

Beghosted Bodyhood: Hypochondria and the Arts of Illness

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An essay based on talks given at the North-East Network for Medicine and the Arts, St. Chad's College, Durham, 16 June 2008 and Tate Britain, 18 September 2009.

As the ill affections of the spleen complicate and mingle themselves with every infirmity of the body, so doth fear insinuate itself in every action or passion of the mind; and as wind in the body will counterfeit every disease, and seem the stone, and seem the gout, so fear will counterfeit any disease of the mind. (Donne 2003, 36)

On the Sudden Something Ill

As John Donne writes '[o]ur health is a long and a regular work' (Donne 2003, 7). In an era of extended and accelerating knowledge about illness, we must be more vigilant than ever before to secure ourselves from ailment, injury and aging. Good health has become, not a gift, blessing, or even an ideal, but rather a responsibility, something we owe both to ourselves and to others. Not surprisingly, the desire to avoid illness can itself develop into pathological forms, in which the patient's life is entirely given over to precautions and prophylactics and apotropaic routines. It will not do to imagine that this is characteristic only of the citizens of advanced and complexly mediated cultures like our own, for human beings in many ancient and traditional societies have built their lives around similar kinds of anxious care, and the necessity to maintain various kinds of fragile balance, to keep the bad things, whether in the form of ill-fortune or the effects of malign spirits, at bay, often in ways that resemble the highly-personalised systems of self-regulation developed by contemporary obsessives. Susan Baur finds a parallel to modern hypochondria in the 'spiritual hypochondria' of pusillanimata, or scrupulosity, in the Middle Ages, the 'morbid doubt as to the adequacy of one's devotion' (Baur 1988, 23). On the other hand, the feeling that there is something modern about the specific form of modern medical hypochondria is itself of pretty long standing. Elizabeth Bisland complained in 1909 that

[i]n the latter half of the nineteenth century the world had grown to be only mildly interested in its soul, and to be considerably

more concerned about the health of its body...the mind of the world, obsessed by a universal hypochondria, is as concerned with the subtleties of hygiene and diet as was the mind of the past with the mysteries of grace and free will. (Bisland 1909, 822)

The difficulty in all this is that maintaining health seems only to be achievable in negative ways, namely by avoiding or combating illness. To be healthy, just like being holy, means being hale, whole or entire, but really to be healthy means to be able to be unconcerned with one's health, even unaware of it. Being well, like sleeping well, requires us not to be continuously aware of it. Being well, therefore, can never really mean being whole in this sense of coinciding with or fully including oneself, since being well precludes being able to include itself in its own calculations. If we are well, it must be unawares. The body taken in hand, monitored, protected, preserved, is a body that has begun to decline from the ignorant or indifferent condition that is health. As soon as we are asked if we are quite well, our health is literally put in question, and we find it hard or hubristic to be too emphatically positive in our reply. Asked how he is, Camier in Beckett's novel *Mercier and Camier*, replies 'that he had been even worse'. When Westmoreland wishes him health in Shakespeare's *Henry IV Part 2*, Mowbray answers apprehensively 'You wish me health in very happy season,/For I am on the sudden something ill' (*Henry IV.2, 4.2*). We become aware of our embodiment as such much more in conditions of sickness or debility rather than in health, which may encourage an inversion of the proposition: thus, if illness provokes self-consciousness, then self-consciousness is a sickness, while thriving may be defined as an animal inattentiveness to our thriving. In order to be well, we cannot leave our bodies to their own devices, which means, we can never be assured of being entirely well. As many physicians and carers must have suspected, the secret name of sickness is medicine.

We can put this in another way by saying that it is much harder to represent the condition of being well than it is to represent the condition of being ill. And the representation of illness is at the heart of the issue. For the difference between being well and being ill is the difference between a general and singular condition. When one is well, it is in an aggregate, all-things-considered, now-I-come-to-think-of-it of kind of sense. To be well is to be transparent. When one is ill, by contrast, one will usually feel or know oneself to be suffering from a particular complaint or series of particular complaints, which are usually clearly known and named. Of course, it is perfectly possible to suffer from what we call a sense of general malaise, but this will typically be experienced as a state of abeyance, in which one waits for the identification of what specifically is

causing the illness. In order to be ill, it is necessary to have an illness. Only if you are ill will you have a definite idea of how you are – and, for the hypochondriac, perhaps, of who you are.

This essay will be concerned with the complex interpenetrations of sickness and health involved in what may be called the arts of illness. By this I mean the methods, routines and practices whereby illnesses are produced and potentiated. I do not mean to imply by this the ‘construction’ of illnesses, but rather the ways in which they are lived. Nor do I mean to say that illness are simply made up out of nothing. We must understand ‘production’, not in the sense of the conjuror who produces a dove from under a handkerchief, but of the theatre company who produce a play. The play is nothing until it is produced, but must also be there in some latent form in order to be able to be produced, even if it will require the production to disclose this original latency.

My focus will be on the imagination of illness, which I will want to take in two intersecting senses – in the sense of imaginary illness and in the idea of the diseased imagination that had been taken to be the symptom of certain illnesses. These questions have usually been treated in terms of the complexities of understanding the relations between mind and body and the diseases that may affect them. My focus will be on the ways in which the arts of imagining illness reveal fundamental interferences and solidarities between our ideas and expressions of sickness and health. I will end by wondering why, in an age of ever more effective healthcare, it might be so hard for us to be well – or, putting it differently, why it is so hard for many to give up illness.

Imagining Illness

We had better distinguish first of all two kinds of intersection between imagination and illness. The first is what might be called imagined illness, which is a really existing, or at least accredited illness that someone pretends or thinks wrongly they have got. The other, which might be called imaginary illness, is a disease that somebody is wrongly believed to have, not because of any imposture or diagnostic mistake, but because the disease in question does not in fact exist. Typically, the first kind of imaginary illness tends to come from patients (hypochondria), while the second tends to emanate from doctors (when it is usually known as iatrogeny). The suspicion of hypochondria will usually be provoked when the patient fails to exhibit any external symptoms of the disease they believe they have. However, the last few decades have seen the

emergence of another version of this kind of imaginary disease, which falls between the conditions of the imagined and the imaginary. An example is furnished by the case of Morgellons Disease. Here it is not a case of a patient claiming to have symptoms of an existing and accredited disease, but of patients claiming that their symptoms are in fact of a hitherto unrecognised and unacknowledged disease. This might be regarded as a much more assertive and aggressive kind of hypochondria, one that goes much further to challenging medical practitioners on their own ground. Rather than being content merely to mimic recognised diagnoses, sufferers insist that their symptoms require a modification of the nosological landscape. At the same time, we can say that the patients who insist they are suffering from nameless or undescribed diseases fall in with the most strongly locked-in of all the assumptions of medical knowledge, namely the fact that illness comes in the form of distinct and ontologically specific diseases.

Of course, these two different agencies and origins for imagined illness can cross over. In certain senses, hypochondria can itself be seen as an example of iatrogeny: that is, treating those who imagine they have a disease, or pretend to imagine that they have a disease (and so on) as actually suffering from a disease (hypochondria) – just not the one they demand to be suffering from. Something similar can be seen in the alternative diagnosis offered by those who are sceptical about the existence of Morgellons disease, whose sufferers are often now said really to be suffering from ‘delusional parasitosis’. This is a particularly neat example of the intersection of hypochondria and iatrogeny, for medicine once believed abundantly in the many forms of extreme infestation by different forms of worm and maggot that is so dreaded by patients suffering from what they fervently wish to be called Morgellons Disease.

All of this assumes the prospect of arriving at a condition in which we are able to distinguish real from imaginary illnesses, even if one of the ‘real’ illnesses in question may be one that results in patients wrongly imagining that they are ill. It does not, I think, take enough account of the role of imagination in the form and experience of every illness. I do not mean by this phenomena such as the power of positive imaging in recovery or cure that has frequently been alleged. I mean rather the necessity for every disease to be imagined before it can be experienced as a disease. There is an important difference between a collection of symptoms and a collection of symptoms that is lived as an ‘illness’. Whether or not it is imaginary, every illness is imagined. In order to be lived, or, as Jean-Paul Sartre might say, ‘existed’, an illness needs to be conceived as a totality, and a relation established between it and its subject – who may be a physician or carer as well as a patient.

We may understand the imaginative production of illness better with the help of Jean-Paul Sartre's remarks on illness in the chapter on 'The Body' in his *Being and Nothingness*. Sartre uses illness to explain the problem of how it is that we both have and are our bodies, such that the internal dehiscence of illness or pain are constitutive of the strange necessity that we are under, of not being what we are and being what we are not. Sartre argues that we always make an illness our own, not because we transcend it, or because we give it a significance which it does not itself have, but precisely in the way in which we 'give to it its matter'. This produces what Sartre calls a 'psychic body', which is 'the projection on the plane of the in-itself of the intra-texture of consciousness' (Sartre 1984, 337). Consciousness therefore produces the illness that it is, not freely, or in thin air, but not in pure passivity either. This is because we both have and are illnesses. Of course, one has an illness which means that one is always more than or other than the illness; but one also is in the sense that one is always required to have chosen the manner of one's comportment to it, chosen, or at least produced the manner of the subjection to it. But this is not sufficient. For my illness also has an existence for others, indeed, it is this which constitutes it as an illness. Indeed, we might say, though Sartre does not say this, that it is precisely in its illness that the body-for-others most intimately intersects with the lived body, though Sartre's word for this is 'haunts' – 'a being for others haunts my facticity' (Sartre 1984, 357). Sartre's discussion of this matter is extremely cryptic and perplexing, and furthermore he has nothing specific to say about hypochondria or other phenomena. But we does seem to offer a helpful approach to the imagination of illness, which, as he helps us to see, always involves projection and production rather than simple suffering. Hypochondria may involve a kind of collapsing together of the two dimensions which Sartre says haunt each other – the body of the for-itself, or the for-itself of the body – the mineness of my illness on the one hand, and the 'being-an-object-for-others' that having a disease entails.

The Sartrean production of illness (mal) out of pain (douleur) forms a 'psychic object', which is at once me and apart from me. We may perhaps link this with the way in which, as Charles E. Rosenberg has suggested, the classification of diseases is governed by the 'specific entity idea' (Rosenberg 2006, 418), the idea that diseases are a kind of form of life, with their own specific curve of growth and development, and the anxiety of the hypochondriac who aims, not at becoming well, but at identifying his or her disease, and distinguishing it definitively from other diseases. As Carla Cantor observes, '[p]eople with hypochondriasis are less focussed on their symptoms than on what they believe the symptoms signify... Whereas people with somatization disorder just have the symptoms, the hypochondriac says, "I know something is seriously wrong

with my bladder or “I’ve got colon cancer” ’ (Cantor and Fallon 1996 33). Hypochondriacs are, in Beckett’s sour characterisation, like the sticklers ‘who had no peace until they knew for certain whether their carcinoma was of the pylorus or whether on the contrary it was not rather of the duodenum’.

The clearest example of this kind of ‘existing’ or existential production of illness is the remarkable project of Donne’s Devotions, written during and following his serious illness of 1623, perhaps typhus. The illness is broken up into 23 separate stages, each marking a specific stage of his illness, from its first intimations, to its crisis, and recovery: ‘The patient takes to his bed’, ‘The physician is sent for’, ‘The physician desires to have others joined with him’, ‘They apply pigeons, to draw the vapours from the head’ ‘The bell rings out, and tells me in him, that I am dead’, ‘At last, the physicians, after a long and stormy voyage, see land’ (Donne 2003, 5-6). Each of these stages prompts three kinds of reflection: firstly, a meditation, in which Donne lays out and reflects upon some aspect of the progress of a disease; then an expostulation – or ‘debatement’ – in which he wrangles with, protests to and implores his God; and, finally, a prayer, in which the doubts and anxieties of the middle section are reconciled. It is not so much an *ars moriendi* as an *ars patiendi*. It is an extraordinary and heroic running together of illness, writing and a kind of pedagogic self-formation amid the dissolutions of illness. On the one hand, the texts enact an unflinching refusal to turn away from the experience of illness into evasion or false hope. On the other, they produce, or, in the Sartrean sense, exist this illness as a styling of his being. Among the most remarkable of the devotions is the first, prompted by ‘The first alteration, the first grudging of the sickness’, which deals with the ‘multiplied misery’ of anticipated sickness, of a present infected by the dread of an imminent illness:

We do not only die, but die upon the rack, doe by the torment of sickness; nor that only, but are pre-afflicted, super-afflicted with these jealousies and suspicions and apprehensions of sickness, before we can call it a sickness: we are not sure we are ill; one hand asks the other by the pulse, and our eye asks our own urine how we do. (Donne 2003, 8)

Donne finds in this kind of apprehension a kind of egotism, which expands to encompass the whole world, but in the process inherits the world’s own torments and self-destructions:

Is this the honour which man hath by being a little world, that he hath these earthquakes in himself, sudden shakings; these

lightnings, sudden flashes; these thunders, sudden noises; these eclipses, sudden offuscations and darkening of his senses; these blazing stars, sudden fiery exhalations; these rivers of blood, sudden red waters? Is he a world to himself only therefore, that he hath enough in himself, not only to destroy and execute himself, but to presage that execution upon himself; to assist the sickness, to antedate the sickness, to make the sickness the more irremediable by sad apprehensions. (Donne 2003, 8)

It is as though we felt that the work of the fever itself were not enough, but could not be perfected 'except we joined an artificial sickness of our own melancholy, to our natural, our unnatural fever. O perplexed discomposition, O riddling distemper, O miserable condition of man!' (Donne 2003, 9). Donne here both confirms Sartre's account of the formation of the for-itself through illness and analyses the horror of an illness that has become taken up entirely into the for-itself, a freedom that has given itself to itself in the mode only of self-oppression. Hypochondria is a specialised form of this art of illness. Hypochondria is more than a style of life: it is a styling of life in itself and as such intense awareness of all the implications and responsibilities of their self-styling, hypochondriacs are the most dandaical of patients.

Perplexed Discomposition

What does hypochondria name? It is possible to give a reasonably straightforward answer to this. Hypochondria names a spectrum of conditions characterised by excessive and anxious concern for one's health, almost always augmented by the conviction that one is suffering from an undiagnosed illness or illnesses. Perhaps we might also be permitted to wonder how hypochondria means, how this particular word gets the job of naming the condition in question.

Hypochondria provides an interesting and exemplary picture of the move from an imaginary illness to an illness of the imagination. Indeed, hypochondria begins its life as a iatrogeny. During the sixteenth and seventeenth centuries hypochondria was closely, not to say hopelessly entangled with hysteria and melancholy. It was thought of as a disturbance of the internal organs lying in the trunk below the ribs, that resulted in the production of noxious vapours or spirits or just undigested matter, 'crudities' that, penetrating the brain, resulted in a number of physical and mental disturbances. During the eighteenth

century, it came progressively to be thought of as the male form of hysteria, with its seat being regarded as the spleen rather than the womb. There was little doubt in the minds of physicians that hypochondria was a physical complaint with a physical cause. George Cheyne, author of the much-reprinted *English Malady* (1733), affirmed emphatically that

I never saw any Person labour under severe, obstinate, and strong Nervous Complaints, but I always found at last, the Stomach, Guts, Liver, Spleen, Mesentery, or some of the great and necessary Organs or Glands of the lower Belly were obstructed, knotted, schirrous, or spoil'd, and perhaps all these together; and it may be very justly affirmed, that no habitual or grievous, or great Nervous Disorders, ever happened to any one who laboured not under some real Glandular Distemper, either scrophulous or scorbutical, original or acquired. So that in general, great Nervous Disorders may justly and properly be termed Glandular. The Stomach is often the first or principal Organ (or at least by Content and Consequence) in the Fault (Cheyne 1733, 183-4)

During the eighteenth century, the disease started to become fashionable as well as prevalent, as the marks of delicate sensibility came to be prized across a broad spectrum of the population. We might perhaps see this as an anticipation of and parallel to the similar generalisation of modernist ethics of nonconformism, sexual promiscuity and radical self-assertion across middle-class consumers, that according to Daniel Bell, took place during the 1960s.

Foucault tells us that there were two developments during the eighteenth century in the understanding of hysteria and hypochondria. The first was that the two diseases came more and more to be associated, and the second was a shift from the traditional pathological understanding of the two diseases, such that 'at the end of the eighteenth century, almost without dispute, hypochondria and hysteria are firmly classed as mental illnesses' (Foucault 2006, 279). Foucault points to the strange 'qualitative instability' of the particular ills supposed to be at work in hysteria and hypochondria (Foucault 2006, 283), some finding their cause in thickness and congestion, otherness in slackness or excitability. They are both illnesses that, though they have their seat in the stomach, constitute 'a diverse, polymorphous malady ... a sickness that could affect the whole corporeal space with such rapidity and cunning that it was virtually present throughout the entirety of the body' (Foucault 2006, 285). Foucault sees the move during the eighteenth century to a conception of the animal spirits as the medium of diffusion of hysteria and hypochondria as

leading to a new conception of hysteria as a kind of mimic, deceitful entity, which, though the result of a determinate and real cause, takes on different forms in different organs. 'Such', Foucault writes, 'is the cunning of a condition which, traversing the corporeal space in the homogenous form of movement, shows itself in specific guises; but the appearance of the disease has no connection to its essence, and is a feint developed by the body' (Foucault 2006, 282). Foucault sees a difference between hysteria and hypochondria in this respect, namely that the hypochondria that is thought to be characteristic of men, occurs in a denser, firmer bodily frame, one that is more resistant to the disordering mobility of the spirits. But Foucault almost always assumes in his discussion the assimilation between hysteria and hypochondria that he asserts, and therefore reads hypochondria entirely in terms of hysteria. In fact, however, the strong association between the two established during the eighteenth century began to come apart through the nineteenth century.

Excessive brooding on one's physical condition, along with anxiety about the possibility of succumbing to certain conditions, was originally just one part of the wide spectrum of irregularities of mind and mood said to be characteristic of hypochondriacal complaints, along with fatigue, irritability, capricious changes of mood and mind and a host of other symptoms. Gradually, however, it came to engross all the others. The reflexive part of the illness, the illness of morbid over-reflection on illness, thus consumed the rest of its many physical symptoms, all of which became its stimulus.

The turning point for hypochondria came towards the end of the eighteenth century. John Hill began the second edition of his *Hypochondriasis* of 1775 with the words '[t]o call the hypochondriasis a fanciful complaint, is ignorant and cruel. It is a real, and a sad disease; on obstruction of the spleen by thickened and distempered blood; extending itself often to the liver, and other parts; and unhappily it is in England very frequent' (Hill 1775, 3). In fact, the first edition of Hill's work is credited as the first appearance of the pompous 'hypochondriasis', the extra syllable perhaps marking the effort to reclaim the word for medical use. But hypochondria, like melancholy in the previous century, seemed to have been released into the public wild during this century. Physicians attempted to keep diagnostic control of the disease, through ever more complex divisions and subdivisions, such as those provided by the influential W.H. Cullen, who was at pains to distinguish hypochondriasis from hysteria, calling the two diseases 'exactly opposite to each other' (Cullen 1797, 62), though one of his subdivisions is confusingly called 'hypochondriasis hysterica' (Cullen 1797, 54). Cullen is sometimes unaccountably given credit for having introduced the idea that hypochondria was a 'nervous disorder' (Cullen

1797, 41) rather than a disease with physical causes, but in fact his emphasis is on the way in which the nerves related to the other systems of the body. He believed that, in the cases of hysteria and hypochondriasis to be 'nervous disorders...that primarily and idiopathically appear in the alimentary canal' (Cullen 1797, 41). He distinguished 6 forms of hypochondriasis; 'Hyp. congenita; Hyp. a pathemate, Hyp. a studio nimio, Hyp. a venere nimiâ, Hyp. ab inanitione, Hyp. hysterica, Hyp. empractica, Hyp. a suppressis evacuationibus quibusdam, Hyp. a repulsis, Hyp. a febre intermittente interruptâ, Hyp. arthritica, Hyp. nephritica' (Cullen 1797, 47).

Ilza Veith suggests that the idea of a morbid preoccupation with one's health was only added to the idea of hypochondria in 1822, with Jean Pierre Falret who, in his *De l'hypochondrie et du suicide* (1822) 'was the first to describe false beliefs as to an impaired state of health as one of the characteristics of hypochondria' (Veith 1956, 238). In fact, Vicesimus Knox suggested in an essay 'Of the Complaints of Men of Learning' in 1782 that 'that lowness of spirits which a sedentary life, and an unremitted attention produce, may give rise to complaints founded only in an hypochondriac imagination' (Knox 1782, 1.103). By the end of the century, we can read in Crichton's *Inquiry into Mental Derangement* that '[h]ypochondriasis, therefore, is chiefly characterized by erroneous notions relating to the patient's own frame, and by painful corporeal feeling' (Crichton 1798, II. 339). It is nevertheless the case that 'hypochondriasis' continued to be used to name a general and pervasive state of dejection, as for example in the review of a biography of Cowper in 1834, which offered 'tristimania' as a synonym (Anon 1834, 16).

As hypochondria came adrift from its name, and it became less and less plausible to construe its effects as arising from abdominal or digestive disorders, the less hypochondria seemed like an organic disease. This distinguished it strongly from hysteria, the profile of which continued to be consolidated and to become more complex despite the fact that it was characterised as a disease without a seat of lesion, and despite the mysterious variety of its effects. This is probably because hysteria retained, or took over from hypochondria, most of its outward physical signs, some of them, like disorders of gait, or dermatological problems, the result of other, for example neurological or vascular, disorders. There might be no agreed cause or centre to hysteria, but there was physical evidence in abundance, in the catatonias, paralysis, tics, tremors, spasms, aphonia, deafness, frenzy and other symptoms that were so assiduously gathered, exhibited and tabulated in the Salpêtrière. Charcot's careful investigations of the physical signs of hysteria prepared the way for Freud and Breuer to define it as the primary disease of somatization,

that is to say, the expression in bodily form of conflicts and distresses that could not find expression in words.

As a result, hypochondria became something like the opposite of hysteria. Where hysteria was the corporeal expression of weaknesses of sensibility or diseases of the mind, hypochondria was a kind of drawing up into the mind of the body, which was characterised not by a superfluity but a deficit of corporeal signs. Hysterics projected their psychic lives out into their bodies; hypochondriacs introjected their bodies entirely into their psychic lives. The bodies of hysterics were all expression without interpretation; the bodies of hypochondriacs were all interpretation without expression. Hypochondriac feelings or behaviours now occupied a minor part of the hysterical spectrum. Hypochondria dwindled from a noun to an adjective; and in place of hypochondria, there were now only those who exhibited hypochondriac behaviour, capricious, obsessive, self-centred, pitiable, as they were taken to be. A particular kind of personality, or personality trait had taken the place of a disease. We might say that this only intensified the efforts of the hypochondriac to be assigned and assigned to a particular, named and known disease.

Indeed, efforts have recently been made to restore the standing of hypochondria as a 'real' disease. These efforts have centred on the work of Brian Fallon, who began to claim in the early 1990s that sufferers from hypochondria responded to the new generation of drugs that were being used to treat some forms of obsessive-compulsive disorder, in particular Prozac (Fallon et. al. 1991). This suggested that 'hypochondriacs may in fact be physically ill. However, the illness is not a result of the disease they fear but of a neurochemical imbalance of the brain' (Cantor and Fallon 1996, ix). This has come as a breakthrough to some hypochondriacs, such as Carla Cantor, who has written of the moment of relieved recognition that she did have a disease after all, after reading about hypochondria in the New York Times:

Suddenly something clicked for me. The myriad tests, the files of medical bills, the dozens of maladies for which doctors could never find a cause. There was something wrong with me, but not a deadly disease.. That meant I had nothing to be ashamed of. It meant I could get well. (Cantor and Fallon 1996, 6).

Holy Hypochondria

There is a certain general association between art, artists and hypochondria. Many artists and writers have been hypochondriacs or have had it alleged of them, including, most conspicuously, Molière, Boswell, Coleridge, Poe, Carlyle, Dostoevsky, Tolstoy, Proust, Ford, Conrad, Kafka, Mann; Hume Nietzsche, Spencer. The Queen of Hysterics in the Cave of Spleen in Pope's Rape of the Lock is addressed as

Parents of Vapors and of Female Wit,
Who give th' Hysteric, or Poetic Fit,
On various Tempers act by various ways,
Make some take Physick, others scribble Plays (IV.59-62 Pope
1962, 189)

The Romantic period saw a remarkable valorisation of hypochondria, during the very period in which it was being consolidated into its modern understanding, as a morbid preoccupation with illness. Novalis saw it as a kind of heightened selfhood. He called for 'absolute hypochondria', declaring that 'hypochondria must become an art – or an education'. 'Hypochondria prepares the way to bodily self-knowledge – self-control – self-vitalization' 'Concerning hypochondria and jealousy – 2 very remarkable phenomena for knowledge of the soul'. (quoted Tobin, 109). Novalis declared that 'There is a petty hypochondria and a sublime hypochondria. It is through the latter that one should try to find an access route towards the soul' (quoted Ellenberger 1968, 442). The Romantic view of hypochondria encouraged a view of it as the symptom of an awareness of our constitutional maladjustment to a merely natural condition, and our privileged sense of our defining state of anxiety. Søren Kierkegaard ended his essay 'The Concept of Anxiety' of 1844, with a quotation from the eighteenth-century Enlightenment philosopher J.G. Hamann, identifying the state of 'homesickness' and 'impertinent disquiet' with the state of nature which leads us beyond it to God, as 'holy hypochondria' (Hamann 1999, 6.194, quoted Kierkegaard 2001, 208). This passes via Nietzsche into Deleuze's account of the writer as a kind of physician-patient:

The world is the set of symptoms whose illness merges in man. Literature then appears as an enterprise of health: not that the writer would necessarily be in good health, ... but he possesses an irresistible and delicate health that stems from what he has seen of things too big for him, too strong for him, suffocating things whose passage exhausts him, while nonetheless giving him the

becomings that a dominant and substantial health would render impossible. (Deleuze 1998, 3)

Verbum Caro Factum Est

Sartre struggles to account for the ways in which the body lived as mine – my ‘illness (mal) – gives way to, or is surpassed by the body-for-others, which alone is constituted as a certain kind of knowledge, and can thus be constituted not just as mal, illness, but as maladie, disease. At all times, ‘another is responsible for my disease’ (Sartre 1984, 356). In one sense, this knowledge is empty and abstract: ‘It is by means of the Other’s concepts that I know my body... It is evident that the categories which I then apply to the Illness constitute it empty, that is, in a dimension which escapes me’ (Sartre 1984, 355). And yet, I may seem to have what Sartre calls an ‘intuition’ of this body of maladie, since ‘despite all, the body which is suffered serves as a nucleus, as matter for the alienating means which surpass it’ (Sartre 1984, 355). Here, we have another version of the Sartrean predicament, of a surpassing that is impregnated with the tones and textures of that which it surpasses. It is, to evoke a sensation which appears obsessively in Sartre’s writings on the body, a kind of clinging.

Hypochondria may be understood as a condition in which the relations of illness and disease, mal and maladie, the felt and the known, the body-for-me and the body-for-others, are at their most intimately imbricated. Hypochondria arises in circumstances in which medical knowledge ceases to be charismatic and starts to enter into common circulation.

Hypochondria, like hysteria, was caught in a peculiar duality. It was thought to be caused by various, rather crudely-conceived physical processes (in which crudity, in the sense of undigested food, was itself prominent). At the same time, it was distinguished by a particular class of bodily delusions, in which the sufferer believed that his body consisted of glass, or some other inanimate matter. Knox evoked in another essay ‘the hypochondriac visionary, who, in the temporary madness of his reverie, believes himself transformed into inanimate matter’ (Knox 1782, 1.107).

This is an old story about melancholy and hypochondria. Levinus Lemnius had reported the case of ‘a Hypochondriake person, that is to say, one, whose Hartstrynges were embolned and swolne wyth Melancholie Humour... which thought his Buttocks were made of glasse, insomuch that he durst not do any thing but standing, for feare least if he should sitte, he should breake his rumpe, and the Glasse flye into peeces’ (Lemnius 1576, 159-60). The story was

frequently retold, sometimes in embroidered versions, such as that of Thomas Walkington, who includes in his roll-call of examples of the conceits of melancholy, ‘a ridiculous foole, of Venice, [who] verely thought his shoulders and buttockes where made of brittle glasse; wherfore he shunned all occurrents and neuer durst sitte downe to meat, lest hee should haue broken his crackling hinder parts, nor euer durst walk abroad lest the glazier should haue caught hold on him & haue vsed him for quarreles and paines’ (Walkington 1607, 71-2). Descartes repeats the story at the beginning of his *Meditations*, where he refers to ‘those mad men, whose brains are disturbed by such a disorderly melancholick vapour, that makes them continually profess themselves to be Kings, tho they are very poor, or fancy themselves cloathed in Purple Robes, tho they are naked, or that their heads are made of Clay as a bottle, or of glass’ (Descartes 1680, 3-4). Pope would populate the Cave of Spleen in his *Rape of the Lock* with bodies affected by versions of the same delusion:

Unnumber'd Throngs on ev'ry side are seen,
Of Bodies changed to various Forms by Spleen.
Here living Teapots stand, one Arm held out,
One bent; the Handle this, and that the Spout:
A Pipkin there like Homer's Tripod walks;
Here sighs a Jar, and there a Goose-pye talks;
Men prove with Child, as pow'rful fancy works,
And Maids turn'd Bottels, call aloud for Corks. (IV.47-54 Pope
1962, 187-8)

Discussions of these delusions have focussed on the importance of the ideas of brittleness and vision, as well as traditions of considering the body as a receptacle (Speak 1990). Timothy Reiss, who points out that the reference to glass might actually borrow from ideas of medical apparatus (Reiss 2003, 42), is one of the few to see the close association between the delusion produced by hypochondriac melancholy and the widespread account given of it. For the important thing about glass before the middle of the nineteenth century, is that it has always been blown, which allows it to be seen as an unconsciously parodic self-dramatisation of the vision of the body inflated by unwholesome vapours that governs accounts of melancholy and hypochondria. Walkington associates this delusion with other delusions that seem to have to do with the extreme conditions of unnatural heaviness and lightness, slackness and distension, which were the leading themes of medical accounts of the body. The Venetian glass-fantastist follows immediately upon the mention of ‘one that perswaded himself he was so light that hee got him iron shooes lest the wind should haue taken vp his heeles’ (Walkington 1607, 71). Donne reflects in

similar terms on the self-produced vapours of his own body that may be killing him: 'who would not think himself miserable to be put into the hands of Nature, who does not only set him up for a mark for others to shoot at, but delights herself to blow him up like a glass, till she see him break, even with her own breath?' (Donne 2003, 77). So there is a communication between the systematically maintained and developed medical fantasy of a body swollen with wind, and the overblown delusions that are the supposed effect of this supposed physical cause.

In 1775, a farce entitled *The Spleen* was performed in Drury Lane, which nicely pinpoints the new dispensation with regard to medicine and literature. At its heart is a bookseller called Rubrick, who has a double business, as a seller both of books and of medicines. He defends his double vocation to his kinsman Aspin, who reproaches him with being 'half bookseller, half apothecary! Half in town, half at Islington! Doing every thing, and doing nothing! Here and there and every where, and to be caught no where!' (Colman 1776, 12). Rubrick responds 'Apollo, you know, the patron of booksellers, is the common god of physick and poetry: besides, since the doctors are most of them turned authors, it is but proper that booksellers, to keep pace with their principals, should become a sort of apothecaries' (Colman 1776, 12). Later in the play, the malade imaginaire, D'Oyley, is shown producing in himself the symptoms described in a book of advice on how to avoid a consumption (Colman 1776, 20-1).

The rise of hypochondria parallels precisely the rise of mercantile and consumer medicine, in which quackery and credulity multiplied on each other, and in which medical writing reached ever-expanding readerships. Hypochondria is the clearest yet most complex expression of this social churning of symptom and pathology. And it is as a result of this period of expanded medical writing, in which illness and cure become ever more literary, that the question of the interpretation of signs begins also to be more fraught. Reading of the signs of illness doubles the actual reading of the signs of the body that is involved in diagnosis, a word which makes its first appearance in the title of an English book only in 1791 (Price 1791). The body becomes taken up into the particular dynamics of reading itself, that action which at once opens one up to the public world, and yet which is also most intimately private. From the eighteenth century onwards, medicine attains a condition of extimacy, becoming a region or register of experience that is neither the lived body nor the body-for-the-other, but much more complex versions of the lived-body-for-the-other. Hypochondria in the modern sense is brought into being by this strange intersection, for, as Catherine Belling suggests, 'hypochondriacs experience their bodies as always already the objects of

particularly medical reading', which means that 'we are all – now, here – more or less hypochondriac, to the extent that contemporary Western culture tends to evaluate bodies primarily as objects of bioscientific knowledge', indeed, that 'medicine itself is a hermenutic and potentially hypochondriac enterprise' (Belling 2006, 380).

Freud considered hypochondria under the rubric of narcissism, and it is easy to see something narcissistic in its refusals of reassurance and its unsatisfiable and contradictory desires, both for fear and relief from it. The traditional cure for the hypochondriac has always been that they should get out more. But the narcissism of hypochondria, if that is what it is, has itself become generalised or externalised. The phenomenon of the 'worried well' might be regarded as a generalisation of hypochondria, in a form which makes it much harder to distinguish between the imagination of disease and the disease of the imagination. We have no choice but to maintain a vigilant concern for our health, to introject and internally sustain a medically-defined sense of well-being as the absence of pathology, which produces an unhealthy fixation upon the illnesses which we might have. The success enjoyed by Natasha Demkina, 'The Girl With X-Ray Eyes', who has been claiming to be able to see inside the bodies of those who come to consult her since the age of 10, may be in part a confirmation of the principle that people prefer illness to uncertainty. As a kidnap victim in Baghdad once said on their release, an unexpected bonus of being kidnapped was the relief at being freed from the ever-present fear of being kidnapped that oppressed the inhabitants of Baghdad.

This may provide an explanation for the phenomenal popularity of complementary and alternative medicines (CAM). It is often said that such therapies provide relief from conditions for which mainstream medicine is unable to provide effective treatments, though it seems overwhelmingly clear that whatever benefits may be derived from homeopathy, osteopathy, chiropractics, acupuncture, aromatherapy, chromotherapy, ear-candling, and the rest are due to forms of the placebo effect (Bausell 2007). But the most striking feature of such therapies is not so much their provision of alternative forms of treatment for existing ailments which would allow clear comparison of their effectiveness – it is often pointed out that there are no homeopathic contraceptives or causality wards – as the relief they offer from more marginal and obscure ailments which are the artefacts of the system of ideas at work in the form of therapy in question. The most important function of complementary and alternative medicine may in fact be to meet the desire of patients to undergo healing, as opposed to being or becoming well. The point of CAM is therefore to produce rather than to diminish lucratively tractable

illnesses. Not that the money charged or the profits made by CAM practitioners is really the issue, despite the concern of those who condemn them. Patients are paying for the participation of some kind of accredited expert (whose lack of conventional medical qualifications is often an extra qualification) in a complex ritual of reassurance in which mild pseudo-complaints are reliably treated by equivalent pseudo-therapies. When one says, as one overwhelmingly must, that complementary and alternative medicines are not really treating the illnesses they claim to, we may yet understand this in a slightly different sense from that which is normally assumed. These therapies are not treating the illnesses, so much as transforming them, producing new understandings of, and therefore relations to, the illnesses in question.

The huge growth of accurate medical knowledge and effective therapy that has taken place over the last two centuries may be regarded as a leading part of the process that Peter Sloterdijk has called 'explizieren', 'making explicit', or 'explicitation'. For Sloterdijk, 'the real foundation of modernity is not revolution, but explicitation. Explicitation is for our time the true name of becoming' (Sloterdijk 2004, 87; my translation). He proposes that the whole of modernity can be characterised as such a principle of explicitation, according to which whatever had previously lain in the background, as a mere given or assumed form of existence, is brought forcibly into view, its principles unfolded, its possibilities actualised. What matters about this is not so much the making over of experience into knowledge as the passage into exterior, legible form of what had previously been implicit or latent. There are two, quite contrary, effects of this 'latency-breaking' (Sloterdijk 2004, 162; my translation). One is that the world seems to become legible, predictable, controllable, transformable. The other is that we find ourselves carrying the burden of responsibility for maintaining what had previously maintained itself. What is more, the process of explicitation may often turn out not to be a simple, one-way decoction of the implicit into the condition of the explicit. Enlarging the scope of knowledge may actually open up new, previously unsuspected areas of latency, or the suspicion that there may be more things that we don't know that we don't know. There is no better demonstration of this than the treatment of pregnancy. If one decides not to have any of the tests that are now a part of the process of pregnancy – urine and blood tests, ultrasound screening, perhaps amniocentesis, screening for Down's syndrome, cystic fibrosis and other abnormalities – one may opt for ignorance, but cannot any more eschew responsibility. One will be ignorant, not of necessity, but through conscious choice. It is no longer possible to choose the latent, only to screen oneself from what might perfectly well be made manifest. As a result, pregnancy has become

for many parents a period of punctuated anxiety, involving a passage through various interrogative gateways.

The hypochondriac painfully inhabits the transition between the latent and the explicit. He is unable any more to have faith in the latency of his body, which he must at all times monitor for signs of malfunctioning. Sartre writes that 'the body, since it is surpassed, is the Past' (Sartre 1984, 326). But the hypochondriac's body points in the other direction, into a portentous futurity. It is an 'always future hollow' – *creux toujours futur* – (Sartre 1984, 322), a thing, not of constraint or inertia, but of anxious augury, of protension, portent and cryptic premonition. The hypochondriac's body calls for explicitation and decisive action. The anxiety of the hypochondria is not rooted in unconscious conflicts, which is why Freud was probably right to distinguish hypochondria from the other neuroses, suggesting that it is to be regarded as an 'actual neurosis' (Freud 1984, 76), that is, one rooted in contemporary conflicts and frustrations, rather than in repressed conflicts from the subject's past; for this reason, Freud thought it non-symbolic and therefore not susceptible to elucidating analysis. Rather, it is an anxiety formed by the prospect of and demand for absolute knowledge of the body, a demand, however, which seems to have passed beyond the subject and taken up residence in the body itself. Knowledge ought to be on the side of the mind, defining mind against the lumpy, mulish nescience of body. For the hypochondriac, the body is full of arcane knowledge, like a text written in an unknown language. Rather than a cloud of unknowing, the hypochondriac's body is a labyrinth of cognitions and recognitions.

This is a further reason why hypochondria could no longer belong with hysteria. Where hysteria depends upon the body blurting out unawares the secrets the psyche imperfectly keeps from itself, hypochondria is epistemopathic – it is a disease of knowledge. Hypochondriacs therefore resemble the intensely self-scrutinising victims of paranoia and systematic delusion who begin to flourish, or at least started to be given to detailed self-report, from the end of the eighteenth century onwards, which is to say, the very period during which the modern form of hypochondria emerges – James Tilly Matthews, John Perceval, Daniel Paul Schreber. Their lives become an agony, not of repressed desire, nor of alienation from their bodies, but rather of hyperconsciousness. They are not so much alienated from their bodies, as alienated from the alienation from their bodies, which can no longer be trusted with any of their autonomic functions, or allowed the innocence of being without meaning. Their lives become an epistemological ordeal, as they labour

to read and convey to the world the imperfectly-articulated messages emanating from their bodies.

The growth of knowledge means the passing of experience into knowledge, or the suffusing of experience by knowledge, producing the 'endoscopy' that Sartre doubts is ever really possible (Sartre 1984, 357). For Michel Serres, this marks the beginnings of a sacramental overcoming of the split between concrete and abstract, in which truly 'verbum caro factum est' (Serres 2001, 78). But it also opens up a new split, in the surpassing by knowledge of its subject, which no longer has any prospect of capturing or coinciding with this knowledge. It is as though the dark continent of the implicit that predated the coming of awareness were replaced by an even more extensive opacity, that opened up by a knowledge that refuses to be embodied in any conceivable 'subject-supposed-to-know', in Lacan's formulation, surpassing even the supposition of such a supposed subject. In place of the peace that passeth all understanding, there is an understanding that surpasses all peace. Even as the body is made over into knowledge, and for that reason, there is no way to keep your body in mind.

Hypochondriacs are condemned to find the most intimate and proximate truth of their bodies outside themselves, in the scouring of medical texts and, recently, in a phenomenon that seems first to have been named by Ann Carrns in 1999, the trawling of the internet in 'cyberchondria' (Carrns 1999). This accounts for the fact that the hypochondriac is, like the victim of paranoia, at once the helpless victim of persecutory powers and aggressively self-assertive in the maintaining and elaborating the system of his delusions. This may also help explain the preference of those of a mildly hypochondriac disposition for alternative systems of medical thought and treatment that, while mimicking mainstream medicine in their complexity and technicality, nevertheless allow themselves to be grasped as wholes, which is to say, systems based upon radically subtractive, not to say obsessive, governing principles – for example, the exceptionless generalisation of the two principles of like curing like and the curative power of minor dosages in homeopathy, the insistence on the universal explanatory power of 'subluxation' in chiropractics, and the various versions of the principle of energy, chi, or life force. The demand for holism is a demand for a medicine that can be held in mind, that will allow the construction of a plausible and coherent psychic body, in place of the terrifyingly diffuse field of potentials, probabilities and approximations that is opened up by contemporary medical knowledge. Such imagings or existings of illness defend against the condition of permanent nosological question that Donne evoked in his first Anniversary:

There is no health. Physicians say that we,
 At best, enjoy but a neutrality,
 And can there be worse sickness, than to know
 That we are never well, nor can be so? (Donne 1965, 179)

Beghosted Bodyhood

Brian Dillon (2009) and I are in agreement that perhaps the most important thing about hypochondria, which afflicts its sufferer with the sense that their lives are a sham or simulation, an endless anticipation of the onset of a disease that is nevertheless already irreversibly in train within them, is that it in fact permits a systematic styling of the sufferer's life. The disease is, to use the Sartrean expression on which I have called more than once, an 'existing'. In Dillon's case-histories, hypochondria there is a recurring pattern of obsessive and meticulous planning and life-production, to cope with what seems to be the dread that, without these routines, the subject may simply dissolve. This may give a key to or handle on this slippery ailment, which may help us draw together some of the classic, premodern symptomatology of the disorder and its seeming links with the conditions of modern subjectivity.

Though hypochondria is not coeval with modernity, it becomes powerfully expressive of certain features of modern subjectivity. The most important of these is the discovery of what Sartre would formalise as the intrinsic nothingness of the self. Sartre was anticipated in this a couple of centuries earlier by David Hume who responded magnificently to René Descartes's proposition that I can subject everything to doubt except the fact that I am doubting – that, if I look inside myself, I will be presented with the irreducible evidence of myself. Hume responded, in section VI of his *Treatise of Human Nature* (1739)

He may, perhaps, perceive something simple and continu'd, which he calls himself; tho' I am certain there is no such principle in me... setting aside some metaphysicians of this kind, I may venture to affirm of the rest of mankind, that they are nothing but a bundle or collection of different perceptions, which succeed each other with an inconceivable rapidity, and are in a perpetual flux and movement. Our eyes cannot turn in their sockets without varying our perceptions. Our thought is still more variable than our sight; and all our other senses and faculties contribute to this change;

nor is there any single power of the soul, which remains unalterably the same, perhaps for one moment. The mind is a kind of theatre, where several perceptions successively make their appearance; pass, re-pass, glide away, and mingle in an infinite variety of postures and situations. There is properly no simplicity in it at one time, nor identity in different; whatever natural propension we may have to imagine that simplicity and identity. The comparison of the theatre must not mislead us. They are the successive perceptions only, that constitute the mind; nor have we the most distant notion of the place, where these scenes are represented, or of the materials, of which it is compos'd. (Hume I.4.6, 1975, 252-3)

Hume is known nowadays as a 'bundle theorist', meaning that he thought that objects (and subjects) were not essences, but just bundles of qualities; but he might just as well be called a symptomatologist, since the theatre he is here describing is like that of hypochondria, consisting of an infinite succession of changing forms without any underlying essence, except perhaps the anxiety about their essence.

So what? The answer, for Hume, is that we should give up metaphysics, or at least give up trying to fix or ascertain the nature of the self in this metaphysical fashion. But Hume himself seems not to have been entirely able to give this pursuit up, or entirely immune from the corrosive effects of this conception of the self as a nothingness. For, as a young man abandoning his study of the law in 1729 and devoting himself to the prospect of what, in *A Kind of History of My Life*, he called 'a new Scene of Thought' (quoted Norton 1993, 346), Hume had himself fallen prey to what his doctor, probably John Arbuthnot, the author, in the previous year, of *An Essay Concerning the Effects of Air on Human Bodies* (1733) called 'the Disease of the Learned' (Mossner 1980, 67). Arbuthnot prescribed anti-scorbutic juices (citrus fruits, which would have done Hume no harm at all) and a pint of claret a day (somewhat less advisable). In an autobiographical letter of 1734, probably addressed to Arbuthnot, Hume linked his condition to philosophical speculation:

Reflections against Death, & Poverty, & Shame, & all the other Calamities of Life no doubt are exceeding useful, when joined with an active Life; because the Occasion being presented along with the Reflection, works it into the Soul, & makes it take a deep Impression, but in Solitude they serve to little other Purpose, than to waste the Spirits, the Force of the Mind meeting with no

Resistance, but wasting itself in the Air, like our Arm when it misses its Aim. (quoted Mossner 1980, 66-7)

The new 'scene of thought' was turning into one in which nothingness or airiness held sway and in which Prospero's apprehension that 'These our actors,/As I foretold you, were all spirits and Are melted into air, into thin air.../We are such stuff/As dreams are made on' seemed to be made actual, without, of course, being able to be made palpable.

Hume oscillated between the apprehension that the self was not a thing, was a no-thing, and the apprehension that it was a positive Nothing. The form in which nothingness or negativity has been traditionally been imaged is what Robert Boyle had called the 'next Degree to nothing' (Boyle 1999-2000, 132) of the element of air (and even the elementariness of the air would, during Hume's lifetime, be decomposed into multiplicity). Airiness was of the essence of the distemper that was so obsessively bound up with the experience of flatulence and came to be known in the eighteenth century as 'the vapours'. If there was one thing that all hypochondriacs seemed to have in common, it was the experience of themselves as a kind of nothingness made substantial, a something that was a nothing, a nothingness bloated out into palpability, in the form of air, or glass, or of glass blown up with air.

The meaning of the airiness of hypochondria is, I think, this. It is a particular variety of what Sartre would later call 'bad faith', namely the desire to disavow the nothingness or the nihilation of the self through the pretence that the self was, after all, a thing. The most obvious and ready-to-hand object for this project of misrecognition was the body, the thing which the for-itself most definitionally surpasses or nihilates, the thing by reference to which the for-itself is a thing that is not, is nihilation or notness itself, and nothing besides. Faced with the nothingness of the self, the anxious subject fixates on the body. But the hypochondriac's bad faith does not go far enough; for his or her body is afflicted by the same impermanence or nothingness as the soul or self. It thereby becomes too good an image of the dissolute self, a wraith-like double of, rather than a sandbagging stand-in for it. The hypochondriac's is what Nathaniel Fairfax called 'a beghosted bodyhood' (Fairfax 1674, 12). It is for this reason that hypochondria, though often associated with hysteria, gradually came to be something like its opposite. For, where hysteria found a satisfactory objective correlative for the mind in the agonies of the body, the hypochondriac always suffers from the fact that the body is never bodily enough, that it always has in it too much of the airy insubstantiality of the nothing-mind. It is itself too beghosted to give local habitation to the mind.

This might also account for the particular prominence in hypochondria of indigestion or dyspepsia, which we are inclined now to see as its most bathetic or ridiculous aspect. The difficulties associated with food of the hypochondriac may be usefully contrasted with those of the anorexic. The anorexic's anxieties are bound up with ingestion, with the taking in of food. The hypochondriac's concern is with the act of digestion, or the process, subsequent to the act of ingestion, of turning solid matter into – what? action, energy, will, thought. Medieval theories of the body saw it as a machine for cooking or distilling base matter into superfine animal spirits. The hypochondriac recoils from this view of the body as a distillery of spirit, because it is the function of the body to be a stay against the swirling dread of insubstantiality. Dyspepsia is an attempt to take charge of the autonomic process of digestion, standing out against the horrifying prospect that the body itself may ultimately be a factory of voids and fictions. But, where the anorexic is Cartesian, determined to assert the sovereign power of the *cogito* against the insubordination of the body, striving to attain and identify with the condition of thin air, the hypochondriac is Humean, looking to the body for reassurance against the prospect that the self may be no more than 'the Force of the Mind meeting with no Resistance, but wasting itself in the Air'. The problem for the Humean hypochondriac is precisely that the body proves so tractable to the nihilating powers of the mind, so apt to be produced, in the theatrical sense, in its image, to be 'existed' as nothingness.

As innerness and outerness, intuition and knowledge, become ever more tightly imbricated in contemporary experience, and the body lived ever more epistemophorically, the knowledge of others of the otherness-to-me that is my body becomes ever more intricately drawn into this handy-dandy dynamic of thingness and nothingness. The hypochondriac's demand to know the ailment of the body whose woeful indisposition is precisely that it always both is and is not a knowable thing, means that, as they have been told all along, though in an almost opposite sense from what was meant, nothing is wrong with hypochondriacs.

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