

THE PSYCHE AND OUR SHAKING BODY

Review of Siri Hustvedt's (2010), *The Shaking Woman or a History of My Nerves*. Barcelona: Anagrama

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Siri Hustvedt writes novels, but *The Shaking Woman* is not one of them. Based on her personal experience, the book is a well-documented essay in search of explanations, from a psychoanalytical and neurological perspective, about the origin of her shaking.

The story is not novelized, but its structure is best described as an autobiographical account. Two and a half years after the death of her father, during a tribute to him at the university where he had been a professor of Norwegian Studies for almost forty years, no sooner had she begun to speak than she began shaking... While she managed to keep her voice steady, experienced speaker as she was, her body shook as though she were being electrocuted, according to her mother's simile. This experience occurred again at later public events, which she could always associate emotionally with her father. In time, the bouts of shaking began to seem more like manifestations of social anxiety brought on by her speaking in public. A beta blocker finally enabled her to control the shaking. But when it came back while she was hiking in the Pyrenees, she had to reappraise its psychogenic explanation – in the end, dualism cannot be overcome. As Hilary Mantel's review in *The Guardian* concludes: "In a narrow sense, a drug was the answer. But in a deeper sense, what was the question?" (Mantel, 2010).

The question is, of course, the mind-body dilemma. Hustvedt begins by recalling it through the *Project for a Scientific Psychology*, Freud's frustrated attempt to relate the mind with neurobiology. But she does not stop at research on hysteria (that of Freud and that of today), exploring studies on consciousness, language, memory,

sleep, free will, and everything she encounters in her way on the path toward finding the true identity of her shaking. From conversion disorders to neurological conditions (migraine, epilepsy), all the possible diagnoses for the shaking are evoked, with the humanist connotations characteristic of the clinical cases of Oliver Sacks – who, by the way, also suffered from migraines as a child, writing his most academic essay about them.

"Every sickness has an alien quality, a feeling of invasion and loss of control," writes Hustvedt at the beginning of the book. However, after reading the work, duly prepared for the most empathic perspective of suffering, her alterations can be looked at even as enviable gifts. Thus, one of the author's three sisters confesses to feeling "a little left out" at being "the only nonhallucinating sister among the four." A similar reconciliation with singularity can be found in people who hear voices (Romme & Escher, 1993) or, crossing over the barrier of academic credentials, in the case of clinical psychologist Kay Jamison, with her abrupt swings of mood and insight (Jamison, 1996). Disorders are indeed, as well as sometimes being the mark of a family, peculiarities of our identity that go hand in hand with our most beneficial qualities, be they emotional intensity, imagination or hypergraphia.

Hustvedt's book could be misunderstood as a poetization of illness, excusable only in a novelist without expert knowledge of these matters, but the reality is that this approach is closely akin to the most up-to-date and rigorous conceptualization of cases in clinical psychology. In contrast to the stereotypical view which assumes that cognitive-behavioural therapy (CBT) confines itself to working with clinical symptoms and diagnoses, the CBT conceptualization actually synthesizes and organizes for its working hypotheses all the information concerning situational and interpersonal factors: early and formative

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experiences; biological factors; patterns of behaviour, thoughts and emotion; underlying schemas; and strengths. Sometimes, a comprehensive formulation of the problem is sufficiently therapeutic: this seems to be the case of the shaking woman.

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