

Between Laughter and Crying

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Abstract

Despite its disappearance from the diagnostic manuals and the consulting room, hysteria has had a recent cultural resurgence, as films, books and papers update its meaning for our society, marked by dissent, struggle and uncertainty. Its migration into new, more medically manageable conditions (including dissociation, conversion or post-traumatic stress disorder) highlights the common elements to all forms of hysteria: a struggle with gender, a manifestation of symptoms in the body, and the asking of a question—*Che vuoi*, or ‘What do you want from me?’¹ We put forward the idea that hysteria is a process, a state of mind, rather than a condition, and that its relationship to femininity and the body—following Juliet Mitchell’s argument—is the reason it has disappeared from the medical vocabulary.² Yet, this state captures something inherently human, ambivalent and conflicted. It names, defines and understands something elusive. Our chapter questions hysteria as madness in relation to an epistemology, which, according to Christopher Bollas is depraved.³ Even though it seems to be a state impairing the mind’s judgment as the body takes over, the psychoanalyst Jacques Lacan placed the production of knowledge within the hysteric in his theory of the Four Discourses.⁴ The hysteric knows what the master, the university and the analyst do not. We will argue that hysteria as madness relates to the visionary aspect of the state, to the fact that hysterics articulate and know, in the body, what does not want to be known. In order to safeguard a symbolic universe, hysterics are labelled mad, possessed, delusional or, simply, as acting out their symptom. The outcome of this struggle is visual and performative, so we will draw on visual examples—from our production, and that of others. These implicate the body and the gaze, and therefore, a witness, creating a space for discourse.

Key Words: Hysteria, Augustine, madness, psychoanalysis, performance, photography, possession, drawing, the fold.

1. Auratic Prodrome

We start our quest towards each other with a simple question: what is hysteria? Despite numerous publications on the subject, this question is surprisingly difficult to answer. In its simplest form, hysteria is the physical manifestation of a psychological trauma; a patient might lose her voice, yet, there is nothing in her larynx that points to a possible cause. Hysteria is of historical significance, of

social importance, and of cultural relevance. It has inspired works of art, visual, written, on the screen and the stage. We could start by noting that a common element to all these contexts and uses of hysteria is its designation as a disease. Elaine Showalter refers to it as a disorder that ‘mimics culturally permissible expressions of distress.’⁵ Augustine, Jean Martin Charcot’s star patient,⁶ and Dora,⁷ Freud’s most famous case history, remain an example of the binding of culture and distress, as shown in the responses of Dianne Hunter, H el ene Cixous, Claire Pajaczkowska and Sharon Kivland.⁸

However, our purpose goes beyond surveying cultural manifestations of the concept, at least in their breadth. We want to assess the condition of hysteria as malady, and to see whether it is a disorder of the mind, or the affliction lies in the context in which it appears. We also ask whether hysteria is a category that needs to be recovered. In order to do this, we consider the issue of voice and ways to express hysteria through text, through the speech of the hysteric. Epistemologically, this speech and the hysteric’s question—*Che Vuoi?*, what do you want from me?—are concerns of importance.

Our text is divided into three sections, the second of which was written first, as a work in which our voices met. Therefore, we started our process in the middle, adding a beginning and an end in single voices. The beginning, then, relates hysteria to the discourse on madness, the context for which has already been set in this book, in particular in the eloquent chapters by Bruce Cohen, and by Bernadette Russo and her concept of the damning complicit.⁹ Hysterics have been often termed damned women. The section will discuss performance, and, with the help of Jacques Lacan’s theory of the Four Discourses,¹⁰ what the hysteric knows and the fall of this knowledge. Augustine’s case will be the threaded throughout,¹¹ and she will be joined by others. The midpoint, where our voices meet, is a response to the acts of looking and being looked at. The text becomes a *cadavre exquis*, hystericising itself by performing Lacan’s discourse.¹² We explore the images created by doctors at the Salp etri ere hospital in the late 1800s, in particular those of Augustine,¹³ and extend to contemporary artworks including a video piece by British artist Sam Taylor-Wood.¹⁴ The first section introduces and contextualises these visual references.¹⁵ We then move away from each other, re-establishing a distance. The third section examines the form developed in the second, analyses Victoria Glendinning’s moving account of Winnie Seeborn’s life and practices the concept of the fold.

2. Charcot’s Hysteric as Mad

In *Invention of Hysteria*, Georges Didi-Huberman writes:

... something was constructed at the Salp etri ere, something resembling a great optical machine to decipher the invisible lineaments of a crystal: the great, territorial, experimental,

magical machine of hysteria. And in order to decipher the crystal, one had to break it, be fascinated by its fall, then break it again and invent machines permitting an even more visible, regimented fall, and then break it once again—just to see.¹⁶

In the nineteenth century the time that saw the rise of *alienistes* (proto psychiatrists) and the birth of psychoanalysis, women deviating from normal patterns of behaviour—specified in over 75 pages of symptoms¹⁷—were admitted into the sanatorium, where they were observed, studied, cared for, hidden, separated, controlled. To do this, doctors used the latest technological advance of the time, photography, as well as their public case expositions, the most famous of which was immortalised by André Brouillet in his 1887 painting *Une Leçon Clinique à la Salpêtrière*.¹⁸ Serge Tisseron argues that photography has made the discourse of illness possible by liberating the look from horror and shame, through constructing a protective screen between the illness and oneself, and thus facilitating the introjection of what was seen first in medicine and then in society.¹⁹ Hysterics, already performing for the doctors (as shown in Brouillet's painting and Didi-Huberman's analysis)²⁰ had their elusive symptoms recorded and then played back, classified, and converted into icons of crucifixion, beatitude, ecstasy, for an eager public.

The essence of hysteria evaded doctors, despite documentation of these poses. As a condition, the pervasive presence of hysteria ensured much of the progress made in the treatment of mental conditions, especially when Freud abandoned Charcot's preference for hypnotism in favour, firstly, of suggestion, and then of listening to the patient talking. Later his patient Dora opened the door to the theorising of another mystery, that of the particular relation between patient and physician, which Freud termed *transference*.²¹ Bafflement about the condition of hysteria lasted until 1952, when the American Psychiatric Association dropped the term,²² replacing it with other diagnoses (post-traumatic stress and somatic disorders, for example). After this, hysteria remained confined mainly to the theoretical and the creative.

Hysteria comes from *hysterā*, the Greek word for womb.²³ Before the *alienistes*—from Ancient Egyptian times, in fact—the belief was that the disturbance—in behaviour and in the body was due to a wandering uterus, causing havoc wherever it went.²⁴ This bound the condition to the female gender and its connotation meant that, although strictly speaking there were male hysterics—as Katia Mitova writes in her chapter²⁵—the tendency was to identify these as hypochondriacs.²⁶

It is worth mentioning three comprehensive accounts of the history of hysteria. Ilza Veith's classic text *Hysteria: the History of a Disease*²⁷ charts the condition from Egyptian times to end, rather than start, as is the case in most publications, with psychoanalysis. Elaine Showalter's *Hystories: Hysterical Epidemics and*

*Modern Media*²⁸ combines theoretical insights with case histories and Andrew Scull's *Hysteria: The Biography*²⁹ accounts for the disease from a sociological perspective. It would be impossible to do justice here to the convoluted and conflicted history of the diagnosis, nor is this the purpose of our text. We want to write on hysteria rather than about it.³⁰ Yet we will examine the stages of the hysterical attack as defined by Charcot, and which Augustine and other patients performed as if it was a score.

Hysteria forms part of the psychopathological group known as the neuroses, complementing the psychoses and the perversions to form a triad.³¹ Other neuroses include obsession, compulsion, and phobia.³² In a neurosis, reality and pleasure enter into conflict. While reality is existent in the mind of the sufferer, she has repressed it.³³ To put it more simply, the neurotic knows but hates what she knows, and therefore ignores it. This is different in the case of psychosis—or madness proper—where the reality principle is absent or, more precisely, has been foreclosed; and in perversion, where pleasure takes over. In *Mad, Bad and Sad*, Lisa Appignanesi describes the five stages—or *périodes*—of the full hysterical attack as conceptualized by Charcot. In a poetic and vivid way, she explains the body's agency and the visual elements of the attack:

- Aura, or the Beginning of the Attack:

This can consist of a seething pain in the right ovary, and is quickly followed by the sense of a ball rising from stomach to throat to form a knot, all accompanied by palpitations, agitation, speeding heart, difficulty in breathing, rapid eye movements.³⁴

- Epileptoid phase (tonic rigidity):

Augustine's muscles contract, her neck twists, the heels turn out, her arms swing round wildly several times in a row, then her wrists reach towards each other while the fists gyrate outwards. She grows rigid, lies immobile, plank-like, eyes directed at space, unseeing.³⁵

- *Clownisme*: 'circus-like acrobatics.'³⁶
- *Attitudes passionelles*:

enacts seduction, supplication, erotic pleasure, ecstasy and mockery in a series worthy of silent film. Hallucinations often accompanied this stage. Augustine hears voices, is terrified, in pain, sees blood, rats.³⁷

- Delirium: ‘hallucinations often take on the shape of her rapist, lover or family. She pleads, says the scarf around her throat is choking her, refuses to drink, howls her pain.’³⁸

‘At the end,’ Lisa concludes, ‘there are tears and laughter, both of which Charcot saw as a release before the patient comes back to herself.’³⁹ This conflict between mockery and sorrow, relates to the mimetic nature of hysteria. Attacks tended to adopt the symptoms of a particular context, and this is especially evident in Charcot’s phases.⁴⁰ At the Salpêtrière, hysterics shared the ward with epileptics, from whom they learned to internalise and project their symptoms.⁴¹ This mimetic character of hysteria put the hysteric under suspicion and brought accusations of fabrication, a misgiving only strengthened by the nature of two other main phases of the attack—the extravagant provocations of *clownism*, and the phase of *passionate attitudes*.

Hysterics are considered mad insofar as they deviate from what is the acceptable norm. They push the boundaries of what is culturally permissible to express distress, mimetically adopting contradictory symptoms and luring viewers. Their mysterious bodies rebel against something (we will see what) and react in a way that is incomprehensible. The mind and the body split, and the body takes a life of its own. If the image of a fainting, convulsing or mute nineteenth century woman is too difficult to relate to, let us expand it to include group hysterics: the cries, tears and swooning that that followed Rudolph Valentino’s death, and that, years later, also greeted the Beatles in America.⁴² This is not to say that the hysteric’s symptoms are easy to live with, that the men and women are not suffering, but what we want to raise here, as a question, is whether the trouble of hysteria is within—a madness—or outside—an impossible demand.

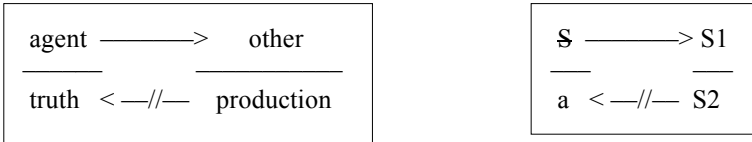
3. The Discourse of the Hysteric

Let us now stay in Paris, but advance forward from the days of the Salpêtrière to 1969, a year after the famous student revolts. Jacques Lacan, a psychoanalyst promoting a return to Freud, a reading of his texts to the letter, delivers his seventeenth seminar, titled *The Other Side of Psychoanalysis*.⁴³ He spends the year exploring intersubjective aspects of transference—that peculiar relation between two people, which manifests itself most commonly as love or hate—and its relation to knowledge. He does this through studying the social bond, that which unites us in situations of power or conflict. He delineates his theory of the Four Discourses, exploring the possibilities of what it is to speak, what gives us a place. His Discourses are dynamic, a flirtation between algebra and language.

In them, Lacan ascribes knowledge production to the Discourse of the Hysteric.⁴⁴ Examining an agent in relation to an other, he sets four stable positions and four wandering elements, which he assigns to the different places, usually through an anti-clockwise movement, starting from the Discourse of the Master

and finishing with the Hysteric.⁴⁵ The elements of the Discourse are: a split subject (represented by \mathbb{S}), a symptom or a signifier that does not make sense ($S1$), knowledge ($S2$), and the object cause of desire (a).⁴⁶ This is what the positions and the Discourse of the Hysteric look like:

Fig. 1: Positions of the Four Discourses and Discourse of the Hysteric



The hysteric speaks, as a split subject (she knows this) from a position of desire. She addresses her question (what do you want from me?) to the other, her symptom, which binds her to who she is. One of the relations—between agent-hysteric and other-symptom—is impossible, and the second—the lower one, between knowledge and desire—is impotent. Knowledge is the product, but the product is lost.⁴⁷ She is bound to her symptom; the hysteric wants a master over whom she can reign.⁴⁸

It is important to stress this loss dimension of the knowledge produced and revealed in the hysteric's body, as disciplines outside of psychoanalysis have applied and misappropriated Lacan's theory of the Four Discourses. Dany Nobus and Malcolm Quinn warn us against the problems of using the Discourses as an interpretive tool:

they have an operative function, not an interpretative one. They reveal an unconscious that is present and at work, but they are not a means to describe and analyse the unconscious workings of discourse. [...] The introduction of Lacanian discourse theory ought to have a limiting or circumscribing effect on knowledge itself. It should produce a better account of the irreducibly obscure and not be used as a means of producing a kind of hyper-academic knowledge out of a 'real world situation.'⁴⁹

Discourses, as ways of understanding each other, have a dimension of enjoyment; they give us a primary a sense of existence, through the sharing of a symbolic code. It has always struck me that Lacan, although he was very interested in art and drew from it in his theories, did not create a Discourse of the Work of Art, even though engagement with art is also a way of revealing the workings of the unconscious and the fall of knowledge. Why is that? Well, a thread of argument has led some artists and theorists to ascertain that the a in the Discourse of the

Analyst refers also to the work of art, that is, that the work of art occupies the same place as the analyst in the consulting room.⁵⁰ Another thread follows the path that art operates at the limits of discourse, precisely where discourse fails. Art is in between, in the place where discourse is not yet constituted, and plays with what discourse cannot fix. Could this be a way in which the hysteric masters her symptom?⁵¹

4. The Voice of the Hysteric: Augustine and Sam Taylor-Wood

The symptom the woman in Sam Taylor-Wood's short film *Hysteria* attempts to master is connected to the *globus hystericus*, a lump in the throat thwarting expression of what goes on inside the body.⁵² I can only guess this, of course, for the moving image is complex and she has no voice to tell me. The woman—let us call her Augustine shall we?—seems to be at the last stage of the attack, after the delirium, where tears and laughter collide, about to come back to herself. Or, is she? If a diagnosis of hysteria existed today, what would she be miming? I suspect that, rather than epilepsy, *clownisme* or passion, it would be a sense of abandon and control, a rage coupled with pleading, a display of all the personalities demanded of her, coming to the fore and acted out: caring, sexual, funny and sensitive. The voice, denouncing the impossibility of compliance, is stopped. I can also imagine that she has reached a point in which all this is not contained, a kind of an overdrive. The old Augustine turned to epileptics, religion and doctors for her voice. The new Augustine faces a screen. She looks at us, not knowing we will be there and opens her mouth to show us inside, perhaps her womb.

What this work shows is so characteristic of the condition: the struggle to find a voice—or to make that voice heard. However, this is not madness; it is a perpetual battle enacted by those faced with intolerable demands as, for example, those mentioned in Bruce Cohen's chapter. Louis Aragon and André Breton wrote in *Hysteria's Fiftieth Anniversary*: 'Hysteria is not a pathological phenomenon and can, in all respects, be considered as a supreme means of expression.'⁵³ Conceptions of madness have evolved greatly since the time of the Salpêtrière, and madness as a disorder has disappeared from the concreteness of medical records. Hysteria, however, or the mysterious side of suffering, is still present in our time, despite the fact that it is not a valid diagnosis.

Hysteria, with its fluctuating symptoms, is par excellence the disorder that best expresses women's distress at the clashing demands and no longer tenable restrictions placed on women in the fin-de-siècle.⁵⁴

If the historical reference is removed, and the hysterical accepted, is this not applicable today? The crystal Didi-Huberman writes of does not break in any odd, abnormal way: 'it comes apart along its lines of cleavage into fragments whose

boundaries, though they were invisible, were predetermined by the crystal's structure.⁵⁵ For this reason, he argues, the hysteric knows more about psychic realities, revealing them through the body and showing us something of ourselves that would otherwise remain invisible.

Hysteria and art are inextricably linked and there is comfort in that certain works of art, for example Taylor-Wood's *Hysteria*, become, in the returning words of Luce Irigaray, a speculum, 'an instrument to *dilate* the lips'—literally—'the orifices, the walls, so that the eye can penetrate the *interior*' of the self, 'tracking down what there is to be *seen* of female sexuality'.⁵⁶

I can see you now, close to me, and through the intersubjective, I want us to look into the interior of hysteria. The beginning of our text is auratic, a prodrome of context, the beginnings of a discomfort, as we move to the staccatos of epilepsy, acrobatics and passion. Will we end in a confusion of laughter and crying? I hope so.

5. An Exquisite Corpse

I watched Andrzej Zulawski's 1981 film *Possession* last night.⁵⁷ I return to it often, about once a year, and every time, I am stuck in the same scene. I mean that, even though I sit until the end credits roll, my mind is thinking about a three-minute segment. Anna (or Helen, for this is a strange film), played by Isabelle Adjani, comes off a *U-Bahn* train. While walking on the underground passages leading into the street, something odd happens to her. The episode starts with laughter, which becomes more and more extreme. She throws herself against the walls and the floor. She is carrying some shopping, eggs and milk, which spill all over her. They even come out of her mouth as she kneels on the floor, uttering guttural cries from her stomach and holding on to her blue dress, to the bit of fabric between her legs. This image of her, and the sound—which I can only describe as when laughter is not so funny anymore—haunt me for days afterwards. I am fascinated and repelled by it. I should not be surprised, for the title of the film alludes to this. Possessions can be both liberating—for one can let go, let someone else do the work—and scary—one is not oneself anymore. Yet her eyes, her mouth, her whole body, in fact, seem to react as if she suddenly attained insight, there and then. It feels as if she got a joke that no one else did. Jokes, it is known, are a manifestation of the unconscious.⁵⁸ She reminds me of Blanche or Augustine, Dr Charcot's star hysteric patients, whom he treated at the Salpêtrière hospital in Paris in the nineteenth century.⁵⁹ Like them, Anna seems to know something that amuses her.⁶⁰

I'm looking at the kneeling figure of a girl in a drawing I made many years ago. The figure derives from an altarpiece by Grunewald, and is of such violence that I am riveted. I call my drawing *Possession*, asking *whose?* Now I'm looking again and discover online that this image (which I took to be that of an exorcism) actually depicts a saint healing a young girl of epilepsy, a condition that, like hysteria, possesses the whole person through the body, and must therefore be itself possessed, cast out.

The saint's thumb locks over her lower jaw, opening the mouth, pushing the head back in a whiplash motion to release the demon. Her hands fly open, distorted and disempowered as the demon convulses heavenward. The demon itself will be disempowered by a face-off with light as it emerges from the dark cavern of her mouth, smashing into daylight. The girl's eyes twist back and sideways, as though something in her mind is convulsing also, turning inward.

In *Invention of Hysteria*, Georges Didi-Huberman⁶¹ problematises the role of photography as deployed at the Salpêtrière to demonstrate the physically distorting symptoms of hysteria. I'm looking now at a photograph of Charcot's star patient the fifteen-year-old Augustine, posed for a portrait 'in her normal state'.⁶² Showing a slightly self-conscious adolescent girl, this photograph was taken to act as a measure for all the others, in which she appears convulsed in various states of hysteria.

However, photography then was a slow process and states of *normality* tended to be taken under the duress of waiting.

In the moments of waiting I try to do what he says but my arm and neck are aching, so I keep moving and that makes him sharp. 'Be yourself', he snaps. I am myself, but time is going by. My jaw hurts and my face is beginning to freeze.

When you go, leaving the chair (and a memory of somebody holding the back of your dress) you're so thankful to be away from the endless need of that man for your time. 'Stay just as you are' he says.

For what? What is it he's after?

'What is it he's after' echoes the question Lacan put in the hysteric's mouth: *Che vuoi?*, translated as 'What do you want from me?'⁶³ It is addressed to the Big Other, whomever that might be.⁶⁴ In your drawing, it could be a certain kind of knowledge, represented by the doctor, the voice of authority. The young girl might be a bona fide hysteric going through the epileptoid phase Charcot described.⁶⁵ Doctors used what

they called ‘pelvic massages’ to induce a ‘hysterical paroxysm’ as a potential treatment.⁶⁶ A way, as you put it, to release the demon.

Note that we are writing very defined gender roles for hysteria. Its feminine specificity, its relation to the womb, might be the main reason one man or woman, for there were and there are many hysteric men⁶⁷ cannot be a hysteric anymore, as the condition has left diagnostic manuals. Others think that it was simply not a helpful word. It was just too much, so it was chopped up into sizeable chunks and replaced with the more medicalised *conversion*, *somatic*, and *post-traumatic stress* disorders. Nitza Yarom, however, writes that *hysterical* a term she favours over *hysteric* ‘is a state of mind and an interpersonal, intersubjective event with unique characteristics.’⁶⁸ From this, it follows that hysteria might be a way of being inherent and possible in every one of us, given the right context. Therefore, the hysteric is not mad, just hysterical. Why then hide her, admit her long term at the Salpêtrière or treat her as possessed, epileptic, dependent?

However, I do not want to deviate from the visual and into the psychological too much, for we are both artists who want to demonstrate that the visual and the hysteric can unveil knowledge. Did you know that Sam Taylor-Wood made a work on hysteria in 1997?⁶⁹ Like your drawing, it has body but not voice. Someone has stuck a thumb in her throat⁷⁰ but, like Anna/Helen, she also appears to be laughing.

In Taylor-Wood’s 8-minute film *Hysteria*, a woman laughs until she cries. The track is silent so we don’t know what kind of sound (if any) is emitted. Sustaining this activity clearly strains the actor, and this shows in her physiognomy. Forehead, mouth and neck muscles clench and at times, she lifts her hands as if to hold her head in place.

As in previous works, Taylor-Wood extends the photographic image, making it temporal. So, *laugh* becomes laughing, *cry* crying. In so doing, she elicits *state* from *stasis*. *Ek-stasis*. This is not a progression because it goes nowhere, although one notices a turnaround in the woman’s demeanour, an entropic inwardness corresponding with the exhaustion of the actor. This is a breach in the image, a cutting off as if a giving up of the self. To what? To the director’s instruction, the demands of the role. Broken in two, she is beside herself.

This is no commonplace piece of theatre. It is ecstatic Dionysian enactment. The god of wine and theatre is also the god of death, taking us out of ourselves temporarily, but returning us in the end. However, for many acting out at the Saltpêtrière there was no return.

Didi-Huberman examines the photographs, those ‘indisputable documents’⁷¹ that Charcot used as proof. He detects a ‘certain moment’⁷² when the mutual benefits of staging hysteria (life for the women, information for researchers and stardom all round) produced a *paradoxical situation*. For the ‘more the hysteric delighted in reinventing and imaging herself ... the more a kind of ill was exacerbated,’⁷³ and ‘consent turned to hatred.’⁷⁴

In *The Cry*, Augustine is starting an attack, on her back, face upwards and mouth open in a perfect crescent (somebody has blacked in the shape).⁷⁵ In other images, such as *Ecstasy* and *The Call*, she is more specifically posed.⁷⁶ At first, inmates were complicit mediums for the voracious researching gaze, happy to perform such subjects to camera, but Didi-Huberman believes there came a turning point.⁷⁷ *The Cry* shows something real.

She is ‘... wailing, madly crossing her legs, ripping at her straitjacket ... cutting herself off. A cry was the last place she could turn.’⁷⁸

From laughter to crying, from ecstasy to wailing, all in the space of eight minutes. How? Why? Hysteric patients have a reputation of malingering, of being untrustworthy, of inventing symptoms and talking nonsense. They were seen – and sometimes taken advantage of – but not heard.⁷⁹ Like Taylor-Wood’s video, their track is silent to others. Julia Borossa argues that hysteria comes from a relationship to gender where the sufferer appears either to conform too well – a victim – or to reject her role – a rebel.⁸⁰ This ambiguity of position provides the key to a state that is visionary. Possession is not only possession by a spirit; it can also mean custody and ownership. The hysteric has something the doctor wants, and this she both desires and rejects. Remember Lacan’s Discourse of the Hysteric ...

How can the hysteric articulate knowledge other than through her symptom? What is she to do with that knowledge? Is the hysteric mad, or too dangerously insightful to be taken seriously? Perhaps this is the ‘depraved epistemology’ Christopher Bollas wrote about.⁸¹ Yet, this knowledge is a mystery, an effort not only to be seen, pretty as the

symptoms are, but also heard. As Gérard Wajcman wrote, ‘while knowledge cannot articulate the hysteric, the hysteric ushers the articulation of knowledge. Intending to talk about hysteria, we found that hysteria made us talk.’⁸² We have become patients again.

So, my turn. How to reply...

Reply—*repli*, a folding back, withdrawal or return—like our conversation, which strikes me as being like little waves, over and back. Without an image, I’m slightly panicky and wonder how to find a way forward. What you’ve given me is a backward/forward diagram, threading of articulacy. From this I understand how the articulation of the split subject goes nowhere, for that which it addresses is the very symptom that portrays and betrays it. Like a photograph, it binds her to who she is, and the movement is circular. Seeking an image, I remember ‘The Waves,’⁸³ Virginia Woolf’s anti-novel which she envisaged as an image,⁸⁴ setting off circular rhythms across the page like a little ship turning and turning. This (as Lacan would say, following the trajectory of discourse ‘as a signifying articulation’)⁸⁵ is language sent out, not in a linear way, but circulating, making sense, a rhythm of words with which Woolf articulates the tacit knowledge she calls *ecstatic*.⁸⁶ Taken out of the big picture, it is a language of relations.

Paul Richer’s synoptic table of the great hysterical attack,⁸⁷ supposedly taken from the Saltpêtrière photographs, is an index of tiny drawn shapes set out in columns, like a manuscript of some kind. Looking closer, it becomes apparent that these are women in various states of disarray. Shockingly, ridiculously mimicking, miming the classical paintings they see on the hospital walls—a benevolent goddess, or the Virgin Mary gazing heavenwards.

Then, getting desperate, or perhaps simply carried away, you are showing off, sticking your feet in the air or behind your head, doing a backward flip.

Manic, mad, insensible. The body’s articulation here is (unlike the straight-forward line of Lacan’s speech act)⁸⁸ distorted, speechless. The line of articulation rebounds incessantly between subject (hysteric) and symptom (in this case represented by her photograph). And yet we want to find in imagery a way out, a space for discourse, for the voice[s] of hysteria. Charcot’s inscription of symptoms is a text that speaks in the doctor’s voice: ‘Période de clownisme, Période les attitudes passionnelles, Période de délire’.⁸⁹ And yet she is miming something.

‘The agent suffers the truth rather than delivering it’.⁹⁰

As a functionary of *truth*, the subject may expose truth by means other than speech. Charcot’s pupil Freud picked up his master’s baton, but instead of running forward he realised he had to go back.

... analytic experience is based on the fact that ... we do not know what we say: what we intend to say is not the truth of what we say: the agent of speech conveys a meaning unknown to him.⁹¹

And now a series of staccato images, like a little filmstrip, comes to mind. First, there is my grandmother, blowing raspberries in the middle of conversations, making silly noises, repeating what my grandfather says incessantly, going on and on. Even as a small child, I’m embarrassed on her behalf. It isn’t funny. Then there is the catatonic wife of the angry guy in *American Beauty*,⁹² who says nothing and stares ahead indifferently, and the American housewife in *The Hours*⁹³ (based on Virginia Woolf’s *Mrs Dalloway*) who is reading *Mrs Dalloway* in the 1950’s and who bins a birthday cake in front of her young son. The filmstrip goes on, and still we are left with our question. How will the hysteric ever articulate knowledge other than through her symptom, and what will she do with that knowledge?

Writing, talking about hysteria is our symptom. What does this chapter want from us? We perform, to each other and for others, in waves, like the hysteric attack. We go through the phases, the *Périodes* of Charcot, but after one spiral, we arrive at the same place. The arrows in the Discourse of the Hysteric have motion but the double oblique lines make us retrace our steps; go back to where we came from. Each time you reply, I write 300 words and, because we have to stop our text becomes more a snapshot, an impression of the here and now, than a worked out solution to the problem of the hysteric and her knowledge. We could go on forever.

The hysteric may be considered mad, but in the strict sense of the term, she is not. She is neurotic, not psychotic; she has not foreclosed the reality principle. For Augustine, Anne/Helen and all the other hysterics in our conversation, the battle between reality and pleasure – the two principles of mental functioning⁹⁴ – plays out in their bodies, with reality

swept under the carpet when they rebel, and pleasure mortifying them from the inside when they take up the role of victim. But the conflict, both intrapsychic and intersubjective, is what brings unconscious knowledge, and that can also be found in the works of art we make, and in those discussed here.

What would you say if we gave voice to Sam Taylor-Wood's video? Its lack still troubles me. By silencing her, she is made to look mad, but she is not. Here is my proposition: let us watch *Hysteria* with the soundtrack to Marina Abramovic and Ulay's *AAA-AAA*⁹⁵ and, as viewers, return the voice to the woman while expressing our own in a kind of shouted conversation. If this had happened at the Salpêtrière, if Charcot, Freud and the other [male] doctors had taken up the position of the one who is only *supposed to know*,⁹⁶ the history of hysteria might have perhaps worked out differently. Nevertheless, we cannot change that. Let us listen and express at the same time, let the sound move us. The encounter, I hope, will make us laugh and cry too. By living this experience in the body, by bearing this contradiction, we may come to know.

6. Unfolding the Exquisite Corpse

The 'supposition of knowing' displaces 'actual knowing'.

What would you say if we gave voice to Sam Taylor-Wood's video, to return the voice to the woman? If this had happened at the Salpêtrière, if Charcot, Freud and the other doctors had taken up the position of the one who is only supposed to know, the history of hysteria might have perhaps worked out differently. But we cannot change that. Let us listen, and we may come to know.

* * *

I am re-reading this, the final paragraph of our initial piece, in order to continue the development of our theme. We are travelling, you forward and I back, towards the central core, which is our original chapter, chapter within chapter. We are encasing it, not displacing but enfolding. Emailing back and forth, each reply was a reading of the other and a form emerged that (we imagined) reflected an *exquisite corpse*, that incongruous folded body of visual consequences drawn out by blind players.⁹⁷

That the *supposition of knowing* [displaces] *actual knowing* forms an echo in my mind, for displacement is a consequence of the act of folding. So our folding process becomes significant in itself, although the significance (for now) escapes us. Folding involves the displacement, by secretion, of parts of a whole. To fold is

to conceal, but at the same time to envelop. Knowledge is not discarded but kept within the fold. Thus secrets are made.

* * *

They had no vocabulary for it.

A mask forms before (or instead of) vocabulary.

A mask may be other than visual. It may be gesture or sound,
skin disease, loss of voice or disease of breath itself.

Symptom.

* * *

We could say (because we like to make images) that our way opposes that of the doctors who, credited with the ‘supposition of knowledge’, had none, while those female patients who awaited the expert knowledge in fact possessed it themselves, a fact that Freud eventually pursued.

Thus, in consequence of that lack of knowledge (substituted by *treatment*) the knowledge that could truly have moved things on remained encased within the symptom. We could therefore say that the symptom in our terms, as artists who require image or *form* is represented by the fold, that which drives the game of consequences and forms the exquisite corpse of our conversation. We can also ask what role an image might play in developing such a conversation, and in what ways, and why, contemporary visual artists and writers have taken to hysteria, reinstating it as a subject that signifies something lost, and still sought. So now we are on our own, no longer in conversation but on either side of an insurmountable dialogue that we performed. But on our own we can no longer see or hear one another. I wonder how we will fare?

* * *

Early in the evening the struggle for breath began again...it lasted nineteen hours. All through that night and through most of the next day... [she] never lost control. The final remedy (tincture of opium?) ... sent her gently off to sleep soon after two o'clock, still sitting in the same position, her head resting on the table before her, as she had been all the weary hours since the evening before. She did not wake again.⁹⁸

Winnie Seebohm, a student at Cambridge, died of asthma on 18 December 1885 aged twenty-two, after one term of study at Newnham College.⁹⁹ In *A Suppressed Cry*, Winnie's biographer Victoria Glendinning portrays her as a

‘person of enormous potential, both of mind and heart’, teasing out the pressures that Winnie encountered in being a young woman of ‘high intelligence and an enquiring mind.’¹⁰⁰ Glendinning, writing in 1969, describes how Winnie was the ‘victim of a system’¹⁰¹ for, although much loved personally, such love was ‘not enough to give life a shape for most adults.’¹⁰²

‘Her only way out was to get married—and that changed nothing except her status and her surroundings. Her life was still circumscribed by rules, conventions and rituals...’¹⁰³

The ones who suffered most were those who, like Winnie, had talent, ambition and a passion for life—‘they seemed like lonely bonfires, burning away their frustrations and emptiness into their diaries and private letters...’¹⁰⁴

Nowhere in Winnie’s biography does Glendinning suggest that asthma is related to hysteria but, staying close to the narrative of contemporary documentation (letters and diaries etc.), the image she presents is also one of suppression, the dousing of bonfires, and the voice of agency itself.

An attack of asthma has the significance of a suppressed cry. It has been found that if patients can be induced to indulge in unrestrained crying, they are often eased and the asthma abated... but Winnie aimed at self-control ... the nearest she ever got to crying out and putting into words the conflicts which were, quite literally, choking her was in her letter to Lina ... yet she apologised for writing it.¹⁰⁵

Unlike such young women as Augustine (or ‘Louise’, or ‘X’), who at the same time were inmates at the Salpêtrière, Winnie was living a sheltered and materially comfortable life. Glendinning points out how ‘studies of asthma patients [show] that they have generally been overprotected children, with a dominant parent to whom they are particularly attached’.¹⁰⁶ Winnie’s potential was, as Glendinning observes, to have been one of those bonfires that lit the suffrage movement.

‘There were hundreds in the same predicament before her.’¹⁰⁷

* * *

but the un-lived life was held in the throat
in the breath and bending, folding,
the secretion erupted, more violently each time

* * *

If hysteria is not madness it is historically, like madness, kept at a distance. In his discussion of ‘acting madness’ Adam Phillips positions madness by imagining it acted.¹⁰⁸

An actor acting mad, acts like a mask, displacing the potential reality of actual madness by distancing. We have seen the mechanics. Hysteria could be distanced by scrutiny, as at the Salpêtrière where subjects were considered curiosities or specimens but also, as in Winnie’s case, the subject could be reified, put on a pedestal. In each case, hysteria is distanced, placed beyond the frame of normality, and in each case an image is both projected by, and on behalf of, the subject. Such a positioning of madness puts into question *whose madness*.

Family letters following Winnie’s death depict somebody whose life was exemplary. Glendinning portrays the ‘grief machinery’¹⁰⁹ in the sending of photographs, and the request for Winnie’s letters to be returned so that extracts could be circulated to family and friends. The passages they chose to send were those most edifying and spiritual, and a certain (probably romantic) episode of 1882 was ‘erased in the authorised version of Winnie’s short life.’¹¹⁰

‘... her life was perfect in its incompleteness ...’¹¹¹

Winnie’s suppressed, frustrated and somatised energies (intellectual, sexual, creative) were hinted at only in letters to a close college friend shortly before she died, and Glendinning links these with the exacerbation of her asthma. Winnie’s letters to Lina were the final flares of energy and desire, a face-off with the inevitable force that she could not (or would not) name and this struggle was often couched in religious language. The face-off was, for Winnie, ostensibly with the will of God.¹¹²

If you ask me how I am—h’m, I’m as cross as a Kentucky cat ... you were quite right about my making myself worse those last days—I did—and when I got home I collapsed altogether. ... I always want everything so frantically, and I’m always just the person that can’t have them! Ought I to have given up wanting things? I’ve always been like that, from infancy; and now, after twenty-two years, each disappointment is as keen ... Forgive me for growling to you, dear Lina, but I can’t show it to any of them here. And if you know any solution to the problem, or any numbing influence, tell me. ... one must have a safety valve, and I have used my letter to you as one ...¹¹³

Would Winnie have been thought mad if she had voiced these feelings, for example, to her family?

...the people we call mad are, of necessity ... people who are unable or unwilling to live conventional lives ... that is, by the conventions of their given cultures ...¹¹⁴

In addition, can we say that Winnie's asthmatic condition was hysterical? If not, it certainly shares the symptom if not the pose as—sitting in the same position, her head resting on the table before her. Winnie was not acting, but defiantly in control of her condition and, during the final hours, experience told her to sit it out.

We can imagine that this is the first of two images emerging from our reading of (hysteria in relation to) the body's position. The second, which we will look at soon, is that of *la grande hystérie*. Here collusion between observer and histrionic patient¹¹⁵ engenders a serial image, a string of grandiose poses signifying the presence of that which Charcot hoped he could prove were neurological lesions.¹¹⁶

* * *

Recent works depicting hysteria such as those we have discussed, the underground tunnel sequence in *Possession* or Taylor-Wood's video, characterise hysteria in terms of isolation, ambivalence and a sense of being torn, of being in two minds.¹¹⁷ Contemporary audiences will have little problem recognising a state of mind that is violently conflicted and alienated against itself. However, there is something here that is beyond expectation, a wordless confusion that is articulated violently and unexpectedly through the body, neither other-directed nor self-directed.

So, what is the state we are looking at?

What is it we're after?

In the piece *Hysteria*, a woman's state of mind develops from an image of laughing that moves to something between laughing and crying.

Between 'laugh' and 'laughing', 'cry' and 'crying', the pose develops although, shuttling between the noun and the 'progressive aspect' (the *continuous form*) is a little rotation—*repli*—a development of the pose that is quickly returned, folded back into position. The movement does not progress. It goes nowhere.

* * *

Hysteria misses a beat.

It attempts to collapse time by escaping it.

Its object is immediacy, its medium visual.

Hysteria does not tolerate duration, the lived time of its subject, the time it takes to achieve an object.

It relies on images.

Its terror, and its secret, is loss.

* * *

The poses that Charcot declares to be phases in *la grande hysteric* rely on the performance of images to make their (or rather, his) point. The impulse of hysteria, however, is not expressive but entropic. What we see in the performance and in the drawn taxonomy is, for the subject, a conflicted sign.

In 1885, the second edition of the *Études Cliniques sur la Grande Hysteric*¹¹⁸ was published in Paris. Commissioned by Charcot, this was a synoptic table of small drawings set out in columns with the aim of showing the sequence of symptoms manifest by the phases, named by Charcot, of *la grande hysteric*.

One hundred years later, at Trinity College Connecticut, a group of performers set out to explore the symptoms of hysteria¹¹⁹ as drawn by Paul Richer in the synoptic table. Their research sought to read each drawing as an embodied sign, understanding each pose through enactment. Acting out the drawings comprising 'Row J' (*attitudes passionelles*), the performers detected a confusion of purpose in each pose, that each seemed to have been performed with an unseen spectator in mind, each embodying a double movement that was simultaneously a movement towards this figure, and a withdrawal.

We saw ... a tension between spirituality and sexuality expressed in a contradiction between upper and lower body. In Pose 1 the attitude is one of prayer, but the petitioner has her body arranged as if she is searching uncertainly for the addressee of her prayer, while her lower body pulls in a different direction; her knees point one way, her torso and arms in another. [In another] the figure looks towards and pulls her body away from a fixed point in space, as if in response to someone who has come into the space where the figure reclines.¹²⁰

These readings of the body through re-description seem to support the notion that 'hysteria manifested itself as *both* a pathological effect of patriarchy and its subversion'.¹²¹ As Freud describes, 'the battle is between reality and pleasure played out in the body, the two principles of mental functioning'.¹²²

* * *

duplicity
you don't know whether you're coming or going
always changing your mind

* * *

In 1987, performers apprehended in the disposition of each body drawn for the *Études Cliniques* a double movement effecting, like an undertow, the scraping back of a great tide of feeling.

anger contempt fear ridicule desire

The drawings graphically depict desire and repulsion, positioned adjacently in the same body, side-by-side, or end-to-end. As in *Hysteria*, the image is breached, cut off as if the pose is a giving up of the self to the director's instruction, the demands of the role. She is swallowing her impulse, making one move forward and two back. Broken in two, the actors find that she is beside herself.

Hunter describes how research through performance brought 'the conclusion that grand hysteria mimes profoundly disorganising emotions in order to communicate these emotions to a spectator perceived as powerful.'¹²³

The poses that Charcot declared to be phases of an attack were, it has been suggested,¹²⁴ a manifestation of 'prohibition',¹²⁵ of prohibited feelings. It is suggested that the repressed returns in the symptom as 'so many materialisations of words,' indeed 'of the very words that repressed them'.¹²⁶

This return could be interpreted as an act of prohibition on the part of the subject herself, a negation of access to her own agency. It is a denial that 'calls desire by the very name of prohibition...'¹²⁷

Her eyes twist back and sideways, as though something in her mind is convulsing also, turning inward.

In *Medical Muses*, Asti Hustvedt observes that 'in an era without demons and before Freud's unconscious'¹²⁸ the female body became the site of external symptoms that had 'no internal reference, no location', that were 'revelatory of nothing'.¹²⁹

The symptom read by Charcot and his colleagues as a sign of neurological disorder is a double negative, an empty sign demonstrating a confusion of desires never formed, felt or voiced. Prohibition was built into the hysteric's context, her worldview. Thus her symptom, the pose, displays an opacity that is 'transparent',¹³⁰ in that it is not a coded attempt on the part of the patient to transmit secret knowledge or to instigate a guessing game. The knowledge signified is conflict itself, and the pose an illegible sign.

* * *

In Andre Brouillet's 1887 painting *A Clinical Lecture at the Salpêtrière*, Dr Charcot is seen demonstrating a phase of *la grande hystérie* through the person of Blanche Wittman who is collapsed backwards, spine arched and hands bent back at the wrists into the arms of a doctor. It is a pose that captivates the crowd of fascinated doctors and other professional men.

There is no guile. The pose is made in good faith, on trust. It operates between actor and director and, for the drama to work, there has to be mutual trust, although we hear from Blanche herself as she lay dying that ‘it’s not as though it was pleasant!’¹³¹

A spectator of the 1987 reconstructed performance of Charcot’s clinical lectures observes how the actors succeeded in

...capturing and in capturing us in the profound discomfiture that moves both hysterics and their doctors ... seductive because suffering, the hysterics’ theatrical symptoms fascinate and frighten by their very contagion. The only way to control the ... force of emotion seems to be to stand off and observe, to turn hysteria into an object ... a show.¹³²

The roots of hysteria are not expressive but entropic. What we see in the performance of hysteria, and in the drawn taxonomy of poses, is a double negative. Desire signifies agency, but desire is representation only. It is not action. It has no affect. It bears no witness.

The enactment of hysteria at the Salpêtrière was not an intentional collusion in that ‘... the hysteric does not get as far as to intend a reality’,¹³³ in fact, she had no conscious intention for there was no pre-existing idea to be expressed, and thus no secret.

* * *

I am reading a double negative, two images of folded bodies. One bent forward to ease the flow of breath, the other back, performing a pose that signifies nothing.

* * *

We have been travelling away from our core piece, the one we performed, but in so doing we have inevitably re-approached it, and are now back at its insurmountable face.

What would you say if we gave voice to the woman?

Our folded form could, as you said, go on forever as we draw out the body of our exquisite corpse (did you know ‘exquisite’ also means ‘rotating’? *Cadavre exquis.*)¹³⁴

* * *

In his obituary of Charcot, Freud describes him as a *visuel*, someone for whom sight is ‘the dominant channel of knowing...’¹³⁵ Taking visuality as a channel for

knowledge, the American research team ‘used physical replication to generate meanings, energies and motivations for the Salpêtrière hysterics.’¹³⁶ Driving their research was the notion of liberation through movement, that performance itself could unlock the image. Mindful of Helene Cixous’ proposition that the women’s liberation movement was pre-figured by those drawn ‘threshold figures’¹³⁷ of the *Études Cliniques*, they posited through performance the idea that the hysterical body might be reclaimed from its paralysis, from its ‘enclosure in fixed images’. They sought to find ‘where the energy and power [seen] in the Salpêtrière poses would go if it were free to move.’¹³⁸

* * *

However we said we would listen, so that we might come to know. The image is unravelling, collapsing as time enters the frame.

We suggested, to start with, that ‘art is in the place where discourse is not constituted yet, and plays with what discourse can’t fix.’ Moreover, remembering Lacan’s discourse, ‘another thread follows the path that art operates at the limit of discourse, precisely where discourse fails’.¹³⁹ Could it be that, in the Hysteric’s Discourse, Lacan’s *a* stands not only for *art* (as some have suggested) but also *articulation*?

Once again we go back in order to move forward.

I sometimes think there is no use bothering myself so about learning things. I certainly don’t know why I do try to learn so many things, but I feel a great impulse to do it, therefore I think I must ... but I am only a woman.¹⁴⁰
(Anne Clough, later Principal of Newnham College, diary entry, 1841).

Passion, intellect, moral activity—these three have never been satisfied in a woman. In this cold and oppressive conventional atmosphere, they cannot be satisfied.¹⁴¹
(Florence Nightingale, 1852).

One of the things I very much wanted to discover by going to Newnham, was whether ‘knowledge’ per se was really all-sufficient for some of the women of this age, or whether they were only trying to drown their hearts in it, as I half suspected both of them, and of myself.¹⁴²
(Winnie Seebom, letter to Lina, Sunday November 22, 1885).

If *she* is the woman of the future I am sure the world will do very well...¹⁴³

(Winnie Seeböhm of Mrs Alfred Marshall, lecturer at Newnham College, who ‘chose to find no conflict between her independence and her feminine role’).

Winnie was left stranded on the shores of the nineteenth century. Her portrait, which stood on the drawing room piano until the Hermitage was dismantled, saw most of the people she loved go forward into the twentieth ...¹⁴⁴

Woolf stood up in Girton and Newnham in Cambridge in the late ‘20’s and talked about a room of her own and in doing so, as Virginia Woolf standing up talking, she allowed herself to meander and interrupt herself. It’s the gift we all needed, when we were going to be authoritative, to allow ourselves to say but wait a minute—let’s think about this properly. Let’s have a dialogue you know, and it is about dialogue...¹⁴⁵

Let us listen ...

Notes

¹ Jacques Lacan, ‘The Subversion of the Subject and the Dialectic of Desire in the Freudian Unconscious’, in *Écrits*, trans. Bruce Fink (New York: WW Norton, 2006), 671-702.

² Juliet Mitchell, *Mad Men and Medusas: Reclaiming Hysteria* (London: Basic Books, 2000), 24.

³ Christopher Bollas, *Hysteria* (London and New York: Routledge, 2000), 19.

⁴ Jacques Lacan, *The Seminar of Jacques Lacan, Book XVII: The Other Side of Psychoanalysis (Le Séminaire de Jacques Lacan, Livre XVII: L’Envers de la Psychanalyse)*, ed. Jacques-Alain Miller, trans. Russell Grigg (New York: W.W. Norton, 2007).

⁵ Elaine Showalter, *Hystories. Hysterical Epidemics and Modern Culture* (London: Picador, 1997), 15.

⁶ For the story of Augustine, see, for example, Georges Didi-Huberman, *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière*, trans. Alisa Hartz (Cambridge, MA. and London: MIT Press, 2003) and Asti Hustvedt, *Medical Muses: Hysteria in Nineteenth-Century Paris* (New York: WW Norton, 2011).

⁷ Dora's real name was Ida Bauer and Freud published her story in 'Fragment of an Analysis of a Case of Hysteria' (*Bruchstück Einer Hysterie-Analyse*), *The Standard Edition of the Complete Psychological Works of Sigmund Freud* 7, ed. and trans. James Strachey (London: Vintage, 2001 [1905]), 1-122.

⁸ Dianne Hunter worked at the interface between performance and psychoanalysis, exploring the relationship between Charcot and Augustine in *The Makings of Dr Charcot's Hysteria Shows: Research through Performance* (New York: Edwin Mellen Press, 1998). Hélène Cixous, Claire Pajaczkowska and Sharon Kivland studied Freud and their own relationship to Dora through scripts, a video piece and book art. See Hélène Cixous, 'Portrait of Dora', trans. Sarah Burd, *Diacritics* 13.1 (Spring, 1983): 2-32; Jay St. Collective, 'Freud's Dora: A Case of Mistaken Identity', *Framework: The Journal of Cinema & Media*, Issues 15-17 (Summer 1981): 75-80 (for the film script of *Sigmund Freud's Dora, A Case of Mistaken Identity*); *Sigmund Freud's Dora, A Case of Mistaken Identity* [Film], directed by Anthony McCall, Claire Pajaczkowska, Andrew Tyndall, and Jane Weinstock (Lux, 40 minutes, 1979); Sharon Kivland, *A Case of Hysteria* (London: Book Works, 1999).

⁹ See Bruce M.Z. Cohen and Bernadette V. Russo's chapters in this volume.

¹⁰ Lacan, *Other Side*.

¹¹ Didi-Huberman, *Invention of Hysteria*; Hustvedt, *Medical Muses*.

¹² Lacan, *Other Side*.

¹³ The Photographic Iconography of the Salpêtrière (l'Iconographie Photographique de la Salpêtrière), from 1878, contained photographs of hysteric patients taken by Dr Jean-Martin Charcot, physician of the Parisian hospital. Art historian Georges Didi-Huberman studied these in *Invention of Hysteria*. Our chapter draws on Didi-Huberman's idea of hysteria as a culturally constructed concept, performed both for the camera and the eye of the doctor, whose commissioned images (drawings as well as photographs) act as a trigger for complicity.

¹⁴ Sam Taylor-Wood, *Hysteria* (1997), viewed January 23, 2013, <http://www.youtube.com/watch?v=vKAA9lgxges>.

¹⁵ We are mindful that we jump from Charcot and Augustine to Lacan and Sam Taylor-Wood, avoiding Sigmund Freud's Dora. A wealth of material has been written on this case and we feel our argument is better sustained by going in-depth into some of the earliest and then more recent expressions of the hysteric. Since Freud's original case history (Freud, 'Fragment of an Analysis') much secondary material has been dedicated to Dora. For example, Charles Bernheimer and Claire Kahane, *In Dora's Case: Freud, Hysteria, Feminism* (New York: Columbia University Press, 1990); Hélène Cixous, 'Portrait of Dora'; Jay St. Collective, 'Freud's Dora'; Sarah French, 'Re-imagining the Female Hysteric: Hélène Cixous'

“Portrait of Dora”, *Traffic* 10 (Melbourne: University of Melbourne, 2008): 247-262; Sharon Kivland, *A Case of Hysteria*; Patrick Mahony, *Freud’s Dora: A Psychoanalytic, Historical, and Textual Study* (New Haven: Yale University Press, 1996); the 1979 film *Sigmund Freud’s Dora, A Case of Mistaken Identity*.

¹⁶ Didi-Huberman, *Invention of Hysteria*, 9-10.

¹⁷ Georges Beard catalogued the variety of these hysterical symptoms in *A Practical Treatise on Nervous Exhaustion* (New York: William Wood & Company, 1880), 11-85, and a discussion of them in relation to hysteria as a legacy diagnosis can be found in Laura Briggs, ‘The Race of Hysteria: “Overcivilization” and the “Savage” Woman in Late Nineteenth-Century Obstetrics and Gynecology’, *American Quarterly* 52.2 (2000): 246-73.

¹⁸ Drawing was also a means of recording, both from direct observation on the wards, and as a means of classifying what the photographs depicted (see Hunter, *Charcot’s Hysteria Shows*, 2).

¹⁹ Serge Tisseron, *Le Mystère de la Chambre Claire. Photographie et Inconscient* (Paris: Les Belles Lettres, 1996), 24. The title translates as *The Mystery of the Camera Lucida, Photography and the Unconscious*.

²⁰ A reproduction of Brouillet’s painting can be found in Didi-Huberman, *Invention of Hysteria*, 238.

²¹ In the postscript to Dora’s case, Freud writes: ‘What are transferences? They are new editions or facsimiles of the impulses and phantasies which are aroused and made conscious during the progress of the analysis; but they have this peculiarity, which is characteristic for their species, that they replace some earlier person by the person of the physician. . . . [T]ransference cannot be evaded, since use is made of it in setting up all the obstacles that make the material inaccessible to treatment, and since it is only after the transference has been resolved that a patient arrives at a sense of conviction of the validity of the connections which have been constructed during the analysis. . . . Transference, which seems ordained to be the greatest obstacle to psycho-analysis, becomes its most powerful ally, if its presence can be detected each time and explained to the patient. Sigmund Freud, ‘Fragment of an Analysis’, 116-117.

²² Rachel P. Maines, *The Technology of Orgasm, Hysteria, the Vibrator and Women’s Sexual Satisfaction* (Baltimore: John Hopkins University, 1999), 2.

²³ Ilza Veitz, *Hysteria: The History of a Disease* (Chicago and London: The University of Chicago Press, 1965), 1.

²⁴ Veitz, *Hysteria*, 2-8.

²⁵ See Katia Mitova’s chapter in this volume.

²⁶ Sander L. Gilman, Helen King, Roy Porter, G. S. Rousseau, and Elaine Showalter, *Hysteria Beyond Freud* (Berkeley: University of California Press, 1993), 13 and 293. For male hysteria, see Mark S. Micale, *Hysterical Men: The*

Hidden History of Male Nervous Illness (Cambridge, MA: Harvard University Press, 2008). Katia Mitova writes about the hysteria of Fernando Pessoa in this book.

²⁷ Veitz, *Hysteria*.

²⁸ Showalter, *Hystories*.

²⁹ Andrew Scull, *Hysteria: The Biography* (Oxford University Press, 2009).

³⁰ Hysteria could be said by this account to 'write on', or inscribe, the person.

³¹ This triad is Lacanian. Freud maintained that perversion was not a psychopathology.

³² Sigmund Freud attempted a classification of the neuroses in several of his texts, the most notable being his *Little Hans* and *Rat Man* case histories. See 'Analysis of a Phobia in a Five-year Old Boy' (*Analyse der Phobie eines Fünfjährigen Knaben*), *The Standard Edition of the Complete Psychological Works of Sigmund Freud* 10, ed. and trans. James Strachey (London: Vintage, 2001 [1909]), 3-149, especially pages 115-116; and 'Notes Upon a Case of Obsessional Neurosis' (*Bemerkungen über einen Fall von Zwangsneurose*), *The Standard Edition of the Complete Psychological Works of Sigmund Freud* 10, ed. and trans. James Strachey (London: Vintage, 2001 [1909]), 153-318.

³³ Our definition of the psychopathologies, and in particular the neuroses, is, of course, reductive. For a fuller explanation of the mechanisms of the neuroses in relation to reality and pleasure see, for example, Sigmund Freud, 'Formulations on the Two Principles of Mental Functioning,' (*Formulierungen über die Zwei Prinzipien des Psychischen Geschehens*), in *The Standard Edition of the Complete Psychological Works of Sigmund Freud* 12, ed. and trans. James Strachey (London: Vintage, 2001 [1911]), 213-226; Sigmund Freud, 'Introductory Lectures on Psychoanalysis (Part III),' *The Standard Edition of the Complete Psychological Works of Sigmund Freud* 16, ed. and trans. James Strachey (London: Vintage, 2001 [1917]); and Sigmund Freud, 'Beyond the Pleasure Principle,' (*Jenseits des Lustprinzips*), in *The Standard Edition of the Complete Psychological Works of Sigmund Freud* 18, ed. and trans. James Strachey (London: Vintage, 2001 [1920]), 3-64.

³⁴ Lisa Appignanesi, *Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800* (London: Virago Press, 2009), 160.

³⁵ Appignanesi, *Mad, Bad and Sad*, 160.

³⁶ Appignanesi, *Mad, Bad and Sad*, 160.

³⁷ Appignanesi, *Mad, Bad and Sad*, 160.

³⁸ Appignanesi, *Mad, Bad and Sad*, 160.

³⁹ Appignanesi, *Mad, Bad and Sad*, 160.

⁴⁰ Paul Richer, *Études Cliniques sur la Grande Hystérie ou Hystéro-Épilepsie*, cited in Didi-Huberman, *Invention of Hysteria*, 292.

⁴¹ Appignanesi, *Mad, Bad and Sad*, 149, 152.

⁴² See, for example, Allan R. Ellenberger, *The Valentino Mystique: The Death And Afterlife Of The Silent Film Idol* (Jefferson, NC: McFarland & Company, 2005); Ian Inglis, “‘I Read the News Today, Oh Boy’: The British Press and the Beatles’, *Popular Music and Society* 33.4 (2010): 549-562.

⁴³ Lacan, *Other Side*.

⁴⁴ Lacan, *Other Side*. In the other discourses, desire (the Discourse of the Master), symptoms (the Discourse of the Analyst) and split subjects (the Discourse of the University!) are its product.

⁴⁵ For clarity and analysis purposes, the other three discourses are the Discourse of the Master:

S1 —————> S2

————— —————

§ < —//— a

The University:

S2 —————> a

————— —————

S1 < —//— §

The Analyst

a —————> §

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There is a fifth discourse, the Discourse of the Capitalist, which Lacan did not elaborate, although he did refer to it in *Other Side*.

⁴⁶ Dylan Evans, *An Introductory Dictionary of Lacanian Psychoanalysis* (London: Routledge, 1996), 45-47.

⁴⁷ Bruce Fink, ‘The Four Discourses’, in *The Lacanian Subject. Between Language and Jouissance* (Princeton, NJ.: Princeton University Press, 1995), 129-137.

⁴⁸ Lacan, *Other Side*, 129.

⁴⁹ Dany Nobus and Malcolm Quinn, *Knowing Nothing, Staying Stupid. Elements for a Psychoanalytic Epistemology* (London: Routledge, 2005), 129.

⁵⁰ This argument has been developed by, among others, by Sharon Kivland and Marc du Ry, ed., *In the Place of an Object, Journal of the Centre for Freudian Analysis and Research* 12 (Special Issue 2000); *Psychoanalysis and The Creative/Performing Arts Seminars*, part of the Institute of Germanic and Romance Studies Psychoanalysis Network (London: Institute for Germanic and Romance Studies, January to November 2007); *Vicissitudes, Histories and Destinies of Psychoanalysis* conference (London: Institute for Germanic and Romance Studies, January 17-19, 2008).

⁵¹ As Katia Mitova explains in her chapter, Pessoa connected his symptom to an expression of genius: ‘Pessoa described his condition as “a relentless, organic tendency toward depersonalisation and simulation.” He believed this condition was caused by “a deep-seated form of hysteria,” or “hysterical neurasthenia” that entailed “pretended communication with diverse spirits” as well as “insanity made sane by dilution in the abstract, like a poison converted into a medicine by mixture.” The latter also happened to be Pessoa’s definition of genius.’ So the hysteric’s symptom and her production of knowledge in relation to artistic practice is linked, according to Pessoa and Mitova, to exceptional intellectual and creative abilities, and insight, going beyond simple mastery.

⁵² Our insistence on the body is backed up by Christopher Bollas: [It] is a vital constituent in the format of the hysteric because in so many different ways—enervation in the nineteenth century, fatigue in the twentieth century—hysterics indicate trouble with the body. It imposes the unwanted, and the response to the body’s invasion of the self varies from irritated indifference to paranoid grudge. Bollas, *Hysteria*, 19.

⁵³ Louis Aragon and André Breton, ‘Le Cinquantenaire de l’Hystérie (1878-1928)’, *La Révolution Surréaliste* (IV.11, March 1928): 20-22, reprinted in Zoe Beloff, ed., *The Somnambulists* (New York: Christine Burgin, 2008), 76-83, trans. Aimery Dunlap-Smith. The quote is from page 83. In addition, Aragon and Bréton offer a definition of hysteria that ties in with our proposition that it is outside the frame of madness, a state of being and, in terms of discourse and dialogue, tending towards the intersubjective: ‘Hysteria is a more or less irreducible mental state, characterising itself by the subversion of the links established between the subject and the moral world, of which he believes he is indeed a part, outside of any system of madness. This mental state is founded on the need for a reciprocal seduction, which explains the hastily accepted miracles of medical suggestion (or contra-suggestion)’. Beloff, *Somnambulists*, 82-83.

⁵⁴ Appignanesi, *Mad, Bad and Sad*, 148.

⁵⁵ Didi-Huberman, *Invention of Hysteria*, 13.

⁵⁶ Luce Irigaray, *Speculum of the Other Woman*, trans. Gillian C. Gill (Ithaca, New York: Cornell University Press, 1985), 144-145. But, of course, the speculum is also a symbolic device, as Irigaray points out, one referred to as signaling the exclusion of women and their sexuality from discourse, especially discourses of philosophy and psychoanalysis.

⁵⁷ *Possession* [DVD], directed by Andrzej Zulawski (Second Sight Films, 1981).

⁵⁸ Sigmund Freud, ‘Jokes and their Relation to the Unconscious’ (*Der Witz und Seine Beziehung zum Unbewussten*), *The Standard Edition of the Complete Psychological Works of Sigmund Freud* 8, ed. and trans. James Strachey (London: Vintage, 2001 [1905]).

⁵⁹ Jean-Martin Charcot, *Lectures on the Diseases of the Nervous System, Delivered at La Salpêtrière*, ed. and trans. George Sigerson (London: The New Sydenham Society, 1881).

⁶⁰ Yet this knowledge is not a secret, as in the case of cryptophores, but knowledge of a prohibition, as clarified by Nicolas Abraham and Maria Torok: ‘The repressed is always only a representation or a desire. These return in the symptom as so many “materialisations” of *words*, of the very words that repressed them. In fact, the hysteric does not get so far as to intend a reality—and thus possesses no secrets—at least in the metapsychological sense. Could we claim that what the hysteric represses had a name, a prior existence as speech at the moment of repression and that, as a consequence, the function of repression would be to hide a secret? In actual fact, the hysteric's desire and attendant representations are merely the offshoots of words voicing not desire or pleasure but their prohibition. Calling desire by the very name of its prohibition is the law of hysteria's transparent opacity. And that is fundamentally what we all do.’ Nicolas Abraham and Maria Torok, ‘The Topography of Reality: Sketching a Metapsychology of Secrets’, *Oxford Literary Review* 12.1 (July 1990): 63-68.

⁶¹ Didi-Huberman, *Invention of Hysteria*.

⁶² Didi-Huberman, *Invention of Hysteria*, 112.

⁶³ Lacan, ‘Subversion of the Subject’.

⁶⁴ The Big Other, in the Lacanian canon, is the internalized voice of authority.

⁶⁵ Charcot, *Lectures on the Diseases*.

⁶⁶ Rachel Maines, *Technology of Orgasm*, 3, 68.

⁶⁷ For a discussion of the hysteric in relation to gender roles see, particularly, Mitchell, *Mad Men and Medusas*, and Micale, *Hysterical Men*.

⁶⁸ Nitzia Yarom, *Matrix of Hysteria. Psychoanalysis of the Struggle Between the Sexes as Enacted in the Body* (London: Routledge, 2005), 3.

⁶⁹ Taylor-Wood, *Hysteria*.

⁷⁰ In *The Plague of Fantasies*, Slavoj Žižek writes: ‘Or—with respect to truth: the Real *qua* trauma is not the ultimate ‘unspeakable’ truth which the subject can approach only asymptotically, but that which makes every articulated symbolic truth forever “not-all”, failed, a bone stuck in the throat of the speaking being which makes it impossible to “tell everything”’. *The Plague of Fantasies* (London: Verso, 2008 [1997]), 277. Žižek further elaborates this in ‘Grimaces of the Real, or When the Phallus Appears’, *October* 58, *Rendering the Real* (Autumn, 1991): 44-68. He analyses the screams in art with particular reference to Sergei Eisenstein’s *Battleship Potemkin*, Alfred Hitchcock’s *The Birds* and *The Man Who Knew Too Much*, and Edward Munch’s painting *The Scream*. He writes: ‘what is “stuck in the throat” is precisely the voice *qua* object, the voice that cannot burst out, unchain itself and thus enter the dimension of subjectivity. [...] the exemplary case of the

voice qua object is a voice that remains silent, a voice that *we do not hear*' (49). He classifies the scream in these works and relates the scream *vocalised with deferral* (evident in Francis Ford Coppola's *The Godfather Part III*)—to self-reflexivity, for this scream is only heard when perceived in silence (50).

⁷¹ Didi-Huberman, *Invention of Hysteria*, 287.

⁷² Didi-Huberman, *Invention of Hysteria*, xi–xii.

⁷³ Didi-Huberman, *Invention of Hysteria*, xi.

⁷⁴ Didi-Huberman, *Invention of Hysteria*, xii.

⁷⁵ Figure 45 in Didi-Huberman, *Invention of Hysteria*, 113.

⁷⁶ *Ecstasy* is Figure 64 in Didi-Huberman, *Invention of Hysteria*, 147; *The Call* is Figure 60 in Didi-Huberman, *Invention of Hysteria*, 143.

⁷⁷ Exploring this turning point is the main argument of Didi-Huberman's work, *Invention of Hysteria*, xii.

⁷⁸ Didi-Huberman, *Invention of Hysteria*, 287.

⁷⁹ Julia Borossa, *Ideas in Psychoanalysis: Hysteria* (Cambridge: Icon books, 2001), 26.

⁸⁰ Borossa, *Hysteria*, 51–53. She explains how 'hysteria manifested itself as *both* a pathological effect of patriarchy and its subversion'.

⁸¹ Christopher Bollas, *Hysteria*, 19.

⁸² Gérard Wajcman, 'The Hysteric's Discourse', *The Symptom* 4 (Spring 2003), viewed June 7, 2012 <http://www.lacan.com/hystericdiscf.htm>.

⁸³ Virginia Woolf, *The Waves* (London: Hogarth Press, 1931).

⁸⁴ Woolf repeatedly speaks of *The Waves* in imagistic terms, as for example cited by Francesco Mulas in his essay 'Virginia Woolf's *The Waves*: a Novel of "Silence": 'The Waves is a verbalisation of a mystical vision ...' (see http://www.uniss.it/lingue/annali_file/vol_2/04_Mulas.pdf, 1, viewed February 21, 2013).

⁸⁵ Wajcman, 'Hysteric's Discourse'.

⁸⁶ Woolf, *The Waves*.

⁸⁷ Figure 46 in Didi-Huberman, *Invention of Hysteria*, 118–119.

⁸⁸ Wajcman, 'Hysteric's Discourse'.

⁸⁹ Didi-Huberman, *Invention of Hysteria*, 292.

⁹⁰ Wajcman, 'Hysteric's Discourse'.

⁹¹ Wajcman, 'Hysteric's Discourse'.

⁹² *American Beauty* [DVD], directed by Sam Mendes (Dreamworks Live Action, 1999).

⁹³ *The Hours* [DVD], directed by Stephen Daldry (Optimum Home Entertainment, 2002).

⁹⁴ Freud, 'Principles of Mental Functioning'.

⁹⁵ *AAA-AAA* is a recorded performance by Marina Abramovic and Ulay, created in 1977. Abramovic explains its score at the beginning of the video: ‘We are facing each other, both producing a continuous vocal sound. We slowly build up the tension, our faces coming closer together until we are screaming into each other’s open mouths’.

⁹⁶ Dylan Evans writes: ‘The phrase is introduced by Lacan in 1961 in order to designate the illusion of a self-consciousness (Ger. *Selbstbewußtsein*) which is transparent to itself in its act of knowing. [...] This definition emphasises that it is the analysand’s supposition of a subject who knows that initiates the analytic process, rather than the knowledge actually possessed by the analyst. The term ‘subject supposed to know’ does not designate the analyst himself, but a function which the analyst may come to embody in the treatment. [...] The end of analysis comes when the analysand de-supposes the analyst of knowledge, so that the analyst falls from the position of the subject supposed to know. The term ‘subject supposed to know’ also emphasises the fact that it is a particular relationship to knowledge that constitutes the unique position of the analyst; the analyst is aware that there is a split between him and the knowledge attributed to him. In other words, the analyst must realise that he only occupies the position of one who is presumed (by the analysand) to know, without fooling himself that he really does possess the knowledge attributed to him. The analyst must realise that, of the knowledge attributed to him by the analysand, he knows nothing. [...] Lacan also remarks that, for the analyst, the analysand is a subject supposed to know.’ Evans, *Introductory Dictionary*, 199-200.

⁹⁷ Among Surrealist techniques ... was a kind of collective collage of words or images they called ‘the exquisite corpse’. Based on an old parlour game, it was played by several people, each of whom would write a phrase or draw a body part on a sheet of paper, fold the paper to conceal part of it, and pass it on to the next player for his contribution. The poetic fragments that emerged from this process (referred to by Max Ernst as ‘mental contagion’) were felt to reveal the ‘unconscious reality in the personality of the group’. Adapted from William S. Rubin, *Dada & Surrealist Art* (New York: Abrams, 1985).

⁹⁸ Victoria Glendinning, *A Suppressed Cry: Life and Death of a Quaker Daughter*, (London: Routledge & Kegan Paul, 1969), 106.

⁹⁹ Glendinning, *Suppressed Cry*.

¹⁰⁰ Glendinning, *Suppressed Cry*, 6.

¹⁰¹ Glendinning, *Suppressed Cry*, 105.

¹⁰² Glendinning, *Suppressed Cry*, 105.

¹⁰³ Glendinning, *Suppressed Cry*, 6.

¹⁰⁴ Glendinning, *Suppressed Cry*, 6.

¹⁰⁵ Glendinning, *Suppressed Cry*, 107.

¹⁰⁶ Glendinning, *Suppressed Cry*.

¹⁰⁷ Glendinning, *Suppressed Cry*, 105.

¹⁰⁸ See Appendix ‘Acting Madness’, in Adam Phillips, *Missing Out: In Praise of the Unlived Life* (London: Penguin, 2012), 169-200.

¹⁰⁹ Glendinning, *Suppressed Cry*, 104.

¹¹⁰ Phillips, *Missing Out*, 104.

¹¹¹ ‘I think it is true ... what someone has said, that her life was perfect in its incompleteness; and so many besides ourselves find the little they know of her so inspiring that indeed we cannot but feel that “the good die not”’. Letter from Juliet Seeböhm (sister) to Meta Tuke (Winnie’s close friend), Glendinning, *Suppressed Cry*, 105.

¹¹² See for example Glendinning, *Suppressed Cry*, 78. Having written an up-beat descriptive letter to her sister during the day, in a private memo book Winnie writes in the early hours of October 26, 1895 (2:30am): ‘My idea of heaven—a place where one need not *breathe*’, and the following morning (3:30am): ‘To those who are well and strong God reveals Himself in the joy and beauty of nature ... in the springing life of their own limbs and veins—but to those that suffer He reveals Himself more especially and more intimately in pain and weariness’. Glendinning points out that although Winnie expressed in letters to Lina some sense of her underlying frustration and anger, to another close friend she projected ‘chiefly her cerebral and saintly side’ and, sadly, Lina ‘could not know what Winnie so desperately needed’. Glendinning, *Suppressed Cry*, 107.

¹¹³ Phillips, *Missing Out*, 96.

¹¹⁴ Phillips, *Missing Out*, 174.

¹¹⁵ Dianne Hunter describes hysteria as a ‘shared unconscious structure’ between patient and observer (see Hunter, especially the section ‘The Hysteria Project: Research through Performance’, in *Charcot’s Hysteria Shows*, 6.

¹¹⁶ ‘The medical model on which Charcot based his theory was ‘one of an inside lesion that produced outside symptoms’. Hustvedt, *Medical Muses*, 308.

¹¹⁷ *Possession*, directed by Zulawski; Taylor-Wood, *Hysteria*.

¹¹⁸ Paul Richer, *Études Cliniques sur l’Hystéro-Épilepsie ou Grande Hystérie* (Paris: Delahaye and Lecrosnier, 1881).

¹¹⁹ A faculty group of students at Trinity College, Hartford, Connecticut (1987), informed by Paul Richer’s drawings, researched the symptoms of *la grande hystérie* through performance. This was part of a larger project funded by the Ford Foundation to promote women’s studies in colleges previously dedicated to the education of men. See Hunter, *Charcot’s Hysteria Shows*.

¹²⁰ Hunter, *Charcot’s Hysteria Shows*, 3-4.

¹²¹ Borossa, *Hysteria*, 51-53.

¹²² Freud, ‘Principles of Mental Functioning’.

- ¹²³ Hunter, *Charcot's Hysteria Shows*, 9.
- ¹²⁴ Abraham and Torok, 'Topography of Reality', 63-68.
- ¹²⁵ Abraham and Torok, 'Topography of Reality', 63-68.
- ¹²⁶ Abraham and Torok, 'Topography of Reality', 63-68.
- ¹²⁷ Abraham and Torok, 'Topography of Reality', 63-68.
- ¹²⁸ Hustvedt, *Medical Muses*, 6
- ¹²⁹ Hustvedt, *Medical Muses*, 6.
- ¹³⁰ Hustvedt, *Medical Muses*.
- ¹³¹ Hustvedt, *Medical Muses*, 141.
- ¹³² Martha Noel Evans, *Introduction*, Hunter, *Charcot's Hysteria Shows*, xiv.
- ¹³³ Abraham and Torok, 'Topography of Reality', 63.
- ¹³⁴ The notion of a 'rotating body' (apart from being a somewhat unnerving image) evokes a sense of endless repetition, and this sense is echoed in Gérard Wajcman's comment that hysteria, historically always presenting the same question, remains a mystery, so that 'accounting for hysteria resembles the work of Sisyphus' (see Wajcman, 'Hysteric's Discourse', 1).
- ¹³⁵ Hunter, *Charcot's Hysteria Shows*, 1.
- ¹³⁶ Hunter, *Charcot's Hysteria Shows*, 3.
- ¹³⁷ Hunter describes the influence on her research performers of Helene Cixous' suggestion that the great hysterics of the Salpêtrière inspired and fascinated late twentieth-century feminists as 'threshold figures', (see Hunter, *Charcot's Hysteria Shows*, 3).
- ¹³⁸ Hunter, *Charcot's Hysteria Shows*, 3.
- ¹³⁹ See the section on The Discourse of the Hysteric in this chapter.
- ¹⁴⁰ Glendinning, *Suppressed Cry*, 7.
- ¹⁴¹ Extract from writings of Florence Nightingale, cited in Glendinning, *Suppressed Cry*, 7.
- ¹⁴² Glendinning, *Suppressed Cry*, 95.
- ¹⁴³ Glendinning, *Suppressed Cry*, 101.
- ¹⁴⁴ Glendinning, *Suppressed Cry*, 108.
- ¹⁴⁵ Ali Smith in conversation with Mark Lawson, 'Front Row: Ali Smith, Dave Brubeck, Crime Fiction', *Front Row* (London: BBC Radio 4, December 6, 2012).

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