

Hysterical Correspondence:
A play for voices

by

Sharon Young,
in correspondence with Dr. Y, Ms. B and S.E.B



Figure 1: Young, Sharon (2022), *Ms. B: The Hysterical Episodes*, London.

A hotel restaurant where Ms. B wrote her diaries when travelling to see her lover.

Abstract

Set as a series of psychoanalytic sessions and presented as part case study and part transcript, *Hysterical Correspondence; A play for voices* is a fictional correspondence between a hysterical protagonist named Ms. B, her analyst S.E.B. and Dr Y, an academic who specializes in fine art critical and contextual studies. The three voices are indicated by three different fonts and colours. By the end of the article, it becomes clear that all three voices belong to the same woman.

This article questions whether an art practice that functions as a site of performance of hysterical symptoms can be useful as a form of release in the place of bodily symptoms? Can an art practice exist as a symptom of hysteria and if so, can this artwork, which is an act of refusal, be put to good use within feminist research to enable greater understanding of hysteria, and to reduce dismissive rhetoric around the female experience?

Characters:

Ms. B. A woman artist, wife and mother who presents with hysterical symptoms and is attending analysis.

S.E.B. Trainee psychoanalyst. Ms. B's analyst. Male, general practitioner with some training in Lacanian theories of hysteria.

Dr. Y. Academic in fine art contextual studies. Dr. Y. found Ms. B's photographs and writings as well as S.E.B's case study of Ms. B. An attempt is made to write an article that deconstructs and analyses the imagery in the context of the other found material in the artist's studio.

Marginalised notes taken from Dr Y's notebooks where she documented the photographs and other findings.



Figure 2 and 3: Young, Sharon (2022), *Ms. B: The Hysterical Episodes*, London.

An unset breakfast table and a table set for dinner from a hotel frequented by Ms. B. where she often sat alone, with her thoughts. As extrapolated from her diaries.

PART ONE
A contemporary case of hysteria



Figure 4: Young, Sharon (2022), *Ms. B: The Hysterical Episodes*, London.

Ms. B writes about how when processing some of her negatives the machine broke down, resulting in 'wounded' images. To her this felt like a depiction of her life.

Ms. B lives, what seems to be, a life that is out of kilter with the present day. She is stuck. She has appointed herself a master in the form of a husband. This comes with many trappings such as religion, conservative values, and subtle limitations on her life. As a result of this framework, she internalizes her desire and it becomes repressed, resulting in depression and sadness. In the next stage, she starts to act out this desire in a secret relationship. In this acting out, she has unleashed a desire that cannot be contained. Through analysis and art making she begins to challenge and refuse this limiting framework, this 'master', in a process that reveals an identification with the illness known as hysteria.

Less concerned with popular portrayals of the 'hysterical woman', often used as a dismissive term for the purported unreliability of woman's speech, I look to psychoanalysis in order to recognize what structures of repression might be in place that could contribute to an experience, and to an art practice, in which language falters and the body speaks in riddles.

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Feminism and Psychoanalysis: A Critical Dictionary tells us that hysteria is caused by a ‘division of any speaking, desiring subject’; and that when ‘pushed beyond the limits of their control of language and affect, any person ... can be hystericized.’ (Ragland cited in Wright, 1992). I wondered if perhaps this ‘any person’ that Ragland refers to included *Ms. B.*

Hysteria was removed from the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1980. Once I encountered the term hysteria, I had a lot of work to do to unpack it. To find out if it was useful or if I needed to revitalize it or throw it out entirely. I decided to keep it. Writing in 1894, Pierre Janet, a French psychologist, argued for the need to retain the term hysteria:

The word ‘hysteria’ should be preserved, although its primitive meaning has so much changed. It would be very difficult to modify it nowadays, and, truly, it has so grand and so beautiful a history that it would be painful to give it up. However, since every epoch has given to it a different meaning, let us try to find out what meaning it has today.
(Janet cited in Micale, 1995).

Regarding her decision to continue to use the word hysteria in her book *Hysteria Today*, psychoanalyst Anouchka Grose states that she bears in mind the problematic history of the word while trying to consider how hysteria manifests itself today, as an illness that seems to reappear, ‘chameleonlike’, across eras and won’t let itself be explained away. (Grose, 2018). Taking my cue from Grose and Janet, who wrote a century apart, I situate this project on hysteria within a psychoanalytic discourse that seeks to understand its subject by listening to her. Although medically obsolete I decided that the term hysteria may be useful for gathering a set of problematics around female repression, sexuality, and a sense of alienation. I am not speaking for all women, and I am not suggesting that there is an essential definition of ‘woman’, but, like a good analyst should, I want to listen and understand. I do this by revisiting nineteenth-century notions of hysteria, not to argue that the malady always persists in the same way (although it may) but to align myself to a history of the entanglement of desire and language. I conceive of my methodology, in its fragmentation and multifaceted sources, as a form of hysterical language; it talks back” to the societies that do not want to hear.

We begin with found material from the case study of *Ms. B.* written by analyst S.E.B.

The initial period of analysis consisted of weekly sessions for three years. The patient then chose to stop attending, saying she was feeling better after addressing issues relating to her childhood and resolving to work on her marriage. Analysis then resumed two years later, after she returned declaring that she had left her husband. We met for weekly sessions of 50 minutes for three months before she again chose to terminate the therapy saying she was ‘fixed’. Two weeks later she returned for three subsequent sessions, prompted by external events, before leaving analysis for good. Overall, this analysis took place over a period of five years.

Ms. B. is a married woman in her early thirties with two children. She is the wife of a vicar and lives in a large, detached house in Southwest London. Her parents are middle class and have no known history of mental disturbance. She

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first came to me presenting with symptoms of depression and confusion, stating that she was dissatisfied in her marriage. She said the problem must be within her, because she knew she had 'everything a woman could want'. She was well educated but had some blind spots regarding her own life.

Her illness can be categorized into four phases:

1. Latency;
2. Symptomatic acting out;
3. Refusal;
4. State of exuberant creativity.

I will use Ms. B's photography and writing to interrogate and represent contemporary female experience in identification with the condition known as hysteria. I am interested in the hysteric's relationship with truth-telling and her symptoms acting as a form of protest. This article seeks to understand what she has to say and asks: how can art practice be used to listen to 'hysteria' today?

As Freud said to Marie Bonaparte: "The great question that has never been answered, and which I have not yet been able to answer, despite my thirty years of research into the feminine soul, is "*Was will das Weib?*" ("What does a woman want?") (Jones, 1953).

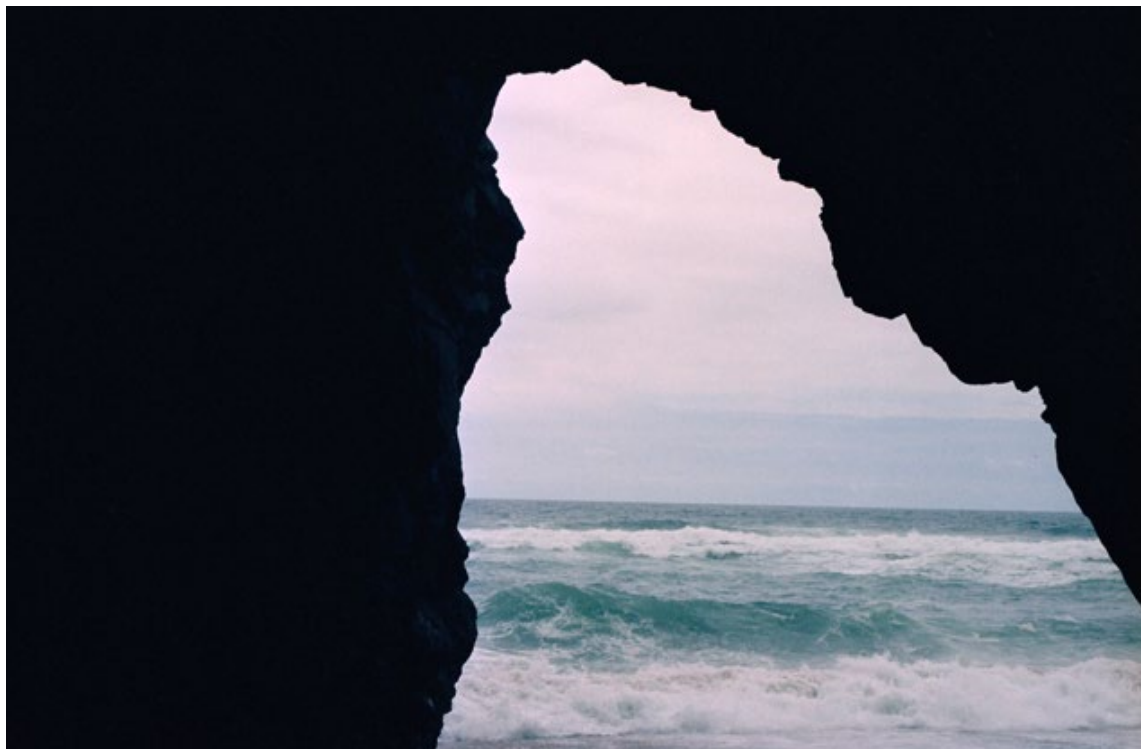


Figure 5: Young, Sharon (2022), *Ms. B: The Hysterical Episodes*, London.

The cave offers a peep hole to the unsettling yet beautiful wildness of the sea. It becomes clear that these images, in this context, perform as metaphors for the internal landscape of the protagonist, Ms. B.



Figure 6: Young, Sharon (2022), *Ms. B: The Hysterical Episodes*, London.

A photograph of the protagonist's grandmother, whom she identified with as a woman who sought comfort in her own beauty and ability to attract male attention.

Glazed eyes, a tilted head, and a gaping mouth have become the most detectable clues she has come to recognize. She quite often feels as though she can't get her point across. In her head it is as clear as crystal - but when she tries to get it out, it's met with confused faces and disbelief. She tells me all this in the clearest of terms. It happened before she got married too. She was the teenager who got Saturday detentions for drawing on toilet walls, who got caught smoking in her uniform. She'd go out in a crop top to Belfast clubs when her father forbade her. She got off the bus at the 'wrong' stop - in the 'dodgy' part of town (she means Catholic) in her protestant uniform - and would have to be escorted home by a friend. She went to New York to work with kids in the Bronx when she was 18, instead of saving money for university. She was used to feeling like the odd one out - the transgressive

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one. She thought getting married would change all that, but the feeling only intensified. She met him at university, where she also discovered a love of art and photography. Both loves had grown together in those formative years of undergraduate studies.



Figure 7: Young, Sharon (2022), *Ms. B: The Hysterical Episodes*, London.

One of Ms. B's university submissions found in a portfolio in her studio when I visited to conduct research for this article. Themes of romanticism dwell early in the patients work.

She said photography was the one thing she was really good at. She excelled in it at school, where she first encountered the magic of the darkroom. She loved seeing the image appear in the dark tray, reddish from the light. At university, this love of the medium developed into a love of ideas and thinking. Photography itself was just a vehicle for the excitement she felt when discovering the world through the power of the image. Her ability to use the image to express these ideas was intoxicating and new. There was nothing else she wanted to do with her life. Except for marrying him. Alongside this love affair with artistic expression, a desire grew to be loved forever by a human being. It became increasingly pressing, and although it didn't replace her love of art, it offered a more tangible future. He was four years older and working for a Christian charity that expected couples to work together, so she gave up her immediate plans to pursue art full time.



Figures 8 and 9: Young, Sharon (2022), *Ms. B: The Hysterical Episodes*, London.

Trees that read as phallic objects. Body and mind morph in a language that is beyond representation.

He eventually became a vicar, always concerned with the wellbeing of the parish, and somehow able to sustain complete insensitivity to her needs whilst receiving constant praise for his 'service' from all and sundry. One moment, she thought she was far too superior for this life, and in another, felt the life she wanted was so out of reach. Only very lucky, privileged, or talented people could live it. She felt that she was none of these. She fell in love with another man approximately every two years, and would tell him about every single one of them, never having acted upon her feelings. That creative outlet had to go somewhere, she told herself. Falling in love became a stand-in for artistic expression as the experience was so rooted in fantasy, desire, and intellectual exploration. An unspoken connection between herself and her audience; of being seen. In her fantasies, she could articulate her otherwise-inadmissible desire because it wasn't 'real'. Through text and image, under the guise of art, much like in her fantasies, she could hide behind the secrecy of this desire.

She allowed this because she was confident it would remain hidden. Her artistic output became attached to her sexual desire for unavailable men - one fed the other in a way that her marriage relationship didn't. Friends and strangers from the congregation told her how lucky she was to have a man who loved her, who cooked and cleaned and looked after the children.

She said to me “what more could I want?”

PART TWO SYMPTOMS

Two clearly distinct states of consciousness would present themselves. One where she was aware and critical of her destructive behaviour and another where she was enslaved to it.



Figures 10 and 11: Young, Sharon (2022), *Ms. B: The Hysterical Episodes*, London.

She asked if I thought she was deluded in her unhappiness, and stated that she knew deep down that an exciting sexual liaison would never solve her problems. She knew that, even though she felt desperately in love with these men that came along in the real world, in her right mind she wouldn't want to be with them. She was conscious of this and articulated it clearly. And so she would never leave.

She left analysis, resolving to work on her marriage.

Instead, she fell into a two-year affair with a narcissistic drug addict. A slippery fish. A convincing, high-functioning addict, he was very together, older, charming, fun, good looking in a rakish way. He only took the drugs in secret, and

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when he told her, it was presented as much less severe than it actually was. But even then, it felt good to be entrusted with such intimate, confidential information. She was the first person he told when his mum died. And the sex was new.



Figure 12: Young, Sharon (2022), *Ms. B: The Hysterical Episodes*, London.

This image was found pinned into her diary with the handwritten text alongside it describing sex with her lover:

Almost violent. Addictive. When he pressed my throat for the first time while looking into my eyes, aware of his effect on me, of his power, I enjoyed the feeling of being connected, tied, so closely to him, of being something that someone else wanted, needed.

After a long video call, which included the first time they'd had phone sex, he told her he was moving at the end of the month to Los Angeles with his family for a 'family adventure' -

Certain it would never end seraphic harps, azure sky, a love above all other loves, he felt it between his fingers, my sensuous desire.

He expected them to continue as they were, exclaiming "I could live anywhere in the world and still feel the same about you." He finally left her, as she put it, for Narcotics Anonymous, when it all got too much and his multiple personalities had a breakdown in the toilets of the edit suite where he worked. Without him she was trapped. These two lives she was leading - one of sexual excitement, artistic expression and outspoken

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desire, and the other of maternal and marital 'devotion' - were conflicting and untenable positions, causing a split, which was acted out through her depression. The sense of keeping these two versions of herself alive seemed like too much to bear without having a breakdown. When she did manage to voice it to a friend - or someone who she thought would have the answer - it would be diminished, dismissed, not taken seriously. The regular advice was to curb the feelings she had for the other man, never to see him again, and that if she looked at her life without this distraction, she would see that she had everything anyone would want. She'd be fine. It was just a phase and she was being dramatic. She even half agreed with them. And yet the only way she was able to deal with life was through this secret affair. This was the place where her desires were met and she was listened to. He even encouraged her to speak out her dissatisfaction with sex and marriage. He voiced it before she did, saying how he could see from afar how unhappy she was. How she was clearly not satisfied in her marriage. How he'd like to make her happy. Nobody else was equipped with this insight, even when she told them point blank.

*softly spoken words, carrying me away in their arms, dissolved in love, incursions of grace, my head fell back, faster, larger, into his hands, ecstatic transports, rid me of all suffering, not finding words, unintelligible, mute. severe visual disturbance, a squint, double vision, **I conquered the spasm.***



Figure 13: Young, Sharon (2022), *Ms. B: The Hysterical Episodes*, London.

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The image that has been overly exposed to the light acts here as a sharp and hyper reflection of the protagonists new vocalized awareness of what she wants. Her repressed desire is exposed. It is shocking, like a wild fire and is red hot.

She began to say what she desired out loud. Each confession and vocalized 'sin' enabled the voices to quieten a little, to make room for her voice to be less shaky and quietly defiant, to say what she truly wanted for her own life. Her previous sense of not being heard had made her feel like there was something wrong with her. It made her feel like she was going mad.

It was at this point that she came back to see me for the second period of analysis. She had left her husband that summer. After the years of therapy and an unabating sense of dissatisfaction, she began to come to terms with the fact that her two lives would never be integrated within this framework. Living without excitement and desire was not something she could push back inside now that it had emerged. Years had been spent trying to address all the faults she saw in herself, which related to her idea of herself as 'wrong' and 'transgressive'.

Finally, she came to a realization.

I just didn't want to be married to him anymore.

With an effort



I conquered the spasm.

Figure 14: Young, Sharon (2022), *Ms. B: The Hysterical Episodes*, London.

PART THREE
Bovarysm



Figure 15: Young, Sharon (2022), *Ms. B: The Hysterical Episodes*, London.

Today's session was strange. Ms. B. came in and sat behind me as usual. I couldn't see her; I could only hear her voice as she read what I presume was a text she had written - although I recognized some of the phrases as being from *Madame Bovary*, which we had discussed in depth in a previous session. I was also reminded of Freud's *Studies in Hysteria*, and I'm sure I recognized some of the phrases as his, or perhaps his patients'. Was she identifying with the hysteric in the case histories? Was she analyzing herself? Was she toying with me?

I sat quietly as she read confidently, slowly, eloquently, with inflections in the right places. No stumbling. Practised.

What follows is a transcript of her reading.

*My lungs heaved as if they would burst
Suffocating in the dead of night I complained of a deep darkness inside my head
Of becoming deaf and blind and of having two selves
A mild pain
A simple prick
Tears trickled onto the pillow
Certain it would never end
I threw pillows at people
And pulled buttons off the linen and bedclothes
I could not see things clearly
With a squint, double vision and severe visual
disturbance
I strained with imbecile persistence to fix my attention
I hallucinated
With an effort I conquered the spasm
Violent excitement
I fell to the ground unconscious
Into a period of somnambulism
Dreaming between the lines
In two separate states of consciousness
Not being able to think
Followed by a stupor lasting for days
He felt it
Between his fingers
My sensuous desires
He didn't hurry
Rekindling my sadness
A disorganized speech,*

*not finding words and then losing all grammatical
structure,
piecing together four or five languages,
unintelligible, mute.
Softly spoken words
Echoed and re-echoed
Gentle speeches
Trembling with rage
A childlike voice
A derisive laugh
Somnambulance in the afternoons
A love above all other loves
A rosy haze
Fringed with gold
Enveloped with warm air
Seraphic harps
Azure sky
Flaming wings
Carrying me away
In their arms
Pleasure
Ecstatic transports
Incursions of grace
Embalmed love
Tears of a heart wounded by life
Faster
Larger
Into your hands
Suspected love
Pulsating there
Near
A powerful force
Rid me of all suffering
flesh relieved
My whole being
Dissolved in love
Clouds
Rays
Dazzling halos
My head fell back
A simple prick
Rid me of all suffering
She conquered the spasm
I wake up calm, serene and set to work in the evenings
Drawing and writing through the night.*

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Figures 16, 17 and 18: Young, Sharon (2022), *Ms. B: The Hysterical Episodes*, London.

The above images were found alongside a long, folded page in Ms. B's handwriting listing the above sentences and attributing them to *Madame Bovary*, 1856 by Gustave Flaubert and *Studies in*
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https://intellectdiscover.com/content/journals/10.1386/jaws_00052_1.

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Hysteria, 1896, by Sigmund Freud and Josef Breuer. Was this an unconscious admission; an intuitive identification with the hysteria represented in these two books?

Soon after *Madame Bovary* was published Flaubert appeared before the Sixth Chamber of the Seine Correctional Court, charged with outrage against public and religious morality for the book's depiction of desire. *Madame Bovary* - Emma - is a young woman enthralled by love, culture, and the seductions of a metropolitan life. She marries an older man, a provincial doctor from a nearby town, hoping for a more urbane and stimulating bourgeois existence. She soon becomes disenchanted with marriage. Flaubert describes 'symptoms' of malaise, even convulsions and bursts of despair. Throughout the course of the novel, she falls in love and takes on two lovers as a means of attempting to satisfy her unmet desire. These relationships only result in greater despair either through boredom or a lack of reciprocity. Emma seems fated to lack. The novel is known as a masterpiece of realism in its lack of romanticizing and in its ironic critique of the petit bourgeois society that Flaubert so greatly disdained. The characters do not come across well in the descriptions of middle-class entitlement and misery, although we do have some sympathy for Emma, who is a product of her class and era.

The term 'bovarysm' was first used by philosopher Jules de Gaultier in 1892 in reference to the character Emma Bovary. Bovarysm is the 'faculty of imagining ourselves other than we are.' (Collas, 1985). This can be seen as a form of delusion in Emma Bovary's case, as her fantasies are not ambitious or concerned with making a better life for herself; instead they form another reality released from the limitations of her actual circumstances and within which she seeks fulfilment without achieving it. Emma Bovary's desire circulates without ever finding real fulfilment. It is, I argue, in this perpetual displacement from one contingent object of desire to the next that the contemporary relevance of the story of *Madame Bovary* lies. Societies may or may not progress, diagnoses change, yet the woman's unmet desire continues to mystify, confuse, fascinate, and create pathways of identification among readers.

Although it would be forty years before the publication of Breuer and Freud's *Studies in Hysteria*, hysteria was vigorously debated in medical circles. The cases of hysteria discussed by Freud were characterized by bodily symptoms that resonate with descriptions of Emma Bovary's physical symptoms such as fits and convulsions, fainting, and an inability to speak. Her compulsion to act out her repressed desire manifests itself in her acquisition of lovers she got bored with or who abandoned her, leaving her in an even more heightened state of desire.

The state of desiring remains constant. Bronfen highlights this need for 'a deferred desire which by definition must remain unsatisfied' in Emma Bovary, who 'seeks to enjoy a mise-en-scène of desire that is liberated from any subject, from any attachment to the reality of the everyday...' (Bronfen, 1998). In her essay *Where Have the Hysterics Gone?* psychoanalyst Patricia Gherovici underlines the great variability of the object in hysteria. (Gherovici, 2014). The object is to be understood as the object of the drive. The drive is defined by Laplanche and Pontalis as 'a pressure which directs the organism towards an aim [...] its aim is to eliminate the state of tension obtaining at the instinctual source; and it is in the object, or thanks to it, that the instinct (or drive) may achieve its aim.' (Gherovici, 2014). Both Emma Bovary and Ms. B attach their desire to contingent objects that keep them in a state of dissatisfaction and yearning.

The state of desire itself is what the hysteric wants.

It is in this literary account of a desiring woman that Ms. B finds a voice, singular and possessed.

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PART FOUR

Hysteria and art making as an act of feminist refusal



Figures 19, 20 and 21: Young, Sharon (2022), *Ms. B: The Hysterical Episodes*, London.

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Figures 22 and 23: Young, Sharon (2022), *Ms. B: The Hysterical Episodes*, London.

One of Ms. B's university explorations in photography. She would make these pairings that quite literally placed the crux of her desires together. An entanglement. Men and art. One man and art.

The images are not intended to depict a particular object or event but act instead as the visualization of a feeling, of experiences and their impact on her psyche. Images of fragmented body parts insert an element of sexual curiosity and carnal desire. The love object does not have a face. It is contingent and could move across bodies, across objects, across space. Images of dried flowers and caves stand in for bodies - interchangeable objects of her desire. Some of the images appear overly romantic (the misty mountains and light pools), yet they exist next to an expression of trauma in her diaries. Emotions, experiences, and states of fantasy and desire collectively produce a nonlinear and chaotic experience of becoming. She is getting her voice back but it is not a straightforward entry into speech. A stuttering.

When analyzing Ms. B. I am faced with the function that the love object serves for the hysteric. The hysteric chooses for herself a master and then refuses the answers he provides. In so doing, she keeps the question open and herself desiring. When this is brought to consciousness, her desire can be owned, adopted, and channeled into productive states of being such as artmaking, writing, etc. and by avoiding a cycle of repression and symptomatic acting out, suffering can be alleviated or at least can be acknowledged. As we listen to what the hysteric is refusing, we might gain insight into what she desires. Is it significantly different from a hundred years ago?

By adopting an unfixed position, the hysteric unconsciously resists any 'correct' way of being. She challenges conventions and finds something more of herself that next time she can tend to, consciously, carefully. She does not refuse to be difficult, or naive, or to be a malingerer - no, she refuses her self-assigned master in order to ask who she really is. The hysteric seeks a knowledge about herself that exceeds language. But these answers only come through language which assigns her a given identity that she refuses, and so she

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keeps asking, sustaining for herself a desiring. Her desire remains unfixed, and it is through this unfixed position that the hysteric 'generates a desire to know, which produces, after all, some form of knowledge.' (Gherovici, 2014).

The hysteric's discourse seems pertinent to an art practice that found itself in alienation and entered a process of 'analysis' in the form of a research enquiry. As Owen Hewitson writes: 'In other words, desire pushes for recognition. It is less a question of what we desire as much as it is that we be recognized.' (n.pag). Writing about these works in the context of this article, bringing them together with critical analysis, I begin to see their value. Together, they become an inconstant whole, quietly speaking to and with each other, and inviting others in. In their incompleteness, they generate and partake in an 'endless progression of knowledge' in their quest to challenge knowledge itself.' (Gherovici, 2014).

Patient is angry and frustrated, but with an increasing sense of injustice directed at her lover. Patient has developed an ability to articulate this anger. Fewer bodily symptoms accompany her rage.



Figure 24: Young, Sharon (2022), *Ms. B: The Hysterical Episodes*, London.

She continues to work, drawing and writing throughout the night.



Figure 25: Young, Sharon (2022), *Ms. B: The Hysterical Episodes*, London.

Ms. B's newfound exuberant creativity becomes a stand-in for the men she had previously summoned as the object of her desire. The artworks will not abandon her, although they may leave her unsatisfied, pushing her into the next stage of refusal—arguably a generative and more productive one.

Perhaps, as seen in the case study of *Ms. B*, art can provide a site of therapeutic working out and that through art practice women can perform their 'hysteria' in a way that highlights and exposes the restricting frameworks that we continue to live within.

In unison:

With an effort I conquered the spasm

With an effort I conquered the spasm

With an effort I conquered the spasm.

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