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Body and Trauma in Siri Hustvedt's Works Writing as a Therapy for Self-healing

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Abstract • We may think of trauma as an ongoing experience that fundamentally affects one's ability to live fully the present and to integrate the traumatic experience into a coherent narrative. How does trauma literally reshape both body and brain? How can the narration, particularly the process of writing, help a patient to heal the wound engraved in their body by the traumatic experience? What are the consequences of the inter-subjective relations? I propose an analysis of the body's responses to trauma and its neuro-psycho-biological effects in Siri Hustvedt's *The Shaking Woman or a History of my Nerves*, taking into consideration the neurocognitive effects generated by traumatic experiences, in particular the Dissociation and the Conversion Disorder, and the role of writing, conceived as an instrument of the memory, as a possible therapy for the re-acquisition of the self.

Keywords • Trauma; Writing; Therapy; Memory; Narrative; Intersubjectivity.

Ledizioni 

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I. Pathologies of memory

The past two decades have seen rapid advances in our understanding of trauma, that is no more conceived as an event that took place sometime in the past but, as psychiatrist and neuroscientist Bessel van der Kolk states, as «the imprint left by that experience on mind, brain, and body».¹

Indeed, it has been found out that traumatic experiences do leave traces on our mind, on how we manage emotions and even on our immune system, at the point that this imprint has ongoing consequences for how a person manages to live in the present. This is the reason why Post-Traumatic Stress Disorder (PTSD) caught the interest of three new branches of science: neurosciences, developmental psychopathology and interpersonal neurobiology, which research have led to a better knowledge about the effect of trauma. According to their studies, in fact, it has been revealed that trauma produces actual physiological changes, including a recalibration of the brain's alarm system and an increase in stress hormone activity, and, moreover, that trauma changes people's perceptions and imagination.²

Most brain-imaging studies of trauma patients have found an abnormal activation of the insula, which is the part of the brain that integrates and interprets the input from the internal organs, muscles, and proprioceptive system, to generate the sense of being embodied and transmit signals to the amygdala that trigger fight/flight responses. These studies have shown that people suffering from PTSD are constantly assaulted by the bodily sensations of being in danger, but consciously cut off from, and this feeling often results in a state of confusion and agitation, most of the times accompanied by emotional detachment and by the so called out-of-body experience, that is the feeling of watching yourself from far away, up to the cases of alexithymia, which translates into the inability to identify and describe emotions experienced by oneself. Therefore, trauma interferes with the proper functioning of brain areas that manage and interpret experience and makes people feel like either somebody else, or like they don't own their body anymore, bringing serious consequences to the sense of their own identity.³

As it is shown by a study conducted by clinical psychologist Edna Foa, who developed with her colleagues the Posttraumatic Cognitions Inventory to assess how patients think about themselves, symptoms of PTSD often include statements like «I feel dead inside», «I will never be able to feel normal emotions again», «I feel like an object, not like a person», and «I feel like I don't know myself anymore».⁴ The sense of no longer having the

¹ Bessel van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* [2014], New York, Penguin Publishing Group, 2015, p. 21.

² Ivi, pp. 2-3.

³ Ivi, pp. 248-249.

⁴ Edna B. Foa et al., *The Posttraumatic Cognition Inventory (PTCI): Development and Validation*, «Psychological Assessment», 11, 3, 1999, pp. 303-314.

ownership of themselves has important consequences on how people process their own experience and recall them and this is why memory functions are central in understanding the nature of PTSD.⁵

Already a century ago, Pierre Janet taught that overwhelming experiences, as the traumatic ones, are always accompanied by intense emotions which put the organism in a state of hyperarousal. This high-alert-state interfere with proper information processing and appropriate action, causing the characteristic memory disturbances that accompany traumatization: memories are split off from consciousness and stored as visual images or bodily sensations.⁶

Janet's memory disturbances are nothing but what Cathy Caruth mentions in her *Trauma. Explorations in Memory*⁷ as those pathologies of memory characterized by a paradox: «the images of traumatic reenactment remain absolutely accurate and precise, they manifest in flashbacks and dreams but at the same time they are largely inaccessible to conscious recall and control».⁸ Therefore, this contradiction includes a vivid and precise return of the event, in the form of intrusive thoughts, unbidden repetitive images, nightmares or flashbacks, which coexist with such failure of conscious recall that can turn into amnesia for part, or all, of the traumatic event, that occupies a space to which willed access is denied.

Modern neurobiologists have suggested to explain the connection between the elision of memory and the precision of the involuntary recall through the process of *engraving* into the brain of an event in trauma that may be associated with a failure of its normal 'encoding' in memory. In fact, trauma, not having been fully integrated in one's own memory as it occurred, cannot become, using Janet words, a *narrative memory* that is integrated into a completed story of the past which can be verbalized and communicated.⁹

To give an explanation of this phenomenon, Anke Ehlers and David Millar Clark differentiate two memory systems that operate in parallel, a verbally accessible memory (VAM) system and a situationally accessible memory (SAM) system. The first one comprises voluntary memories that are integrated with other autobiographical memories, whereas the SAM system contains nonverbal information without a temporal context whose access is automatic. They have shown that in PTSD a premature inhibition of emotional processing can occur, leading to enhanced encoding of SAM and reduced encoding of VAM.¹⁰

This inhibition, according to Bessel van der Kolk, could be explained by the breakdown of the thalamus, which occurs during the traumatic experience, that contributes to the processing of trauma, primarily remembered not as a story, a narrative with a beginning, middle and end, but as isolated sensory imprints:

Of course, we cannot monitor what happens during a traumatic experience, but we can reactivate the trauma in the laboratory [...]. When memory traces of the original sounds, images, and sensations are reactivated, the frontal lobe shuts down, including, as we've seen, the region necessary to put feelings into words, the region that creates our sense of location in time, and the thalamus, which integrates the raw data of incoming sensations. At this point the emotional brain, which is not under conscious control and cannot communicate in words,

⁵ Bessel van der Kolk and Jose Saporta, *The Biological Mechanisms and Treatment of Intrusion and Numbing*, «Anxiety Research», 4, 3, 1991, pp. 199-212.

⁶ Pierre Janet, *L'automatisme psychologique: Essai de psychologie expérimentale sur les formes inférieures de l'activité humaine* [1889], Paris Editions L'Harmattan, 2005.

⁷ Cathy Caruth, *Trauma: Explorations in Memory*, London JHU Press, 1995.

⁸ Ivi, p. 151.

⁹ Ivi, p. 153.

¹⁰ Anke Ehlers and David Millar Clark, *A Cognitive Model of Posttraumatic Stress Disorder*, «Behaviour Research and Therapy», 38, 4, 2000, pp. 319-345.

takes over. The emotional brain (the limbic area and the brain stem) expresses its altered activation through changes in emotional arousal, body physiology, and muscular action. Under ordinary conditions these two memory systems -rational and emotional- collaborate to produce an integrated response. But high arousal not only changes the balance between them but also disconnects other brain areas necessary for the proper storage and integration of incoming information, such as the hippocampus and the thalamus. As a result, the imprints of traumatic experiences are organized not as coherent logical narratives but in fragmented sensory and emotional traces: images, sounds, and physical sensations.¹¹

As the traumatic experience is not fully owned and processed into memory, people with PTSD have enormous difficulties to communicate this experience, becoming unable to bridge the gap between the past and their current lives, moreover, they find themselves at the mercy of intruding sudden flashbacks, triggered by perceptual cues, which through their vivid sensorial details, bring them back right in their traumatic past.¹²

In 1994 van der Kolk and his colleagues at Massachusetts General Hospital, decided to undertake a systematic study comparing how people recall normal experiences, as weddings, births or graduations, and traumatic ones. From the research merged that there were two major differences between how people talked about memories of positive versus traumatic experiences. Benign events were recalled as stories with a chronological order in a specific space and time, conversely, the traumatic memories were disorganized, characterized by gaps in the narration but, at the same time, some details, for example smells, were clearly recalled. Participants also stated that traumatic memories arrived as images, physical sensations and intense emotions.¹³ Furthermore, beyond this, many other studies, have found that fragmented narration, dominated by sensory impressions, a lack of a self-referential perspective, i.e. first-person perspective, and of a temporal continuity, are usual in patients suffering from PTSD.¹⁴

However, between the involuntary recall through flashbacks or dreams and the conscious verbalization of the traumatic experience, another option, that is barely mentioned, has to be considered: the writing.

Writing as a possibility for the reacquisition of the Self after a traumatic experience has been investigated by American writer and essayist Siri Hustvedt who, from 2007 to 2010, served as a volunteer writing teacher for psychiatric inpatients at the Payne Whitney Clinic in New York City. The continuous confrontation with these patients led her to wonder about the benefits of writing in the healing from PTSD, reflections that will have, then, convey in the essay *The Writing Self and the Psychiatric Patient*,¹⁵ in which she deepens the benefits of the act of writing, intended as automatic-motor system, on this type of patients.

Hustvedt, in this essay, questions on the possibility of conceiving her course in expressive writing more than art as therapy, thus, a distraction or a palliative against the boredom that affects every patients on the unit:

¹¹ van der Kolk, *op. cit.*, p. 178.

¹² Chris R. Brewin, Tim Dalgleish, Stephen Joseph, *A Dual Representation Theory of Posttraumatic Stress Disorder*, «Psychological Review», 103, 4, 1996, pp. 670-686.

¹³ van der Kolk, *op. cit.*, p. 195.

¹⁴ María Crespo and Violeta Fernández-Lansac, *Memory and Narrative of Traumatic Events: A Literature Review*, «Psychological Trauma: Theory, Research, Practice, and Policy», 8, 2, 2016, pp. 149-215.

¹⁵ Siri Hustvedt, *The Writing Self and the Psychiatric Patient*, in Id., *A Woman Looking at Man Looking at Women. Essay on Art, Sex, and the Mind*, New York, Simon & Schuster, 2016.

I also stayed at my volunteer job because I came to understand that, for the most part, the student in my classes left feeling better than when they came in. Writing did seem to have a therapeutic effect on most of them. But how and why did it work? It is possible to parse in any rigorous way what went on in those classes? It is possible to think beyond the usual condescension associated with the idea of art as therapy?¹⁶

Otherwise, the writing therapy Hustvedt refers to conceive writing as an instrument of the memory, particularly, one of the privileged ways to recall those memories engraved in the sensor-motor system and recapturing the past. According to this perspective, writing is also the therapy she uses in her autopathography *The Shaking Woman or a History of my Nerves*,¹⁷ in which she seeks to understand the mysterious condition of splitting, experienced for the first time during a speech in public in memory of her father, when she was struck by strong uncontrollable tremors throughout her body. Through a review of the history of the psyche, seen from different points of view and through different disciplines, such as philosophy, psychology and neurosciences, combined with the analysis of personal memories, disturbances and traumas, Hustvedt will achieve the embodiment of that part of herself that did not recognize belong to her, but that now she accepts and decides to integrate as part of her identity.

2. The writing therapy: the self as an other

The article *The Writing Self and the Psychiatric Patient* starts pointing out that writing plays a bit part in contemporary psychiatry, despite the findings reported in «Advances in Psychiatric Treatment» already in 2005, claimed that writing about traumatic, stressful or emotional events, compared to writing about neutral events, has been found to result in improvements in both physical and psychological health, in non-clinical and clinical population. According to these studies, although the immediate effect of writing about distressing experiences resulted in negative mood and physical symptoms, the long term effects included an improvement of the immune system functioning, lower blood pressure, better lived function and mood. Moreover, the fact that writing had a positive effect also on non clinical populations suggests that its effect are not limited to people with specific diagnoses.¹⁸

One systematic study on this topic is the one conducted in 1986 by James Pennebaker on the power of language to relieve trauma, that Bessel van der Kolk reports in *The Body Keeps the Score. Brain, Mind and Body in the Healing of Trauma*, in which it has been shown that writing about deepest thoughts and feelings about trauma had improved the mood of the participants and resulted in a more optimistic attitude and better physical health.¹⁹ Another confirmation of these findings came from a research, builded on Pennebaker protocol, by a team of researchers at the Ohio State University College of Medicine, that consistently shown that writing about upsetting events improves physical and mental health.²⁰

Further interesting aspect about Pennebaker's studies is the finding that alteration in emotional states were also reflected in the subject's handwriting, as it happened when they

¹⁶ Ivi, p. 96.

¹⁷ Ead., *The Shaking Woman or a History of my Nerves*, New York, Henry Holt and Co, 2010.

¹⁸ Ead., *The Writing Self and the Psychiatric Patient*, cit., pp. 96-97.

¹⁹ van der Kolk, *op. cit.*, pp. 241-242.

²⁰ Ivi, pp. 242-243.

talked about intimate or difficult issues changing their tone of voice. As participants changed topics, in most of the cases, they switched from cursive to block letters and variations in the slant of the letters and in the pressure of their pen were noticed as well. Moreover, when writing about their deepest fear or trauma memories, their handwriting often became more childlike and primitive.²¹

Therefore, following up on these discoveries, we can agree with Siri Hustvedt when claims it is worth asking how writing narratives, diary entries, poems, or other forms of scribbling might be part of a science of the mind.

Hustvedt intended her courses in expressing writing at Payne Wayne Hospital, as workshops rather than lessons. The student's job was to respond to a text, a single word or a short poem, most of the time by Emily Dickinson, John Keats, William Shakespeare or Marina Tzvetava. If something in the poem reminded them of something, they could have written a little story, true or fictional, or respond with a poem as well. The first part of the class was devoted to writing and, then, the students would read their work aloud and comment on it along with the others.²²

Words, in this case, were used as freudian *Denkbilders*, which functioning could be explained by Siri Hustvedt own's words:

Simply write the first thing that come to your mind as you look at the object in front of you and then keep going without stopping, rereading, or crossing out. A wooden spoon on the counter may trigger memories of making tomato sauce with your grandmother - or of being beaten as a child. The teapot that's been passed down for generations may take you meandering to the furthest reaches of your mind to the loved ones you've lost or family holidays that were a mix of love and conflict. Soon an image will emerge, then a memory, and then a paragraph to record it. Whatever shows up on the paper will be a manifestation of associations that are uniquely yours.²³

Hustvedt mentions in particular one of her student, Ms. P, who wrote a text about corpses lying on cold stone slabs inside an airless chamber at the point that, the author says, over the course of her brief piece, the living and the dead became indistinguishable. Hustvedt argued that what would have happened was that Ms. P let go of some dark feelings while writing, and it is possible they were cathartic or that she had inhibited them for some time. When she read it aloud no one in the room felt good, but, after the discussion about her text took place, she appeared to leave the room less depressed than when she entered.²⁴

Overall, during her experience as a volunteer, Hustvedt noticed the students of her classes left feeling better than when came in. Therefore, writing seemed to have a therapeutic effect on most of them, together with talking about their own memories or feeling less isolated, which certainly also contributed to this change.

Some researchers state that improvements in mood could be induced through the so called Selective Serotonine Reuptake Inhibitors (SSRIs), that are meant to address the chemical imbalance in the brain, which is indicated as one of the main causes of the depression. This is the reason why mental illnesses, as depression, most of the time, are treated with the use of medications, despite the fact, according to some research, the effectiveness of SSRIs is probably due to placebo effects.²⁵

²¹ Ivi, pp. 243-244.

²² Hustvedt, *The Writing Self and the Psychiatric Patient*, cit., pp. 102-103.

²³ Ead., *The Shaking Woman or a History of my Nerve*, cit., p. 240.

²⁴ Ead., *The Writing Self and the Psychiatric Patient*, cit., p. 101.

²⁵ Ivi, p. 102.

Siri Hustvedt believes placebo can have a powerful effect that have been underestimated in the past but now caught the attention of researchers.²⁶ Following what she noticed in her writing classes and in the studies she mentioned, if it's true that writing has beneficial effects on mood, this could be because it produce placebo effects and, if it does, she suggests that these are connected to language as relational: «It is for communication and as such is addressed to another person. In some cases, the other person is one's self, but always the self as an other».²⁷ Indeed, according to Hustvedt, writing is an objectification of ourselves into others, because, as we do in our autobiographical memories, the Self is projected elsewhere in time and it is always addressed to someone else:

Writing is always for someone. It takes place on the axis of discourse between me and you. Even diaries and journals are for an other, if only another self, the person who returns to the words years later and finds an earlier version of what he or she is now. Because written language exists in this between space, not the writer as her body, but the writer as her words for a reader – who may be an actual person addressed in a letter, for example, or an imaginary person out there somewhere – writing lifts us out of ourselves, and that leap onto paper, that objectification, spurs reflective self-consciousness, the examination of self as other. [...] Writing is a movement from one place to another, a form of traveling, and once the journey is over, the resulting text may help organize a person's view of her subjectivity as she regards it now from the outside, instead of from the inside. The words become that alien familiar. Sometimes this externalized self on paper can become a lifeline, a more organized mirror image that makes it possible to go on.²⁸

Another aspect that Hustvedt points out about writing is the fact that it partakes of an ordinary form of automatism. Among the writing exercises she proposed to the students, one was particularly effective: they were asked to write a sentence that had as the incipit «I remember». This writing mechanism seems to be able to bring to the surface unconscious memories that can emerge, sometimes even unconsciously, by the subjects because inscribed, in some way, in their brain tissues, thanks to an automatism, like writing, which implies both a motor and a cognitive act.²⁹ For this writing assignment, she used, as an outline for the students, some excerpts from the book *I Remember* by Joe Brainard. To give an example of how this exercise worked, is particularly interesting what one of her student wrote:

I remember, when I was a child.
I remember when I had no problems or maybe I did, but I got through them
I remember having fun being lonely.
I remember feeling okay.
I remember what I did and wished I didn't do.
I remember the loss of me.³⁰

Commenting on what has happened when her and her patient wrote their own *I remembers*, Hustvedt says:

²⁶ Hustvedt deepens her reflection on the placebo effect in the book *The Delusions of Certainty*: Ead., *The Delusions of Certainty*, New York, Simon & Schuster, 2017.

²⁷ Ead., *The Writing Self and the Psychiatric Patient*, cit., p. 102.

²⁸ Ivi, p. 107.

²⁹ Ead., *The Shaking Woman or a History of My Nerves*, cit., p. 63.

³⁰ Ead., *The Writing Self and the Psychiatric Patient*, cit., p. 110.

Writing the words I remember engages both motor and cognitive action. Usually I do not know how I will finish the sentence when I begin it, but once the word remember is on the page, some thought appears to me. One memory often leads to another [...]. My hand moves to write, a procedural bodily memory of unconscious knowing, which evokes a vague feeling or sense of some past image or event emerging into consciousness. [...] The most vivid memories emerge, seemingly from nowhere. There is no given theme. All memories are welcome. After this exercise, many of my students have left the class astonished. "I haven't thought about that for years", they say [...]. The written incantation I remember is vital as a catalyst. It assumes ownership of what is to come. This is mine, and even though it is difficult to explain how these recollections emerge from hidden depths into the light of day, once they have arrived, they belong to the writer, and for a psychiatric patient being treated in a hospital, for a person who is often overwhelmed by an illness that makes it difficult to integrate the various pieces of himself, [...], the words "I remember" are in themselves therapeutic. They seem to initiate a brief, coherent inscribed memory. Joe Brainard discovered a memory machine.³¹

According to Hustvedt's words, it seems the very act of inscribing the incipit *I remember* generates memories, usually made of highly specific images, which recall events from the past that hadn't been retrieved for many years. This process could be compared to what happens during the automatic writing in which, as if another Self emerges, the person does not feel in control, but the words seem to be dictated to the writer rather than composed.

Hustvedt mentions two cases in which automatic writing functioned as a memory tool. The first one is the case of a thirteen-year-old boy, identified by the pseudonym Neil, she found in a paper published in «Brain» in 1994, who had been diagnosed with an invasive brain tumor which caused the deterioration of his reading ability and the development of vision problems. He had a detailed memory of his life before his illness and the treatments, but, at the same time, was unable to recall his life afterward, unless he wrote it down. However, he was unable to read back and elaborate consciously what he had written, then, his memory appeared to exist solely in a mind-hand motor connection: «the talking Neil had amnesia. Neil's writing hand did not».³²

Another related famous case Hustvedt mentions is Aleksandr Romanovič Lurija's patient Zazetsky, whom the neurologist chronicled in his book *The Man with a Shattered World*. Zazetsky reported a severe injury in the Second World War that had damaged the left parieto-occipital areas of his brain, which caused him grave spatial and cognitive deficits. He could speak and repeat words, but he couldn't remember his name or the words for the things around him. After a couple of months in the hospital, he slowly began to recall fragments of his past and decided to write a short letter to his family. Like Neil, he was completely unable to read what he had written, but during the act of writing he remembered, especially if he didn't lift his writing hand from the page.³³

Automatic writing was widely studied in the late nineteenth and early twentieth centuries as both a spontaneous symptom of and used as a therapy for hysteria. For example, Pierre Janet employed this technique with hypnotized patients to bring out traumatic narratives that had split off from their conscious minds. His theory was that these patients were not capable of integrating the sensory material that had bombarded them, which, then, resulted in a dissociation of their sensorimotor processes but, the spontaneously produced

³¹ Ead., *The Shaking Woman or a History of My Nerves*, cit., p.62.

³² Ivi, p. 63.

³³ Ivi, pp. 67-68.

narratives they wrote under hypnosis make them aware of what had gone in an unconscious level.³⁴

As we learnt how to write, the act of moving a pen across a page has become unconscious and automatic, part of the motor-sensory systems of the brain and the body. This prelinguistic motor-sensory-emotional-psychobiological patterns are the ones involved in the *narrative self* Hustvedt refers to and paraphrases in the title of the essay *The Writing Self and the Psychiatric Patient*, which creates explicit stories collected in memory from this implicit underground and is responsible of the continuous process of reconfiguration and re-negotiation of autobiographical memories.³⁵ Indeed, according to Siri Hustvedt, the act of writing is not a translation of thought into words, but rather a process of discovery: «I discovered what I think because I write».³⁶ Thus, writing can help PTSD patients to bring out the traumatic experience and could facilitate a possible integration of it in their own narration, re-appropriating of their own autobiographical experiences.

A study conducted in 2020 by a team of Norwegian researchers led by Professor Audrey van der Meer, found that we retain information better when handwriting rather than typing. The research aimed to show that handwriting and drawing should be more prominent in education rather than typing on laptop, pointing out that writing gives brain ‘hooks’ to hang information on. Moreover, it has been shown that when writing we are constantly challenging our motor skills and this has been found out to be essential in memory formation.³⁷ Beyond that, there are many other studies which have theorized a connection between handwriting and memory, showing that the act of writing involves many brain systems and the integration of both motor and perceptual skills³⁸ and facilitates better memory and recall.³⁹

Therefore, following up on these studies, writing can be a possibility for the reacquisition of the self through a recollection of memories after a traumatic experience.

3. The re-acquisition of the Self: the shaking woman

If memory exists in a mind-hand motor connection of which writing is the instrument, as Hustvedt states, than, is precisely thanks and through writing that the shaking woman can emerge. During an interview released after the publication of *The Shaking Woman or a History of my Nerves*, the author said:

³⁴ Ivi, p. 66.

³⁵ Ead., *The Writing Self and the Psychiatric Patient*, cit., p. 108.

³⁶ Ivi, p. 107.

³⁷ Eva Ose Askvik, F. Ruud van der Weel and Audrey L.H. van der Meer, *The Importance of Cursive Handwriting Over Typewriting for Learning in the Classroom: A High-Density EEG Study of 12-Year-Old Children and Young Adults*, «Frontiers in Psychology», 11, 2020.

³⁸ See: Sophia Vinci-Booher et al., *Visual-motor Functional Connectivity in Preschool Children Emerges After Handwriting Experience*, «Trends in Neuroscience and Education», 5, 3, 2016, pp. 107-120; Laurence Séraphin Thibon et al., *The Elaboration of Motor Programs for the Automation of Letter Production*, «Acta Psychologica», 182, 2018, pp. 200-211.

³⁹ See: Marieke Longcamp et al., *Learning through Hand- or Typewriting Influences Visual Recognition of New Graphic Shapes: Behavioral and Functional Imaging Evidence*, «Journal of Cognitive Neuroscience», 20, 5, 2008, pp. 802-815; Pam A. Mueller and Daniel M. Oppenheimer, *The Pen Is Mightier Than the Keyboard: Advantages of Longhand Over Laptop Note Taking*, «Psychological Science», 25, 6, 2014, pp. 1159-1168.

The shaking was definitely new and very peculiar and I did originally treat it as something wholly alien to myself, but writing the book, in some ways, helped me to think through the question of the self and illness and, to some degree, I think I did it for that reason: I feel that I can take ownership of this shaking person.⁴⁰

The autopathography *The Shaking Woman or a history of my Nerves* is a path of awareness of the author's Self, following the mysterious condition of splitting that she experienced for the first time during a public speech in memory of her father, who had died two years before, when she was struck by strong tremors that ran all over her body and that she couldn't control in any way. These tremors would have suddenly appeared again during other occasions when she was engaged in public speeches. Therefore, it is from her body that emerged the need for a new narrative in order to solve this condition of splitting. But, if it is true that it is not possible to draw a clear line between what historically has been defined *mind* and what has been defined *body*, this strange pathology that «breaks her in two», using the same words of the author, became a further opportunity to dig into the relationship between mind and body, with particular attention to the way in which the one spreads in the other and vice versa, and also, to try to understand what is the link between the death of her father and her sudden tremors that, following clinical examinations, are not motivated by a pathology.

Experimenting this form of splitting and complete loss of control over her body, led Hustvedt to embark on a journey between different disciplines, with the aim to explore the deep connections that exist between body and memory, imagination and experience. In the course of the narration, Hustvedt dwells on purely neuroscientific issues, like mental and neurobiological processes that underlie mechanisms such as memory, conceived as a creative process of construction and continuous reconstruction, but also on imagination and narratives, central themes in literature but which only recently became part of the neuroscientific field.

The disease, in the form of chronic migraines and, subsequently, tremors, is an element that distinguishes Hustvedt as a narrator who decides, therefore, to tell «a brief story of her nervous system», how the subtitle of the book states. Writing about the shaking woman, is, therefore, an attempt to reckon with this new part of herself and try to accept it, in the same way she accepted the headache: «The headache is me, and understanding this has been my salvation. Perhaps the trick will now be to integrate the shaking woman as well, to acknowledge that she, too, is part of myself».⁴¹

The difference between migraines, which always have been part of her life, and tremors is that the latter are somehow connected with the death of her father, which seems to have provoked a trauma in her, and are, therefore, directly linked to memory and to a specific mode in which memories of particularly stressful events are processed.

From a neurological point of view, her response to this traumatic event can be described in terms of Dissociation:⁴² «When the shaking happens, my narrating first-person subject

⁴⁰ Kim Rio, *Interview with Siri Hustvedt, by Hans Olav Brenner in 2010*, «YouTube», web, last access: 22 August 2022, <<https://www.youtube.com/watch?v=AQBpBFqeTPE>>.

⁴¹ Hustvedt, *The Shaking Woman or a History of My Nerves*, cit., p.174.

⁴² According to DSM 5 (Diagnostic and Statistical Manual of Mental Disorder) drawn up by the American Psychiatric Association in its last edition of 2013, Dissociative Disorder can sometimes be caused by trauma or intense stress. Dissociation in these cases results from a serious difficulty for the individual to integrate specific personal experiences into a coherent and unified life story, and this will consequently interfere with his sense of self. The symptoms of Dissociation, contrary

seems to go in one direction and my recalcitrant body in another».⁴³ Just after the death of her father, Hustvedt had an immediate composed response, as if nothing had happened or changed in her life: «When the time came, I didn't weep. I wrote. At the funeral I delivered my speech in a strong voice, without tears»,⁴⁴ behaviour that the author interprets as a possible reaction for defensive or adaptive purposes.

Dissociation is defined in DSM 5 as a process of dis-integration, of which one of the main symptoms is the sense of involuntary: a person is aware of emotions, memories, thoughts, behaviors but lives them as if they did not belong to her or him. Precisely because of this mechanism, Dissociation offers the person, at least up to a certain point, the possibility of moving forward in daily life, avoiding to deal with extremely stressful experiences from the past. However, one part of the person remains somehow 'stuck' in that experience that has not been solved, while another goes on in daily life. This process of disintegration, therefore, concerns not only the attempt to evade the traumatic experience, but also the process of splitting the individual into his double, the shaking woman in the case of Hustvedt: «I have come to think of the shaking woman as an untamed other self, a Mr. Hyde to my Dr. Jekyll, a kind of double».⁴⁵

According to Bessel van der Kolk, Dissociation is often connected to a Conversion Disorder (CD), that is the manifestation of symptoms, such as paralysis, convulsions or blindness, that are not motivated by injuries or malfunctions of the nervous system. Conversion Disorders show how a non-organic disease, in the conventional sense of the term, can have neurobiological consequences: since the patient accuses of seemingly inexplicable symptoms it is, in all respects, an «idea that acts on the body»,⁴⁶ as Hustvedt emphasizes paraphrasing the French neurologist Jean-Martin Charcot.

Hustvedt conceives the symptoms of the Conversion Disorder as metaphorical expressions of what cannot be consciously said.⁴⁷ In fact, as revealed by the same title that van der Kolk uses for the volume cited above, as a result of trauma, the body keeps the score and, sooner or later, the consequences will be observed in the form of sudden flashbacks, dreams or, in severe cases, of seemingly unexplained symptoms: «post-traumatic stress isn't "all in one's head", as some people supposed, but has a physiological basis.[...] the symptoms have their origin in the entire body's response to the original trauma».⁴⁸

In *The Shaking Woman or a History of My Nerves*, Hustvedt alternates episodes of the manifestation of the disease with other events of daily existence. Random circumstances often become opportunities to explore memories and the disease, in the form of symptoms or cures, constantly interrupts the story. The author does not give a sense of unity to the events, otherwise, the memories are mixed with pages of her journal or comments of the author in conversation with herself. There is no chronological order, the narration is a continuous overlap between past and present and, sometimes, even takes the form of a collec-

to the unconscious attempt of avoidance from which it is born, instead, concern 'experiencing too much' through intrusions into an individual's everyday life ranging from flashbacks of traumatic events or past episodes, to unexplained pains, seizures or other sensations that have no medical causes, voices or internal experiences that the person does not live as their own.

⁴³ Hustvedt, *The Shaking Woman or a History of My Nerves*, cit., p. 165.

⁴⁴ Ivi, p. 2.

⁴⁵ Ivi, p. 47.

⁴⁶ Ivi, p. 23.

⁴⁷ Ivi, p. 80.

⁴⁸ van der Kolk, *op. cit.*, p.11.

tion of rushed notes. Through her personal experience, Hustvedt conceives writing a privileged way of access memories and reflect on the new meaning they have assumed from the perspective of the present. Thus, in order to deal with her tremors, writing represents a therapy which has helped her to come to term with a radical change, with the fear of losing control of a dual self and with the consciousness that nothing will be like before. At the beginning of the story, Hustvedt asked herself who is the shaking woman, out of her control, in whom she did not recognize but, then, writing allowed her to deal with the disorientation and discontinuity, turning the shaking woman from the 'alien within' into a part of the self:

In May of 2006, I stood outside under a cloudless blue sky and started to speak about my father, who had been dead for over two years. As soon as I opened my mouth, I began to shake violently. I shook that day and then I shook again on other day. I am the shaking woman.⁴⁹

4. Intersubjectivity, narration and medical practice

When Hustvedt started volunteering at Payne Whitney Clinic, she replaced another teacher, who was also her introduction to teaching at the hospital. Hustvedt noticed that this teacher used to propose the student 'happy' poems, in order to give them, in her opinion, hope. Moreover, in a classroom of adult she always adopted «the greeting voice of a primary school teacher speaking to young children».⁵⁰ This kind of behaviour towards patients suffering from mental illness, that, as Hustvedt underlines, cause suffering but it does not necessarily cause stupidity or insensitivity, demarcate a huge difference between the teacher and them, the patients. Otherwise, Hustvedt proposed to the students poems, from which to draw inspiration for their compositions, that have pain, suffering and also death as subjects.

As trauma devastates the social-engagement system, finding a responsive community in which to tell the truth and feel free to even express gloom or frustration, makes recovery possible. Indeed, according to van der Kolk, feeling listened and understood changes our physiology due to the fact that being able to articulate complex feelings, and having them recognized, lights up our limbic brain and helps the person to better manage emotions.⁵¹

Getting perspective on your terror and sharing it with others can reestablish the feeling that you are a member of the human race. After the Vietnam veterans I treated joined a therapy group where they could share the atrocities they had witnessed and committed, they reported beginning to open their hearts to their girlfriends.⁵²

Therefore, according to van der Kolk, as many traumatized people find themselves chronically out of sync with the people around them, the essence of therapeutic relationship consist in finding words to describe unbearable experiences and being able to share them with other human beings.⁵³ This reciprocity and the fact of being truly heard by other people, let one's physiology to calm down, which results in a visceral feeling of safety.

⁴⁹ Ivi, p. 199.

⁵⁰ Hustvedt, *The Writing Self and the Psychiatric Patient*, cit., p. 106.

⁵¹ van der Kolk, *op. cit.*, p. 234.

⁵² Ivi, p. 236.

⁵³ Ivi, p. 237.

Hustvedt argues that the practice of writing itself involves the intersubjective dimension and this is why during her lessons, the moment of sharing what the students had written was particularly important. They were invited to read and share their story even if written in a language not understandable to the whole class, and, in this case, the discussion would turn into an attempt of the other students to translate it through the impression that the rhythm and musicality of that language has transmitted them.

The exercise of writing and then sharing opinions and comments, Hustvedt stresses, engages self-reflective conscious awareness in a way that taking lithium, for example, or other kind of medications does not.

Most of mental health professionals conceive mental illness as a state of chaos and believe their job is to restore order by all means at their disposal, in most cases especially prescribing medications, and, in so doing, banishing the ambiguity that concerns not only the illness, but also the very sense of the patient's Self. Conversely, an effective cure should consist also in coming to terms with the ambivalence of the experience of the illness and the story of the patient.

It is not a coincidence that Hustvedt took the idea of writing about her experience of tremors in a book after she had been invited to participate as a speaker in a series of meetings promoted by Columbia University as part of the Narrative Medicine Program, at New York Presbyterian Hospital. This program was held by Rita Charon, graduated in medicine and literature, who promoted the mission of bringing narration back into medical practice, starting from the idea that without a narrative, which involves the doctor, the patient and his or her family, the reality of the suffering of an individual is lost. Narrative Medicine, in Italy promoted by authors such as Michele Cometa⁵⁴ and Stefano Calabrese,⁵⁵ proposes an holistic approach to the patient-doctor relationship that involves a verbally negotiated diagnosis, which also have a cathartic function for doctors, helping them to find a meaning to what, on their part, are doing.⁵⁶

Hustvedt describes writing as one of the most effective way to investigate ourselves and to take ownership of our thoughts, which allows us to understand where our emotions come from and to come with a term with our memories, also the traumatic ones. Therefore, starting from this, writing could help those people who suffer from the so called pathologies of memories, which in most of the cases characterize Posts-Traumatic Stress Disorders, to regain their past and also present life.

Moreover, writing could help patients to rise from the weight of their daily existence, even just for a moment, entering into that state that Mihaly Csikszentmihalyi calls *Flow*,⁵⁷ which is well expressed by Hustvedt's words:

When you write to yourself, you don't have to worry about other people's judgment- you just listen to your own thoughts and let their flow take over. Later, when you reread what you wrote, you often discover surprising truths. As functioning members of society, we're supposed to be 'cool' in our day-to-day interactions and subordinate our feelings to the task at hand. [...] Writing is different. If you ask your editor to leave you alone for a while, things will come out that you had no idea were there. You are free to go into a sort of a trance state

⁵⁴ Michele Cometa, *Perché le storie ci aiutano a vivere. La letteratura necessaria*, Milano, Raffaello Cortina, 2017.

⁵⁵ Stefano Calabrese, *La fiction e la vita*, Milano, Mimesis, 2017.

⁵⁶ For further insights: Rita Charon, *Narrative Medicine: Honoring the Stories of Illness*, Oxford University Press, United States of America, 2008.

⁵⁷ Mihaly Csikszentmihalyi, *Flow and the Foundations of Positive Psychology: The Collected Works of Mihaly Csikszentmihalyi*, New York, Springer, 2014.

in which your pen (or keyboard) seems to channel whatever bubbles up from inside. You can connect those self-observing and narrative parts of your brain without worrying about the reception you'll get.⁵⁸

This may be what writing is: the flowering of a imaginative personal vision. And that imaginative vision of moving elsewhere, as Hustvedt states, of seeing the self in other terms, can be part of a cure.

⁵⁸ Hustvedt, *The Shaking Woman or a History of My Nerves*, cit., p. 240.