

# Hysterias in Pictures

*Anna Furse*

*Hysterias in the plural.*

*Because this malady has morphed its way across time and place, discharging like a boiling geyser from the rocks of social behavioural norms. Hysterias are the consequence of pressures that have reached the critical limits of their containment. They are a somatically inscribed language of revolt.*

*Hysterical behaviours in Medieval Europe were associated with religious fervour, asceticism or ecstasy; in the nineteenth century they exploded into the burlesque spectacular of Parisian Grande Hystérie and subsequently passed into bourgeois society; erupted as the shellshock epidemic of WW1; took on a special mien as a range of Eating Disorders<sup>1</sup> in the late twentieth century, growing exponentially in the twenty-first century, fuelled by the effect of social media. Elaine Showalter argues that hysteria still manifests in contemporary society, physical symptoms including those suffered by Gulf War veterans. She calls these “Hystories” (Showalter 1997).*

*Hysterias’ symptoms are many and varied. The Index to Sigmund Freud and Joseph Breuer’s ‘Studies on Hysteria’ (first published in 1895) lists seventy-two of these. They range from sense impairments to paralyses, contortions to hallucinations. They include swoons, ticks, coughs, convulsions and fits. Hysteria’s expressive forms reflect class. Environment and education apparently play their part: proletarian manifestations appear more boisterous than their bourgeois counterparts. More extreme cases of the former include the St Vitus dance mania in the Middle Ages (this is now thought to have been caused by rheumatic fever; Waller 2009); the Tarantata of Southern Italy (Daboo 2010); the nineteenth century “Grande Hystérique” at the Salpêtrière Hospital; and the WW1 shellshocked private soldier. In the latter, we find aspects of the choreomania of the “Grande Hystérique”. Neurasthenia, a condition associated with lassitude, weakness, headaches and hallucination, is another form, from which the officer class of WW1 trenches tended to suffer. Class is here manifest as affecting hysteric expression and form, neurasthenia resembling the more sedate and tremulous symptoms of Freud’s bourgeois hysteric patients in nineteenth century Vienna.*

*The broad gamut of hysterias have preoccupied me for many years of theatre making. I am consistently interested on the effect of mind on body, and of society on mental health. Hysteric*

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<sup>1</sup> Eating Disorders are arguably a contemporary manifestation of the disease, although the bodily impact of extreme dieting/bingeing/purging are active choices the sufferer makes rather than the unconscious explosion of hysterical symptom on the body. I argue for the hysteria tag for EDs because the sufferer is “writing on their body” as Hélène Cixous has expressed the hysteric/oppressed condition.

*illnesses are not congenital madness, healed by psychotropic drugs or pharmacopeia. They are complex psychophysical responses to the unendurable. That is why it is vital to contextualize hysterias within their sociocultural history.*

*Here, I present some images that might illuminate a narrative, leading to two of my “family” of hysteric texts written and produced for theatre: Augustine (Big Hysteria) (1991) and my more recent Shocks (2018). Both works, by no means coincidentally, used live string instruments in the musical score: a solo violinist in Graeme Miller’s composition for Augustine (Big Hysteria), and a string quartet and soprano for Ken Dempster’s composition for Shocks. The string instrument is a metaphor for the “highly strung” person.*

*Hysteria in war and peace.*

*I suggest then that the shellshocked soldier is the not-so-distant cousin of the Salpêtrière hysteric, the neurasthenic officer akin to Freud’s Viennese patients. In my two theatre works included here, characters are each suffering from the burdens of intolerable sexual and military violence, experiencing social conditions where normal complaint is impossible to utter. Ensuing mental breakdown then becomes performative, a range of somatised symptoms erupting in the body.*

*Expressing hysteria at least offered these individuals the possibility of being withdrawn from the site of trauma, be it the domestic context of sexual abuse or battlefield.*

*Hysteria is an act of protest.*

## **La Belle Époque**

<FIGURE 1 HERE>. Renoir

Nineteenth Century Paris.

A time of social upheaval, population surge, scientific invention and artistic creativity. A city with an expanding bourgeoisie and a culture to satisfy its appetites. This is an era of “visual frenzy,” (Williams 1999) of the obsessively visual: tricks-of-the-eye, illusion, magic, X-Ray and the invention of still and movie camera. The burgeoning pleasures of the gaze seemed endless.

In this Belle Époque, from the Folies Bergères to the Opéra, women were performing feats for this gaze, kicking their legs in can-can or arabesque to offer a glimpse of frilled pudenda, a promise of the carnal that bourgeois sensibility repressively kept in check.

The magnifying lens of the opera glass brought the spectator gaze closer than its real proxemic relationship to the performer on stage. Like binoculars for hunting, the opera glass is a prosthetic for the predatory.

### **Underworld**

<FIGURE 2 HERE>. Béraud, “La Proposition”

<FIGURE 3 HERE>. Beraud, “Les Coulisses”

Prostitution was endemic. In the sexual underworld, venereal disease, particularly syphilis, that caused insanity and death, was a scourge affecting working girls and the bourgeois male population who frequented Paris’ many brothels.

Anxiety about death, disease and madness was reflected in the arts. Painters had access to scenes of sexual intimacy. One, Jean Béraud, depicted scenes from the worlds of both prostitution and performance. He perhaps understood very profoundly the word “prostitution” that means “to set forth”. His ubiquitous top-hatted male signifies the one with purchasing power, selecting and buying the female flesh set forth before him, whether on street or stage.

The Paris Opéra was pimping its dancers.  
Syphilis was rampant there. (McCarron 1998)

### **High Art**

<FIGURE 4 HERE>. Millais, “Ophelia”

The ballet *Giselle* (premiered in Paris in 1840) was very popular. It reflected social anxiety. It evoked the retribution in store for the privileged class who consorted sexually with the working class girl: in this narrative, the young peasant Giselle, becoming instantly deranged on discovering that she has been duped by her lover Albrecht, who turns out to be a Prince-in-disguise, performs there and then her mad rage and dies of a broken heart. In Act Two she has transmuted to a *Wili*—that ethereal alter-ego figure of German folklore who resurrects from her grave at midnight to take revenge on her feckless lover and dances him to death. Giselle, however, offers redemption: she keeps Albrecht dancing till dawn, at which time her powers cease. He survives through her selfless salvation.

This, we are to assume, is “true love”.

In her “mad scene,” Giselle lets her hair down, a nineteenth century signifier for women’s insanity.

Another iconic mad female character is of course Shakespeare’s Ophelia.<sup>2</sup>

### **A Theatre for Forgotten Scenes**

<FIGURE 5 HERE>. Brouillet, “Un Leçon Clinique”

<FIGURE 6 HERE> Pinel, “freeing the insane at the Salpêtrière”

Across the Seine from the Folies Bergères and the Paris Opéra, madness was being played out before a public of both medics and laypeople: the famous neurologist Jean Martin Charcot’s *Leçons* on hysteria at the Salpêtrière Hospital. Note at Charcot’s right, the Salpêtrière’s artist-in-residence, Paul Richer,<sup>3</sup> drawing the swooning hysteric. Her bodice is open, hair loose.

We must ask why?

On the back wall, a Richer *hystérique* is performing the “*arc-en-cercle*” that Charcot identified as also recurring in depictions of demonic possession in religious art across the ages. (Charcot and Richer 1984) A shaft of sunlight falls right on the patient’s breast. She is *radiating her condition*, a specimen *in vivo*.

Post-revolutionary France founded public institutions of medical care: the modern clinic was born. (Foucault 2009) Philippe Pinel (1745-1826) famously unshackled the insane. Charcot, a Republican and a Positivist, in turn sought to unshackle the concept of hysteria from the ideology of the Catholic church.

### **A Star Is Born: Augustine (Louise, A, X)**

<FIGURE 1 HERE>. *IPS*

<FIGURE 1 HERE>. *IPS*

<FIGURE 1 HERE>. *Charcot photography*

Charcot, a charismatic and flamboyant showman, was obsessed with hysteria’s taxonomy and proud of his nosological endeavor. He presented hysteria as a classical form. He produced

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<sup>2</sup> The model for the painter Millais’s *Ophelia*, Elizabeth Siddal, contracted pneumonia whilst posing for the painter for long stretches of time in winter in a bath of water. He did pay for her medical treatment. An artist’s model, and an artist herself, died young at the age of 32.

<sup>3</sup> Paul Richer produced a complete frame-by-frame *The Synoptic Tableau of the “complete full and regular attack of hysteria” with both typical and variant positions* in 1881.

atlases/catalogues: bound volumes of case histories with photographic and line drawing illustration, the *Iconographie Photographique de La Salpêtrière (IPS)*. (Bourneville and Regnard 1876-80)

Charcot wanted to prove hysteria a disease, not of the “wandering womb,” but of hereditary pathology, passed down through the female line. He failed. Instead he built up an hysteric industry, creating an environment ripe for this disease to proliferate: an arena in which its burlesque symptoms—convulsions, contractions, paralyzes, sensory impairments, hallucinations and excessive fits—were avidly recorded by his “sci-art” team of photographers, sculptors and visual artists.

Augustine, Charcot’s masterpiece star, repeatedly performed her narrative of childhood sexual abuse and convent torture for being “possessed”. Nobody listened. So she continued to let her body speak her mind. Augustine was exceptionally photogenic.

The camera “takes”, “captures”, “shoots”. These are words of violence. The Salpêtrière hysteric was caught in its frame, learning to perform the required rubric to satisfy the medical gaze generated by Charcot’s optic machine. His asylum not only collected and curated, but “invented” its hysterias. (Didi-Huberman 1982)

#### **“Me and My Magical Body”<sup>4</sup>**

<FIGURE 10 HERE>. *IPS*

Augustine’s mysteriously mutable body was capable, under hypnosis, to produce miraculous symptoms of impossible exploits, such as lying rigid across two chairs or arching her back like a contortionist.

Her hospital records state that “*it is possible to put a 40 kilogramme weight on her stomach without making the body bend.*” (*IPS* 1876, p.192)

At her worst, Augustine was suffering up to *fifty hours* of repeated attacks per week. Among writers, intellectuals and artists, the distinguished actress Sarah Bernhardt attended Charcot’s *Leçons*, researching her role of Hamlet (though Ophelia would have been a more apt subject for comparison.) She was disturbed and repulsed by what she saw. (Brandon 1991) Charcot’s observation—or was this dramaturgical guidance?—of attacks, divided them into a symphonic structure: four phases of acting-out that he named:

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<sup>4</sup> Furse, Anna, *Augustine (Big Hysteria)*. The full text is published in *Performing Nerves*, Routledge, 2020.

*Epileptoid*

*Clownism*

*Attitudes Passionelles*

*Delirium*

after which the hysteric would have exhausted herself, until she picked up and started over. Sometimes mere minutes later.

### **Clues, Signs**

<FIGURE 11 HERE>. *IPS*

It was during the *Attitudes Passionelles*, as recorded in the *IPS*, that hysteric utterance revealed its root causes: sexual abuse and other brutalities. The hysteric in the throes of *Attitudes Passionelles* seemed to be taking cues from popular imagery and performance styles. As Augustine performed these *grand gestes*, she babbled her disjointed narratives of trauma and rape. Hospital scribes, presumably writing furiously, captured this, in fragments, in the *IPS*. Augustine was a consummate performer.

Charcot himself used tropes of dissembling to describe his patients, whilst hysteria before and since has been described as *mimicry, acting, showing, clowning, manipulation, performing, chicanery, lying, displaying, cheating, feigning, pantomime*.

But why is the hysteric acting?

Aside from any cathartic release of tension whilst incarcerated at the *Salpêtrière*, this could lead to special status and promotion, as in the case of Augustine, who was promoted to nurse and laundry maid whilst intermittently being straitjacketed and locked in a padded cell.

### **Insight and Interiority**

<FIGURE 12 HERE>. *Roentgen*

The young Sigmund Freud studied at The Salpêtrière in 1885. Deeply impressed with Charcot (“no other human being has ever affected me in the same way”; Sulloway 1979) he tried to interest him in a case of hysteria that his colleague Joseph Breuer was working on back in Vienna: Anna O, real

name Bertha Pappenheim. Charcot was underwhelmed. The persistent and ambitious Freud cunningly gained his attention by offering to translate his works into German. This earned him ingress to the “Charcoterie”, and a signed print of the Brouillet painting, that hangs today over his iconic couch at the Freud Museum in London.

Where Charcot looked, Freud listened.

1895: a year of ground-breaking insights. The Lumiere brothers unveiled the Cinématographe, Freud and Breuer published *Studies in Hysteria*, and Wilhelm Röntgen discovered the X-Ray.

The first X-Ray was of Röntgen’s wife Bertha’s hand. Note the wedding ring.

The coincidence of two Berthas, contemporaries; each a significant presence in the unfolding understanding of human interiority—anatomical and psychological—at precisely the same time as cinema was born, with its techniques for generating what Laura Mulvey (1989) calls its’ voyeuristic “scopophilic” gaze.

**Tout Un Cinema:<sup>5</sup> *Augustine (Big Hysteria)* a play by Anna Furse**

<FIGURE 13 HERE>. ABH

I took poetic license in imagining a convergence of Charcot, Freud and Augustine at the Salpêtrière, where Freud actually missed her by a decade.

I was captivated by Elaine Showalter’s account (1987) of Augustine losing her sense of color after being repeatedly photographed in Charcot’s panopticon. She had appropriated the tool of her oppression by mimicking the camera’s gaze. Perceiving in black and white, was she declaring that she too could “see” what was going on, just as Charcot’s image-makers were attempting to do in their restless capturing of hysteric moments?

Another riveting trope was Augustine’s shifting identity across the *IPS*; and finally her own *coup de théâtre*: escaping the Salpêtrière dressed as a man.

I was interested in creating a triangle between the father-figure of Charcot to Freud’s “son”, fighting for control over Augustine’s condition and its meaning. My play, premiered at Plymouth Theatre

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<sup>5</sup> Literally means “a whole movie”, meaning “making a song and dance (of/about)”.

Royal in 1991,<sup>6</sup> is about a patriarchal struggle for power over a woman's body and psyche.

### **Shellshock: SHOCKS a play by Anna Furse (2018)**

<FIGURE 15 HERE>.

*“War was return of earth to ugly earth,  
War was foundering of sublimities,  
Extinction of each happy art and faith  
By which the world has still kept head in air,  
Protesting logic or protesting love,  
Until the unendurable moment struck –  
The inward scream, the duty to run mad.”*  
(Stallworthy 2008, p.196)

The poet Robert Graves suggests that running mad from the effects of the horrors of WW1 was, paradoxically, the only possible sane response.

The many thousands of men collapsing with shellshock were shuddering, convulsing, weeping proof that Victorian masculinity was losing emotional self-control. Stiff upper lips were quivering (Reid 2012). The inculcation of male stoicism in the public school officer class frequently faltered, whilst the under-trained, underprepared, working class private struggled with the intolerable physical and emotional conditions of No Man's Land and the trenches (Downing 2017).

My production *SHOCKS* (2018) explored WW1 shellshock through the voices of a private soldier, the innovative mind doctor William H. R. Rivers (1920)—a Freudian—and the poet Wilfred Owen. Owen, suffering shellshock, was sent to the Craiglockhart asylum in Edinburgh, where Rivers and others were experimenting with the Talking Cure.

Owen wrote some of his finest war poems at Craiglockhart, only to volunteer to return to The Front where he died just days before Armistice.

### **Male Hysteria**

<FIGURE 16 HERE>.

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<sup>6</sup> Paines Plough, for which Anna Furse was Artistic Director, 1990-95.



<FIGURE 17 HERE>.

The massive numbers of soldiers returning from The Front suffering from shellshock - defined medically at the time as a form of hysteria—caused the British authorities serious consternation. It was both a political and strategic challenge.

How should they distinguish the shellshocked from the “malingerer”? What indeed was shellshock, given its varied symptoms? How to understand the officer class’s tendency towards neurasthenia in contrast to the more expressive forms of psychophysical breakdown among the working class soldiers? Were these men mad?

The 1922 post war Parliamentary Report<sup>7</sup> tried hard to prove hereditary and congenital causes for the condition of shellshock, since it threatened not only the ideology of masculinity, but the economy itself.

As a nation, how should Britain provide pensions for the mentally wounded? The asylum was perhaps not a fit place in which to heal them. Besides, how should they be healed?

WW1 was a massive killing machine, the army a hungry maw needing a constant supply of troops. There was vested interest in fixing this mental illness, and fast.

Some traditionalist doctors, such as Lewis Ralph Yealland, practiced barbaric forms of torture as “cure”, using lit cigarettes in the mouth to induce speech in the mute, and techniques such as faradisation (electric shock) to literally shock the shellshocked into obedience. Craiglockhart, offering more gentle and slower rehabilitation, was a pioneering institution in promoting understanding shellshock. Rivers himself distinguished shellshock “suppression” from Freudian “repression”, arguing that it was the battlefield conditions—i.e. recent memory rather than childhood trauma—that provoked breakdown. Accessing the distressing memory and finding context for this could help these men recover.

### **War Takes a Man a Births a Broken Warrior**

<FIGURE 18 HERE>.

The Netley War Neurosis films,<sup>8</sup> silent black and white captioned documentaries made in two British

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<sup>7</sup> Southborough (Chair) *Report of the War Office Committee, or Enquiry into “Shell-Shock”*. His Majesty’s Stationery Office, 1922.

<sup>8</sup> <https://archive.org/details/WarNeurosesNetleyHospital1917-wellcome>

military hospitals in 1917, demonstrate some symptomatology of shellshock. They vaunt how long it took to complete the “cure”, which in one case was in merely two and a half hours.

Hysteric features included hysterical gaits, paralyses, contractures, facial tics, spasms, loss of knee and ankle-jerk reflexes, and paraplegia. One brief film shows a shellshocked sufferer totally “recovered”, walking “normally” towards the camera at the end. We also see “cured” men making baskets (basket cases?) and doing farm-work as part of their rehabilitation.

These films were British propaganda, made to show that the authorities knew how to treat hysteria and render the men fit to return to the battlefield. According to Tiffany Watt Smith (2014), the Netley films might even have been reconstructions, staged performances for camera.

*SHOCKS* used these films as a physical score performed alongside the male voices.

The piece involved two male performers, one speaking, one silently moving, a chorus, a string quartet and soprano (music composed by Ken Dempster). I wished to honour the shellshocked of WW1, and all warriors who suffer today from Post Traumatic Stress Disorder.<sup>9</sup> The performance was created for Craiglockhart Chapel, performed during Armistice commemorations, 2018.<sup>10</sup>

### **The Old Lie**

<FIGURE 19 HERE>.

<FIGURE 20 HERE>.

*SHOCKS* explores male vulnerability, gender and sexuality (Owen was homosexual, Rivers also perhaps), power, violence, the ideological construct of militarism at the time and the atrocious conditions of the “war to end all wars”.

The two male performers, one silent, one loquacious, slowly begin to identify with each other, in a final tableau of tenderness between them before the Wilfred Owen poem ends the piece as the Owen character, “cured” is dressed in uniform and drops dead.

*“Bent double, like old beggars under sacks,  
Knock-kneed, coughing like hags, we cursed through sludge,  
Till on the haunting flares we turned our backs*

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<sup>9</sup> The term *PTSD* was coined in 1980 to join “combat stress”, “war neurosis” and “battle fatigue” when a delegation of Vietnam Vets and psychiatrists lobbied the American Psychiatric Association to create a new diagnosis that could include the range of symptoms from which Vets were suffering.

<sup>10</sup> confer: [www.athletesoftheheart.org](http://www.athletesoftheheart.org). The full text is published in *Performing Nerves* by Anna Furse, Routledge, 2020.

*And towards our distant rest began to trudge.  
Men marched asleep. Many had lost their boots  
But limped on, blood-shod. All went lame; all blind;  
Drunk with fatigue; deaf even to the hoots  
Of tired, outstripped Five-Nines that dropped behind.  
Gas! Gas! Quick, boys! – An ecstasy of fumbling,  
Fitting the clumsy helmets just in time;  
But someone still was yelling out and stumbling,  
And flound'ring like a man in fire or lime. . .  
Dim, through the misty panes and thick green light,  
As under a green sea, I saw him drowning.  
In all my dreams, before my helpless sight,  
He plunges at me, guttering, choking, drowning.  
If in some smothering dreams you too could pace  
Behind the wagon that we flung him in,  
And watch the white eyes writhing in his face,  
His hanging face, like a devil's sick of sin;  
If you could hear, at every jolt, the blood  
Come gargling from the froth-corrupted lungs,  
Obscene as cancer, bitter as the cud  
Of vile, incurable sores on innocent tongues,  
My friend, you would not tell with such high zest  
To children ardent for some desperate glory,  
The old Lie; Dulce et Decorum est  
Pro Patria Mori”*

Wilfred Owen (1992), “*Dulce et Decorum Est*”.

## Hysteria and Theatre

“Hysteria and the theater have been linked since the age of Greek tragedy, and metaphors of the histrionic have long influenced clinical discussion of patients, especially women, who were seen by male doctors as actresses seeking attention through imaginary physical symptoms. In the 19<sup>th</sup> century, Paris became the capital of hysterical theater with Dr. Jean-Martin Charcot as the producer and director of a grand clinical theater at his hospital La Salpêtrière. There, young female patients were brought to perform every Friday for an audience of fashionable Parisians, including writers, actresses, cabaret performers, and dancers, to demonstrate their symptoms of *grande hystérie*, and to respond on cue to the doctor’s commands. In Vienna, Freud’s office became the set for “the talking cure,” an intimate dialogue between doctor and patient, a theatrical two-hander. By 1977, in their book *Hysterical Personality*, psychiatrists Kay H. Lacher and Joe P. Tupin suggested that acting would be the ideal career choice for the hysterical woman, who might find a life in the theater a way to satisfy ‘her exhibitionistic needs’. While the notion of an ‘acting cure’ reflects hostility towards hysterics, women, and actresses, the history and representation of hysteria have been the subjects of numerous plays and performances in the theater, cinema, television and dance.”

Elaine Showalter, Foreword to *Performing Nerves* by Anna Furse. Routledge, 2020.

The ideas in this chapter are elaborated in my monograph *Performing Nerves*. This book includes four essays that contextualize four of my hysteria texts: *Augustine (Big Hysteria)*, *SeaWoman*, *Shocks* and *Gorgeous*. These playtexts, which have been produced in the UK and internationally, are also annotated, whilst the book is illustrated with historical, archive, and production images. My argument throughout is that the mental illnesses that have erupted across historical time and place are diseases of the mind, not the brain. They are conditions that arise in response to environment. A highly gendered society can prove oppressive to the point of mental illness for some, given a specific set of circumstances. Many individuals experience some kind of psycho-somatic illness at some point in their lives, even as mild as, for example, stress related headaches, nausea or mild panic attacks. The body is an expressive organic entity. Whilst hysteria is a protean condition that itself has shapeshifted across human history, what is common to all my texts, and my abiding interest in the topic, is how the body articulates mental anguish; how extreme pressure on an individual can produce rebellion and resistance in the form of somatic symptom. The hysteric body, in short, as riot.

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