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Emma Bovary, Hedda Gabler, and Harold Brodkey Would Not Have Lived without Charcot: Hysteria in Novels

A.A. Kaptein
Medical Psychology, Leiden University Medical Centre, Leiden, The Netherlands

Abstract
Medical humanities is the interdisciplinary field of humanities (literature, philosophy, ethics, history, and religion), social science (anthropology, cultural studies, psychology, and sociology), and the arts (literature, theater, film, and visual arts), and their application to medical education and practice. In this chapter, the concept of 'hysteria' is put into a medical humanities perspective. We review the concept of hysteria concisely. Two novels and one autobiographical story are used as material in order to study how 'hysteria' is represented in literary work. *Madame Bovary* (Gustave Flaubert), *Hedda Gabler* (Henrik Ibsen), and *A Story in an Almost Classical Mode* (Harold Brodkey) were searched for elements that are characteristic of hysteria. Excessive emotion, dramatics, attention-seeking behavior, physical symptoms of unknown and unidentifiable organic causes, self-centered behavior, and flirtatious behavior are the six elements used to operationalize hysteria. It was found that these elements were present in both a quantitative and qualitative manner in the literary works examined. Acknowledging some limitations and suggesting some research areas and clinical implications, we conclude that literary works are useful in analyzing concepts in medicine. Also, more generally, using literary works seems to have a positive impact on readers, healthcare providers, and researchers in the healthcare domain. Studying novels and related literary work contributes to the body of knowledge of medical humanities.
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'No results matching your search were found' – this is the outcome of entering 'hysteria' as a search term in the electronic version of DSM-V [1]. The word 'enigma' in the title of the book with the current chapter seems well chosen. Only time will tell whether the DSM-VI will see a rebirth of the concept 'hysteria'.

Hysteria: Hydrotherapy, Clitoridectomy, Leeches on Wombs, and Addressing Illness Perceptions

Andrew Scull's biography *Hysteria* represents a wonderful analysis of the history of 'a diagnostic waste bin', pertaining to 'a chameleon-like disease that can mimic the symptoms of any other, and one that somehow seems to mold itself to the culture in which it happens' [2, pp. 6–7]. A quite bizarre list of approaches has been applied to

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'hysterics', people who display a set of behaviors, emotions and thoughts, which has varied over time, place, and culture, but seems to encompass: excessive emotion, dramatics, attention-seeking behavior, physical symptoms with unknown and unidentifiable organic causes, self-centered behavior, and flirtatious behavior [2].

Over the past centuries, diagnostic and 'therapeutic' approaches to persons displaying all or part of this set of symptoms and behaviors make for fascinating reading. In Hippocratic and Galenic medicine, the uterus and its malfunctions are the seat of hysterical behavior. In 17th-century England, purges, vomits, and bleeding were applied to remedy what was seen as a deep-seated disturbance of the body's equilibrium. Observing that human beings without a uterus also suffered from 'hysteria' necessitated a new model to explain the affliction. A disorder of the nerves served this observation well. Electricity and steel magnets found their place in treating the oversensitive nerves. With 'the birth of the clinic', psychiatric patients, including patients who received the diagnosis 'hysteria', were managed in psychiatric institutions. Bleeding, cupping, applying leeches, and water therapies ('hydrotherapy') were some of the therapeutic methods of choice. However, 'a course of injections of ice water into the rectum, introduction of ice into the vagina, and leeching of the labia and cervix' were also part of the therapeutic arsenal [2, p. 66]. Clitoridectomy was the pinnacle of the arsenal – an approach that (luckily) was viewed too unscientific and harsh by almost all gynecologists and other MDs.

Other harsh and highly invasive methods, such as electrotherapy and ovariotomy (or oophorectomy) followed, soon to be replaced by therapeutic methods that followed from conceptualizing 'hysteria' as a neurological disorder. The 'rest cure' replaced more aggressive and invasive 'therapeutic' approaches. American psychiatrist Weir Mitchell and a female patient in *The Yellow Wallpaper* (1890) exemplify this approach [3]. In hindsight, the doctor's order 'never touch pen, brush or pencil as long as you live' [p. 46] to a patient who desperately wanted to express her despair over her unbearable position in life and love is a tragic side effect of this 'cure' (see Smyth et al. [4, 5] with their work that demonstrates the effectiveness of expressive writing in patients and healthy respondents).

Charcot conceptualized 'hysteria' as a disorder of the nervous system, 'as real and as somatic a disease as any of the other neurological catastrophes' [2 p. 105]. His demonstrations of patients with hysterical behavior became famous in medical and psychiatric circles, and developed into 'Charcot's circus'. Increasingly, his medical colleagues, from France and abroad, viewed 'hysterics' as theatrical learned behavior, thereby dismissing Charcot's views.

It was Freud who argued in his psychoanalytic writings how 'hysteria' should be viewed as a psychiatric – not neurological – affliction. Unconscious conflicts, repressed sexual impulses, and fantasies about incest all contributed to the initiation and maintenance of 'hysteria'. Psychoanalytic therapy was, therefore, the answer.

Learning theory gave rise to behavior therapy. Hysterical behavior was conceptualized as learned behavior – which, therefore, can be unlearned. Cognitive behavioral therapy became vogue in 20th century psychotherapy. Patients with medically unexplained diseases encountered psychotherapists who challenged their cognitions and associated emotions, transforming maladaptive cognitions and emotions into more constructive and helpful thoughts and feelings [6, 7].

The Common Sense Model is currently the most successful theoretically based approach to patients' coping with somatic and psychiatric disorders [8]. In this model, illness representations (cognitions and emotions in response to the disorder) determine coping and self-management of a patient with an illness. Adequate (i.e. adaptive, conducive to reducing stress and to constructive coping) illness perceptions are associated with adaptive outcomes. Inadequate illness perceptions (i.e. maintaining stress, impeding coping) are associated with inadequate self-management

skills, and therefore, poor outcome. This implies that therapeutic approaches aimed at transforming inadequate illness perceptions into more adaptive ones, lead to improved outcomes. Meta-analyses support this statement [9].

In patients with somatoform disorders (sometimes labeled as 'conversion disorders'), interventions aiming at changing inadequate illness perceptions appear to lead to positive outcomes, expressed as reductions in symptoms, increased participation in societal activities (work), and quality of life [10, 11]. Encouraging 'hysterical' patients to become a more active participant in his/her problem and its potential solution seems the current psychotherapeutic approach of patients in this category.

After having given this concise but broad-brushed view on hysteria, we now will see whether novels and other literary work can help clarify hysterical behavior.

Methods

Literary works were selected via a search using the Columbia University of New York website (www.litmed.med.nyu.edu) under the heading 'hysteria'. Three works were selected, based on literary quality, and with the wish to have the views of a 'hysteric' her/himself, and those of someone who must cope with the hysterical behavior of a close relative. *Madame Bovary* (Gustave Flaubert), *Hedda Gabler* (Henrik Ibsen), and *A Story in an Almost Classical Mode* (Harold Brodkey) were the selected works [12–14].

The six criteria for 'hysterical behavior' mentioned earlier were studied in those works: excessive emotion, dramatics, attention-seeking behavior, physical symptoms of unknown and unidentifiable organic causes, self-centered behavior, and flirtatious behavior. Similar to comparable studies [15], 'chunks' of text containing these criteria in the three works were identified and listed.

Our essay is a descriptive, exploratory study, given the virtual absence of a body of knowledge

Fig. 1. Collection Christophel (Chabrol; Isabelle Huppert).

on how to analyze in a theoretically based and empirically founded manner [16]. We follow a method that we described and applied earlier when analyzing a novel on patient-physician relations [17] and on illness perceptions [18], rendering acceptable and meaningful results.

Madame Bovary

She is false, she is deceitful by nature: she deceives Charles from the very start before actually committing adultery. She lives among philistines, and she is a philistine herself. […] In Emma the vulgarity, the philistinism, is veiled by her grace, her cunning, her beauty, her meandering intelligence, her power of idealization, her moments of tenderness and understanding, and by the fact that her brief bird life ends in human tragedy [19, p. 142] (fig. 1).

Madame Bovary was published in 1857. It brought the author, Gustave Flaubert (1821–1880), both a trial for writing a scandalous and blasphemous novel, and fame – almost immediately after the book was published, literary critics and the public loved the book, continuing into this day. The novel describes the rise and fall of a middle-aged woman in rural France in the middle of the 19th century. The story line itself is not that remarkable – it is the detailed and precise depiction of the major characters that draws the reader toward the dramatic finish of the book. The protagonist marries, has affairs with two lovers, swallows a handful of arsenic from an apothecary bottle, and dies. If anything, Madame Bovary is a classic example of a hysteric woman.

Excessive Emotion
Accustomed to calm aspects of life, she turned, on the contrary, to those of excitement. She loved the sea only for the sake of its storms, and the green fields only when broken up by ruins. She wanted to get some personal profit out of things, and she rejected as useless all that did not contribute to the immediate desires of her heart, being of a temperament more sentimental than artistic, looking for emotions, not landscapes' (p. 75). […] So at last she was to know those joys of love, that fever of happiness of which she had despaired! She was entering upon marvels where all would be passion, ecstasy, delirium (p. 273).

Dramatics
Madame Bovary's death could hardly be less dramatic. Dying after ingesting a huge amount of arsenic is a dramatic affair – the author studied the details of the phenomenon in medical books. Less dramatic but nevertheless impressive is Madame Bovary's shopping behavior: spending a lot more money than available, with disastrous consequences. Drama surrounds her life: 'Love, she thought, must come suddenly, with great outbursts and lightings – a hurricane of the skies, which falls upon life, revolutionizes it, roots up the will like a leaf, and sweeps the whole heart into the abyss' (p. 175).

Attention-Seeking Behavior
She envied lives of stir; longed for masked balls, for violent pleasures, with all the wildness that she did not know, but that these must surely yield (p. 123). […] Her looks grew bolder, her speech more free; she even committed the impropriety of walking out with Monsieur Rodolphe, a cigarette in her mouth, 'as if to defy the people' (p. 319).

Physical Symptoms
Madame Bovary is a collector of a very impressive list of symptoms. Psychiatrists specializing in medically unexplained symptoms would have a field day if they were to use the novel as a source of symptoms:

From that moment she drank vinegar, contracted a sharp little cough, and completely lost her appetite (p. 123). [...] She was seized with giddiness, and from that evening her illness recommenced, with a more uncertain character, it is true, and more complex symptoms. Now she suffered in her heart, then in the chest, the head, the limbs; she had vomitings, in which Charles thought he saw the first signs of cancer (p. 349).

Self-Centered Behavior
Emma Bovary seems to be in love with herself, mainly: 'She could have wished this name of Bovary, which was hers, had been illustrious, to see it displayed at the booksellers, repeated in the newspapers, known to all France (p. 115). [...] Emma was growing difficult, capricious' (p. 121).

Flirtatious Behavior
The novel is about flirting, about seeking the attention of men, about passion, including sexual passion. Emma has relations with at least two lovers in the novel. Giving samples of text on this criterion would do injustice to the literary work itself, in our view. May the reader of Madame Bovary find out for himself/herself!

Hedda Gabler

Henrik Ibsen (1828–1906) wrote *Hedda Gabler* in 1890. The work is considered to be one of the classic plays where 'hysteria' plays a crucial role. It is

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a relatively short piece, with the action taking place in a couple of hours. The number of players is limited, but their interactions are many – and very emotional, complex, and deadly. At the end of the play, two players end up fatally wounded – by their own hand (fig. 2).

Applying the criteria for hysterical behavior as outlined earlier, the following observations can be made.

Excessive Emotion
Hedda spends months on their honeymoon. She tells a relative: 'I've been bored to death. […] Try passing six months without meeting a single person you can talk to' (p. 32). Concerning the house the newlyweds have just moved into, Hedda remarks: 'There is something of the mortuary about it. It smells of rot' (p. 37).

Dramatics
'I'm going to die! I'm going to die of all of this!' (p. 71). And, after her husband's colleague/competitor committed suicide, Hedda starts playing dance music on the piano. One minute later, Hedda commits suicide.

Attention-Seeking Behavior
The maid predicts Hedda's behavior already on the second page of the play: 'I have a feeling she'll be very demanding' (p. 6). The protagonist herself wonders: 'Well, what in God's name am I supposed to do with myself?' (p. 31).

Physical Symptoms
Hedda Gabler does not seem to exhibit any.

Self-Centered Behavior
When her husband is relieved that his rival will not compete for a professorship, he exclaims: 'He will not stand in our way!' Hedda retorts: 'Our' way. Please leave me out of it' (p. 42). And when a relative's friend is dying, she comments: 'I don't care to look at sickness, or death, it's ugly. I want nothing to do with it' (p. 58).

Fig. 2. Haakon Bleken: *Overrekelse av pistolen (The Handing-Over of the Pistol)*. ©ProLitteris, Zurich.

Flirtatious Behavior
Hedda: 'Doesn't it seem, Judge, like an absolute eternity since we last spoke? Some small talk last night and this morning, but I don't count that.' Judge: 'You mean, a talk like this, just the two of us?' Hedda: 'I guess that's roughly what I mean.' Judge: 'Every day I've wandered around wishing you were back home.' Hedda: 'The same goes for me' (p. 31).

A Story in an Almost Classical Mode

This story begins ominously: 'My protagonists are my mother's voice and the mind I had when I was thirteen' (p. 221). How 'hysterical behaviour' is perceived by persons in the immediate psychological and social environment of 'the hysterical patient' is described in painful detail by Harold Brodkey (1930–1996). Harold is adopted by his

Fig. 3. H. Brodkey, by Howard Coale for The New Yorker, 1995 [32].

stepmother when he is 2 years old, after his mother and father died. In the 45-page short autobiographical story, the author describes the struggle he battles out with his stepmother during her illness (she suffers from breast cancer, among other diseases). At the end of the story, she dies. We will analyze the story with the six characteristics of hysteric behavior as in the previous two novels, this time as perceived by the son (albeit stepson) of the 'patient' (fig. 3).

Excessive Emotion
That is, if I came in and said, 'Hello, Momma,' she would demand, 'Is that all you can say? I'm in *pain.* Don't you care? My God, my God, what kind of selfish person are you? I can't stand it.' If I said, 'Hello, Momma, how is your pain?' she would shriek, 'You fool, I don't want to think about it! It was all right for a moment! Look what you've done – you've brought it back. […] *I don't want to be reminded of my pain all the time!'* (p. 233). [...] She said that I came from filthy people and what I was more filth, that I came from the scum of the earth and was more scum. […] She threw an ashtray at me. She ordered me out of the house (p. 255).

Dramatics
Doris [the stepmother] yelled, 'What do you think it does to me to see you exercising in your room – when I have to die?' I said, 'I don't know. Does it bother you a lot?' 'You're a fool!' she screamed. 'Don't make me wish you'd get cancer so you'd know what I'm going through!' (pp. 229–230). [...] God, how she screamed (p. 255).

Attention-Seeking Behavior
Doris insisted I give her what money I earned. And usually I did, so that I would not have to listen to her self-righteous begging and angry persuasiveness (p. 229). […] If I ignored her or argued with her, she became violent, and then temper and fright – even the breath she drew – spoiled the balance of pain and morphine in her; sometimes then she would howl (p. 230).

Physical Symptoms
Sometimes she would apologize; she would say, 'It's not me who says those things; it's the pain. It's not fair for me to have this pain: You don't know what it's like' (p. 230). [...] She said, 'Look at what they've done to me. My God, look what they've done to me.' She lowered her nightgown to her waist. The eerie colors of her carapace and the jumble of scars moved into my consciousness… . That gargoylish torso. […] She said, 'I scratched myself while I slept – look, there's blood' (p. 231).

Self-Centered Behavior
She wanted those women to telephone and come and be present at her tragedy (p. 225). [...] She would yell, 'What's wrong with you? Why don't you know how to talk to me! My God, do you think it's easy to die? […] Why do you just stand there? Why do you just listen to me! […] Do something for me!' (p. 233).

Flirtatious Behavior
She'd put on lipstick and a hair ribbon; and her face, which had been twisted up, was half all right: the lines were pretty much up and down and not crooked; and my heart began to beat sadly for myself – she was going to try to be nice for a little while; she was going to ask me to stay (p. 234).

Discussion

In this explorative chapter, we used three literary products (two novels, one autobiographical story) to analyze how 'hysteria' is depicted in literature. We found that the elements of the – disputed – diagnosis 'hysteria' are relatively easily traceable in the three literary works. This in itself is not a major finding as we selected the three works precisely because they turned up in a literature search for books on 'hysteria'. What we feel is im-

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portant is that our study shows that literary works can be used as a source of data in order to analyze a certain concept (i.e. hysteria), which in its turn allows enriching a (psychological) theory (in our case, the Common Sense Model), which may shed additional light on living with hysteria and even on psychotherapeutic suggestions for adjusting to hysteria.

Earlier work led to comparable findings. We ourselves described how *Cancer Ward* by Solzhenitsyn is a beautiful source of material when analyzing illness perceptions in people with cancer [17]. Similarly, the autobiographical novel *The Breath* by Thomas Bernhard served as a very useful illustration of models of patient-physician interaction [18]. Even the Bible has been used to analyze how neurological disorders are depicted in a literary, albeit religious, work [20]. The same goes for classical sources such as Homer [21], and even a comic book like *Asterix*, analyzing wounds in Roman warriors [22].

The context of medical humanities allows extending the source of data from novels to also poems, music, paintings, and movies. In the case of hysteria, the website of Columbia University (New York) lists, for instance, *American Beauty* as an example of a movie where 'hysteria' is a prominent feature. The painting of Hedda Gabler by Bleken in this chapter reflects various 'hysterical features' (the exuberant colors reflect emotionality, as does the handing over of a pistol with the implicit invitation to commit suicide) [23]. A new chapter might be devoted to analyzing how movies, paintings, poems, and music contain elements that may be characterized as 'hysterical'. Earlier, we published a paper on how these five art forms (movies, paintings, poems, and music along with literature) may reflect important phenomenological and experiential themes resultant from asthma, chronic obstructive pulmonary disease, cystic fibrosis, and lung cancer [24].

A limitation of our chapter is a methodological issue. We set out to find elements in the sources we used that reflect elements of our operationalization of the concept 'hysteria'. This is like looking for white swans in a pool full of white swans – in order to 'prove' that all swans are white. At the same time, the concept of 'hysteria' is elusive, and in literary theory there is hardly consensus on how literary works can and should be analyzed for various purposes: 'simply put, at this juncture, rehabilitation researchers and clinicians would appear to lack both the vocabulary and the methodology to systematically study and report on the narrative nature of illness, injury, disability, and related phenomena' [16, p. 401]. A method that is used quite often in literary research pertains to defining elements of the core concepts (which we did) and then taking 'chunks' from these sources [15]. A method used by psychologists is the linguistic inquiry and word count which uses all of the text of a novel to analyze characteristics of specific word usage, such as the proportion of self-focused language (e.g. first-person pronouns) or negative emotion words [25]. Future researchers could use this technique to analyze the three literary works that we analyzed in our method.

Additional suggestions for further research pertain to refinements in the methodology, for instance extending the number of raters of the 'chunks' in the books used, refining the operationalization of the 'hysteria' concept, and using novels and autobiographic material that are written on characters that are generally agreed to be very un-hysteric and/or by authors who are known to exhibit no hysteric behavior at all.

Clinically, the chapter also tries to show how reading novels may help clinicians increase their sensitivity to persons with certain diagnostic labels. Medical students and students in other health-related fields may benefit from reading novels on various illnesses – in both works that pertain to 'psychiatric' or more 'physical' diseases. Beveridge gives strong arguments to say 'yes' to his question in his paper: 'Should psychiatrists read fiction?', namely [26, p. 385]:

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We can explore the lives and inner worlds of a wide variety of individuals by imaginatively engaging with them in novels. A purely bioscientific model offers a limited view of human beings. Reading literature helps to develop empathy. Aesthetic approaches to the medical study of literature lead to the development of complex interpretive skills. Ethical approaches teach ethical reflection [it should be mentioned that Beveridge also gives arguments to say 'no' to his question].

As detailed in an earlier paper of ours, novels can also be employed as a means of impacting on the health and behavior of readers, and, finally, literary sources do represent valid and useful material to study health, illness, and illness behavior. MRI, blood tests, and various other 'objective' methods in medicine are not the only way to do research in healthcare. Medical humanities deserves a safe and solid position in medical curricula [27–29].

Lewis [30, p. 12] summarizes much research on 'hysteria' and concludes: 'a tough old word like hysteria dies very hard. It tends to outlive its obituarists.' Recently, Julien Bogousslavsky (the editor of this volume) expressed similar views in his analysis of the concept of 'hysteria', entitled: 'Hysteria after Charcot: back to the future' [31]. It will be exciting to see whether and how 'hysteria' is discussed in future publications.

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1. For reference 32 (the picture of H. Brodkey), please provide the date (month and day), and page No. for The New Yorker.

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Ad A. Kaptein, PhD
Professor of Medical Psychology
Leiden University Medical Centre
PO Box 9600, NL–2300 RC Leiden (The Netherlands)
E-Mail a.a.kaptein@lumc.nl