusion for both our staff and students. And in particular, a lot of my actions are designed to close the very well-documented gender gap in science. So, sitting here with me today, enough about me, is Dr Pragya Agarwal. She is an accomplished writer. She is a behavioural and data scientist. She has held a number of academic positions at universities around the world. She is a consultant, a speaker, a freelance journalist. She's written and spoken extensively on racial equity, motherhood, and now, gendered emotions. Her most recent book, *Hysterical*, which was released in

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September 2022, interrogates the idea of how, when, and why gender and emotion intersect, and it's a truly brilliant read.

Today, we're going to dig into some of the ideas in the book. Following a discussion between me and Pragya, I'll be inviting you all to share any questions you have with her. So, please be thinking as we continue. When I do so, there'll be a microphone here in the middle and I'll ask you to come to the front to ask any questions. Also, after the session, Pragya will be signing books, so we encourage you to pick up a copy of the book and head over for a brief chat with her. All right, so into the meat of it – *Hysteria*. You lay out the concept of 'hysteria' articulately and beautifully in the book, but in brief for those who may have not read it, can you share with us the idea of 'hysteria' – the history of it.

Dr Pragya Agarwal: I mean, there's a long history of it – about, the word 'hysterical' actually comes from the word 'hysteria'. First of all, I'd like to thank all of you and thank Lisa and the view is fantastic. And I'm not distracted at all. I really specifically asked to sit on this side!

So, women's bodies were always kind of pathologised for a very long time. And, as you probably all know, men were the ones making the rules, they were the ones writing about bodies and medical textbooks. And this has kind of continued in medical textbooks, because even now, the male body is the norm. So, we have the male body seen as the norm, with the perineum, and the female body is always seen as a subset – so, you have female perineum. So, you always see the woman's body, female body, as a subset of the male body. So, Hippocrates was a Greek 'med person', he was right man. He was writing about women's bodies and he said that the uterus – they didn't really understand female bodies and so they were always considered inferior – and there was like, there's a uterus that flaps around the bodies and causes all the problems. Um, and it's just, it makes women over-emotional and over-excitabile. And because women don't have the capacity to regulate their emotions.

And women's bodies were considered like cold – they, like cold-blooded and limpid and really kind of thought of 'yucky'. And, and so he just all these, like people were proposing that women couldn't handle this kind of emotions, because their bodies were too fragile. So, there was strong emotions like anger or any kind of strong emotions. And so, this is, this set the scene for the masculinity/femininity binary that we are so aware of. And so, 'hysteria' emerges from that – that anytime a woman showed any kind of notion of excitability, or any kind of illness that the people couldn't diagnose, they attributed it to the problems with her uterus or the womb, that it emerged from that. And it was called 'hysteria' and hysteria is very much – although later on, we see male hysteria – it was very much a female malady of women's illness. And the cure was either the woman was not

having enough sex, or she was a virgin, or, or the fact that she should be like locked away in a room where she would have rest so that she wouldn't encounter all the kinds of triggers that was making her excitable.

And so, the history of hysteria is really about oppressing women, and saying that women's bodies are inferior and there's something basically inherently wrong – rather than looking at the systemic reasons about why a woman might actually be feeling oppressed and angry or excitable. And so that is what, where the word 'hysteria' and 'hysterical' comes from, that's a rather lengthy description.

Lisa Williams: It's such a fascinating history. And you touched on this idea just now, about the fact that kind of any emotion is pathologised, is seen as problematic in women. And when we look at how women interact in the world today, it seems like a little bit of a 'Goldilocks' scenario. We have, we are not allowed to be emotional. But at the same time, we need to be emotional to be seen as feminine. So, it's not too little, not too much, somehow just right. And it's hard work...

Dr Pragya Agarwal: Yeah, it is.

Lisa Williams: ... to be a woman in the world today.

Dr Pragya Agarwal: Yeah.

Lisa Williams: Do you? Do you... assume you touched on some of this, what effect does navigating that have, in particular on women?

Dr Pragya Agarwal: Yeah, you're right. I mean, yes, we are navigating these boundaries, constantly. And these boundaries keep changing, which means that every time you step into a room, or every time you step into a context, you are hyper-aware of where these norms lie. Where are the norms that would, that I need to conform to? You know, and, and, yes, there are some norms for men as well, gender equality or gendered emotions don't just disadvantage women, they disadvantage men as well, because what they do is to push people into certain boxes and niches. But because women don't have as much power, they are the traditionally more oppressed and there's obviously women of colour, and Aboriginal women and all the intersectionalities within it, that we can talk about. The effect is that because of this being hyper-aware, you're always getting this kind of anxiety, that of being too little or too much, of just being right. So, it has a huge impact on people's mental health, of women's mental health. And, and it causes insomnia, and it causes anxiety, and it causes depression.

But there's a whole vicious cycle in it as well, because every time this happens, rather than thinking, 'why is this person actually depressed or anxious?' it is, again, attributed to women's kind of body or biology that they are like this. So yeah, it has a huge – and there's a huge amount of data on how it affects women's mental health. It also has a lot of impact on women's status and role in society and in the workplace as well.

Lisa Williams: Right. So, you just touched on this idea of biological differences. I couldn't agree more but it bears stating for the audiences – are, are there biological differences in the brain that can explain the supposed difference between emotions between men and women?

Dr Pragya Agarwal: I mean, we could have a whole discussion about that, about neurosexism. Neuroscience has really propagated this myth that there is a big difference between men and women's brains. And so, we've seen books like *Men are from Mars and Women [are] from Venus* or *[Why Men Don't Listen and] Women Can't Read Maps* – there's another thing, because 'men have bigger hippocampus so, they have better spatial abilities'. All those kinds of things has kind of become so deeply embedded in our culture and media has propagated it. But when you actually start looking at some of these studies, you realise, actually, the studies are based on very, very small sample sizes. And it's got like a self-fulfilling fallacy in it because you're trying to prove what the researcher set out to prove – science can be biased as well, you know, scientific studies. And often these researchers don't look at the differences between the group of women or within the women, group of women, or within the group of men, they're only looking at between group differences.

So yes, there might be some differences between *some* men and *some* women. But there might be, there are also differences between women and women, and men and men as well. So, now we know that actually, our brains are more like a mosaic. And we don't have these kind of very strong binaries in our brains of that 'men's brains are like this, and women's brains are like this'. But also, there is something called neuroplasticity. So, our brains are being, are flexible like plastic, they are being moulded and shaped as we go through life. So, when we start saying, 'actually, our boy, this is a boy, and he's very more like risk-taking or is more wild'. And maybe, maybe he likes dinosaurs and trucks, but girls like *Barbie* dolls, and pink colour – a lot of that is socially conditioned, because we grew up seeing this, and children try and conform to those behaviours that they expect. And then our brains get moulded in that way, as well. So, as we grow older, our brains are changing all the time. So yes, I mean, in short, there's no difference between men's and women's brains, really. And what is happening is that we are socially, being socially conditioned into these behaviours.

Lisa Williams: I think I find that really fascinating because often science is held up as the kind of, the support, of a lot of these gendered ideas, whether they're about emotion or not. One thing that you've touched on is that the type of emotion matters. And, for women, sadness, and love and gratitude, those are okay emotions to feel, kind of feel it, express it as much as you will. But anger is a no-go zone. But there's so much for women to be angry about. Not only these stereotypes about how we should behave, and how we should feel and how we should express ourselves, but also reproductive rights, gendered violence, access to proper medical care. Yet we're denied, at high-level we're denied expressing them – anger – but we're also not even allowed to feel it. And I find that to be really fascinating. What do you think lies under anger that drives it? What makes it such a problematic emotion?

Dr Pragya Agarwal: So, emotions always had a hierarchy. So, there were always some very powerful emotions. And because men were seen to be these rational, stoic kinds, or their bodies were stronger, they could handle some of these really strong emotions like anger, but women were too fragile and, and that would cause hysteria if they had, if they encountered rage or experienced rage, so their bodies weren't capable of doing that. And so, these powerful emotions or the stronger emotions, the emotions that have power associated with it, were more allowed or accessed by men or accessible to men. While these emotions which are like 'weaker' emotions, which don't have any power, like sadness, or tears or grief, were allowed for women.

Yes, women have a lot to be angry about. And I think we should all channel a rage, and have a let out a big scream here or something like that. But yes, we're not allowed because, because I think it's so easy to attribute anger to a woman's personality. And there was a research study that was done in the States, where people were shown these angry faces, typically masculine and feminine faces. And when a man was being angry, it, people assumed that there was something in his context or situation that warranted this anger. But with women, they assumed that it was just her personality – she was just an angry person. And that happens all the time in workplaces as well. Again, anger has got an intersectional element as well. We hear all about the tropes of angry black women, which is weaponised, we've heard that Michelle Obama and Serena Williams, even women who have status and power, presumed power, in society. So yes, anger is something that I think is weaponised against women by, to invalidate their opinions and very rational arguments as well, by saying 'you are being angry', immediately, a woman is made to shut down and silenced.

Lisa Williams: Yeah, I think many women in the audience have probably been called words similar to 'hysterical'. I personally have been called 'uppity' when, when I was expressing just the tiniest bit of

anger in a work setting. So, we earn these labels. They're not really badges I'd like to carry but it's interesting to think about the way that that's regulated for us. Now, Pragya, we're both mums. Before I became a mum, I was aware, as an emotion researcher, lots of the funny ways that children are taught about emotions. So, you know, 'this is an angry face' when in fact, the science reflects that we show lots of things on our faces when we're angry. So, even from an emotion research without the gender lens, the way we teach children about emotions is a bit awkward. But once I've become a mum, being in the process of trying to guide a young human through learning about emotions, it has just become incredibly gendered in a way that is a bit abrupt. So, I'm wondering what your thoughts are, maybe your personal experience with parenting, but broadly, what the research says about how we teach our kids how they should feel and how they should express their emotions?

Dr Pragya Agarwal: Yeah, it's such a, it's a big process of unlearning, I think for me personally. Speaking from a personal experience, because we internalise so much of these lessons that we grew up. So even if you do research, and you've read all the studies, the language that we use can perpetuate some of the things and I think we have to unlearn those words and language because language makes such a difference. And we know from research studies that even in the most gender equitable, egalitarian households, parents use different language with boys and girls. So, boys are allowed to take more risks, girls are asked to quieten down or calm down more often. My six-year-olds when they were young, they were called quite, like, 'bossy' a lot of the time, even, she was called 'bossy' by a boy in the school and she got really upset. And she came home and she was like crying because she obviously heard that bossy's a bad word. And I had to tell her, "actually, you should be proud of being bossy. I'm proud of being bossy". So, now she keeps repeating that.

Lisa Williams: I'm sure she now tries to boss you.

Dr Pragya Agarwal: Yeah!

Lisa Williams: Like, 'you told me it was a good thing, mum!'.

Dr Pragya Agarwal: Yeah, they play back. Like if I tell her, you, 'your body, your choice', now, every time it's like 'you wear a jumper!'. 'No, it's my body, my choice'. So yeah, but jokes aside, I think there's a lot of research to show that parents still do that – that we still can't get rid of these ingrained implicit biases that we have against girls and boys. And they also get this message from society about 'calming down'. Boys aren't asked to calm down that much. And so often, when I tell people I have got twins, and they were like "girls or boys?". I was like "girls", it was like, "oh, thank God you don't have

boys". And I always think – you haven't spent any time and my girls, you're more than welcome to do that! So, there's still that perception that girls are easier, being 'all sugar and spice' – that old phrase that's repeated.

I, I'm trying very hard not to ask my children to 'calm down'. They are a lot, but just letting them understand that all their emotions are valid. I think that's what I'm trying to not assign any negativity to certain emotions – so that anger is bad or smiling is good. And also, research shows that girls are asked to smile more from a very young age. So, in *Yearbook Experiment*, or a study that was done, it was seen that from by the time they were nine, girls and boys showed no difference in how they're smiling for school photographs, but by the time they were 12, or 13, girls were smiling more. And I've written about it in my book that when my five-year-old went to the dentist, the dentist kept saying, "Why isn't she smiling? Why aren't you smiling?". And it was like, she doesn't need to smile, you know, just for your comfort. So again, that thing about girls need to create more comfort for other people. So, I think that's what I'm trying. You don't have to smile for anybody, if you don't want to. You don't have to smile for photographs. You don't have to put on a performance of emotion. Actually, being really in touch with your emotions of what you're feeling – yes, you're angry, that's fine, you can express it. Let's think about what we do to change things so that you can channel that rage in a more, in a way that makes a difference for you, you know, so that you can manage that. So, it's about managing and regulating emotions, rather than assigning a value to emotion. That's what I'm trying to do.

Lisa Williams: Yeah, I had one year of teary drop offs, and my son is now three, and I finally got him – and I really was quite manipulative – to finally get him to stop crying. It was very, a habit, I think, to cry at drop off and he wasn't really sad... from my point of view. I had to validate 'maybe you're feeling sad, but crying isn't productive'. So finally, I did and now for a month every single day, I show up to pick him up. And he goes, "mama, I didn't cry!". And I'm like, "I'm so glad but everybody, it's okay if he cries". Just looking around at the other parents going, of all people, I know, I've told him it's okay to cry. It's just this one, I couldn't do it anymore. So, it's like, you really have to navigate it. Yeah, it's really challenging.

Dr Pragya Agarwal: I think it's challenging because people, even if you're parenting within your house, it's bringing other people on board – their relatives, but also society's, the message they get from TV, from books, about the roles that girls play and the roles that boys are expected to play.

Lisa Williams: Or the clothes.

Dr Pragya Agarwal: Yeah, the clothes, the value, the behaviours, the – everything like that. I think there's... We got a book from school in which there was a boy who was rescuing a group of girls who are acting quite helpless. And I had to like, write a note to the school saying, "I don't think this is a good book to set because I don't think it's providing..." – they don't like me very much, because they get a lot of notes from me like that. No, this is not a good book. It's got ageism in it!

Lisa Williams: Yeah, my son luckily, doesn't read. So, I just edit over stuff I don't want him exposed to and I actively change the gender of the construction trucks to be women as much as men...

Dr Pragya Agarwal: Yeah! I think once you start noticing that, you notice so much, and there's a lot of research that actually the, 80% of pronouns or role models in books are boys or men, and there are more animals than people of colour in books. And actually, if you haven't read it or if you haven't got it here, there's a book called *Gender Swapped Fairy Tales* and it's fantastic. We read it with our children a few years ago. And when you start doing that, you realise how much of those kinds of stereotypes are embedded in these stories that our children are hearing.

Lisa Williams: And it's about the emotions that those characters in the book are allowed to feel, or are forced to regulate. I would be remiss to not touch on motherhood. So, you have an entire book on the topic. Today is about *Hysterical* but one thing that I've reflected on is that there are a lot of emotion expectations around motherhood. So, those early months are meant to be full of joy and love. And just loving every moment of it – is a very common stereotype pushed on women. And then when it comes to parenting, now, of course, we're encouraged to be calm and never show our emotions. And I was reading some article the other day that said, 'never let your children show... Never show them that they make you upset'. Like, that's impossible. Like, I've already regulating enough for the rest of society, I can also regulate in that – it's a lot to bear.

Dr Pragya Agarwal: It is a lot, yes.

Lisa Williams: Can you share your thoughts on how gendered emotions play out at this intersection of motherhood in particular?

Dr Pragya Agarwal: Yeah, absolutely. So, as you said, the early years of motherhood, you constantly have to be filled with gratitude. You always have to classify every statement with 'I really love them'. Like, I am finding it challenging, you're not allowed to say that. But even if you say that 'I'm finding it

challenging', or like 'I'm really enjoying my time here in Australia, while my children are in England, but I really love them. I really miss them'. No, I do miss them. But it's okay to actually separate yourself from that identity. But gender emotions play a role, a lot of role, because women are supposed to carry that nurturing role, right? So, that is a feminine attribute – being maternal – all women are supposed to be naturally maternal, naturally nurturing, it should come easy to you. And I think I was on this panel about shame earlier. And I think that creates shame and silence because you feel you're the only one who's struggling and who's finding it challenging. And you're not supposed to say that. But as they grow older, I think also generally women, that's like adding more mental load and emotional labour in the household, but also in the workplace, because of this stereotype, that women are nurturing, caring, more organised. And so, because you do it better, then you should just do it. And it should come easy to you. So that task also becomes invisible. It's invisible, unpaid labour, usually, because it's easy for you, so you organise Christmas, you organise presents, you organise all the play-dates, you organise all the activities, you do all that because that 'comes easy to you'.

Lisa Williams: And of course, you're supposed to smile while you do all of this.

Dr Pragya Agarwal: Yeah, you shouldn't complain about it, because... And women can internalise those things and say, 'actually, it is my role, I do it better. And so, I should be able to do it. And I should do it better than – if you're in heterosexual relationships – then my husband or my partner'. And that emotional labour is a really big thing. Unpaid labour in workplaces, but also in home. And I think it's really important for children to know that you're experiencing a spectrum of emotions and how you talk about it. So, my children are really comfortable saying 'you made me sad', which they say quite a lot now – 'you made me sad, you were very mean, it made me angry'. So, I think it's important for me to say that as well – 'what you just said made me sad', you know? So, I am trying to and it's about thinking, actually, there are certain situations which would evoke certain emotions in me. And it's not always my fault if I'm feeling angry or, or any other negative emotions.

Lisa Williams: I mean, children can be properly frustrating. And I think it's, I think that parenting advice is actually quite terrible. Yeah, because I think denying children access to know that their actions impacts the emotions of others, is really trying to erase a part of human psychology that they're bound to hit up against, at some point. We've talked a little bit about intersectionality. So, the classic example is in the intersection of gender and ethnicity or race, and that's come to be discussed in a number of different ways now. But you have clearly stepped out of the box that a male majority, white-driven society would probably like to keep you in. And so, I'm sure you yourself have faced some

some backlash, so to speak, out of stepping out of that box, and have you found personally that the intersection of identities presses particular labour on emotions and how you can express them?

Dr Pragya Agarwal: Yes, I think that's a really interesting point. Because as a brown, South Asian woman, I do have certain privileges as well. So, I have to acknowledge that I'm educated, I'm heterosexual, I'm a cisgender woman. So, I'm not carrying some of the other marginalised identities. But still, as a Brown woman, I think within our, my culture, at least, the way I brought was brought up, you know, there was a big notion of being a 'nice girl', being a 'good girl', and what it means and that meant that you don't show certain emotions, certain negative emotions – you don't rage, you don't show frustration, anxieties, you're always calm. And I think that really kind of, I internalised quite a lot of that.

But also in the professional domain, I think I was appointed, straight after my PhD, I was appointed a lecturer, which is Assistant Professor here, in an engineering department, which was the first woman appointed there, the first person of colour appointed there. And it was just mostly white men, older, white men, whose wives were mostly not working. So, they had that privilege. And I was a single parent at the time as well. So, it was really challenging for me to assert that sort of identity. And, and so I presumed, which a lot of women do, is that to be successful, you have to take on some of that kind of, and I say masculine and feminine in quotes because there's not really, that is the stereotype of what masculine persona is, and that you have to adopt that to be seen as successful, or to be deserving of that space, you know. So, you don't show any kind of weakness, you don't show you're struggling, you don't show you need help, you don't show any kind of emotions which are considered weaker. And, and we know leadership is associated with all those kinds of masculine personas, stereotypes, so yeah, I've done that. And, and I suppose anger is seen more negatively in Brown women, but in Black women and other minority groups as well, because we are not supposed to... We are supposed to be grateful for a lot of things we are being offered, especially as an immigrant in the UK – I came to UK from India 20 years ago. I think that was a big part of how I had to show gratitude for the space that I was being offered as well. So, yeah.

Lisa Williams: And you're on Twitter, which is not known for a lot of emotion regulation. How have you, how have you found interacting with people on Twitter around ideas of gender equity and racial equity? And especially in light of those, those topics are so emotionally charged people do get angry on both sides or on every side of the issue.

Dr Pragya Agarwal: Yeah, social media has become very polarised and divisive. This whole issue of transwomen rights as well, which is a big thing in the UK. I'm quite outspoken, but I do social media on my own terms. So, I block people very, very readily. And I, and you get a lot of 'this didn't happen' or 'you're moaning and whinging' a lot of that, you get quite a lot. That you're, you, 'why don't you just go back where you came from' kind of a thing, a lot of that. But, yeah, I mean, social media is not a space where you're allowed. I mean, still, on saying that I think it is there are some positive aspects to social media – it democratises the platform that you're, the space that you have to speak up – because a lot of people, marginalised identities, who don't have the traditional platforms to speak up, they've found social media as a platform to speak up from. But it's still, Twitter right now, you know, it's still, you have to just do it on your own terms. And yes, there'll be a lot of abuse, I've had loads of abuse. Talking about racial equity was really when I wrote my book, wish we knew what to say. And I was talking about talking to children about race, that was a really kind of volatile issue for lots of people. I, and there are times when you get a message at two in the morning saying, 'I know where you live and which school your children go to', and you just think, 'oh my God', and then you want to hide away. But they're just, a lot of the time they're just empty threats. They're just trying to shut you down and silence you. And, again, that you realise that actually, by speaking up, it's an act of rebellion, because you're not supposed to do that.

Lisa Williams: That's right. But I will say that taking comments like that, and seeing these reactions is just another layer of emotional labour, so to speak, is kind of coping with the fear and anxiety that that brings up. And one of the benefits, I think, of social media, in my view, is that it has allowed for the amplification of voices that are often 'rage-y', around equity issues. And one thing that we can do as a community and folks who are interested in gender equity, is actually to use that platform to bolster up and, and make it okay to express anger. It's not just the one angry woman, it's a whole chorus of angry women who are supporting one another in getting a message across.

Dr Pragya Agarwal: I think that is something that yes, it's a very good point, because then that emotion becomes more valid. And I think around reproductive rights, we've seen that this collective rage that women have expressed, or around racism, the collective rage people have expressed, then it starts becoming, you can mobilise that emotion. And rather than it just becoming one person's problem, but talking about emotional labour, it is it is a form of emotional labour, because a lot of organisations that I work with – the equity work that's done is either by women or women of colour, or women of marginalised identities, because those are people, people who are impacted most by this. But that's a form of emotional labour – to keep educating people, to keep talking about these things all the time, and you have to carry that emotional load with you.

Lisa Williams: Right. And then of course, do that, in addition to the actual work that perhaps you're being paid for. Let's talk for a moment about medicine. So, you've had some personal experience of this and other authors have talked quite a lot about the gendered nature of the provision of medical care, you know, women's maladies go untreated and misdiagnosed since forever. So, we've talked about those original ideas of hysteria but this plays out in modern medicine every day. But there is an emotional part of that. Because it seems to me that when women bring a problem to a medical practitioner, there's a bit of dismissal that the person is just being emotional about it, rather than it being a valid medical condition. Shall we talk about that?

Dr Pragya Agarwal: Gosh, how long have we got?

Lisa Williams: Well, this tells me 24 minutes!

Dr Pragya Agarwal: But no, medical misogyny is a huge, huge thing. And it is the emotions, gendered emotions, play a big role. First, I wrote about that in my book *Sway* which I wrote, came out in 2020. And at that time, I was looking at the kind of bias that's inbuilt into medical textbooks, but also the language that's used in medical domain. But the more research you do, you realise that actually, this notion that women are over-emotional or hysterical makes this, creates this perception that they're overestimating their pain. So, there's research to show that – now is your time cue to leave.

Lisa Williams: Please don't go!

Dr Pragya Agarwal: So, in the UK, I don't know if here, in the medical system, do you have a pain scale? I hate those pain scales, because they're like, 'where is your pain on a scale from 0 to 10?' I have no idea. I don't know what 10 means and what zero means, but you give vague numbers like 'eight', and then they assume that if you're saying 'eight', then that pain, you're overreacting and the pain must be four or five. But while for men, it's assumed that men are underestimating their pain, and so if you say four or five, it's assumed that six or seven. So, there was a whole data analysed in the UK, in the NHS, the National Health Service, from thousands of records, which showed that women are diagnosed and treated for the same illness four years later than men. And then obviously there are intersectional elements to it – that women of colour, there's a eugenic beliefs in-built into our medical textbooks that for instance, black women have thicker skins and they can bear more pain. So, there is a paradox – women express, overestimate the pain, but they should be able to bear more pain as well, which is also linked to how pain relief is not given during childbirth, unless you really demand for it.

And recently, I had some surgery and they said, “oh, we'll just do it like that”. I was like, “can you give me general anaesthetic because I don't think I can take it”. And they're like, “why? It's okay. Most people it's a little bit of pain”. I was like, ‘Well, I really would like general anaesthetic’ and there was so much reluctance. And I was made to feel like I was being really pathetic, that I wouldn't be able to bear this pain. But I said, I know my body. I don't think I can take that. So yes, there's a lot of, and we know that black women die four times more in maternity and childbirth because of these reasons as well. So, the gendered nature of emotions play a huge role in everyday women's experience treating with medical professionals, and it's not to say there aren't good doctors and nurses out there. It's just the culture, I think, it's the systemic issue.

Lisa Williams: Right. And mental health is not exempt from this either. You talk in the book about bipolar disorder, it seems a bit like the new hysteria, and how gendered a lot of the mental health diagnoses we have. So, it's, it's kind of no surprise that we have – people talk a lot about gender differences in diagnosis of mental health, but very little is said about the fact that the way we think about depression and anxiety, and other mental illnesses that are diagnosed is actually gendered from the start. And it's really hard to move away from that

Dr Pragya Agarwal: The way these labels are assigned, are very much linked to the whole notion of hysteria and how women's problems are pathologised. So, there is something wrong with the woman rather than thinking broadly about the structure that she's placed in.

Lisa Williams: Right. And so it's, it's maybe the better way to think about mental health is not about treating individual by individual, or even the way that gender is impacting that one person, but broad. The system, systemic things that are driving some of the mental health challenges. I have one final question, then I'm going to ask you all to share any questions you have with Pragya. So, I think they're going to bring up a mic. So, for one moment, let's turn to tech, so AI is all the rage. So, the last few months has seen the popularisation of *ChatGPT*, we have AI-generated art. In the book, you talk about this particular aspect of AI, which is on emotion expression. And you talk about, and my own area of research suggests that, trying to determine how someone is feeling based on what they are showing on the face is a bad approach from the beginning. Because of course, we smile when we're happy. But we also smile when we're not happy. And sometimes we show anger on our face, but especially for women, sometimes we suppress showing that. But the way these AI, artificial intelligence, systems are being built, it seems a bit ‘wild west’ – to borrow an American term – without a lot of thinking about the ‘genderisation’ of what's going on.

Dr Pragya Agarwal: Yeah, I mean, it's a big issue. And I know we've talked about ChatGPT recently a lot. But facial recognition is racially biased. It's very, it's because it's based on certain templates, it's based on certain norms. So, all the algorithms, all the things that AI is trained on certain data, and the data reflects the bias in the world. And I wrote a lot about that in *Sway*. But more about emotions in *Hysterical*, because emotions are a field, which is, when I was started doing my research, early on, we were looking at personalised technologies. And we were looking at how humans interact with technology and how we can make them more personalised. And I started thinking, you know, talking about emotions, even though emotions are a big part of being human, because I realise it's so difficult to tap into it and actually create a system that replicates human emotions and the way we regulate, express emotions.

Also, because emotions weren't considered a serious research field until, like 50 years ago or so, because they're just, they're not valid or whatever. They're not serious stuff. But yes, now there's a big talk about emotional AI. And we... In the book, I talk about sex robots quite a lot as well, because that's a big thing at the moment – a niche area, but growing area – about how certain emotions that men in particular would like to see in real women, they are replicating that in synthetic, so you have a menu and you can choose those emotions in the robot woman that you have, the synthetic woman, and the impact that's going to have on gender inequality, but also the perception of real women who are already not allowed to show the spectrum of emotions. And then you have to squash those emotions even more because you're competing with synthetic women. So, I mean, there's a whole discussion in the book about how we represent robots in film and media and the kind of emotions that are assigned to them. So, there's a lot of bias built into technology and AI, and AI is inherently biased, racially, gendered. And if we don't acknowledge that, then we're just going to perpetuate.

There are numerous examples of how it does it, the machine learning algorithm was asked to create, it was trained to pick images from pixelated faces. And it was given a pixelated face of Barack Obama. And when you see the result, I don't have the images here, but when you see the result, they turned him into a white man, because that's what the data has been trained on and they couldn't really recognise that he's a black man. Things like behaviours, like if you've asked for cooking, kind of isn't a term in AI, then they would often bring up a woman's image or assign that to a woman because that's a role that's assigned to women more often. So, the bias gets built in from the data, but also the teams that are designing these AI because they're often still very white, but also masculine teams. And a very, I'm aware of the time, and a very kind of popular example, which you might have heard of, which I looked into was these voice assistance systems, they are actually feminised.

So, their names were Siri, Alexa, they were built on this model, that women were supposed to be subservient, and perform the role of like assistants and helpers. And initially, when they were designed, they were not designed to respond to any kind of sexual harassment or any kind of abusive language. So, the United Nations did a report, called *I'd blush if I could*, which was, I think Siri or Alexa, if it encountered any kind of that language, the only thing it said was 'I'd blush if I could', rather than actually standing up to it, and most of them just went silent, they didn't do anything. So, while showing the bias that exists in the world, it is also perpetuating and amplifying the bias that exists in the world and the role that women have to play. So yes,

Lisa Williams: Quite rage inducing, if I may. Again, I'd like to invite anyone who has a question, please hop up. Pragya and I could talk literally for the rest of the day and probably beyond. So, please come forward if you do have a question. I'll hop in on another one, you touched on this. Most science is written by men. And a lot of the participants in psychological studies are men. So, our understanding is really being driven by questions, research questions that are informed by men, and then medical, the medical field is known for this, our understanding of the way those happen is just so male dominated. It's... In the book, you highlight a lot of work by women. And I don't know if that was intentional, or it just so happens that a lot of emotion research is done by women. What, was it intentional?

Dr Pragya Agarwal: It's always intentional, yeah. When I wrote *Sway*, my first book, I realised that there is a status bias. So, more men get quoted in studies and in books. So, it creates that kind of cycle where because you see the name more often you assign more status to them, and they become more important. So, I deliberately went out and looked for research, similar research done by women. And also, sometimes when you quote people, you include just the main researcher's name, and there's research to show that young people always include the man's name. So, I was deliberating including the woman's name, because if you don't see it, you don't know it, I think and her name, come on. So yeah, I think that is very much the case that... And, I've forgotten the question.

Lisa Williams: It's okay! I think I picked up on your subtle authorship cues there about being inclusive of gender and research and how important it is. We do have a question here.

Audience Member 1: Thank you so much. Um, we touched a little bit on teaching children about emotion and our experience of emotion as mothers and I'm wondering if we can like go a little further in the age span and talk about what happens in terms of women being perceived as hysterical as they get older, right? So, we gain more experience and more to be rageful about, at the same time,

hormones are declining and the estrogen that keeps us fuzzy and caring kind of drops off a little bit. I don't even know the question. What do we do about it?

Dr Pragya Agarwal: I like fuzzy and caring, because it's like 'I don't give a shit anymore now!' So yes, I think that the ageism really intersects with gender because older women face more of this bias as we grow older – older women are supposed to hide away, become invisible, not have a say, not have a voice because you're 'past it'. And scientifically speaking, we know that menopause was kind of like this hypothesis that you're not competing with your daughters for, for that attention, and you're bringing up children – but that maybe was designed by a man as well, that theory, so I don't know.

But yes, I think the whole notion, I mean, we're having a big discussion around menopause, in the UK, around the hormones and what it does to women, and whether we should have any workplace theory, kind of support around menopause, because women have become really angry, but you're like, their opinions invalidated by saying, 'oh, you're just angry, or you're just rage', we'll just focus on the fact, why am I angry? Because you're, it's been going on for too long, and I just can't keep it in any longer. So, I think what we do as we get older is just to reclaim that anger and the rage and say, 'actually, I don't care, I really have a lot to be angry about'. And actually, maybe, again, we talk about collective rage. And that collect notion of collective community and support and sharing our stories is so important – saying 'it's not just me who's really going crazy in my head, it's actually something really going on with my body, or I know I need support, or I need HRT, or I need something to help me with it'. And there's a whole bias in medical domain around menopause care as well. So, yeah, we've seen like 'scream groups' now in the – I don't know if you heard of it. I wrote a piece for *The Guardian* about screaming with my children during the pandemic. It's like, I couldn't just carry the frustration, and they were screaming all the time. And it was like, I was like, 'okay, we'll go out in the garden. And every day, we're gonna scream for 10 minutes now'. Yeah.

Audience Member 1: That sounds fun!

Lisa Williams: Thank you.

Audience Member 2: Can you talk about, we're having these kind of, this kind of awakening or awareness now in our generation, and the challenges of trying to live this when with our parents or grandparents who are probably embedded in that form of thinking...

Dr Pragya Agarwal: Yeah, that's hard, isn't it? And it's the case with everything, like we talk about sexism, or we talk about racism, and it's so hard to overturn those behaviours that are around us, and how do we do that without antagonising people as well? Because I think that's important, that we create this conversation rather than saying, 'oh, you did it wrong', because it's so hard for people to unlearn those behaviours when they're being challenged or being scared of it. I mean, I have encountered that quite a lot. And I do think that it's really important to sit down and have a conversation and say, across the table and try and say, 'why did you say that you? You understand the impact it can have on somebody?'. And I always use this phrase again and again in my writing – 'impact not intent'. When we focus on the intent, we make it very personal and we centre the person who's doing it or saying it, but when we talk about impact, we're centring the person who it might be having an impact on – and that's one thing I've found helps sometimes to say, 'actually, think about the impact your words or your actions might have on somebody else'. And that can create...

Audience Member 2: Thank you so much.

Audience Member 3: Hello, I know you mentioned that you live in the UK – you live and work in the UK. I live in England as well and my partner's English and I've found English people repressed, to say the least. Sorry, just like navigating some of the cultural dynamics coming from Australia – very like loud sort of place, and then going to the UK where no one will complain if they get sent the wrong dish and no one will you know, things like that. So, I'm curious about how that affects your work, given the nature of your work is about like emotions and yeah...

Dr Pragya Agarwal: Oh yeah, my husband is a white man...

Audience Member 3: An English white man?

Dr Pragya Agarwal: Yes. He gets a lot of that from me – like you're just being a white man right now'. Or you'll just be talking like that. And yes, and there have been times when my mother-in-law has been scandalised when I said "actually, I didn't order this dish so can you take it away", and she was like, no, no, she'll eat it". I was like, "no, you don't have to talk on my behalf. I won't eat it because I didn't order it!". So, I think it's so easy to see people as difficult because you don't want to create discomfort for people. I don't know what your question is really, about how do you...

Audience Member 3: So, how does the sort of cultural differences, given that you work in the UK, affect your work?

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Dr Pragya Agarwal: Yeah, I think I bring – because I live with my feet in different worlds. I grew up in India, I moved to the UK 20 years ago, I did my masters and PhD there, I worked in the US as well, a lot. I now have moved to Ireland a month ago. So, I think I bring a more rounded approach and experience which makes me maybe empathetic towards different cultural models and frameworks to say that actually, there's not just one worldview, there are different worldviews. And if we create these kinds of empathetic connections, try and understand why somebody did something, and then react to it or challenge it, then it can help. I think it really, my work is always like an intersection of personal, political and professional. So, I always bring my personal experience in my work, even though *Hysterical* hasn't got that much personal stuff and *Motherhood* is a hybrid memoir, so it has more personal stuff.

I am always very passionate that we don't tell just one story. So even though I am only telling my story, and from my perspective, I want to open up the space for people who don't traditionally have a voice, people on the fringes, people in the minority. So, I always want my work to be intersectional a lot. So, in *Motherhood*, I really, really wanted to, yes, tell a story as a brown, South Asian woman who is living in a different country, raising children who are multi, mixed heritage. But I want to open up that space for intersex people, non-binary and transwomen who don't get the opportunity to talk about these things, because we don't hear their stories. And there is a such a data gap. We don't have the data for that. So, I hope that kind of understanding informs the intersectional approach of my work.

Audience Member 3: Thank you.

Audience Member 4: Hi, I'm a teenager, and I encounter a lot of teenage boys that say they don't mind gender equality, but they hate how annoying and angry feminists are. How do I convey to them that women deserve to be angry, but also approach it in a way that they don't shut off and get defensive?

Dr Pragya Agarwal: Yeah, I think the message that we need to really get out is feminism is not just for women. Feminism is for everybody. Feminism means an equal, equitable world. It's not taking away the advantages for men, it's leveling that field. And I know there's a low label associated with 'angry feminists'. But once we start talking about how men are disadvantaged by gender inequality as well, and I think the way we are raising our boys and the way we teach children in school – boys and girls – I think it's really important to give that message. I did a TEDx talk. It was in Jaipur, actually, in India, but feminism is for men. And I got a lot of abuse, a big backlash, actually, about talking about that. But in that, I really wanted to show that when you're, when you're talking about, when we are saying that women are helpless, and women are supposed to be passive, and women are supposed to be

nice. And we are selling men this kind of benevolent stereotypes of sexism, of men should look after women, we're actually also telling men that they can overpower women and they can be violent towards women as well. And then we get people like Andrew Tate, I don't know if you've heard of Andrew Tate during this, and who are telling men how to be men.

So, I think that we need to look at really, really shift our educational structure about how we are teaching boys and girls, what kind of, what language we're using schools, how our curriculum is shaped, how we're teaching consent, how we're talking about power, how we're talking about privilege, how we teach history, so that boys also understand the history of sexism and misogyny and how that impacts everybody today. So, it's a whole thing. But in terms of her talking to boys, I think – see, this is the problem, girls have to take on the responsibility of educating boys, which is, again, another emotional load. And it's not her responsibility to educate them. They are ignorant, and they are – maybe she can send them some educational material to read. But I, I really hate that girls have to take on this extra work. So, thank you.

Lisa Williams: Thank you! Perfectly timed, our final question.

Audience Member 5: So, my video is – my question, sorry – is obviously you were saying there's gendered issues, even in technology and things. And I'm aware there's technology that like creates sex tapes of celebrities without their consent. What sort of effect do you think this is going to have on the next generation, especially considering that it's a lot of young men that consume this kind of pornographic content?

Dr Pragya Agarwal: Yeah. Gosh, that's a big question isn't it, and a heavy question. And that's why I wrote about sex robots in this book because it really actually was distressing for me to troll some of those forums and to read some of the comments and then when you start going into incel groups and their forums – it's really, really, really quite a heavy stuff, you know, there. I think that – it's a big question. I don't know what, where do we start with that? Again, I do think that we need better education around these issues, we need to talk about the impact of technology, we need to teach children critical analysis skills, because if they can't critically analyse, and assess the information that's coming at them, that they're consuming all the time, they will not be able to see what is misinformation, what's right, what's fake.

There's a lot of fake news and fake stuff going, fake AI stuff as well, a lot of that. So, I think it's about – we have to trust our children, we have to trust the young people. And I have a lot of hope and

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optimism because I see so much passion and activism and so much equality amongst young people as well. But maybe while we are focusing so much on empowering our girls, maybe sometimes the boys get left behind. And we are not giving them the tools to deal with these things. And analysis, critical thinking skills, I think, so it's about how we revamp or re, kind of, model our education system so that we bring up the girls and boys in an equitable manner, but also make the boys understand how do we... Yeah, the notions of power and privilege and consent is really, really crucial, I think. Thank you.

Lisa Williams: Thank you. Alright, Pragya, as awkward as this may be, I want to close today with just a short thing that you wrote in *Hysterical* and hoping that you all read it if you haven't yet, so you have written:

“With an eye towards the future in action, perhaps it is time to be even more hysterical, to put our bodies out there for all to see in their frailties and their irrationalities. It is time for women to talk about claiming their bodies and the forces that oppress them with renewed vigour and energy. With a sense of collective effort, we have to resist and move beyond the patriarchal framework that tells us that one kind of body and mind is better than others. Perhaps it is time for men to be more hysterical, to be better allies and perhaps it is time for men to be moved by these injustices and prejudices although they think it does not affect them. It is time to make more space for women to show the full force of their feelings and emotions in their workplaces and their relationships. And it is time for people to notice when they are preventing this from happening because they consider emotionality as fragile, irresponsible, irrational or threatening”.

Those are really brilliant words in my, if I may. I want to thank you, Pragya. Please join me in thanking her.

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