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(IN)ARTICULATING THE SPECTER: QUEER COMMUNICATIVE RESISTANCE IN THE
HYSTERICAL SUPERNATURAL

by:

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“Clearly, it was a paradigm that explained everything and therefore nothing.”

—Rachel Maines, on hysteria

Introduction

In the summer of 2013, my girlfriend and I were hanging out one night watching TV. It was late, around two in the morning, and we were flipping through the channels trying to find something palatable in the generous rabbit hole of late night broadcasts that cable television offers. I was only half paying attention as she, remote in hand, sifted through the distorted images of sitcoms, music videos, and infomercials. At one point, she had skipped by whatever was playing on TLC, but I immediately asked her to go back. What flashed across the screen gave me pause—a young, white, girl, convulsing in a hospital bed with a soundtrack of low-pitched bass notes warning viewers of impending tragedy.

We soon learned it was a made for TV documentary that had been released and problematically titled, *The Town that Caught Tourettes*.¹ As it turned out, the documentary was about the conflict and unresolved nature in a case of what was officially called “conversion disorder” or “mass psychogenic illness,”² contemporary language for has been historically diagnosed as hysteria. In October 2011, over a dozen teenage girls attending the same high school in Le Roy, New York began experiencing symptoms including (though not limited to) twitches, tremors, tics, arm swings, hums, dizziness, and seizures.³ Various medical, psychiatric, and environmental experts investigated the case, but provided contested explanations that led to varying results for the girls in terms of their recovery.

¹ John Smith. “The Town that Caught Tourettes.” *Youtube* video, 47:11. December 12, 2013. <https://www.youtube.com/watch?v=T4-v5FriLrk>.

² I use scare quotes for these diagnoses intentionally—while I disagree with the language as a medicalized categorization, this is the dominant terminology used by news sources, and I must acknowledge their role as a placeholder as I strive to flesh out their complexity. Though I have chosen not to continue scare quoting them throughout my essay as they come up, I still consider them to be unstable, insufficient, and oppressive.

³ Laura Dimon. “What Witchcraft Is Facebook?”, *The Atlantic*, September 11, 2013.

This small, upstate town—comprised primarily of a tight-knit, working class community—found their social dynamics interrupted by consecutive outbreaks, all of which were quickly swallowed up by mainstream media attention, including this TLC documentary.

I was confused, distressed, and saddened, but completely taken with what I was watching. Despite my profound displeasure and discomfort, I gave in and planted myself behind the dramatized lens of this story, and I couldn't look away—the documentary did everything it was supposed to do. Dramatic close ups, carefully edited scene cuts, and an ominous voiceover worked together to sensationalize and market this undeniably mysterious (albeit very real) struggle experienced by the girls and their families. Like so many mainstream representations of deviant bodies and behaviors, the Le Roy narrative, in this medium, was constructed as something doomed before it even began. And, like so many others who consume this kind of reductively anxious media⁴ and discourse of what makes a body “hysterical”⁵ in the U.S., my fixation with the documentary in that moment participated both in its maintenance and construction. At the same time, this experience interrupted my feminist consciousness; despite any ideologies intended to make viewers complicit in accepting the story of Le Roy as TLC represented it, I was compelled to take a more complex view of how commercial culture operates to portray hysteria in Le Roy.

⁴ While in other scholarship and writing, this phrase might be read as an ableist metaphor, I am using the word “anxious” intentionally in claiming it as something of my lived experience.

⁵ I refer to hysteria here as a social, medical, and historical construction with contemporary relevance as a category that continues to target women whose bodies/consciousnesses demonstrate deviant behavior. The history of hysteria is exhaustive, so for the sake of this paper I am using it as an analytical placeholder representative of a complex oppressive (and privileged) diagnosis for the biologically sexed and constructed “female”/“feminine” body. Though it appears in scare quotes here, the implication of that word as questionable and oppressive that scare quotes designates applies to all over mention of hysteria, hysterical bodies, hysterical behaviors, hysterical situations, etc.

In the introduction of her book *Willful Subjects*, Sara Ahmed reminds us that she writes with partial hands because “impartial hands would leave too much untouched.”⁶ I too write this with partial hands—the hands of a queer, white woman, deeply rooted in multiple communities and families that each have their own roots, values, and experiences; often they intertwine. I write this with depressed, anxious, bipolar, manic, and paranoid hands, and I know what it means to be at the hands of institutions structured to remedy those qualities. The partiality of my hands is entangled in a legacy of violence and domination, a culture of pervasive whiteness that I frequently wish to disavow. But I am working to resist these toxicities that try to define me, especially with their institutional vigilance that pathologizes, medicalizes, and attempts to (re)assimilate deviance and difference into systems of white supremacy so ubiquitous in the U.S.

The broad category of difference, both in my own identity and lived experience, as well as the identities and lived experiences of others, have historically been and continue to be a necessary point of struggle for feminist work, theory, and activism. If yearning for commonality and connection is what makes grappling with difference so difficult, Mirtha Quintanales challenges this yearning when she asks, “Is it true love that knows no boundaries? Or that being ‘human’ somehow means being ultimately undifferentiated—‘all alike?’ Perhaps, one of the greatest lessons I have learned is that in fact ‘human nature,’ bound as it is to ‘culture,’ implies variability and difference.”⁷ *Human nature* is a phrase I have always had difficulty with; I think about it within the context of my own mental health

⁶ Sara Ahmed. *Willful Subjects*. Durham, NC: Duke University Press, 2014. 18.

⁷ Mirtha Quintanales. “I Come with No Illusions,” in *This Bridge Called My Back: Writings by Radical Women of Color*. Albany: State University of New York Press. 2015. 146.

status, as a way to either explain or invalidate who I am—telling myself it is only human nature I feel certain ways, or, that these feelings are not in human nature so my deviance must indicate something shameful and wrong. But I think this is because human nature has been used as a means to homogenize people based on supposedly inherent similarities, instead of, as Quintanales suggests, locating the beauty of the overlap in the way we do or experience similar things differently. This, to me, is what the work of women of color and antiracist feminisms so frequently returns to,⁸ and it is also what I hope is one of the central grounding points for disrupting and resisting the ways in which white supremacy is upheld by dominant discourses of mental health.

I have been working on this project for almost two years; my undergraduate thesis, “Inventing Virtual Autonomy; Or, How To Friend Request the Discursive Hysteric,”⁹ details one of my earliest investigations of discourses around contemporary representations of hysteria. And while the piece was necessary to my own growth as a student and thinker, the limitations of my analysis have, in large part, motivated this thesis in a very particular way. In my essay I describe the Le Roy case, writing, “[Similarly] I want to stress that there are a multiplicity of feminist critiques involving (though not limited to) race, class and sexuality that I wish I could engage with at a much more intimate level here, as whiteness plays a particular role in the diagnosis of pathology and disease. I hope, however, that this essay serves as the very beginnings of a much larger, long-term project that addresses the

⁸ See texts such as *Sister Outsider*, *This Bridge Called My Back*, *Ain't I A Woman?: Black Women and Feminism*, *Women, Race, and Class*, *Borderlands/La Frontera: The New Mestiza*, and *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment*. This is by no means meant to be a comprehensive list.

⁹ Clare Stuber. “Inventing Virtual Autonomy; Or, How To Friend Request the Discursive Hysteric.” *Creating Knowledge: The LAS Journal of Undergraduate Scholarship*. 2014. Vol 7.140-147.

intersection of these important nuances of identity.”¹⁰ Thankfully, the essay did exactly what I had hoped for, and it is in the gaps or absences of critique where I left off that I wish to pick up from in this theoretical thesis.

To do so requires complicated language and alternative narratives: how can we talk about what we witness or experience if what we are witnessing or experiencing has no conventional linguistic terrain— if what we look to name is too fluid a movement to be recognized or represented as a contained entity? How do we complicate the phenomenon of hysteria that has inherited both an oppressive and privileged taxonomy, and moved beyond the inadequacy of its categorization? My research does not directly take on the legitimacy of medical authority by critiquing conventional Western medical and psychiatric models;¹¹ rather, I think that in order to grapple with these questions we must exercise a necessary resistance to the medical and psychiatric models and refuse to consider them fundamental interventions in explaining human difference.

I do not explore the body/mind paradigm, as it is a dangerous means to imagine how we, in all our complexities, exist beyond these limitations. My desire is to move into different constituents of the “real,” so to speak, and ask how a more intersectional theoretical lens can nuance the incident in *Le Roy*, shifting our attention to what is left unnamed in the construction and replication of dominant narratives of hysteria. This shift calls for language to name what we think cannot otherwise be explained, and looks toward the “power of modern critical theories of how meaning and bodies get made, not in order

¹⁰ *Ibid.*, 144.

¹¹ This particular critique is very present in the work of Michael Foucault, and importantly, discussed at length by many feminist scholars, such as Simone de Beauvoir, Susan Bordo, Avital Ronell, Donna Haraway, and Sandra Harding.

to deny meanings and bodies, but in order to build meaning and bodies that have a chance for life.”¹² Though I will be evidencing my alternative theoretical read of hysteria in the Le Roy incident— and in doing so, want to acknowledge this involves real bodies with real implications—I am more concerned with how the constructed meanings mapped onto these bodies teach us whose lives we value and why. This shift is also a radical one, as it focuses more particularly on the collective experience felt in Le Roy, rather than the individual story of each girl. This too, I believe, needs more nuanced language because I want to discuss what kind of impact the insistent search for a diagnostic explanation has on their community.

Moving away from the individual and toward the collective is crucial in my own feminism and political consciousness; it was not until this past autumn that I realized what remained meaningful to me about this project, and what it was that I was still holding onto after almost two years of looking at this case. When I first wrote about Le Roy, I was engaged in a discourse analysis primarily regarding hysteria’s gendered implications. As my commitment to the project grew, I was convinced this thesis would resemble a case study of Le Roy and for awhile, I approached it that way, looking into the specific details of each girl involved, trying to piece different stories together like a detective. However impersonal this kind of research might have seemed, it was anything but. I can identify with these girls, with this story of deviancy, and with an anxious and relentless search for a medicalized answer to complex symptoms. But what really bothered me was the unnamed

¹² Donna Haraway, “Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective,” *Feminist Studies* 14, no. 3 (1988): 580.

racial tension driving this search, and what it meant to be a white body trying to get “back to normal.”

I have also struggled immensely with finding a language to name the unnameable in dismissing the medical model and articulating what it is about Le Roy’s narrative that is important to me—what it is that I want to emphasize as problematic, and what my hesitations are in doing so. Ann Russo perhaps best explains this when she asks,

What might be the risks involved, given contexts of power and privilege, with calls for white feminists, for instance, to name whiteness? One of the risks might be that we re-center whiteness and re-appropriate the stage of authority and the space of all-knowing speaking subject. Another risk might be that such naming is done in isolation from the relationship, coalition, and alliance building with women of color, and thus no accountability around the necessary practices of active listening. Our attentiveness to such risks must be at the center of our practice; we must recognize that the balance between speech and silence is always contextual, rather than presupposed.¹³

These risks are precisely what comprise my own anxieties around naming the invisibility of whiteness in Le Roy, especially as a white feminist trying to be accountable in this moment and work in coalition with women of color feminisms that also seek to dismantle white supremacy and systems of domination. In my thesis, I choose not to silence whiteness but rather bring it to surface and question what kind of discursive power this silencing maintains in narratives of hysteria and deviant bodies in U.S. I do, as Russo notes, risk re-centering whiteness, but hope that I draw attention to the larger analytical category of

¹³ Ann Russo, “Between Speech and Silence: Reflections on Accountability,” in *Silence, Feminism, Power: Reflections at the Edges of Sound*, ed. Malhotra Sheena, and Aimee Carrillo Rowe (New York: Palgrave Macmillan, 2013), 46.

whiteness and how it operates rather than the white, individual “all-knowing speaking subject.”¹⁴

It was only recently that I finally realized I was not performing a case study of Le Roy. Similar to what I mentioned earlier, I had initially intended on using the documentation available to me to do a broader feminist read of objective reporting, or to offer more detached theorizing about mass media’s influence of hysterical representations. In my previous essay, I examined what I termed *the discursive hysteric*¹⁵— a contemporary replication of the hysteric, young girl in U.S. mass media. As I continued this project, I found it much more significant for me to instead consider Le Roy an important story that teaches us *not* to recognize whiteness as a driving factor for creating a sense of panic to “fix” what was happening with the Le Roy girls. I want to complicate the one-dimensionality of the individual, imagined, hysterical subject by shifting to what influences, comprises, and surrounds the collective experience and witnessing of hysterical behavior.

If the construction of hysteria has long been a historical endeavor to name an unnamable “abnormality,” I investigate what then, the embodiment of hysteria actually *does* name or communicate via its reactions and responses when made spectacle on various mainstream news outlets and social media platforms. In order to do this, my intervention into this conversation uses a theoretical concept I am calling *the hysterical supernatural* to argue that the narrative of Le Roy (and other mainstream representations of mass panic around deviant bodies) actually exposes the complexities of (dis)ability, whiteness, and

¹⁴ Ibid., 46.

¹⁵ Clare Stuber. “Inventing Virtual Autonomy; Or, How To Friend Request the Discursive Hysteric.” *Creating Knowledge: The LAS Journal of Undergraduate Scholarship*. 2014. Vol 7.140-147.

trauma but also produces a radical, queer, communicative resistance and sense of community.

My essay will first explain how I am theorizing the hysterical supernatural, move into a discussion of the events that unfolded in Le Roy and which intersections of identity are important to my argument, offer the theoretical methodology used that inform my analysis and as well as a historical context for the construction of hysteria, and finally analyze how the hysterical supernatural functions—what kinds of power it exposes and potential it produces— and its utility for reconceptualizing dominant narratives of Le Roy. In doing so, I hope to add complexity to the reductive discourse of hysteria and non-normative behaviors and/or bodies, and look toward the radical possibility of discourse and language.

Conceptualizing the Hysterical Supernatural

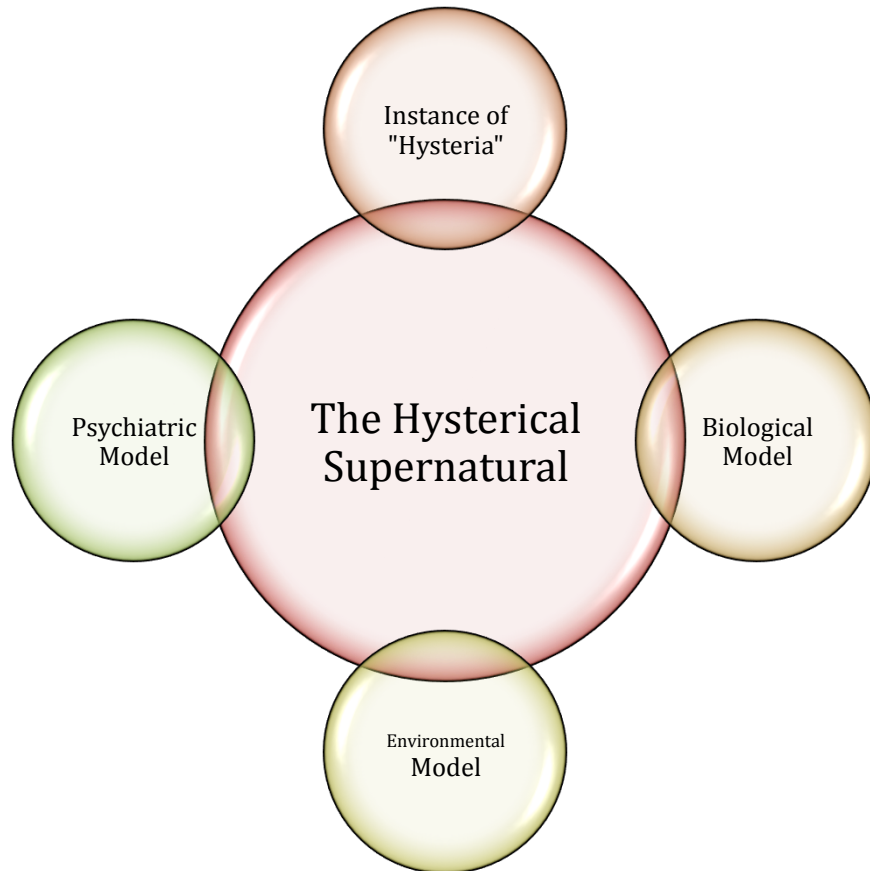


Fig. 1: Visualizing the hysterical supernatural

I have struggled immensely with language to talk about narratives of hysteria. I knew I never wanted to reclaim the word, but I also could not let it go, both for practicalities' sake and out of some strange fascination to hold the complexities that kind of language carries. When I think of the hysterical supernatural at large, it takes form in multiple ways—as a liminal space; a queer theoretical framework; a concept that politicizes what we think of as normal, fixed, or objective; a lens to view the complicated power dynamics underlying instances of hysteria. Because this concept is steeped so

deeply in theory, I have provided a diagram representing the overlap and relationality of the hysterical supernatural, as it emerges out of competing narratives that look to explain, in the broadest sense, deviant behaviors (see fig 1). For Le Roy, this deviancy more directly involves intersections of gender, race, (dis)ability, class, age, and sexuality, all defined in what we understand as *natural*. Ultimately, I use the hysterical super natural framework to argue that the narrative of Le Roy exposes the complex power dynamics upheld by whiteness and able-bodiedness, while at the same time produces the potential for a queer communicative resistance, and sense of community and belonging.

I have very intentionally chosen the phrase “hysterical supernatural” to discuss what happens when mainstream explanations for hysteria collide. Because the deconstruction of language is central to my analysis, it is important that I emphasize the status of the supernatural in the context of Le Roy by first looking toward its relationship to ideas of that which is natural or, naturality. In her book *Feminist, Queer, Crip*, Alison Kafer complicates dominant understandings of nature and a natural environment as stable and monolithic, explaining:

...our encounters with wilderness are historically and culturally grounded; our ideas about what constitutes ‘nature’ or ‘the natural’ and ‘unnatural’ are completely bound up in our own specific histories and cultural assumptions. What is needed, then, is an interrogation of these very assumptions...We can extend the scope of these questions to include an examination of ableism and compulsory able-bodiedness/able-mindedness: Whose experiences of nature are taken as the norm within environmental discourses? What do these discourses assume about nature, the body/mind, and the relationships between humans and nature? And how do notions of disability and able-bodiedness/able-mindedness play a key role in construction values such as ‘spiritual renewal’ and ‘physical challenge’ in the first place?¹⁶

¹⁶ Alison Kafer. *Feminist, Queer, Crip*. Bloomington, IN: Indiana University Press, 2013. 131.

I want to further Kafer's analysis by connecting discourses of naturality and civilization to settler colonialism, imperialism, and white supremacy. Because definitions of nature are, as Kafer notes, tied up in our own specific histories and cultural assumptions, in a U.S. context—a product of European colonization—the white subject is constructed as natural. Sara Ahmed also discusses how this occurs in processes of othering when “the perception of others as the origin of danger is shaped by histories of racism (in which the presence of others is already read as an invasion of bodily territory as well as the territory of the nation).”¹⁷ This often extends to the way whiteness is thought of as neutral, objective, and something that operates outside of culture when in reality, whiteness revolves around a very specific kind of culture so normalized it becomes invisible. The hysterical supernatural offers a lens to look at and critique this culture, especially as it articulated through the biomedical, psychological, and environmental narratives, all of which aim to get bodies back to their “natural” state of being.

Supernatural becomes an important intervention here as it challenges discourses of naturality. The Oxford English Dictionary defines supernatural as “(of a manifestation or event) attributed to some force beyond scientific understanding or the laws of nature.”¹⁸ While this provides the scaffolding for how supernatural is typically thought of, I do not think that hysteria and hysterical behaviors are operating outside of scientific understanding or laws of nature (both of which are objectivist discourses) in the sense that no one knows why or how they happen. I do not think that it can be defined within scientific understanding or laws of nature. Its lived experience is very much implicated in a

¹⁷ Sara Ahmed. 2004. "Collective Feelings: Or, The Impressions Left by Others". *Theory, Culture & Society*. 21, no. 2: 31.

¹⁸ http://www.oxforddictionaries.com/us/definition/american_english/supernatural

number of oppressive social constructs, and it cannot be written off as something unexplainable thing or an unsolved mystery. Instead, I ask what does a particular instance of hysteria reveal to us when we situate it under the more collective and inclusive framework of the hysterical supernatural—essentially, when we find other ways to conceptualize these instances outside of dominant discourses.

While Kafer positions assumptions about the human condition not as natural, but historically constructed, I build off this by arguing the instance of hysteria in Le Roy—as lived and embodied reality—is not natural, but supernatural. If natural is defined in whiteness and compulsory able-bodiedness, what is supernatural (*super* literally meaning above, over, and beyond natural) is harder to locate because dominant narratives always seek to do so with the intention of assimilating this excess back to the natural. What is supernatural is often what we should not invest our energy into locating or finding; rather, this impulse should signal to us that supernatural instances are actually exposing and producing important aspects of power, privilege, and identity that inform its inexplicability. Often, it is inexplicable because we insist that it is—it requires a great deal of work to talk about something we don't have the language for. So much of what I want the hysterical supernatural to demonstrate is how unstable and exclusive language is (thus, why it's so difficult to articulate).

In this way, the hysterical supernatural also produces an embodied and queer communicative resistance that is importantly nondiscursive. I consider the status of the supernatural to be both a lived experience and metaphor that opens up a queer dialogue and alterative modes of communication that resists diagnostic discourse (or, more generally Western notions of “reason” and “logic”).

Thomas Szasz's write about the nondiscursiveness of hysteria and hysterical symptoms explaining that a "patient's experience— for example, a bodily feeling— is itself a symbol in, or a part of, a nondiscursive language. The difficulty in expressing such a feeling in verbal language would then be due to the fact that nondiscursive languages do not lend themselves to translation into other idioms, least of all into discursive forms."¹⁹ The hysterical supernatural is a medium in which hysteria's nondiscursiveness exists, and its nonconventional referents become its lived and embodied experience, as well as the media spectacle that attempts to document that experience. By making the supernatural *hysterical* then, I hope to root that which we cannot locate through the framework of deviancy or for behaviors and bodies deemed hysterical. I do not understand this so much as a personal reclamation of the word, but a means to critique medical and scientific investments in explaining the supernatural and "making sense" of what cannot be defined within rigid terms—a hysterical process in and of itself. The next section will detail the events that unfolded in Le Roy, as well as its social, cultural, racial, and political context.

What Happened in Le Roy

As I move forward with my discussion and evidence for the Le Roy case, it is important to note that there is currently, to my knowledge, an absence of published "academic" feminist scholarship theorizing on gender and the multiple intersections of identity at play in the events that unfolded. This is not to say feminist-identified scholars, writers, or researchers are not producing work about Le Roy, but rather to acknowledge

¹⁹ Thomas Szasz. *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*. New York: Harper & Row, 1974.

the sources I have access to in theorizing this case and the limits that they might pose as a result. I will be drawing primarily from mainstream media news documentation, much of which revolves around three overarching narratives as a means to explain the outbreak of what was most commonly (albeit reductively) referred to as a mysterious twitching condition. Susan Dominus, however, has written a lengthy piece for the *New York Times* detailing her interviews and observations with about half of the girls involved in the case.²⁰ I believe the narrative Dominus constructed provides significant evidence for my own preoccupations, and I will later return to this specific article to bridge the gap between my own theoretical frameworks and the realities of this case to re-read the hysterical supernatural into Le Roy. Before I go more in depth with these narratives, I first want to start by socially and culturally locating Le Roy and then move forward with outline the timeline and details of when and how symptoms of “conversion disorder,” or “mass psychogenic illness,” began to surface.

Le Roy, New York is located in Genesee County with a population of about 7,641 people, including the town’s central downtown area, Le Roy Village. The racial makeup of the town is overwhelmingly hegemonic with 95.4% of the population white, 1.8% Black or African American, 0.3% American Indian and Alaska Native, and 1.6% mixed of two or more races.²¹ At the 2010 census, Le Roy had 3,108 total households, 65% of those family households, and 48.5% husband-wife families. The median income per household was \$39,690, and the median income for a family was \$49,189,²² making it an arguably lower-middle class town though the class spectrum is subjective depending on location. What is

²⁰ Susan Dominus. “What Happened to the Girls in Le Roy?,” *The New York Times*, March 7, 2012.

²¹ <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

²² <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

important to me here is the seemingly dull characteristics of Le Roy—its working class, “all American,” small town feel is what makes the outbreak of mass psychogenic illness all the more unbelievable to the media and community.

Le Roy, birthplace of Jell-O, is also a manufacturing town “whose prosperous days are behind it—the kind of place where local politicians are always talking about how to bring back the good old days.”²³ This social and cultural construction of an every day, white, working class, all American town as normative and non-threatening is what makes the girls’ symptoms hypervisible, and their unanticipated deviancy warrants a massive investigation of the outward causation—that is, there must be evidence of something wrong externally that has infiltrated them internally to provoke symptoms. Headlines such as “Neurologic Illness or Hysteria?” and “Watch Witchcraft is Facebook?”²⁴ both pose questions that reflect a similar rhetoric of fearing the unknown, and polarizing potential diagnoses caused from an outside source, or the result of an individual affliction. While I am not dismissing these possibilities, neither in this case nor others like it, I am questioning the underlying impulse to look for a means of explanation either outside of ones’ community or to the problem of individual body, and how the “normative” demographics in Le Roy presuppose the impossibility that the demographics themselves (read: hegemonic whiteness, able bodies) has anything to do with this impulse.

Le Roy’s lower-middle class dynamic was also implicated in the community’s reactions when the outbreaks first began in October of 2011. Issues of access played a

²³ Susan Dominus. “What Happened to the Girls in Le Roy?,” *The New York Times*, March 7, 2012.

²⁴ http://www.csicop.org/si/show/neurologic_illness_or_hysteria_a_mysterious_twitching_outbreak/;
<http://www.theatlantic.com/health/archive/2013/09/what-witchcraft-is-facebook/279499/>

crucial role in this moment of crisis, as parents and families sought different resources available to them to help the girls. At this point, three dominant narratives emerge as contentious rationales for the onslaught of symptoms. The first is an environmental explanation: many families prompted state officials to do environmental testing around Le Roy high school and surrounding areas to rule out any exposure to toxic substances. In April of 2012, the Environmental Protection Agency released the results of groundwater testing done at the Le Roy high school the previous December; they found safe levels that matched earlier tests conducted on the same site, despite a TCE spill caused by a train derailment that had occurred nearby in the 1970's.²⁵ Shortly after, the New York State Department of Health investigated, but failed to find infectious or environmental causes for the symptoms.²⁶ Environmental activist and legal clerk, Erin Brockovich, also participated in the media hype Le Roy was receiving, though she too found no conclusive evidence.

The second narrative adheres to the psychological model of diagnosis. As the incident was made more public, it caught the attention of various medical professionals with psychiatric and/or psychology-based backgrounds, most of whom agreed this was a case of conversion disorder (the individual diagnosis) or mass psychogenic illness, the term describing when conversion disorder is experienced by several people within a shared location.²⁷ In January of 2012, two of the Le Roy girls, Thera Sanchez and Katie Krautwurst, appeared alongside their mothers on NBC's Today exclusive interview expressing extreme frustration with the inconclusive explanation from the New York State Department of

²⁵ <http://geneseenow.com/2012/04/epa-releases-groundwater-test-results-from-leroy-incident/>

²⁶ http://www.health.ny.gov/press/releases/2012/2012-02-03_le_roy.htm

²⁷ <http://www.skepticalraptor.com/skepticalraptorblog.php/update-leroy-ny-teenagers-mystery-neurological-illnesses/>

Health.²⁸ They were also in disbelief at the conversion disorder diagnosis, feeling belittled by its assumption that the symptoms were brought on by internalized/repressed trauma or stress. While mass media attention risked worsening the girls' symptoms, their mothers were desperate for an alternative explanation and this became the first of a few televised appearances asking for the opinions of other medical professionals to help their daughters recover. Shortly after, New Jersey neurologist Dr. Rosario Trifiletti claimed the root cause of the girls' motor tics was PANDAS—a rare, pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections.²⁹ This approach is reliant on the conventional biomedical model, and is the third narrative that emerges as one of the dominant modes of explanation for Le Roy.

Though the PANDAS diagnosis was (and still is) extremely suspect in the medical community, as it lacks legitimate research and evidence, Dr. Trifiletti treated a handful of the girls with antibiotics, some of whom reported to get better. It is important to note that, depending on which narrative did or did not satisfy the relief these girls and their families were looking for, almost all of them have recovered since. Again, I am not interested in the success or failure of the environmental, psychological, or biomedical hypotheses—rather, I provide this background to demonstrate how, through an analysis of and challenge to mainstream discourse, each of them underscores intersecting aspects of gender, class, race, and disability. Similarly, by focusing on how the girls' whiteness and working-class status are implicated in this threat to their able bodiedness, I hope to show that the hysterical supernatural is predicated upon this crisis of losing their normative, white identity, as well

²⁸ https://www.youtube.com/watch?v=T9RPs_ysYgE

²⁹ http://www.huffingtonpost.com/2012/02/08/pandas-mystery-illness-leroy_n_1263933.html

as how it lies within the emphatic investigation and commitment to any of these narratives. Before I move into this more specially, the next section details the theoretical methodology I used to inform my analysis.

Methodology

Because I am writing a theoretical thesis, my methodology draws from the theorists that have most influenced my conceptualization of the hysterical supernatural, and framed my approach to the Le Roy case from a feminist lens. I draw specifically from queer theory, disability studies, antiracist feminisms, and trauma studies to shape my read of Le Roy as a narrative of patriarchal crisis over losing the teenage, able bodied, white, middle-class, heteronormative, female subject.

Looking at this contemporary construction of hysteria from a disability lens poses an interesting challenge, and I want to emphasize that it is not my desire to necessarily read conversion disorder or hysteria itself as a disability because it is a dated construct for a series of complex “conditions.” As Simi Linton points out, “the term *disability*, as it has been used in general parlance, appears to signify something material and concrete, a physical or psychological condition considered to have predominantly medical significance. Yet it is an arbitrary designation, used erratically both by professionals who lay claim to naming such phenomena and by confused citizens.”³⁰ Moreover, I want to use a queer and disability perspective to demonstrate how this embodiment of hysteria resists and communicates against its medicalization and participates in the hysterical supernatural. Although the

³⁰ Simi Linton. *Claiming Disability: Knowledge and Identity*. New York: New York University Press, 1998. 10.

disability studies project has more recently been incorporated into academic conversations, its aim to shed light on the social and political meaning attached to disability remains relevant to an analysis of what is considered a historical diagnosis, especially as the discourse of hysteria resurfaces in the Le Roy case.

Additionally, I face the challenge of prescribing categorical limitations on the theorists I draw from. Because I am indebted to the work of several theorists whose positionalities and political investments lie at a multiplicity of intersections, I want to note that this kind of overlap is exactly what informs the complexities that my own work takes on in this project. It would be a great disservice to relegate Aimee Carrillo Rowe, for example, as solely an anti-racist feminist, rather than recognize her overlap with queer theory. Similarly, borrowing from theoretical frameworks of Eli Clare and Alison Kafer's within an exclusively disability studies realm ignores their commitment to intersections of race, class, and sexual orientation (to name a few). In this sense, I want to acknowledge how the intersections of these overlaps are absolutely crucial to the ways in which identities cannot be parsed out in manner that ignores how they are implicated with other marginalized experiences. Throughout the rest of this essay, I will be reflexively referring to these moments in which these theorists and their background engage with others I draw from.

Ann Cvetkovich's scholarship provides another framework for examining the role of collective trauma in conversations of hysteria and deviancy. Though she is more concerned with trauma's relationship to sexuality, her queer understanding of trauma calls for its depathologization and "opens up possibilities for understanding traumatic feelings not as a medical problem in search of a cure but as felt experiences that can be mobilized in a range

of directions, including the construction of cultures and publics.”³¹ In her analysis of trauma’s functionality in public spheres, Cvetkovich emphasizes that it provides the opportunity to produce and inhabit counter public spheres rather than abandon them altogether.³² In my attempt to conceptualize what the communicative efforts of queering language in the hysterical supernatural provides—one that resists if not challenges the sanctity of public media-based documentation—I feel it operates and exists in a realm very similar to Cvetkovich’s idea of a counter public sphere. As such, I read trauma to be importantly queer, following a poststructuralist understanding of it as an event that is unrepresentable.³³

Cvetkovich is concerned with the ways traumatic events manifest externally to produce clinical symptoms as well as a range of affective responses; she theorizes on collective experiences of and reactions to trauma, with an intentional departure from individualist approaches.³⁴ By attempting to individualize each girl’s back story in *Le Roy*, mainstream media obscured the dynamics of the hysterical supernatural— both its permeation into the girls’ experiences collectively and the larger community of *Le Roy*. If we look at this narrative from a shared perspective, the girls’ and their community members’ reactions implicate their shifting social, political, gendered, and economic expectations or values for “a normal life,” a phrase frequently invoked when talking about

³¹ Ann Cvetkovich. *An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Cultures*, 47.

³² *Ibid.*, 15.

³³ *Ibid.*, 19.

³⁴ *Ibid.*

their experiences.³⁵ This shift becomes central to my analysis as the mass panic in Le Roy case supports disability theorist Robert McRuer’s claim that “able-bodied identities, able-bodied perspectives are preferable and what we all, collectively, are aiming for.”³⁶ Because Le Roy is a predominantly white, working-class community, I argue that the valuation of collective and compulsory able-bodiedness is very much at play, especially when the girls first begin to experience symptoms of non-normative and stigmatized behaviors

Models of Disability

| Medical Model | Social Model | Political/Relational Model |
|---|---|--|
| <ul style="list-style-type: none"> • Positions disability exclusively as a medical “problem” • Understands atypical bodies and minds to be deviant, pathological, and defective • Frames disability as an individual issue with a focus on treating and curing individuals • Used widely outside medical institutions, simply named for its medical focus | <ul style="list-style-type: none"> • Positions disability as a social issue, seeing the divide between disability and impairment • Understands atypical bodies and minds to be a normal part of life • Focuses on fixing societal barriers, negative perceptions and built environments • Used widely in disability studies, disability rights organizations, and inclusion workshops | <ul style="list-style-type: none"> • Recognizes need for societal transformation while understanding lived realities of impairment • Encourages the politicization of disability • Understands disability as something that occurs in and through relationships, not in isolation • Neither opposes nor valorizes medical intervention • Used in some disability studies and the disability justice movement (Kafer 2013) |

Fig. 2: Borrowed from Kennedy Healy’s adapted table from introduction of Alison Kafer’s book, *Feminist, Queer, Crip*

³⁵ Susan Dominus. “What Happened to the Girls in Le Roy?,” *The New York Times*, March 7, 2012.

³⁶ Robert McRuer. “Compulsory Able-Bodiedness and Queer/Disabled Existence” in *The Disability Studies Reader*. (New York, Routledge, 2006) 93.

Historically, dominant approaches to disability have operated from the medical model that positions disability as a medicalized and individual issue. The social model of disability emerged as a rights-based response, shifting focus to the socially constructed context of disability with a particular critique of institutional barriers disability faces. Both models are similar to the dominant narratives of *Le Roy* I discussed earlier, but my analysis looks to Alison Kafer's idea of a political/relational model (see fig. 1) that "builds on social and minority model frameworks but reads them through feminist and queer critiques of identity."³⁷ This is crucial to my own conceptualization of the hysterical supernatural as an alternative lens to view *Le Roy*—in many ways, I too am politicizing this kind of hysterical behavior by considering its relationship to the specific categories of identity at play in *Le Roy*, as well as the larger social and cultural implications they hold. Kafer's challenge to the medical and social models of disability with the political/relational model speaks exactly to what the hysterical supernatural tries to do with the environmental, biomedical, and psychological narratives of *Le Roy*.

In her piece, "'The Institution Yet to Come': Analyzing Incarceration Through a Disability Lens" Liat Ben-Moshe centers her discussion on the intersections between mass incarceration and disability by riffing Robert McRuer's concept of *the disability yet to come*, "describing both the fear that non-disabled people have of becoming disabled and the notion that if anyone lives long enough, they will eventually become disabled in some way."³⁸ Like Moshe, I too examine the possibilities "what is yet to come" holds within

³⁷ Alison Kafer. *Feminist, Queer, Crip*. Bloomington, IN: Indiana University Press, 2013. 4.

³⁸ Liat Ben-Moshe. "'The Institution Yet To Come': Analyzing Incarceration Through a Disability Lens," in *The Disability Studies Reader* (New York, Routledge, 2013), 132-143.

mainstream media representations of hysterical behavior, questions of disability, and the potential for one's body to become a participant in communicative forces that resist the language of naming and knowing. The reoccurring rhetoric surrounding the abrupt onset of symptoms most often involves sentiments such as "I didn't think it would happen to me" or "I had a completely normal life up until now," suggests that a deviation from customary path of female/feminine adolescence might be something *to come*, so to speak— something feared as an inevitability—but again, their understanding of their lives as normal, stress and trauma free, implies that whatever it is to come would not happen to *them*.

While this fear maintains a strong presence in mainstream media coverage of Le Roy, I frame it as a fear of *impairment* versus disability. Eli Clare discusses the social model's distinction between impairment and disability, which can broadly be understood as specific physical and/or cognitive states of being, and the socially constructed consequences individuals in those states experience. Clare complicates the neat categorical divide between the impairment and disability, arguing that it overlooks important emotional realities because each informs the lived experience of the other.³⁹ I focus on the fear of impairment in Le Roy because the three dominant narratives that attempt to explain and treat the symptoms are all rooted in ableist ideologies that value the "normal," white, female body.

Additional gender theorizing provides language to deconstruct the female subject present throughout social and medical models of hysteria. Queer theory is crucial in this deconstruction, as it focuses on destabilizing heterosexual norms and looks toward practices of fluidity and relationality. It often begins its investigation with gender by

³⁹ Eli Clare. *Exile and Pride: Disability, Queerness, and Liberation*. Cambridge, MA: SouthEnd Press, 1999.

framing the conversation in terms of heteronormativity: “placing heteronormativity at the center of analysis involves shifting one’s focus to the cultural beliefs and institutional practices that require *all* of us to account for our relationship to same-sex desire...”⁴⁰ Queer theorizing calls into question hegemonic systems that look to gender as the most powerful organizing principle. This point of analysis is useful for my purposes because it deconstructs how the hysteric female body becomes a subject of observation—the medical endeavor to understand what makes a woman “hysterical” dictates and normalizes gendered femininity and its subsequent feminine behaviors. At the same time, this feminization of the hysteric only applies to certain woman-identified bodies, and by queering the dominant discourse of hysteria we see who is included and excluded in its narrative.

Queer theory also claims that gender and sexual orientation “are [not] timeless conditions of human existence, [but] they can be more accurately understood as contested, unstable, and marked by countless contradictions.”⁴¹ Because so much scholarship on hysteria relies on an essentialized and static “woman” as the subject of analysis, the Le Roy case provides an opportunity to queer a nondiscursive hysterical space by looking at the language and experience of the hysterical supernatural as disruptions to larger systems of oppression implicated within these narratives. Just as Sara Ahmed’s queer phenomenology explores how social relations and orientations are arranged in space and time, so too do I believe the girls’ relations shift in the contexts of visual media and conventional discursive conversations that rely on the body of what we have come to conceptualize as a hysteric. I

⁴⁰ Susan Archer Mann. *Doing Feminist Theory: From Modernity to Postmodernity*. Oxford: Oxford University Press, 2012. 238.

⁴¹ *Ibid.*, 241.

am not concerned with proving whether or not the Le Roy girls had hysteria or mass psychogenic illness, or whatever the diagnosis might be. Rather, the compulsory need to *have* a diagnosis for what cannot be “accurately” represented or portrayed is what interests me, and the resistant structural unknowability of language produced through the embodiment of non-normative behaviors might be a way to move beyond the medicalization of difference.

Finally, the work of antiracist feminisms is integral to my own theorizing because they disrupt and challenge the dominance of white supremacy. By naming the role whiteness plays in Le Roy, I hope to foster a sense of accountability for the potential reification of power dynamics at stake in this process. For me, being accountable is practicing an attentive commitment to the signs of resistance I see in Le Roy. I follow the work of Aimee Carrillo Rowe when she says,

We must understand whiteness as a mode of belonging in order to dismantle the force of its privileging and marginalizing tendencies...I wish to make the point that belongings in which we become accountable to power can produce a space of alterity, a space of resistance, and spaces that disrupt these hegemonic forms of belonging. Belonging, then, is ultimately tied to power. It is an affective force that can be used to reproduce and/or challenge whiteness as a hegemonic form.⁴²

Later in the essay, I will speak in more detail about Carrillo Rowe’s concept of belonging as a form of resistance in Le Roy, but the entirety of this project relies on the consistent identification of the ways whiteness is looked over or made invisible as a tool of normalizing these girls lives. Once whiteness is subsumed into the narrative without a

⁴² Aimee Carrillo Rowe. *Power Lines: On the Subject of Feminist Alliances*. North Carolina: Duke University Press, 2008. 38.

critical analysis, the three main hypotheses for the incident in *Le Roy* fail to take into consideration how its social construction is an underlying factor in re-assimilating the girls back to their “normal” lives. Moreover, this overlooks the sense of isolation and self-shame white supremacy creates because of its investments in capitalism and valuation of the productive, healthy body.

As Tema Okun notes, “In order to insure our superiority, cultural storytellers use demeaning rhetoric to isolate those who attempt to introduce the complexities inherent in any human endeavor.”⁴³ In *Le Roy*, the media is the storyteller; and while the girls still maintain the multiple privileges their white identity insures, I use an antiracist feminist framework to understand whiteness as a toxic ideology both in blatant instances of racism as well as subtle teachings of what is “right” or “normal” defined through the able, white body. Before discussing the impact of the hysterical supernatural in *Le Roy*, I offer a historical outline of gendered hysteria, as it maintains many similarities in this instance.

Hysteria: A Brief Historical Overview

It is beyond the scope of my project to present a historically comprehensive explanation of hysteria as a medical diagnosis. Its evolution spans thousands of years, and the scholarship that both theorizes and critiques hysteria comprises a massive body of work in fields of medicine, neurobiology, psychoanalysis, sociology and psychology. I will, however, offer what I believe to be its foundational developments, as well as those most

⁴³ Tema Okun. *The Emperor Has No Clothes: Teaching About Race and Racism to People Who Don't Want to Know*. Charlotte, N.C.: Information Age Pub, 2010. 27.

relevant to my discourse analysis of its contemporary perceptions. As a gendered medical phenomenon, or what Rachel Maines understands to be a disease paradigm, hysteria first appears in the medical corpus as early as 2000 B.C. in Egypt, but it was not until the time of Hippocrates in the fifth century B.C. that the Western clinical definition of the disorder begins to develop.⁴⁴

In the Hippocratic text, hysteria was understood essentially as a disease of the womb, and Plato's aggressively poetic interpretation of hysteria as "an animal inside an animal"⁴⁵ demonstrate the patriarchal curiosity with which the disease was originated, studied and treated. It was commonly considered that hysteria occurs in a woman's body when her uterus begins to 'act up' or literally wander throughout her body, causing a variety of symptoms that traditionally depended on the individual patient and their physician; these include "fainting, edema or hyperemia (congestion caused by fluid retention, either localized or general), nervousness, insomnia, sensations of heaviness in the abdomen, muscle spasms, shortness of breath, loss of appetite for food or for sex with the approved male pattern, and sometimes a tendency to cause trouble for others, particularly members of the patient's immediate family."⁴⁶

Personally speaking, the wandering womb hypothesis has always stuck with me throughout my historical research. I was initially entertained by the whole scenario: prestigious, white men unable to come up with anything better to explain, quite literally, women's feelings of pain, frustration, desire, or discomfort. Surely, her womb must be

⁴⁴ Rachel P. Maines, *The Technology of Orgasm*, 22-23.

⁴⁵ *Ibid.*, 23.

⁴⁶ *Ibid.*

meandering about her body—what other explanation could there be? However absurd the claim, there is something supernatural and even quite powerful about the idea of a wandering womb. As previous discussed, it is important to understand bodies and behaviors not as normal, fixed, or natural, but to emphasize history and or historical context that constructs ideas of nature and naturality. And though I argue the status of the supernatural also works in opposition to nature, this example of the wandering womb is by no means ahistorical; the *hysterical* in the hysterical supernatural historicizes how the supernatural functions in this particular historical moment, also evidencing the instability, confusion, and overlap of biological and psychological models that hypothesize causes of hysteria. In this way, the wandering womb as supernatural also produces a sense of resistance to being easily pinpointed or diagnosed by a medical model.

The historical evolution of hysteria is also extremely important to consider in framing my discursive examination of its contemporary relevance as a medical category that continues to targets women who demonstrate a sense of control over their own bodies/consciousnesses. My argument that focuses on pathology as a tool of control, however, is certainly not new to the rich scholarship and study devoted to etiology. David B. Allison and Mark S. Roberts thoroughly deconstruct the historical power of medical imperatives in diagnosing and disordering bodies based on notions of objectivity and biological essentialism, which abandons any analysis of the cultural and social biases various medical cannons are predicated upon.⁴⁷ Their critique narratives of diagnosis that assign sets of scientific criteria to explain human deviance and difference from (and posited

⁴⁷ David B. Allison and Mark S. Roberts, "On Constructing the Disorder of Hysteria," *The Journal of Medicine and Philosophy* 19, no. 3 (1994): 239-259.

by) the dominant Western, andocentric, white discourse.

Similarly, Allison and Roberts are among a number of scholars who challenge the construction of hysteria and demonstrate the consequence of its patriarchal efforts to medically justify the mystery of women's sexuality. By way of comparison, their essay discusses historical disease construction as seen specifically in Samuel A. Cartwright's influential research on runaway slaves that determined their "insane desire to wander away from home was caused by a dreaded disorder, *drapetomania*."⁴⁸ In this way, the language of pathological taxonomy has largely served as means to rationalize the "unusual" reactionary behavior of the oppressed, and prevent these individuals from actualizing their autonomy. Moreover, Allison and Roberts trace medical understandings, approaches and treatments of hysteria as very much having "the wide understanding of women as inferior human beings, not fully mature in their rational faculties or self-control."⁴⁹ They, among others, note that the hysteric has been associated with and diagnosed in an array of identities that are in some way challenging female dependence on patriarchal power and influence—these include, but are not limited to lesbians, virgins, frigid women, single mothers, women without children, widows, women seeking employment, women with employment, and (my personal favorite) women who were suspected of witchcraft.

While I have only outlined a brief historical overview of hysteria at this point—as I believe it important to frame my methodological and theoretical approach— it is in my analysis of the *New York Times* piece I continue to draw contemporary parallels of its

⁴⁸ Ibid., 240. Interestingly, Allison and Roberts emphasize the influence and authority of language in that *drapetomania* is taken from the Greek word *drapetes*, meaning 'the fact of absconding,' similar to hysteria taken from *hysteria*, meaning 'of the womb.'

⁴⁹ Ibid., 242.

construction as a deeply coded language and performance. The next two sections will unpack how the hysterical supernatural exposes tensions of disability and whiteness in the Le Roy narrative, as well as produces radical possibilities for resistance, community, and belonging.

Exposing (Dis)Ability and Whiteness; Producing Resistance and Belonging

Complex communication is creative. In complex communication we create and cement relational identities, meanings that did not precede the encounter, ways of life that transcended nationalism, root identities, and other simplifications of our imaginations.⁵⁰

In his epilogue of *Crip Theory: Cultural Signs of Queerness and Disability*, Robert McRuer offers a compelling vision for the specter(s) of disability by looking forward at the kind of haunting quality disability studies encompasses. McRuer sees crip theory as an advocate for the spectral disability yet to come, and I argue the hysterical supernatural encourages us to consider how this spectral disability is perceived as a threat to Le Roy's foundation as a predominantly white, working class town. One aspect of Le Roy that I think makes it so worthwhile to look at is the unresolved nature of the case and what occurs in that space of irresolution. There is also something particularly queer about the unknown, especially in the lived experiences of the Le Roy girls. The supernatural becomes an in-between space of navigating the unknown, or what McRuer considers an important disjuncture when he discusses "absences that are somehow preternaturally present, spaces of academic work and study that are not what they seem, academics startled by us or

⁵⁰ María Lugones "On Complex Communication" *Hypatia* Vol. 21, no. 3. Summer 2006. 84.

refusing outright to acknowledge our existence—we like, in short, to *do* the haunting.”⁵¹ I, too, would like to do the haunting in the Le Roy case.

The Le Roy girls’ embodiment of a communicative resistance to conventionally discursive language is what occurs in the space of the hysterical supernatural— a space that, by definition, cannot be represented. My aim here is not so much to make this representation possible, but to trace its various expressions, question what kinds of social, racial, and cultural implications it carries, and acknowledge its complexity in an archive similar to Cvetkovich’s, and to also look at mainstream media as a specific site that attempts to make this representation possible.

I first want to look to Susan Dominus’ New York Times article that details her interactions with the Le Roy girls in the aftermath of the heightened media attention they received. As I brought up earlier in the essay, several of the girls’ reactions revolved around this idea of, “I didn’t think it would happen to me” or “I had a completely normal life up until now,” suggesting that this behavioral deviance has been a feared possibility at some point. But I also think the underlying message here is that this is something that shouldn’t happen to *me*—implying it’s something that’s *not* supposed to happen to me, but someone else. When the diagnosis of conversion disorder/mass psychogenic illness was made official, many of the girls and their family members were in disbelief that their symptoms had anything to do with psychological repression of trauma or stress.

The father of one of the girls, James DuPont, responded that “a lot of these kids were just, you know, having a happy, normal life.” Beth Miller, the mother of Katie Krautwurst (one the girls featured in the article), said that her daughter has never experienced any

⁵¹ Robert McRuer. *Crip Theory: Cultural Signs of Queerness and Disability*. New York: New York University Press, 2006. 200.

trauma—that “she was just happy, going along. She was as happy as can be.”⁵² Both of these statements align with a rhetoric of disbelief and shock that anything but a “normal” and “happy” life was in the future of these girls. The disability read here, I think, parallels exactly with the normalization of whiteness and the able body. By positioning the normal or natural state of being with a white able body, anything that operates outside of those limitations is a threat to the livelihood of achieving that kind of social, cultural, and political capital.

The perception of trauma here is also reliant on notions of individual tragic events—that trauma is caused by a particularly severe incident rather than the manifestation of its dailyness and the ways trauma is experienced at a micro-level in different mediums and contexts. In many ways, I believe that these definitions of stress and trauma are minimized by white supremacist ideologies that isolate our problems as something individual that operates outside of a world wherein we are all implicated in each other’s struggles. Katie Krautwurst told Dominus that her mother had brain surgery the week before the onset of her symptoms, and another one of the girls, Thera Sanchez, had a troublesome loss in her family as well as a difficult relationship with her biological father. Both girls dismissed these tensions as “normal” or things they were unaffected by, which again leads me to reinvigorate the understanding of normal as defined in whiteness, working class, stability, etc. The idea that this normal path would lead to family instability, but *not* manifest into an embodied resistance to these complications is something worth reflecting on.

⁵² Susan Dominus. “What Happened to the Girls in Le Roy?,” *The New York Times*, 3.

Another one of the girls, 16-year-old Lori Brownell, posted a Youtube video of herself exhibiting symptoms of tics and involuntary motor functions in attempt to reach out publically for advice on how to cope.⁵³ Using this example of media evidence, I also want to unearth a layer of the Le Roy narrative that locates the presence of a queer communicative resistance, and at the same time re-centers possibilities of community building and belonging within the hysterical supernatural. Though several aspects of my argument are not new, as countless historical cases of hysteria remain unexplainable or even supernatural, what I hope to add to this discussion is the re-imagining a different kind of a hysteria altogether—a kind that, with its own communication and language, resists the possibility of being named, and remains specific to its social and cultural location to show us what it is about that positionality that prompts “hysterical behavior.”

New media and contemporary technologies again play an important role here, as “visual culture is integral to ideologies and power relations”⁵⁴—representations of these bodies make the resistant language of hysteria visible and consequently, vulnerable to institutional scrutiny. It is also important to note that hysteria’s historical implications are still extremely relevant and have shaped the way I am re-interpreting and theorizing it in this circumstance. Social media platforms also play an important role in the Le Roy case (particularly Youtube) and I wish to unpack how their attempt to capture hysteria’s nondiscursiveness and public reaction to its display produces what Greg Goldberg describes as dystopian anxieties around “the forms of subjecthood and sociality valued in

⁵³ “Twitching/passing out-1st video!” Youtube. Flash video file. <https://www.youtube.com/watch?v=OSXFhCeslcQ>. (Accessed March 1, 2015).

⁵⁴ Marita Sturken, and Lisa Cartwright. *Practices of Looking: An Introduction to Visual Culture*. New York: Oxford University Press, 2009. 22.

digital dystopian [that] are established in relation to an insufficient Other: the irresponsible and hedonistic [digital media] user.”⁵⁵

The hysterical supernatural also challenges this dystopian view of “irresponsible” digital media users as predicated upon U.S. capitalist investments in the self-respected and *able* body. Lori’s hyper visibility on Youtube makes her vulnerable for public attack and extreme criticism and most of these attacks, which I will detail later in the essay, demonstrate Building off feminist philosopher Kathryn Pyne Addelson, Susan Wendell discusses the concept of social and cognitive authority or, “the authority to have one’s descriptions of the world taken seriously, believed, or accepted generally as the truth.”⁵⁶ Not only is Lori’s truth not being taken seriously, but when she had to turn to Youtube not receiving a “legitimate” diagnosis from the authority of medicalized language, she is made even more suspect and thus, leaves her with little social and cogitative authority over her lived experience.

In her discussion of the Le Roy girls’ curious sense of communication, Susan Dominus offers historian Robert Woolsey’s explanation of hysteria as “a protolanguage [that is] a code used by a patient to communicate a message which, for various reasons, cannot be verbalized.”⁵⁷ She notes that during the search to figure out what caused the onset of symptoms, on top of overwhelming conversation from the town and media, “the

⁵⁵ Greg Goldberg. 2014. “Antisocial Media: Digital Dystopianism as a Normative Project.” *New Media & Society*. 2.

⁵⁶ Susan Wendell. *The Rejected Body: Feminist Philosophical Reflections on Disability*. New York: Routledge, 1996. 117.

⁵⁷ Susan Dominus. “What Happened to the Girls in Le Roy?,” *The New York Times*, 8.

girls in Le Roy seemed to be sharing a language that even they did not fully understand.”⁵⁸ Her attention to the growing connection between the girls outside of public discussion calls to mind Cvetkovich’s notion of a counter public sphere wherein the girls’ shared vulnerabilities are articulated in a queer, resistant, and nondiscursive medium that deviates from clear lines of communication and— similar to collective experiences and responses to trauma— demonstrates its “structural unknowability.”⁵⁹

Lori’s Youtube video exemplifies a similar sense of “structural unknowability” in a networked public when she asks her online audience for coping mechanisms to help deal with her abrupt onset of tics and tremors, sharing that “[they’re] still trying to get answers so, going back to the doctors again, in like, next week. Hopefully they can find answers...”⁶⁰ Lori’s video—posted on December 18, 2011— has to date garnered 306,360 views and 1,209 comments, many of which, perhaps not surprisingly, viscerally attack everything from her gender, to her haircut, to the degree of her symptom’s authenticity. Here is where I find Goldberg’s work to be crucial in deconstruction what he describes as digital dystopian texts that fear neurological, psychological, political/social, and economic harm associated with Internet use.

Goldberg investigates these anxieties as not simply part of “descriptive or diagnostic project; [but that] it is also, and perhaps, more fundamentally, a normative project linked to domination, insofar as it aims to impede or reverse the transformation it describes, soliciting readers to assume responsibility for their bodies, minds, families,

⁵⁸ Ibid.

⁵⁹ Ann Cvetkovich. *An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Cultures*, 18.

⁶⁰“Twitching/passing out-1st video!” Youtube. Flash video file. <https://www.youtube.com/watch?v=OSXFhCeslcQ>. (Accessed March 15, 2015).

communities, and nations.”⁶¹ If dystopian texts aim to produce “responsible” online participants—which carries hegemonic, Western, neo-liberal implications—we can read several of the reactions to Lori’s video as desiring this sense of self-responsibility.

For example, one user comments, “I’m sorry to say this. But I strongly believe that you are faking this condition of yours. I may be wrong, but you seem to dedicate cycles of active thought into producing the motions and convulsions, and when needed you can still produce coherent speech or use your hands to do things without conflicts. That does not happen with any other condition I have ever seen involving involuntary muscle or diaphragm movements.”⁶² This insistent doubt of her condition and subsequent denial of support complicate the counter public sphere as well as networked public discussed earlier, and pose complicated threats to self-representation on social networking sites such as Youtube. If users maintain dystopian views of Internet use in this way, I wish to advance Goldberg’s claim of this as a normative project that aims to secure dominance specifically for who can use the Internet in “valid ways” and for which reason.

Age also plays an important role here, as the girls’ adolescent social and cultural location in a U.S. context constitutes a time of various transitions. Considering gendered assumptions and expectations for teenage girls (particularly white teenage girls) I think there is something to be said for *how* this communication eludes the adult/professional preoccupations— both on the side of the parents and medical institutions— to desperately

⁶¹ Greg Goldberg. 2014. “Antisocial Media: Digital Dystopianism as a Normative Project.” *New Media & Society*. 2.

⁶² “Twitching/passing out-1st video!” Youtube. Flash video file. <https://www.youtube.com/watch?v=OSXFhCeslcQ>. (Accessed March 15, 2015). It is also important to note that, while the comments were overwhelmingly critical and hateful, there were—more recently—an outpour of validation and support from folks in the U.K., where a documentary about this incident in Le Roy had just been released. This, I believe, is an important distinction to make regarding the audience’s social, cultural, global, and political locations, but something I plan on returning to in depth in future scholarship on this case.

find a diagnosis so the girls would be “cured.” This is again not to dismiss the realities of the girls’ experience, but rather to emphasize intersecting identities of gender, age, class, and whiteness specifically as they pose limitations and privileges to the way this kind of deviant behavior is received by wider audiences. For example, the infantilizing language within the coverage of this case is also rampant, suggesting a sense of helplessness and dehumanization that disability studies has and continues to challenge.

I believe we can re-read this narrative of the hysteric young girl as a particularly whitewashed space to normalize non-normative illnesses and that this process of trying to locate a diagnosis for complicated symptoms of trauma itself scapegoats the unnamed illness as the issue. Returning to dystopian anxieties, Goldberg reminds us of Sarah Ahmed’s work noting that she “describes how anxiety can function as a technology of race, insofar as it has been mobilized to shore up the boundaries of a white subject in the academic field of ‘whiteness’ studies.”⁶³ Dystopian anxieties around proving whether or not the girls in *Le Roy* were suffering from a “real” condition speaks to these concerns of explaining white supremacy and its “attachment to the real”⁶⁴ in effort to substantiate legitimate claims about what is accurately represented as and thus, deemed to be a productive body for Western society.

By looking at signs of pushback and resistance, we can re-center the narrative on the people the narrative was initially meant to revolve around while also looking at implications of whiteness and white hegemony. Amie Carrillo Rowe’s concept of differential belonging also proves useful here as it “calls us to reckon with the ways in

⁶³ Greg Goldberg. 2014. “Antisocial Media: Digital Dystopianism as a Normative Project.” *New Media & Society*. 9.

⁶⁴ *Ibid.*

which we are oppressed and privileged so that we may place ourselves where we can have an impact and where we can share experience.”⁶⁵ Weaving differential belonging into further exploration of the Le Roy narrative is also intended to be a self-reflexive strategy for myself as a researcher— though traditional sites of knowledge production would consider the girls to be “my subjects,” I aim to practice mindfulness in not speaking for or reading agency onto them where it is not my place to do so. Being a survivor of various “illnesses,” I am familiar with what it is like to be the subject of medical research. Calling attention to differential belonging as not solely relying on my direct experiences of oppression but “grappl[ing] with those experiences and their larger social and political connections”⁶⁶ will, I hope, also help build a coalitional consciousness of accountability not to just these girls, but larger communities, realities, and identities actively present within this narrative.

I also find this split between an individual and collective diagnosis extremely compelling because affective responses to trauma have strong potential for healing and community building. My concern here is again not to categorize their condition as anything in particular, or at least anything static, but to understand its embodiment as communicative efforts that, if paid close attention, can teach us something about its role in creating resistance and queer possibility. In her article, Dominus reflects on the complexity of a phenomenon involving a simultaneous diagnosis of conversion disorder and mass psychogenic illness. Because both conditions are not comprehensively understood in most medical fields, the ambiguity seemed to lie in the disconnect between an individual

⁶⁵ Aimee Carrillo Rowe. 2005. “Be Longing: Toward a Feminist Politics of Relation.” *NWSA Journal*, 35.

⁶⁶ *Ibid.*, 35.

experiencing symptoms, and others in a shared space “catching” those symptoms, which typically cannot spread or “be caught” as a virus or flu could.

The psychological implications led Dominus to speculate that “mass psychogenic illness, whatever its mysterious mechanisms are, is deeply connected to empathy and a longing for what social psychologists call “affliction belonging.”⁶⁷ Again, Aimee Carrillo Rowe comes to mind here as the hysterical supernatural revolves around building relationships through empathy and self-identification. Although I am not clear of her feminist politics might entail, Dominus offers an arguably transformative read of the medical diagnostic model. Rowe writes that a politics of relation does not seek to entirely alter the self but to complicate “the concept of ‘subjectivity’ away from ‘individuality’ and in the direction of the inclination toward the other so that ‘being’ is constituted not first through the ‘Self,’ but through its own longings to be with.”⁶⁸ In this way, we might be able understand mass psychogenic illness, or what occurs in the hysterical supernatural, as a construct to explain a lost sense of self, especially if this sense of self in the Western world is reliant on the able, productive, non-disordered, white body. And though these girls are racially white, and their sense of belonging maintains important privileges, I found it incredibly striking to see the word “belonging” come up in this conversation. This might allow us to consider hysteria’s queer communicative language also a means to articulate a longing to be with others, ultimately through a resistance of the individual self. When offered the conversion disorder, the girls Dominus observed felt lost, isolated, and

⁶⁷ Ibid., 6.

⁶⁸ Aimee Carrillo Rowe. 2005. “Be Longing: Toward a Feminist Politics of Relation.” *NWSA Journal*, 17.

unsettled by this— it was not until they began to build community through this sense of loss that they did not long for a coalitional subjectivity in unsuspected places.

Additionally, Sara Ahmed's book *Willful Subjects* offers an incredible landscape of the philosophical conceptualization of the will in terms of its embodiment, multiplicity, and beyond. Though I would love to discuss the entire book, that would require another project entirely, and as such I will stick to that which remains relevant to my seeing the hysterical supernatural and its queer communicative resistance as a willful subject. Ahmed describes the willful subject, saying she "might be striking in her appearance not only because she disagrees with what has been willed by others, but because she disagrees with what has disappeared from view."⁶⁹ I see the subject in the narrative of the hysterical supernatural as being very much willful in this matter, and find an important parallel between hysteria's constructed history with Ahmed's vision of the willful subject.

As previously discussed, the evolution of hysteria spans thousands of years, and the scholarship that both theorizes and critiques hysteria comprises a massive body of work in fields of medicine, neurobiology, psychoanalysis, sociology and psychology. Considering the rampant historical understanding of hysteria as a wandering womb disease, I believe there is something peculiar about the idea of "wandering" or leaving a body to which you are assumed to belong. I find it especially interesting in terms of the willful subject as it embraces what we are *not* doing, or what it means for willfulness to be "what we do when we are judged as being *not*, as not meeting the criteria for being human, for instance."⁷⁰ By leaving the body or location that defines us as different—or what we essentially are not—

⁶⁹ Sara Ahmed. *Willful Subjects*. Durham, NC: Duke University Press, 2014. 17.

⁷⁰ Sara Ahmed. *Willful Subjects*. Durham, NC: Duke University Press, 2014. 15.

assumes that we were never quite whole to begin with. Again, I feel that we can look back to McRuer's theory of compulsory able-bodiedness in the sense that the productive and able body is most valued for sustaining capitalist, patriarchal, heterosexist, and white supremacist powers. Though the hysterical supernatural does not entirely upset this point of contention, I hope that, at least by trying to offer new language to discuss this in between space of "coming and going," that we can see how so many non-normative behaviors come and go in our lived experience—especially as we notice which ones are paid close attention. In piecing together a narrative of the hysterical super natural in Le Roy, resistance, coalition, and the possibilities of community building and belonging are, I believe, also deeply present the Dominus' piece as well as other primary sources documenting the case.

The enigma of Le Roy quickly led the New York state department to investigate, though they found "no infectious or environmental etiologies."⁷¹ As external factors were ruled out and various medical professionals failure to identify a conclusive diagnosis after running exhaustive testing, a group of teenage girls were coming into community with each other as a direct result of the disruption their condition created within Le Roy. Though they had not been in the same social circles at high school their shared symptoms allowed the girls to come together and discover other lived experiences they had in common. According to Dominus, two of the girls became especially close, having "gone through a lot with their families—troubles of very different nature, but troubles nonetheless, and they spoke about these traumas in different natures."⁷²

⁷¹ New York State Department of Health, "Investigation of Neurologic Symptoms among Le Roy Jr/Sr High School Students: Interim Report," 1. January 31, 2012.

⁷² Susan Dominus. "What Happened to the Girls in Le Roy?," *The New York Times*, 4.

Dominus describes these conversations as ranging from casual and nonchalant to more charged as their symptoms would become visible with uncontrollable motor movements or vocal hums.⁷³ I believe this can be read to exemplify the girls' agency—they choose when and to whom they discuss sensitive topics, and *how* they communicate this process is a form of embodiment that resists conventional language. Just as Aurora Levins Morales encourages creating and telling another story of traumatic experiences as necessary to recovery,⁷⁴ so too do the Le Roy girls share stories in a communicative way particular to them.

Another form of resistance comes when the girls and their mothers are frustrated with the New York State Department of Health's futile investigation and lack of answers in community meetings, and they appear on multiple television shows. Grappling with this was especially difficult—my gut reaction when watching that broadcast was one of frustration and sadness. I kept asking myself why a parent would ever put their child through that kind of public display. My initial investments in this case revolved around my identifying with the frustration of struggling with an illness that had no name, but Cricket Keating importantly reminds us to analyze the multiple relations of oppression and resistant at play within our commonalities.⁷⁵ It was not until I considered how vastly different my relationship to the situation was from theirs that I read this as an act of agency and resistance to state officials who were not giving these families what they needed.

⁷³ Ibid.

⁷⁴ Aurora Levins Morales. "False Memories: Trauma and Liberation," in *Medicine Stories*, 15.

⁷⁵ Cricket Keating. "Building Coalitional Consciousness." *NWSA Journal*, 96.

Consequently, the increased media and medical exposure caught the attention of a neurologist in Buffalo (as well as subsequent psychiatric doctors) who concluded these were cases of conversion disorder; because so many girls were afflicted with shared symptoms at the same time, it was also considered to be mass psychogenic illness – another term for mass hysteria.⁷⁶ This split between an individual and collective diagnosis is something I find extremely compelling considering the girls' active community building with each other. Again, my concern here is not to categorize their condition as anything in particular, or at least anything static, but understand its embodiment as subtle communicative efforts that, if paid close attention, can teach us something about its role in creating resistance and queer possibility.

Dominus also speaks toward this as she reflects on the complicated phenomena of a simultaneous diagnosis of conversion disorder and mass psychogenic illness. Because both conditions are not widely understood in medical fields, the mystery seems to lie in the disconnect between an individual experiencing symptoms and others in a shared space “catching” those symptoms which cannot spread or “be caught” as a virus or flu could. The psychological implications here lead Dominus to speculate that “mass psychogenic illness, whatever its mysterious mechanism, seems deeply connected to empathy and a longing for what social psychologists call affliction: belonging.”⁷⁷ This section of her piece jumped out at me immediately, with Aimee Carrillo Rowe coming to mind.

I think Dominus inadvertently (or perhaps not, as I am not certain of her feminist politics) offers an arguably transformative read of the medical diagnostic model. Rowe

⁷⁶ Susan Dominus. “What Happened to the Girls in Le Roy?”, 3.

⁷⁷ Ibid., 6.

writes that a politics of relation does not seek to entirely alter the self but to complicate “the concept of ‘subjectivity’ away from ‘individuality’ and in the direction of the inclination toward the other so that ‘being’ is constituted not first through the ‘Self,’ but through its own longings to be with.”⁷⁸ In this way, we might be able to read mass psychogenic illness, or hysteria, constructed to explain a lost sense of self, especially if this sense of self in the Western world is reliant on the able, productive, non-disordered white body. And though these girls are white and their sense of belonging maintains important privileges, I found it incredibly striking to see the word “belonging” come up in this conversation. In this sense, we might consider hysteria’s queer communicative language also a means to articulate a longing to be with others by ultimately resisting the individual self. When offered the conversion disorder, the girls Dominus observed felt lost, isolated, and unsettled by this—it was not until they began to build community through this sense of loss that they did not long for a coalitional subjectivity in unsuspected places.

Conclusion

Prevailing media rhetoric surrounding this case largely aims to evoke a certain kind of sympathy for these teenage girls in a way that denies the “subject” of an unconventional illness such as hysteria any agency in their own experience of trauma or pain, while simultaneously reifying which bodies and illnesses matter in media discourse. The role of representation and self-representation (or lack thereof) within this dominant narrative of illness and trauma politicize a space that is often spoken of as apolitical, though I feel Susan

⁷⁸ Aimee Carrillo Rowe. 2005. “Be Longing: Toward a Feminist Politics of Relation.” *NWSA Journal*, 17.

Dominus's piece was a necessary start in complicating the Le Roy story. Additionally, is important to note the media's refusal to name any other social and cultural identities of these girls other than "teenage girls in upstate New York" revealing larger systems of power at play—those which dictate the mediated realm that privileges certain bodies and marginalizes others. Though I have argued that Dominus provides us an alternative narrative through which I investigate how the Le Roy girls' very real symptoms produces a queer communicative form of resistance, I do not want to minimize the lived and embodied experience of these girls.

Because the Le Roy case became a media spectacle that attempted to capture and represent an incident of hysteria with technological mediums unique to this time period, I want to keep in mind how major media outlets capitalize off of this, as "the medical meaning-making was negotiated among interested parties who packaged their version of disability in ways that increased the ideas' potency and marketability,"⁷⁹ and how the case resists the kind of medical categorization that disability studies challenges. While the visual and technological mediums providing documentation are ample, the social and cultural conditions influencing its embodiment resist "adequate/accurate" documentation and categorization, ultimately creating a queer space of communication for a different kind of language. Again, I want to stress that I am not necessarily reclaiming hysteria, but arguing that in the Le Roy case, we can see a contemporary embodiment of something similar—something temporally specific, and a powerfully supernatural response to oppressions that both exceeds and re-imagines language.

⁷⁹ Simi Linton. *Claiming Disability: Knowledge and Identity*. 1998.

With this language also comes the possibility for community building— the Le Roy narrative changes when we depart from trying to locate a single diagnosis, and instead focus on how we might read the responses of the young women and their mothers also as forms of collective resistance. Shifting from the impulse to individualize the girls involved in this case— especially when made media spectacles in multiple venues— allows for new and interesting interpretations of dominant media narratives that posit agency or self-control as requiring a very one dimensional determinant. In this sense, Aurora Levins Morales’s work comes to mind because her interpretations of trauma and resistance are centered on sites of social struggle in the process of recalling traumatic events. She is not solely concerned with trauma’s relationship to the individual self, but on communities at larger as a means to avoid its normalization.⁸⁰

This thesis is evidence for why the narrative of hysteria is still alive and well, and what its survival— that spans centuries— can teach us about reactions against white supremacy, patriarchal surveillance, and U.S. obsessions with feminine spectacle and the infantilization bodies with non-normative appearances and behaviors. This topic also offers a lens to reject the mind/body paradigm (as it has remained a central point of conflict in scholarship on hysteria) by looking at the discursive gaps, silences, and communications the Le Roy case reveals, both in how the girls self-represent and continue to be represented through mainstream and social media. Most importantly, I would encourage all of us to further explore the queer communicative resistance that occurs within the hysterical supernatural, as it is central to re-imagining and understanding what it means to (in)articulate a nondiscursive specter in a world dominated by the language

⁸⁰Aurora Levins Morales. “False Memories: Trauma and Liberation,” in *Medicine Stories*, 11-21.

and discourse of white supremacy, patriarchal oppression, and violence. The trans south Asian performance artists, DarkMatter, truly captures what has motivated my politics, personal investments, idea building, knowledge sharing, and theoretical development of this thesis, as well as in my own queer feminist consciousness when they remind us: “we do not yet have a word in the English language/capable of accounting for all of the hurt/hurt people do/because this is not what English is for./you see English is for hurting./English has no words to discuss itself because then maybe it would have to stop speaking.”⁸¹ The Le Roy narrative has no words to talk about all of this hurt—the realities and the lived experiences of imposing medical, biological, and environmental narratives to explain what happened there—but the hysterical supernatural framework tries to speak back.

Invariably, whenever I have a conversation with people who take interest in what I am studying, researching, or writing this thesis on, they always want to know how this story ends. What happened to the girls in Le Roy? What actually caused their symptoms? How did it all conclude? I never really know how to respond, mostly because the entire point of my taking up an analysis of this case is to demonstrate why we should not feel the need to know “what happened,” or at least the complexities this impulse carries. But it is still this need, this urgent desire to know or have the knowledge of what occurred, why it occurred, and what it means, that gives me pause. They want my theory, my analysis, my argument, my answer is exactly that: to let the supernatural be supernatural and consider why it is we desire an answer or a reason to explain away difference and deviancy.

As I bring up in the introduction, if the beauty of human nature lies in our shared complexities, does the supernatural hold a similar collective possibility? The supernatural

⁸¹ Janani Balasubramanian & Alok Vaid-Menon of DarkMater. “when brown looks into the mirror and comes out white,” from *It Gets Better*. Self-published. 2014.

should not have to be understood; it should teach us, in all its ambiguity and irresolution, what it is about ourselves that we cannot make sense of and why that is. Still though, this does not satisfy certain people to whom I tell the story of Le Roy. And, if by this point you are also feeling unsatisfied with the lack of reveal, I invite you to sit with me in the radical potential not knowing holds for us. Importantly, the hysterical supernatural is something that moves beyond a haunting— it represents the shadow of what remains, the threat of what is to come, and the specter that calls us into the messiness and discomfort of hysterical situations, or more broadly, the unknown and often feared. It is the shadows of hysteria in Le Roy that are important to me because they are reminders of invisible silences that centuries of oppression creates. What happened in Le Roy was a space of discursive absences, a spectacle of whose bodies we value and why, and a resistant queer possibility for communicating what language does not allow. The rest, we don't know.

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