

THEATER OF INFECTION: ILLNESS AND CONTAGION IN GERMAN DRAMA
AROUND 1800

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ABSTRACT

TAYLER MARIE KENT: Theater of Infection: Illness and Contagion in German Drama
Around 1800
(Under the direction of Jonathan Hess)

This dissertation studies the role that representations of disease and contagion played in establishing a vibrant discourse between drama and medicine on the German stage around 1800. Based on a survey of canonical and popular dramatic works from a variety of genres, this dissertation explores works that both contain depictions of illness and contagion and actively dialogue with the period's medical literature on infectious disease. Each chapter studies a seminal drama of a particular genre, both on its own terms and in relation to medical and dramaturgical writings of the period.

Chapter 1 addresses issues of communication and contagion through an analysis of Heinrich von Kleist's dramatic fragment *Robert Guiskard* (1798/99). Chapter 2 undertakes a reading of Friedrich Schiller's *Don Karlos* (1787) against the backdrop of his medical dissertation on inflammatory fevers. Chapter 3 explores how contagion operates in popular literature by examining the relationship between contagion and melodrama in August von Kotzebue's 1797 drama *La Peyrouse*. This chapter also investigates the literary significance of Kotzebue's relationship with the renowned physician Christoph Wilhelm Hufeland. Chapter 4 explores configurations of gender and illness in Johann Wolfgang von Goethe's 1805 tragedy *Stella* by reading this text alongside the period's popular medical literature on

lovesickness by physicians Johann Georg Ritter von Zimmermann and Melchior Adam Weikard.

In reading these dramatic works alongside medical writings, this dissertation illustrates how playwrights during this time employed dramaturgical strategies that underscore the inherently contagious nature of the medium of theater, as well as creatively responded to and re-appropriated theories of contagion from the period's rapidly expanding popular and scientific discourses in the field of medicine. Far from being a mere metaphoric representation of a growing middle-class citizenry frustrated by a lack of political freedom, these dramatic portrayals of illness were often dialoguing with and reacting to actual medical discoveries and debates of the period, and in some cases they also gesture towards scientific developments in the realm of medicine that came much later in the nineteenth century.

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Introduction

Contagion in the News

It is 2015, and contagion is in the news once again. Just a few months after a deadly outbreak of the Ebola virus that left thousands dead in West Africa and infected two American nurses in Dallas, another contagious disease is causing a fresh round of media hype and public panic. It is a disease we thought we had vanquished decades ago, a sickness only our parents or grandparents talked about, an illness that a simple childhood vaccine had more or less eradicated over thirty years ago—the measles. On February 2, 2015 the New York Times ran an informational article titled “*Facts About the Measles Outbreak*,” reporting that the United States had experienced more cases of measles in the first two months of 2015 than the number typically diagnosed in a year.¹ Like the sensational media coverage of the Ebola outbreak that came several months before it, this new contagious “epidemic” has exploded into the public discourse, sparking furious and emotional debates on television, on the internet, on social media, in doctor’s offices, in classrooms, on campuses, and around dinner tables. Historically this intensely emotional debate surrounding a disease outbreak is nothing new. The discourses surrounding contagious disease epidemics—from measles to Ebola, from bird flu to swine flu, from AIDS to anthrax, from smallpox to cholera—have always been thoroughly saturated with emotional discord. Accompanying the spread of actual contagious microorganisms are the equally viral feelings of fear, anxiety, sadness, and

¹Jonathan Corum, Josh Keller, Haeyoun Park, Archie Tse, “Facts About the Measles Outbreak,” *New York Times*, February 2, 2015, accessed March 8, 2015, <http://www.nytimes.com/interactive/2015/02/02/us/measles-facts.html>.

anger that cannot be separated from the health and scientific discourse surrounding these deadly epidemics.

Naturally, the contagious spread of emotion and anxiety that runs parallel to the actual physical infection of disease has historically also found ample artistic, literary, and pop-culture expression. From Sophocles' description of the plague in *Oedipus Rex*, to Thomas Mann's vivid portrayal of tuberculosis patient interaction in an Alpine sanatorium in *Der Zauberberg*, to the many virus and outbreak-themed films that enjoyed box office success in the 2000s (John Erick Dowdle's *Quarantine* or Stephen Soderbergh's *Contagion* to name just a few), the panic and anxiety caused by contagious disease has time and time again proven itself to be compelling subject matter for pop-culture and artistic representations of the human condition.

While there are plenty of examples of depictions of actual contagious diseases in literature, art and film, there are also many representations that deal with infection in a metaphorical sense. Indeed, "disease as metaphor"² has become such a common trope that it has pervaded countless other aspects of language and culture—everyone knows that laughter is "infectious," yawns are "contagious," rumors can "spread like the plague," and YouTube videos can go "viral" in a matter of minutes. Metaphors of contagion are effective because

²The most influential work on illness and disease metaphor to date has been Susan Sontag's *Illness as Metaphor* (New York: Farrar, Straus and Giroux, 1977), which warns against the danger of the use of sickness as metaphor. She argues that such metaphors run the risk of "mythicizing" disease by linking the physical to the moral. In her work she calls for a more ethical approach to figurative language that takes into account that fact that diseases like cancer and AIDS are real and have real victims, and she argues that we should not unquestionably employ disease metaphor without reflecting on the fact people are actually suffering and dying from these terrible illnesses. While her call for a critical examination of the ethical implications of disease metaphor is valid, the fact remains that disease metaphor exists and has been employed for thousands of years to articulate cultural, political, and social change and upheaval. I would argue that the question of whether or not it is morally reprehensible to use disease metaphor is perhaps less interesting than *why* and *how* such metaphors reflect or represent the cultural and/or literary mindset of a particular historical time period—these metaphors and the ways in which they are used (regardless of whether or not they are morally questionable) can reveal a great deal about the literature of a particular moment in history.

they underscore the power of emotions and ideas to be transmitted from person to person. A recent film that has highlighted this metaphoric contagion of ideas is Christopher Nolan's *Inception* (2010). Though the film does not depict illness in a literal sense, it employs disease metaphor to illustrate the film's central plot point—an experimental mind-control procedure in which ideas can be “implanted” in the brain like a virus or bacteria. In one particular scene the film's protagonist has a conversation with his employer and explains to him how this implantation process works. He says, “What's the most resilient parasite? A bacteria? A virus? An intestinal worm?” When he receives no answer to this question, he continues: “An idea. Resilient. Highly contagious. Once an idea's taken hold in the brain it's almost impossible to eradicate.”³

Nolan's film is not just notable for its use of contagion metaphor to explain a complicated and technical mind control procedure, but also because it engages in a project of literalizing the metaphorical concept of ideas being “implanted” in the brain. It is a work that imagines the possibility of turning a contagion metaphor about infectious ideas into a reality. The literalization of the disease metaphor is also compelling because it reflects our contemporary scientific and cultural understanding of both disease and the transmission of ideas. The film's use of metaphor reflects what we know about sickness being caused by contagious microorganisms, and also exposes cultural anxieties of a digital age in which viral ideas can spread and take hold at incredible speed, and also passively or subconsciously as we superficially skim the massive amounts of information we are presented with daily. The disease metaphor the film appropriates reveals a great deal about our current understanding

³Christopher Nolan, *Inception* (2010: Warner Brothers Pictures). I am grateful to Peta Mitchell's study on contagious metaphor for calling my attention to this particular scene of this film (Peta Mitchell, *Contagious Metaphor* (New York: Bloomsbury, 2012), 3.

of infectious diseases and how they spread, but also speaks to larger cultural and societal concerns that characterize our experience in the twenty-first century.

Inception is just one contemporary example of how analyzing the function of disease metaphor can provide insight into the social and cultural anxieties of a time period. Working through the ways in which literature and art of a particular era depict disease both literally and metaphorically can reveal a great deal how the thinkers of that period conceptualized and understood social interaction and its role in the transmission of ideas. The time period of focus for this dissertation is the period around 1800, a time in which a bacteriological understanding of contagious disease was not yet fully understood. Nevertheless, literary representations of literal and metaphoric contagion are abundant during this time, particularly on the German stage at this juncture between the eighteenth and nineteenth centuries. From the feverish and sickly protagonists of the *Sturm and Drang*, to the ailing melancholic geniuses of Goethe's classical dramas, to the multitude of female characters suffering from hysteria and fainting spells which populate the dramatic productions of the era, the theme of illness is unquestionably central to the dramaturgy of this period. The prevalence of hypochondriacs, melancholics, and corporeally suffering protagonists on the German stage at this time has been attributed most often in scholarly literature to various social and cultural factors unique to the late eighteenth century, most commonly as an expression of a lack of political power among the growing middle-class.⁴ It is argued that the (predominantly male) physically and emotionally ailing heroes that populate these dramas are merely representative

⁴This view is explored extensively in Wolf Lepenies, *Melancholie und Gesellschaft* (Frankfurt am Main: Suhrkamp, 1998), Hans-Jürgen Schings, *Melancholie und Aufklärung: Melancholiker und ihre Kritiker in Erfahrungsseelenkunde und Literatur des 18. Jahrhunderts* (Stuttgart: Metzlersche J.B. Verlag, 1977) and Gert Mattenklott, *Melancholie und der Dramatik des Sturm und Drang* (Königstein: Athenäum, 1985).

of a disenfranchised bourgeoisie. Their physical illnesses, crippling boredom and insufferable melancholy function as a form of self-legitimization in a world in which they have no political voice.⁵ But such explanations leave unanswered many questions about the centrality of illness and the significance of disease contagion to the dramas of this period. They ignore, for example, that new medical ideas around the turn of the century were beginning to suggest that the body was perhaps more susceptible to contagious, unseen elements in the atmosphere than had been previously believed, and that many writers of the day were also scholars of medicine who would have been quite familiar with these groundbreaking new theories.⁶ They overlook the fact that men are not the only characters falling ill on the stage during this period, and that female sickness is also problematized in ways that shed new light on how illness was gendered around 1800. They overlook concerns of genre, and the fact that these ailing characters seem to appear particularly frequently in drama, a medium whose reliance on the demonstrative power of the human body and the enclosed physical space of the theater has important implications for the staged portrayal of contagious disease.

This dissertation will explore these questions through an examination of the nature of illness and disease contagion in German drama around the year 1800. Given the shifts beginning to occur in the 1770s in the understanding of how both drama and disease function, it is worth inquiring whether or not parallels can be drawn between the theater's aim of transmitting ideals onto the dramatic spectator and medicine's new discoveries in the

⁵Elizabeth S. Goodstein explores the connection between Lepenies's conception of melancholy and boredom as a form of self-legitimization in *Experience without Qualities: Boredom and Modernity* (Palo Alto: Stanford: Stanford University Press, 2005), 68.

⁶For an example of how Friedrich Schiller's familiarity with medical theories influenced his work, see Dewhurst, Kenneth and Reeves, Nigel. *Friedrich Schiller: Medicine, Psychology and Literature* (Berkeley: The University of California Press, 1978).

realms of inoculation and the treatment and containment of communicable disease. Even though germ theory was a scientific discovery of the late nineteenth century, German drama around the beginning of the nineteenth century was already heavily engaged in reflecting on the issue of contagion—in both its staged depictions of infectious disease and as an underlying framework for theorizing the ultimate goals and effects of theater as an art form. Far from being a mere symbolic representation of a middle-class citizenry frustrated by a lack of political freedom, dramatic portrayals of illness in German drama around 1800 were often informed by, in dialogue with, or a reaction to actual medical discoveries and debates of the time period, and in some cases they also gesture towards scientific developments in the realm of medicine that came much later in the nineteenth century.

While it is true that the medical discourses of the day had an undeniable impact on the dramas being written and acted during this period, and many of the theories from the medical literature reappear and are reflected in these plays, this dissertation is also concerned with unearthing the ways in which dramatists around 1800 used literature and contagious metaphor to re-appropriate and imaginatively experiment with the medical discourse emerging at this time. In many cases, the dramas analyzed in this dissertation illustrate how dramatic writers used literature to reinvent, ridicule, or actively criticize the emerging popular medical discourse that gained a wide readership at the end of the eighteenth and beginning of the nineteenth centuries. Though the manner in which the works discussed in this dissertation treat contagion in both its literal and metaphoric manifestations varies greatly, these dramas all employ dramaturgical strategies that underscore the fact that human interaction and emotional connections facilitated by and through communication, friendship, and love rely on contagion in order to function, and the dramatic strategies employed by

these works also self-reflexively highlight the inherently theatrical nature of human interaction.

Research Overview

Scholarship has long established a strong link between theater and medicine in the late eighteenth and early nineteenth centuries, and has found that dramatists during this time period were actively engaged in incorporating medical discourse into their plays. Scholars highlighting this strong connection between medicine and literature in a German context have paid a great deal of attention to the works of Friedrich Schiller, noting that dramas such as *Die Räuber* include elements that can be traced back to some of the period's most influential medical writings.⁷ This scholarship has made strong arguments that the many ailing dramatic protagonists of this period serve a far more complex and strategic function than merely highlighting frustrations of political powerlessness. One scholar who has engaged quite extensively with questions of illness and drama is E.T. Potter. In his work on Balthasar von Ammann's comedy *Der Hypochondrist* (1824), Potter examines how this play engages in a self-reflexive strategy that allows the text to use the "protean ailment hypochondria as a potent metaphor to represent, and generally to ridicule, various non-normative behaviors," most notably homosexuality.⁸ Disease is strategically ridiculed in order to call attention to the fact that comedic theater has the power to heal, but so, too, does the elimination of non-normative sexual behavior through a "healthy" heterosexual

⁷See for example Marianne Schuller, "Körper, Fieber, Räuber: Medizinische Diskurs und Literarische Figur beim Jungen Schiller" in Karl Pestalozzi, Wolfram Groddeck, and Ulrich Stadler, *Physiognomie und Pathognomie, Zur literarischen Darstellung von Individualität* (Berlin: de Gruyter, 1994).

⁸E.T. Potter, "Hypochondria as Withdrawal and Comedy as Cure in Dr. Willibald's *Der Hypochondrist*," *German Life and Letters* 65 (2012): 3.

marriage at the end of the play. Similarly, Alexis Soloski argues in “Feigned Illness: Drama and Disease” that comedic portrayals of illness employ comforting strategies that ridicule disease, illustrate its illusory nature and put audience fears of contagion at ease.⁹

Other recent scholarly work that has explored the intertwined nature of literature and medicine at the end of the eighteenth century has focused on the significance of immunological and inoculation metaphor in the literary works of this period that drew from scientific developments in the field of medicine. Johannes Türk’s influential 2011 study *Die Immunität der Literatur* study contends that literature has a function not unlike that of inoculation; just as immunization aims to protect against disease through the introduction of harmful pathogens into the blood stream, so does literature provide a fictional exposure to the horrors of life with the goal of protecting readers from real-life threats. He argues that beginning in the eighteenth century, “Die medizinische Praxis, die schützt, ohne die vollen Risiken des Ernstfalls zu bergen, dient der Literatur des 18. Jahrhunderts dazu, Erfahrungen zu artikulieren, die auf Lebenskrisen vorbereiten. Erfahrung, kann so Sinn abgewonnen werden, und für Ereignisse, die selten sind, wird die Imagination zu einem Ort, an dem das künstliche Unglück das wirkliche vorwegnimmt.”¹⁰ He argues that with the medical development of immunization against smallpox in the late-eighteenth century (although admittedly still in its early stages at that time) there came a fundamental change in the way people understood the spread of disease. By purposefully introducing harmful pathogens into the bloodstream, sickness could be avoided through deliberate infection. This, he argues, had further profound effects on eighteenth-century conceptions of experience: “In der Impfung

⁹Alexis Soloski, “Feigned Illness: Drama and Disease.” PhD diss, Columbia University, 2010.

¹⁰Johannes Türk, *Die Immunität der Literatur* (Frankfurt am Main: S. Fischer Verlag, 2011), 9-10.

kündigt sich die neue Kulturtechnik der Vorwegnahme an, die in Immunisierung mündet. Dies hat Konsequenzen für den Begriff der Erfahrung: Wir erfahren, um gegen den Stimulus der Erfahrung geschützt zu sein.”¹¹

Türk makes his case that literature has an immunological function by exploring a wide variety of literary examples from antiquity to modernity (Thukydides, Dante, Rousseau, Schiller, Mann, Freud) and illustrating how the metaphor of immunology is not only detectable in the complicated relationship between text, author, and reader, but also very concretely present in the plots of the works themselves (even in the days before immunization existed as a common medical procedure). This immunological function is perhaps most clearly elaborated in the chapter that deals with Schiller’s theory of tragedy, in which he describes “das Pathetische der Tragödie” as an “Inokulation des unvermeidlichen Schicksals.”¹² Türk argues that the metaphor of immunization is a useful one for interpreting Schiller’s theory of tragedy because it closely follows a parallel realization on the part of doctors and scientists during this time period that smallpox could be cured by injecting a small dose of the harmful virus into a healthy body. Türk sees Schiller’s conception of the role of tragedy as following that same medical model, specifically with regard to “das wahre Unglück” and “das künstliche Unglück.” Schiller writes that, “das wahre Unglück [...]überrascht uns oft wehrlos, und was noch schlimmer ist, es *macht* uns *wehrlos*. Das künstliche Unglück des Pathetischen hingegen findet uns in voller Rüstung...”¹³ The tragedy’s creation of a “künstliches Übel” causes affects that are similar to those found in reality, but do not make the audience “wehrlos” like “das wahre Unglück.”

¹¹Ibid., 11.

¹²Ibid., 12.

¹³Ibid., 128.

In fact “das künstliche Unglück,” much like an inoculation, prepares the audience to eventually be better protected from “das wahre Unglück,” or future tragic events in reality. Türk thus shows how the logic of immunization is deeply rooted in Schiller’s conception of the role of tragedy in creating affects that prepare individuals for the events of real life. Despite effectively illustrating how Schiller’s theoretical conception of tragedy is strongly implicated in immunological metaphor, Türk’s study does not actually apply the theory to any of Schiller’s dramas. In chapter 2 of this dissertation I will explore how Türk’s reading of inoculation imagery in Schiller’s concept of “das Pathetische” functions in his 1787 historical drama *Don Karlos*.

Cornelia Zumbusch’s 2012 study takes up similar themes of immunity and immunological metaphor and brings them into dialogue with the works of Goethe and Schiller. She argues that writers of the late eighteenth and early nineteenth century tended to create literary characters that embodied purity (*Reinheit*), protection (*Schutz*), and insensitivity (*Unempfindlichkeit*) to immunize against extreme forms of affect. She attempts to show how this immunity from affect (*Affektabwehr*) is embodied for Schiller primarily in the concept of the sublime (*das Erhabene*) and for Goethe in his preoccupation with the theme of renunciation (*Entsagung*). The semantic complex of *Reinheit*, *Schutz*, and *Unempfindlichkeit* that these authors created to ward off dangerous passions and affects is a reflection of broader aesthetic, historical, medicinal and political concerns about disease contagion and widespread late-eighteenth and early nineteenth-century concerns about the “epidemic” of *Empfindsamkeit*. Zumbusch’s work is useful for this project particularly for her detailed analysis of how inoculation or *Impfung* plays a central role in Schiller’s *Don Karlos*. She argues that the figure of Marquis Posa has a therapeutic effect on Karlos, and

that his death articulates, “eine für das Publikum bestimmte tragische ‘Inokulation des unvermeidlichen Schicksals.’”¹⁴

While the work of Türk and Zumbusch is concerned with representations of immunology or defense against infection, other scholars are more particularly interested in how contagion’s function as a category of the performative can make it a useful tool for literary analysis. Elisabeth Strowick’s 2007 study *Sprechende Körper: Poetik der Ansteckung: Performativa in Literatur und Rhetorik* understands the performative act not merely as one that accentuates the physical speaking body itself as a medium of spoken expression, but rather as a kind of spill-over, or “excess of utterance over the statement” (“Überschuss des Äußerungsaktes über die Aussage”).¹⁵ Her aim is to analyze spoken actions in literature and rhetoric to make the performative “speak” as a category of literary analysis. Strowick’s method of textual interpretation is particularly relevant to this dissertation because she is interested in a category of analysis which she deems the “infectious performative.” Literary representations of infectious diseases (such as those found in Thomas Mann’s *Zauberberg* and *Tod in Venedig*, and Thomas Bernhard’s autobiographical text *Wittgenstein’s Neffe*) are interesting not only for how they represent the body, but also for the specific ways in which contagious diseases are bound to literary speech acts. Infection in these works is implicated in the process of writing and storytelling, and conversely, writing and storytelling can also be read as infectious acts. Language can be read as a type of “infectious material” that is inserted into literary scenes. Strowick sees infection happening on two levels within the text: The sick body in the text is a “speaking body” which

¹⁴Cornelia Zumbusch, *Die Immunität der Klassik*, (Suhrkamp: Berlin, 2011), 162.

¹⁵Elisabeth Strowick, *Poetik der Ansteckung: Performativa in Literatur und Rhetorik* (München: Fink, 2009).

exhibits a kind of “infectious performativity,” but the same phenomenon is also happening at the level of narration; the process of writing and storytelling is implicated in the infectious performative in much the same manner as the ill speaking characters in the narrative. The ill speaking body in the text functions as a methodical instrument to analyze the poetological dimension of infection within the text itself.

While Strowick convincingly argues that performative contagion is a useful tool in literary analysis, she focuses primarily on speech acts in novels and autobiographical texts. She does not explore how this category of performative contagion functions within the medium of drama in any great detail. Strowick is also less concerned with the historical context of how disease was understood in the late nineteenth and early twentieth century and more with how the act of reading and storytelling functions as a form contagion as we understand it in a present-day cultural (and not even necessarily medical) context. But Strowick’s work is important for this dissertation because of its assertion that infection and contagion function on two levels in the texts that she explores. All of the works contain sick, speaking characters whose behaviors and actions affect other characters within the text, both sick and healthy. But she also sees infection happening in acts of reading, writing, and storytelling. The way the ill speaking body functions in the text and interacts with other characters is also reflected in the way in which the narrator interacts with his or her reader in the writing and storytelling process. In this dissertation I will show that a similar storytelling phenomenon is at work in German drama around 1800, but instead of an infectious reader/narrator relationship, I see contagion and portrayals of infectious disease in these dramas also being reflected in the relationship between actor and spectator.

While these studies and others have called attention to the fact that illness is and has been a central theme in dramaturgy, relatively little has been said about the strategic function of portrayals of real disease (not merely hypochondria) and contagion on the German stage beginning in the 1770s. My dissertation will expand upon this work and shed light on a fundamental and underexplored link during this period between drama, medicine, and disease. Far from being a mere metaphor for the economic and political powerlessness of the middle class, illness and its contagion in the dramas written around 1800 serve a variety of strategic functions that call into question the theater's role as an institution of moral education, and can refine our understanding of how the dramaturgy of the period frames concerns of politics and gender. An analysis of the way disease is represented dramaturgically, how it is staged, whom it affects, and how it spreads will open up German drama of the period to new interpretations that illuminate how writers of the period made strategic use of audience anxieties over contagion in their playwriting. While there is a long tradition of illness on the stage that is used to make light of the threat of disease contagion, through comedic ridicule or otherwise, my work suggests that beginning in the late eighteenth century, dramatic writers began to emphasize rather than downplay that threat. Further, while illness was frequently employed on the stage prior to the eighteenth century as a form of religious punishment, or was said to affect those with certain humoral imbalances or personality types, the works I examine illustrate how sickness itself began to take on much more individualized characteristics at this time. No longer perceived as merely a punishment for sinful behavior, sickness is shown in these texts to be a force that can infect anyone, even and perhaps most especially those who exhibit moral strength of character or exceptional qualities. The fact that even exemplary, highly moral individuals are not immune to sickness

in these dramas undermines the popular notion of the period that one of the most important functions of dramaturgy was to impart good morals on audience members, thus improving the overall health of society.

Chapter Overview and Methodological Approach

This dissertation is divided into four chapters, each of which studies a seminal drama of a particular genre, both on its own terms and in relation to medical and dramaturgical writings of the period. Chapter 1 addresses issues of communication and contagion through a reading Heinrich von Kleist's dramatic fragment *Robert Guiskard* (1798/99). I argue that contagion in this work is intricately connected with communicative speech acts, reflecting medical discourses on the process of symptom description and diagnosis that occurs between doctor and patient. Chapter 2 undertakes an exploration of disease contagion and immunological metaphor in Friedrich Schiller's *Don Karlos* (1787). I read this text alongside Schiller's own medical dissertations on inflammatory fever in order to examine both the play's preoccupation with the sovereign's susceptibility to contagious disease, as well as the infectious nature of the friendship between the drama's two main protagonists Karlos and the Marquis Posa. Chapter 3 explores how contagion operates in popular drama by examining a work by one of the most prolific German writers of the period, August von Kotzebue. I will read his drama *La Peyrouse* (1797), in order to investigate how illness functions in popular melodrama. As a text that was widely read and performed in Europe and America, its portrayal of disease is particularly interesting for its insight into popular cultural perceptions of contagious illness, as well as for its use of dramatic strategies of excess that I argue are responding to medical discourse of the period that warned of the health risks of heightened

states of emotion. Chapter 4 explores the relationship between contagious illness and love in Goethe's 1775 tragedy *Stella*, exploring how Goethe uses the infectious nature of dramatic storytelling as a dramaturgical technique to experiment with alternatives to traditional eighteenth-century gender roles.

Each chapter of this dissertation engages in a close reading of one play by one author, and also reads the work alongside texts from the period's medical discourse that are particularly relevant to the drama in question. The dramas in this dissertation were selected because together they represent a wide variety of dramatic genres—a dramatic fragment, a historical drama, a three-act tragedy, and a popular melodrama. The medical texts that are read alongside these plays were selected because they were either written by the dramatist himself (as is the case with Friedrich Schiller's fever dissertation in Chapter 2), or they represent medical theories and/or physicians with whom the author in question would have been highly familiar.

Regarding the methodological structure of this dissertation, analyzing the primary texts both on their own terms and together with some of the most influential medical tracts of the period allows for a productive analysis of these dramas for several reasons. First, it allows me to provide a general overview or glimpse into the nature of medical writing around 1800, a period when medicine was first emerging as an established scientific discourse. In order to make an argument about how the concept of contagion was reflected in the dramaturgy of my primary authors, it is necessary to have a historical perspective on what types of medical literature might have been influencing their thought. Medical theories of disease and how it is spread were of course vastly different and far less understood than they are today, so placing this literature in dialogue with the dramas of Kleist, Schiller, Kotzebue,

and Goethe can provide us with a more nuanced perspective of just how far-reaching and interdisciplinary the work of these dramatists was in the late eighteenth and early nineteenth centuries. Second, pairing the medical writings with the primary dramatic literature allows me to highlight the ways in which these scientific and literary texts complement each other, as well as locate the places in which they differ or even blatantly react against each other. As I show in this dissertation, exposing the junctures where the dramatic text re-appropriates or reimagines the medical text illuminates the ways in which drama functioned as a kind of literary playground for experimentation with plot twists and dramatic strategies that pushed the limits of what the period's medical discourse considered "healthy." Reading these scientific and literary texts alongside each other illustrates how literature and medicine were thoroughly intertwined during this period, and were informing and dialoguing with each other in fascinating ways. Third, centering each chapter on a play that represents a different dramatic genre allows me to create a historical snapshot of the varied and nuanced theatrical landscape during this period—a time in which audiences were treated to performances that showcased a variety of dramatic forms. Additionally, analyzing four plays that represent different genres provides insight about how the depiction of disease and contagion function across plays with varying styles, lengths, characters, and dramatic structures. Interpreting the ways in which contagion is portrayed differently in a historical drama versus a popular melodrama, for example, can provide insight about why an author might have chosen that particular form for his depiction of contagion or illness, which in turn reveals a better understanding of the dramatist's own conception of the medical discourse he is responding to or reacting against.

This dissertation argues that the key German dramatic writers around 1800 were engaged in a project of both appropriating and reimagining the medical advice that their contemporary physicians were widely disseminating to the growing middle-class reading public. Playwrights during this period used the medium of drama and the contagion and disease depicted therein as a vehicle for suggesting the communicative power of contagion in both literal and figurative terms. In reading dramatic texts alongside medical writings—both of which were overwhelmingly concerned with the question of how to rid humanity of disease in both literal and metaphoric terms—this method sheds new light on the works themselves and also underscores the close relationship between science and literature that existed around 1800.

Chapter 1

Staging the Plague: The Theatrics of Illness in Kleist's *Robert Guiskard*

In the summer of 1804, Heinrich von Kleist was called before the King of Prussia's adjutant general, Karl Leopold von Köckeritz. The King had demanded an explanation for Kleist's recent restless behavior and mysterious, unwarranted traveling around France for the past several months. In a letter to his half-sister Ulrike from June of 1804, Kleist paints a vivid portrait of this stern interview with Köckeritz, complete with scripted dialogue and detailed descriptions of exactly how the meeting transpired. In defense of his erratic behavior, Kleist told Köckeritz that during the period in question he had been suffering from a bizarre illness, or "*Gemütskrankheit*," symptoms of which included insuppressible hyperactivity, restlessness, and an inability to control his own actions. "Es wäre doch grausam, wenn man einen Kranken verantwortlich machen wolle für Handlungen, die er im Anfälle der Schmerzen beging," Kleist reminded Köckeritz.¹⁶ Kleist described his rather vague symptoms to Köckeritz as "einen gewissen Schmerz im Kopfe," allegedly contributing to "das Bedürfnis nach Zerstreuung," which eventually became "so dringend, dass ich zuletzt in die Verwechslung der Erdachse gewilligt haben würde, ihn los zu werden."¹⁷

¹⁶Heinrich von Kleist, *Sämtliche Werke und Briefe, Zweiter Band*, ed. Helmut Sembdner (München: Carl Hanser Verlag, 1961), 738. This excerpt comes from Letter 78 of Kleist's letters to Ulrike from October 1803-June 1804.

¹⁷Ibid, 738.

Kleist's detailed letter to Ulrike describing this interview scene with Köckeritz often reads like the script of a play, complete with descriptions of the action and even stage directions for the speaking characters:

Darauf versetzte er [*Köckeritz*] nach einer Weile: <<sind Sie wirklich jetzt hergestellt? Ganz, verstehn Sie mich, hergestellt?—Ich meine>>, fuhr er, da ich ihn befremdet ansah, mit Heftigkeit fort, <<ob Sie von allen Ideen und Schwindeln, die vor kurzem im Schwange waren, (er gebrauchte diese Wörter) völlig hergestellt sind?>> -- Ich verstünde ihn nicht, antwortete ich mit so vieler Ruhe als ich zusammenfassen konnte; ich wäre körperlich krank gewesen, und fühlte mich, bis auf eine gewisse Schwäche, die das Bad vielleicht erheben würde, so ziemlich wieder hergestellt.—Er nahm das Schnupftuch aus der Tasche und schnaubte sich.”¹⁸

In a later account to his friend Henriette von Schlieben of his alleged sickness and his subsequent bizarre and unfounded trips to and from Paris, Kleist writes, “Ich bin nicht imstande vernünftigen Menschen einigen Aufschluß über diese seltsame Reise zu geben. Ich selber habe seit meiner Krankheit die Einsicht in ihre Motiven verloren, und begreife nicht mehr, wie gewisse Dinge auf andere erfolgen konnten.”¹⁹

It remains unclear whether or not this “*Gemütskrankheit*” that Kleist describes was a real illness or whether the story from his letter to Ulrike was merely an embellishment to deflect concerns about his mysterious conduct in the early months of 1804. Indeed, some scholars believe that the vagueness and varying descriptions of his symptoms to friends and family suggest that he was indeed “faking it.”²⁰ But what these accounts of an inexplicable, behavior-altering sickness do reveal is Kleist's awareness that illness can create a lack of self-control, such that it is certainly unreasonable to hold an ill person responsible for his own actions. Illness breaks down or eliminates faculties that allow for sensory perception,

¹⁸Ibid, 738.

¹⁹From Letter 82 to Henriette von Schlieben in *Sämtliche Werke und Briefe*, 745.

²⁰See R.H. Samuel and H.M. Brown, *Kleist's Lost Year and the Quest for Robert Guiskard*, (Leamington Spa: James Hall, 1981), 69.

moral behavior, rational thought, and speech. This breakdown consequently alters the sick person's ability to effectively describe his symptoms to others. In order to judge the severity of another's illness one must depend on two fundamentally unreliable indicators: the sick patient's physical appearance and behavior, and the patient's own personal account of his symptoms.

Kleist's description of his "*Gemütskrankheit*," particularly his detailed dramatic staging of his interview with Köckeritz, also reveals Kleist's awareness of the inherent theatrical nature of illness (and of course faking illness). Since it is impossible to truly determine the severity of another person's sickness through the unreliable clues provided by physical appearance or symptom description, the ill person (or the person pretending to be ill) is free to dramatize his illness for his captive audience. He may exaggerate his symptoms; he may give long, embellished monologues detailing the prolonged horror of his suffering, he may cough, moan, sneeze, faint, and tremble. If his illness is fake or not as severe as he wishes to convey, he may cover his cheeks with makeup or sprinkle water droplets on his forehead to give himself the appearance of a fever. There is simply no way to surmise the true severity of the sick patient's symptoms; the observer can only rely on the ill person's narrative and performative account of his condition. The process of symptom description and diagnosis, as well as the exchange between the ill patient and his or her observer, doctor, or caregiver is not only deeply implicated in the theatrical, but it can also be deceptive; the theatrics of illness (and of course feigned illness) can conceal or obscure the truth.

Illness and its ability to break down rationality, communication and speech, as well as undermine truth, was a topic that Kleist was grappling with extensively at the time of his interview with Köckeritz. It was around this period that Kleist completely burned the first

draft of a drama that treats the subject of illness in detail, *Robert Guiskard*. Kleist struggled for years to write this tragedy that was supposed to become his masterpiece, but was ultimately unable to bring it to a satisfying conclusion and eventually abandoned the project, leaving the drama as a fragment. What remained after Kleist destroyed the majority of the text were just ten scenes of the first act of a tragedy that centers on the Duke of the Normans, Robert Guiskard, and his ultimately unsuccessful attempt to conquer the city of Constantinople due to the fact that both he and his soldiers have been infected with the plague. Some Kleist scholars have tended to write off *Robert Guiskard* as a failed and fragmentary attempt at tragedy that cannot be coherently interpreted.²¹ Compilation volumes often provide only a cursory treatment of the text or exclude it altogether, believing that its incompleteness merely encourages speculation about Kleist's true intentions that cannot be supported by textual analysis.²² But although the text is fragmentary in nature, this dismissal completely overlooks the fact that this one act can be read as a complete text in itself. Although the drama is unfinished, its ten short scenes contain striking observations on the destructive, deceiving, and ambiguous nature of illness and disease contagion. The fragmentary nature of the text is reflective of Kleist's own struggle to negotiate the complicated relationships that exist between sickness and health, actor and audience, and truth and deception.

In the following chapter, I will explore how *Robert Guiskard* is a text whose author is not only grappling with the challenges that illness poses to communication, rational

²¹Elystan Griffiths, *Political Change and Human Emancipation in the Works of Heinrich von Kleist*, (Rochester: Camden House, 2005), 2. Griffiths excludes Guiskard from his analysis because, "the fragmentary nature of the work makes anything other than speculative observations about Kleist's intentions difficult."

²²Bernd Fischer, *A Companion to the Works of Heinrich von Kleist*, (Rochester: Camden House, 2003). This companion volume contains no essays dedicated entirely to *Robert Guiskard* and only several brief references to the text.

thought, human behavior, familial ties and social norms, but is also actively reflecting on the inherent dramatic qualities of illness and symptom description that render accurate diagnosis difficult, if not impossible. The difficulty of diagnosis based on patient observation and dramatic narratives of illness is, I argue, also reflective of a broader late eighteenth- and early nineteenth-century medical discourse that was also questioning the reliability of diagnoses based on empirical evidence and reported symptoms. In *Robert Guiskard*, this inability to determine the true severity of disease leads to the rapid spread of speculative information and a widespread fear of contagion. It is thus not necessarily just illness itself that causes a breakdown in the various mechanisms that are integral to a society (communication, rational thought, family relationships, social conventions), but rather the theatrics and speculative discourse surrounding the illness that tear these components apart, and in the case of a contagious disease, can create a widespread fear of an epidemic. Furthermore, I argue that illness in *Robert Guiskard* is a phenomenon in which both the allegedly sick individual and those reporting on his condition are complicit in a form of playacting that mitigates or exaggerates the seriousness of the illness, making the assessment or diagnosis of the severity of the disease an impossible task for the audience. Instead of being given a representation of illness that they can trust, readers and watchers of *Robert Guiskard*, as well as the dramatic figures in the play itself, are presented with conflicting stories, embellished or downplayed reports on Guiskard's condition, and misleading second-hand accounts of their leader's health. Even Guiskard's own personal testimony of the effects of his illness is not to be trusted, as he also participates in this playacting by pretending to be healthy in order to calm fears that he is dying of the plague. Although *Robert Guiskard* is only an incomplete fragment that consists of just one act, it can nevertheless be read as a text that reflects on its

own medium; by acknowledging the theatrical nature of sickness and revealing its potential to deceive us, create ambiguity and spread fear, Kleist's dramatic fragment questions the ability of the theater to represent fundamental human truths, exposes the unreliable nature of sensory experience, and reveals how that unreliability can spread irrational fear and throw a society into chaos.

This chapter will begin with an attempt to situate this text within Kleist's larger body of work and outline the main arguments of what little secondary literature exists on this text. This section of the chapter will highlight *Robert Guiskard's* relevance to a growing body of scholarly work that explores the fascinating connections between literature, medicine and disease. The following section of the chapter will focus on the fragment's opening chorus. This section will explore Kleist's dramatic staging of the opening scene, which establishes the place of action as a theatrical space. In these opening lines of the play, I will also illustrate how Kleist's chorus imagines a personified image of the plague that reflects contemporary medical discourses on the spread of disease. Although the chorus attempts to render the plague visible by projecting this imaginative image of the plague, my analysis will show that the disease constantly resists visual representation and is more closely associated with auditory perception. In the third section of this chapter, I will focus on the middle scenes of the play and explore the unreliable nature of symptom description and performative second-hand accounts of illness. I show how the constant theatrics and speculative discourse surrounding Guiskard's sickness prevent both the characters in the drama and the play's audience from making an accurate diagnosis of the protagonist's condition. I will also read this section alongside late-eighteenth and early nineteenth-century medical tracts on identifying illness, specifically the medical writings of Scottish physician John Brown,

whose theories were popular in Europe during the time that Kleist was writing *Robert Guiskard*, and whose methods were employed by some of Kleist's own doctors. The final section of this chapter will look at the elaborate staging of the final scene of the act, in which Guiskard finally emerges from his tent and participates for the first time in the performance surrounding his own illness. This final scene and its ambiguous dramatic portrayal of the supposedly "ill" Guiskard sheds further doubt on the audience's ability to discern the nature of his disease. This final scene reveals the possibility that the main characters in the drama are perhaps engaged in an intricately staged dramatic production that is as fragile, contrived and unreliable as the many descriptions of disease that populate the drama as a whole. By reading this text through the lens of disease contagion and the speculative, performative discourse surrounding contagious illness, this chapter will uncover a pervading connection between drama and disease that permeates one of Kleist's most contentious works.

Reading Guiskard's Illness: Robert Guiskard in Kleist Scholarship

Kleist's drama tells the story of the real historical figure of Robert Guiscard, a Norman ruler who conquered much of Italy in the early eleventh century.²³ In 1075 Guiscard and his army had their sights set on conquering Byzantium, as this would give them control of the strategic city of Constantinople, as well as give the Norman ruler a vast new territory that his son Bohemond could then rule.²⁴ Guiscard's other son, Roger Brosa, was already named his official successor to the lands the Normans had already conquered in Italy. In July of 1075 Guiscard and his troops arrived on the island of Cephalonia in the Mediterranean

²³G.A. Loud, *The Age of Robert Guiscard: southern Italy and the Norman conquest*, (London: Longman, 2001). This volume is the most extensive recent historical biography of Robert Guiscard and the Normans.

²⁴*Ibid.*, 216.

Sea, and it is unclear whether they intended to proceed further and go ahead with plans to conquer Byzantium, or turn around and direct their efforts at the Peloponnese instead; either way, historical records indicate that there was hesitation about the plan of attack. Guiscard died of an illness that was described as “plague-like” shortly after arriving on the island, and his troops immediately retreated and returned back to Italy.

Kleist deviates slightly from historical reality and begins his play in Guiscard’s military camp just outside the city of Constantinople, a city much farther east than Cephalonia. The plague has ravaged the camp and his troops, and the first act begins with an appeal by *das Volk* (who function as a chorus) to their leader, who remains inside his tent and will not come out to help his ailing people. Eventually Guiskard’s daughter Helena emerges to calm the crowd and reassure everyone that the duke is in fact in perfect health and is merely resting to prepare for battle. Soon Guiskard’s son Robert and his nephew Abälard emerge. The two fight over who is the rightful heir to Guiskard’s throne, and it becomes apparent that rumors are circulating that the duke might in fact be infected with the plague himself. Abälard suggests to the people assembled in front of the tent that the rumors are true and widespread panic grips the crowd. In the final scene of the fragment, Guiskard himself emerges from his tent and reassures the people that he is actually quite healthy and only asks to be left alone in his tent so that he may complete his plans for the upcoming battle. But immediately after this reassuring speech, Guiskard collapses and the fragment ends on a note of uncertainty.

There is relatively little secondary literature on *Robert Guiskard* compared to some of Kleist’s more canonical works, which is not surprising considering the text’s fragmentary nature. Much of the literature that does exist tends to strongly emphasize its incompleteness

or analyze it as an inherently flawed tragedy that can only be speculated on. The significance of disease and the plague is often downplayed or said to be functioning as a metaphor without a clear object. Anthony Stephens, for example, compares the text to *Die Familie von Schroffenstein* and *Penthesilea* in order to compensate for *Robert Guiskard*'s incompleteness, but ultimately concedes that, "I can make only some tentative suggestions, based largely on a study of imagery, as to what the play might have become, for the data we have are too inconclusive to say more."²⁵ When Stephens does mention the imagery of the plague, he only concedes that pestilence has a vague symbolic function in the text; it is a "metaphor with no clear referent"²⁶ and therefore does not warrant further analysis. In his article "Kleists Entdeckung im Gebiete der Kunst: Robert Guiskard und die Folgen," Lawrence Ryan also reads the plague metaphorically, but also sees it as a kind of artistic illustration of an inner fragility that is always inherent to great leadership: "die Pest erscheint als Spiegelung einer inneren Brüchigkeit, einer Selbstaufhebungstendenz die der menschlichen Größe, ja dem menschlichen Dasein überhaupt innewohnt—aber eben nur als künstlerische Veranschaulichung dieser Daseinsstruktur, nicht als Ausdruck von deren Angewiesen sein auf eine umfassende Ordnung."²⁷ The plague is analyzed in greater detail in Bernhard Greiner's article "Die Große Lücke in unserer dermaligen Literatur auszufüllen": Die unausführbare Tragödie *Robert Guiskard*." Rather than viewing the plague as a vague metaphor or a symbolic representation of the inner fragility of a political order, Greiner

²⁵Anthony Stephens, "Robert Guiskard," in *Heinrich von Kleist: The Dramas and Stories* (Oxford: Berg, 1994), 44.

²⁶*Ibid.*, 52.

²⁷Lawrence Ryan, "Kleists Entdeckung im Gebiete der Kunst: Robert Guiskard und die Folgen," ed. Helmut Kreuzer, *Gestaltungsgeschichte und Gesellschaftsgeschichte: Literatur-, Kunst- und Musikwissenschaftliche Studien. Fritz Martini zum 60. Geburtstag* (Stuttgart: Metzler, 1969), 242-264, here 251.

views the plague epidemic in the text as a force that literarily binds the modern bourgeoisie with the early modern period and antiquity: “So führt Kleist in seiner Antwort auf die Pest eine Vorstellung der bürgerlichen Moderne mit einer der frühen Neuzeit und einer antiken zusammen: indem er die erhabene Selbstbegründung des Subjekts in den Horizont von Schauspiel (so verstanden von Poesie) bringt, dessen aufgeführtes Stück eine Tragödie ist.”²⁸ The importance of contagion as metaphor in Kleist’s writing has also been emphasized by scholar Gerhard Neumann, not specifically in reference to *Robert Guiskard*, but rather to his work in general: “Ist doch die ‚Infektion‘ die ‚Infizierung‘ als Generalmetapher Kleists schlechthin zu verstehen: als das Bild jenes Sündenfalls, dessen Erscheinungsbild die Pest ist, die pandemisch in der Sprache und im Körper wuchert.”²⁹ For Neumann, disease in Kleist’s work represents the fall of man and its physical manifestation as ailment in the bodies and speech of characters.

Other scholarship has focused on the significance of the political in this text. Peter Philip Riedl analyses the role of political violence in both *Robert Guiskard* and Schillers *Wallenstein* in his article, “Texturen des Terrors: Politische Gewalt im Werk Heinrich von Kleists.” For Riedl, political violence in *Robert Guiskard* is closely connected to the relationship between charisma and an instrumental abuse of political power.³⁰ The central significance of charismatic political leadership in *Robert Guiskard* is further emphasized by Iris Denneler in “Legitimation und Charisma. Zu Robert Guiskard.” Denneler, like Riedl,

²⁸Bernhard Greiner, “Die große Lücke in unserer dermaligen Literatur auszufüllen”: Die unausführbare Tragödie *Robert Guiskard*,” *Kleists Erzählungen und Dramen. Neue Studien*, ed. Paul Michael Lützeler und David Pan (Würzburg: Königshausen und Neumann, 2001), here 135-136.

²⁹Gerhard Neumann, “Das Stocken der Sprache und das Straucheln des Körpers. Umriss von Kleists kultureller Anthropologie”, in Gerhard Neumann (ed.), *Heinrich von Kleist. Kriegsfall – Rechtsfall – Sündenfall* (Freiburg: Rombach, 1994) 13-29, here 26.

³⁰Peter Philipp Riedl, “Texturen des Terrors: Politische Gewalt im Werk Heinrich von Kleists,” *Publications of the English Goethe Society* 78 (2009): 32-46.

sees charisma and power as intimately connected in Kleist's dramatic interpretation of the historical Robert Guiscard, but she also argues that the text contains an implicit critique of Napoleon; he became obsessed with his own charisma and immense political power and essentially forgot his responsibility to the people.³¹

A more recent trend in the literature on *Robert Guiskard* has been a focus on how the text problematizes communication. In "Rauschen, Gerücht und Gegensinn: Nachrichtenübermittlung in Heinrich von Kleists Robert Guiskard," Torsten Hahn argues, I believe quite convincingly, that the plague in *Robert Guiskard* is thoroughly tied to communication and communicative speech acts. Like disease, communication is contagious, and when it is withheld or suppressed by a ruling body there can be disastrous political consequences ("Kommunikation ist ebenso ansteckend wie die Pest. Wer hier zögert, verliert, denn im Kommunikationskanal entsteht weiterhin Information, die die Situation verändert, daß folgende Anschlüsse unkontrollierbare Effekte zeitigen.")³² The plague in *Robert Guiskard* thus functions as a tool to exhibit the relationship between communication and authority; interruptions, missed messages, and *Störung* in political speech can destroy political power and destabilizes authoritarian regimes.

While I agree with Torsten Hahn that communication in *Robert Guiskard* is contagious, and that illness in the text appears to be intimately bound to both verbal and non-verbal communication, I believe that the previous scholarship has focused too much on the metaphoric quality of disease contagion and its relationship to political power and not

³¹Iris Denneler, "Legitimation und Charisma. Zu Robert Guiskard," *Kleists Dramen: Neue Interpretationen*, (Stuttgart: Reclam, 1981) 73-92.

³²Torsten Hahn, "Rauschen, Gerücht und Gegensinn: Nachrichtenübermittlung in Heinrich von Kleists Robert Guiskard," *Kontingenz und Steuerung: Literatur als Gesellschaftsexperiment 1750-1830* (Würzburg: Königshausen und Neumann, 2004), 101-119, here 118.

enough on the way illness and contagion are actually performed within the drama. Not enough attention has been paid to how disease functions, not merely as a metaphor for the political, but also as an exemplifier of a central epistemological problem of modernity: how can we hope to gain true knowledge of the world around us when we are constantly bombarded by contradictory signs, inaccurate information, contradictory reports, unnecessary noise, linguistic ambiguity, and a multiplicity of subjective and wildly varying interpretations of events? While the plague in *Robert Guiskard* is no doubt politically significant and, as I will argue in later in this chapter, deeply connected to communication and sensory perception (in that it routinely undermines it and often renders it utterly impossible), plague and disease contagion in this text are also performing a secondary function, one that reflects on the medium of theater and questions its ability to deliver a message to its audience that represents a truthful reality. By highlighting the ambiguity of staged representations of disease, as well as the theatrical, performative nature of sickness itself, Kleist's drama continuously makes his audience (both the characters in the play and those reading or watching the drama) question their own sensory faculties and their ability to discern the truth. In my reading of the text, the perceived threat of a contagious epidemic and the widespread fear this threat creates in *Robert Guiskard* can be shown to be based on an entirely unreliable dramatic performance that undermines the notion that disease in the text functions solely as a metaphor for the political. While *Guiskard* no doubt comments on the effects of unchecked political power and the problems of charismatic leadership, it also reflects on dramatic performance, as Guiskard and his family effectively engage in an elaborate *Schauspiel* that obscures the truth about his condition.

Das Volk in unruhiger Bewegung: The Sights and Sounds of Theater and Plague

When Kleist set out to write *Robert Guiskard*, he had high hopes that it would become a great Aristotelian masterpiece. Indeed, in the first scene of the play we can see that Kleist wanted his drama to retain certain essential elements of Greek tragedy, the most notable being the chorus. In the following section of the chapter I will take a look at the lament of Guiskard's soldiers and countrymen, who function as the chorus in the drama, and examine the image of the plague that they present in the play's opening lines. I show how the chorus, as well as the geographical oddities that the stage directions call for in the first scene, establish the place of action as a theatrical space, highlighting the performative nature of the action that transpires in Guiskard's military camp. I will then examine the peculiar personified image of the plague that the chorus describes in this opening scene and discuss this image's relevance to early-nineteenth century artistic and cultural imaginations of disease contagion. My analysis suggests that although the chorus presents us with a vivid visual image of the destructive force of this contagious disease, the first scene of Kleist's drama constructs the plague as a power that ultimately resists visual representation, obscures the sense of sight, and is more closely associated with the auditory as opposed to the visual.

Kleist's drama begins with a with a short scene description of Guiskard's military camp in Cypress, where the action of the first act is to unfold:

Zypressen vor einem Hügel, auf welchem das Zelt Guiskards steht, im Lager der Normänner vor Konstantinopel. Es brennen auf dem Vorplatz einige Feuer, welche von Zeit zu Zeit mit Weihrauch, und andern starkduftenden Kräutern, genährt werden. Im Hintergrund die Flotten.³³

³³Act I, Scene I. Kleist, Heinrich. "Robert Guiskard" in *Heinrich von Kleist: Sämtliche Werke und Briefe*, Ed. Helmut Sembdner. München: Deutscher Taschenbuch Verlag, 2001. Hereafter all citations from this work will appear in the text with act, scene, page and line numbers.

The geographical nature of the description makes it difficult to imagine the logistics of an actual stage portrayal of this opening scene. Guiskard's tent is situated on top of a massive hill, and in front of the tent large fires are to be fed from time to time with incense and medicinal herbs to ward off the plague. While the background of Guiskard's fleet is perhaps easier to visualize, one can't help but wonder if perhaps a painted stage backdrop would ultimately fail to capture the vastness of the Mediterranean Sea dotted with Guiskard's sizable army of ships. Kleist is describing an immense geographical space that doesn't appear to fit within the confines of a theater. But at the same time, these opening lines of the play also establish the place of action as a highly theatrical space. Guiskard's tent on the hill is elevated on a kind of stage; the tent itself has curtains that for the moment remain closed before the performance. There is a "Vorplatz" which will soon be populated with an audience of people, and oddly enough, the scene description also contains lighting instructions; fires that burn at the front of the stage are to be fed from time to time so that they produce smoke for dramatic effect.

The scene begins when people begin to file into the *Vorplatz* in front of Guiskard's tent. They consist of das "Volk, jeden Alters und Geschlechts" in "unruhiger Bewegung" und "ein Ausschuß von Normännern...festlich im Kriegsschmuck." The entrance of this crowd into the "Vorplatz" below the hill also suggests that this space is a theatrical one. The audience appears to be separated by social class; the distinguished "Normänner," dressed up for the occasion, slowly make their way to the front through the crowd beginning to gather in "unruhiger Bewegung" before the performance. In a nod to Greek tragedy, Kleist begins his drama with the *Volk* functioning as a chorus that laments the coming of the plague and the devastating effects it has had on Guiskard's people and soldiers, and begs the charismatic

leader to emerge from his tent to help and reassure them. This opening lament contains a personification of the disease that reflects concerns about its contagious nature and also an appeal to Guiskard to become the force that could potentially immunize the people against that contagion. The *Volk* chorus cries:

Wenn er der Pest nicht schleunig uns entreißt,
Die uns die Hölle grausend zugeschickt,
So steigt der Leiche seines ganzen Volkes
Dies Land ein Grabeshügel aus der See! (Act 1, Scene 1, 10-13, pg. 155)

This passage reveals the urgency of the situation; if Guiskard does not take action immediately, his people will all surely die. But the action that the people appear to be demanding of him here is one that involves Guiskard physically and forcefully taking the disease away (“entreißen”) from his infected subjects. He must quickly snatch the disease away from them and carry it himself in order to immunize them from its dangers. Furthermore, the consequence of taking no action is a rapid spread of the contagious disease on a massive scale; the chorus projects a personified image of the plague walking across the land and leaving a path of destruction in its wake:

Mit weit ausgreifenden Entsetzensschritten
Geht sie durch die erschrocknen Scharen hin,
Und haucht von den geschwollenen Lippen ihnen
Des Busens Giftqualm in das Angesicht!
Zu Asche gleich, wohin ihr Fuß sich wendet,
Zerfallen Roß und Reuter hinter ihr...(Act 1, Scene 1, 14-19, pg. 155)

This image is also significant for the mode of disease transmission that this death giant uses to infect its victims: it makes them ill by breathing poisonous air on them (“und haucht von den geschwollenen Lippen/ Des Busens Giftqualm in das Angesicht”). This image is noteworthy because it gestures towards an important debate about modes of disease contagion that emerged in the early nineteenth century in Europe, specifically about whether

or not “bad air” could potentially spread illness. The centuries-old theory of miasma, which held that foul, contaminated air was responsible for epidemics, was a widely accepted medical explanation for the spread of disease in the late-eighteenth and early nineteenth centuries.³⁴ In the early 1800s, physicians began to question whether or not this “bad air” could in fact be transmitted from person to person; these debates would eventually become central to the cholera outbreak in Europe in the mid-nineteenth century, as it was believed that the passing of contaminated air between infected and healthy individuals was the reason for its rapid spread.³⁵ During this cholera outbreak, the discovery that the vital human bodily function of breathing was involved in the spread of disease led to a personification of this sickness in art and popular culture that, although historically roughly fifty years removed from Kleist’s text, is strikingly similar to the image of the plague in *Robert Guiskard*. This painting, for example, by an unknown English artist in the mid to early nineteenth century, represents cholera as a giant hooded figure who tramples his victims wherever he steps (“Zu Asche gleich, wohin ihr Fuß sich wendet/ Zerfallen Roß und Reuter hinter ihr”) as he breathes a cloud of poisonous air over the people (“Und haucht von den geschwollenen Lippen ihnen/ Des Busens Giftqualm in das Angesicht!”).

³⁴George C. Kohn, *Encyclopedia of Plague and Pestilence: From Ancient Times to the Present*, (New York: Infobase Publishing, 2008), 132.

³⁵ Ibid, 132.



Fig. 1³⁶

This personification of the plague turns the disease into a character in the drama, a villain whose ability to spread disease violently tears apart social and familial ties. The chorus describes how the plague creates a fear of contagion that rips apart relatives and friends: “Vom Freund den Freund hinweg, die Braut vom Bräutigam/ Vom eignen Kind hinweg die Mutter schreckend!” (Act I, Scene I, 20-21, pg. 155). The disease ignites a fear of contagion on such a grand scale that friends turn their backs on one another, the bonds of love between bride and groom are shattered, and mothers are terrified of their own children.

In addition to personifying the plague by creating a visual image representation of an unseen, deadly force, the opening chorus also strongly associates the plague with sound and the sense of hearing. The chorus describes how the plague’s victims are often quarantined, and one can only hear their suffering from afar:

Auf eines Hügels Rücken hingeworfen,
Aus ferner Öde jammern hört man sie,
Wo schauerliches Raubgeflügel flattert,

³⁶“Cholera tramples the victor and vanquish'd both.” From *McLean's Monthly Sheet of Caricatures*; 19th century, artist unknown. Retrieved from the Lessing Photo Archive: <http://www.lessing-photo.com/dispimg.asp?i=03080438+&cr=38&cl=1>

Und den Gewölken gleich, den Tag verfinsternd,
Auf die Hülflösen kämpfend niederrauscht! (Act I, Scene II, 22-26, pg. 155)

“Auf Hügels Rücken hingeworfen” recalls an image of plague sufferers being hastily removed to a remote location so as not to infect others (a location that clearly resembles the geographical space in which the characters on stage find themselves, at the base of a large hill). The people cannot see these quarantined victims, they can only hear their cries and moaning in the distance, where they mingle with the eerie sounds of the flapping wings of birds of prey. The chorus then returns to the image of the cloud, which not only evokes the earlier reference to the poisonous air that the plague “breathes” on its victims, but importantly also darkens their surroundings (“den Tag verfinsternd”), making sight difficult, while at the same time creating more noise as the clouds sweep down upon them. Even though this opening lament attempts to personify the plague by describing an image of a giant corpse that breathes a cloud of poison on its victims, it ultimately emerges as a force that is connected more closely to the auditory; it resists visual representation and interferes with the ability to see by creating noise and darkening everything in a poisonous cloud.

The opening lines of *Robert Guiskard* set the tone for the rest of the first act and establish the plague as a figure that eludes visual representation and impedes sensory perception. The chorus imaginatively personifies the disease by invoking the image of a giant corpse that infects every person who crosses its path by breathing its poisonous breath upon them (an image that is not necessarily unique to Kleist’s drama but reflects a similar imaginative projection of disease in broader nineteenth-century culture). But despite the chorus’s projection of this image as an attempt to allow the audience to visualize its destruction, the drama’s opening lament also stresses that the disease resists visualization and often remains unseen. In fact, the plague appears to be more closely connected to sound

rather than sight. Both the personification of the disease and the actual disease itself create noises that cause fear (people can hear the far-off moaning of the suffering patients in quarantine as it mixes with the fluttering of the wings of vultures, but they cannot see them, and therefore they cannot accurately assess the real threat of contagion and must rely solely on these auditory cues). Throughout the first lines of the play, it is also apparent that the space where the action of the drama is to unfold is a theatrical one; not only does it physically resemble a theater, it also appears to be setting up a situation where the characters are exhibiting a kind of actor-audience relationship. The chorus of the “Volk” in “unruhiger Bewegung” appears to be awaiting a performance of some kind; they are demanding that their lead actor emerge from behind the curtain to deliver a reassuring monologue. Like the disease itself, Guiskard is also unseen. He remains in his tent and the public is left in the dark about the true severity of his condition, forced to rely on second-hand accounts and the noises coming from within his chamber to assess the seriousness of his condition. In subsequent sections of this chapter, I will show how this theatricality continues to permeate the dramatic fragment’s treatment of illness, highlighting the difficulty of arriving at a truthful diagnosis of Guiskard’s sickness and contributing to a widespread fear of contagion that is based on an elaborately deceptive theatrical performance.

Diagnosing Guiskard: Symptom Description and Disease Diagnosis in the late 18th and early 19th Centuries

In his letters and writings, it is clear that Kleist suffered from numerous bouts of sickness throughout his life and was frequently in weak health. While it is difficult to piece together exactly how engaged Kleist would have been with the popular medical practices and

theories of his age, some of his letters indicate that he and the doctors who treated him had at least a passing familiarity with the theories of Scottish physician John Brown, developer of the Brunonian system of medicine that became quite popular in the German-speaking parts of Europe in the late eighteenth and early nineteenth centuries.³⁷ In a letter to Karl Freiherrn von Stein zum Altenstein from 1805, Kleist writes:

Ich habe diesen ganzen Herbst wieder gekränkelt: ewige Beschwerden im Unterleibe, die mein Brownischer Arzt wohl dämpfen, aber nicht überwinden kann. Diese wunderbare Verknöpfung eines Geistes mit einem Konvolut von Gedärmen und Eingeweiden. Es ist, als ob ich von der Uhr abhängig wäre, die ich in meiner Tasche trage. Nun, die Welt ist groß, man kann sich darin wohl vergessen. Es gibt eine gute Arznei, sie heißt Versenkung, grundlose, in Beschäftigung und Wissenschaft.³⁸

The essential tenets of Brunonian medicine that would have been practiced by Kleist's doctors held that the cause of disease could be traced not to an inner imbalance in bodily fluids or humors, but rather almost exclusively to the effect of external stimuli on the body. Stimuli in the external world that were either too strong or too weak were the primary causes of disease; Brown viewed the body as a thoroughly passive organism completely subject to its environment.³⁹ Although part of an empirical system, Brunonian medicine also emphasized that physical symptoms were not to be simply taken at face value. The task of the Brunonian doctor was first to determine whether the patient's symptoms appeared to reflect an asthenic (understimulated) or sthenic (overstimulated) bodily state; it was then up to the doctor to determine the appropriate stimulant to administer to counteract this state.

³⁷I am indebted to Nancy Margaret Corbin's doctoral dissertation, "Heinrich von Kleist and Enlightenment Medicine" (PhD diss., University of California at Davis, 2012) for calling my attention to Kleist's familiarity with Brunonian medicine.

³⁸Heinrich von Kleist, Brief 91. *An Karl Freiherrn von Stein zum Altenstein*, 13. November 1805, qtd. in *Heinrich von Kleist: Sämtliche Werke und Briefe*, Ed. Helmut Sembdner (München: Deutscher Taschenbuch Verlag, 2001), 758-759.

³⁹Corbin, 8.

While the apparent simplicity of this system led to its popular intellectual appeal in the late eighteenth and early nineteenth centuries in Europe, the underlying complexity of symptom identification and proper stimulant administration posed tremendous challenges to the actual practice of Brunonian medicine. The physical symptoms of sthenic and asthenic states were often completely identical.⁴⁰ Even if the initial diagnosis proved to be correct, the application or removal of a stimulant could easily cause an “overstimulated” patient to become “understimulated,” and vice versa. The achievement of a healthy equilibrium was an often elusive goal, made all the more difficult to obtain due to frequent misdiagnoses and improper treatment methods (hence Kleist’s claim above that his Brunonian doctors could lessen, but never completely rid him of illness).

The medical practices of Brown are just one example of countless medicinal attempts around 1800 to overcome the difficulty of diagnosing the internal body based on both the misleading physical symptoms of the external body, as well as patients’ own unreliable verbal assessment and description of those symptoms. The doctor’s challenge was to attempt to determine the true state of the internal body based only on what could be observed externally or what the patients themselves could verbally convey to their physicians. Dorothy and Roy Porter describe a typical eighteenth-century doctor-patient exchange in their book, *Patient’s Progress: Doctors and Doctoring in Eighteenth-Century England*: “Once contact was made between sick person and physician, the first requisite was that the physician should be put into the picture. This was chiefly achieved through the sick person telling the doctor what was wrong: when and how the complaint had started, what antecedent events might have precipitated it, the characteristic pains and symptoms, its periodicity...by today’s

⁴⁰Budge, Gavin. *Romanticism, Medicine, and the Natural Supernatural: Transcendent Vision and Bodily Spectres, 1789-1852*, (New York: Palgrave Macmillan, 2013), 56.

standards, the physician's examinations would be slight. It would be conducted primarily by the eye—not by touch."⁴¹ Porter and Porter highlight the elusiveness and "off-limits" nature of the actual internal body in the eighteenth-century doctor-patient relationship, to the extent that doctors even tried to avoid touching their patients' skin, which served as the barrier between the internal and external body. The eighteenth-century doctor's task is essentially one of mediation; he reads external signs and listens to verbal reports and makes a diagnosis about the internal state of the body (which he never directly observes or comes in close contact with) based on these (often unreliable) external communicative signs. While internal substances like blood or urine were often taken from the body for analysis, their use as a diagnostic tool was limited because these substances could only be observed once they were removed from the internal body; any information gleaned from them could be lacking insight as to how these substances actually behaved while still inside the body.⁴²

Thus the process of symptom assessment, diagnosis, and treatment around 1800 was fraught with interpretative difficulty. The frustrations experienced by medical practitioners and patients alike in the late eighteenth century, which arose from the generally ambiguous nature of bodily signs, the hiddenness of the internal body, and the mediating doctor's inability to correctly decipher symptoms and determine an appropriate course of treatment, are, I argue, frustrations that are central to our understanding of the function of illness in *Robert Guiskard*. In the following section of this chapter I will explore how this interpretive frustration, which often closely resembles a doctor-patient relationship, functions in Kleist's

⁴¹Porter, Dorothy and Porter, Roy, *Patient's Progress: Doctors and Doctoring in Eighteenth Century England*, (Stanford: Stanford University Press, 1989), 74.

⁴²Barbara Duden describes the difficulty of the eighteenth century physician of arriving at a diagnosis based on drawn fluids in *The Woman Beneath the Skin: A Doctor's Patients in Eighteenth Century Germany*, trans. Thomas Dunlap (Cambridge: Harvard University Press, 1991), 84.

dramatic fragment. I argue that the middle scenes of the text are primarily concerned with the problem of diagnosis. Although we typically associate the word “diagnosis” with the assessment of physical symptoms of illness, I will show that the characters in *Robert Guiskard* are engaged, not just with attempts to properly “diagnose” Guiskard’s ailment, but also to read and interpret a wide variety of communicative signs that present themselves for discernment. The drive to determine the truth about Guiskard’s bodily health serves as a central interpretive problem that brings other diagnostic complications to the surface that are not necessarily related to illness. Every character in the drama appears to be suffering from an inability to properly diagnose, not just sickness, but the images, gestures, and words with which they are constantly confronted. This interpretive dilemma is further complicated by an underlying mindfulness in the text of the complications inherent to the medium of theater. The theatrical nature of these scenes and the miniature “performances” that occur within the drama itself highlight the complexity of drama as a performative, storytelling medium that brings bodies, images, language, movement, and most importantly, an observing, deciphering, interpreting, and (ideally) engaged audience, together in one contained public space.

The second scene of the fragment begins with an unruly small crowd of people speaking loudly outside of Guiskard’s tent. One of the assembled “Krieger” outside the tent remarks on the roaring noise of the crowd and its similarity to the crashing of waves: “Das heult, Gepeitscht vom Sturm der Angst, und schäumt und gischt, Dem offnen Weltmeer gleich” (Act I, Scene II, 156). No single voice is distinguishable, but the sound of the eager audience in front of the tent has become a deafening roar. The *Greis* soon emerges and attempts once more to quiet the audience and establish order in the space directly in front of

the curtain. Part of that establishment of order is to banish all unnecessary elements from this particular space, namely women and children: “Fort hier mit dem, was unnütz ist! Was soll's / Mit Weibern mir und Kindern hier? Den Ausschuß, /Die zwölf bewehrten Männer braucht's, sonst nichts” (Act I, Scene II, 156). Here the *Greis* clearly establishes the space in front of the tent as a masculine one. Only the male members of Guiskard's advisory committee who are “bewehrt,” or armored may inhabit this area, meaning the performance about to take place is only designed for those who are properly equipped for it. Like a theater or a doctor's examining room, there are people who must be forbidden from entering; as spaces where information is exchanged and transmitted, certain codes of decorum must apply and certain individuals must necessarily be excluded from inhabiting the space and hearing the messages that are to be delivered.

This scene secures the *Greis*'s position as the primary mediator between Guiskard and *das Volk*. He has been nominated for this task specifically by *das Volk*, who have deemed him the most worthy of this position: “Du sollst, du würd'ger Greis, die Stimme führen/ Du einziger, und keiner sonst” (Scene II, 156). Significantly, a mediator appears to be necessary due to the perceived threat that the “Sprachrohr” outside the tent will somehow reach through the tent and infect Guiskard's body. A Norman from the crowd proclaims to the *Greis*: “...Doch wenn er / Nicht hört, der Unerbittliche, so setze /Den Jammer dieses ganzen Volks, setz ihn Gleich einem erznen Sprachrohr an und donnre, Was seine Pflicht sei, in die Ohren ihm –! (Scene II, 156) The *Greis* has been selected to be an intermediary between the crowd and Guiskard because they respect his age and wisdom. But this need for a mediating figure is also the result of a perceived fear of direct, unfiltered contact with the thundering “Sprachrohr” that the assembled crowd is creating. This bodiless, violent noise

threatens to penetrate not only the tent separating Guiskard from the outside world, but also enter his physical body through the ear (“und donnre, was seine Pflicht sei, in die Ohren ihm-!”) Information or communication must first be transmitted through a supposedly reliable filter before it can reach Guiskard, otherwise that unmediated message becomes an aggressive, almost bodily attack. As we saw in the previous section of this chapter, communication in this scene is also fully saturated with an underlying contagion anxiety. To alleviate this threat of contagion, the crowd selects a respected, doctor-like figure whose job is to selectively analyze the sea of information he is presented with, make a proper diagnosis based on that analysis, and relay that message to his patient Guiskard. As I will point out, however, in subsequent scenes of the fragment this diagnostic process mediated by the Greis is constantly plagued by interruptions, blockages, and misinterpretations that make arriving at an accurate diagnosis impossible.

This second scene ends with one member of the crowd noticing that another person is emerging from Guiskard’s tent. The Greis once again requests silence as Guiskard’s daughter Helena comes out to address the audience. Like the Greis, Helena appears to be very concerned, not only about the threat of the noisy crowd and its effect on her allegedly sleeping father, but also that the assembled crowd seems to have forgotten certain wartime rules of decorum. She asks the crowd, “Was treibt mit so viel Zungen euch, da kaum / Im Osten sich der junge Tag verkündet, / Habt ihr das ernste Kriegsgesetz vergessen, / Das Stille in der Nacht gebeut, und ist/ Die Kriegersitt' euch fremd, daß euch ein Weib Muß lehren, wie man dem Bezirk sich naht, / Wo sich der kühne Schlachtgedank' ersinnt?” (Scene III, 157) Helena chastises the crowd, suggesting that they have forgotten one of the most important rules of battle, namely that quiet is to be observed during nighttime hours and when

approaching the space or “Bezirk” where their leader is resting or contriving (“ersinnen”) his battle plans. She insists that Guiskard is sleeping after spending “drei schweißgefüllte Nächte / Auf offnem Seuchenfelde... Verderben, wütendem, entgegenkämpfend,/ Das ringsum ein von allen Seiten bricht! –“ (Scene III, 157) Helena’s words to the crowd are remarkable for their ambiguity about what exactly Guiskard was fighting against during these three sweat-filled nights on the battlefield, which she describes as a “Seuchenfeld” or a contagious, plague-infested area. Clearly something was threatening Guiskard’s position from all sides, but it is unclear from her statement whether that enemy was an actual human foe or the plague itself. In addition, “schweißgefüllte Nächte” calls forth associations with fever and the sick bed, perhaps hinting that Guiskard has in fact already become infected with the disease.

Helena’s monologue is also interesting in its treatment of spaces, both public and private, and the behaviors that are expected of people who occupy them. Specifically, her address to the crowd overlaps images and elements of the theater, the battlefield, and the sickbed. Her emergence from behind the curtain to address the throng of people assembled beneath her, as well as her and the Greis’s insistence that certain rules of decorum be observed in this space while she is speaking bring forth associations with expectations of proper audience behavior in a theater. Her description of Guiskard’s battle location as a “Seuchenfeld,” as well as her recollection of the “drei schweißgefüllte Nächte” he spent there also link the image of the battlefield with that of a quarantine zone or a sick bed. This overlapping imagery in the descriptions of the kinds of places where the action of the drama unfolds obscures the truth of Guiskard’s condition and allows for ambiguous interpretations of his behavior.

After Helena delivers her monologue, this ambiguity is immediately pointed out by the *Greis*, who questions certain elements of her story, namely her claim that Guiskard is sleeping because it is still very early in the morning. He reminds her that none of the crowd expected Guiskard to still be asleep, as it is no longer early and the sun is in fact quite high in the sky: “Wir glaubten Guiskard nicht im Schlummer mehr. / Die Sonne steht, blick auf, dir hoch im Scheitel, / Und seit der Normann denkt, erstand sein Haupt / Um Stunden, weißt du, früher stets als sie” (Scene III, 158). It is in fact closer to midday, and Guiskard is habitually up before the sun, anyway. Here the *Greis*, as a wise intermediary figure, is able to read signs and identify the flaws and ambiguity in Helena’s story. If we are to read the *Greis* as a kind of doctor figure in this text, this scene is significant because it illustrates his role as an identifier of symptoms or signs that indicate something has gone awry.

Helena eventually agrees to let the crowd remain outside of Guiskard’s tent until he wakes up, promising to send his son out to confer with the people as soon as their leader opens his eyes (“Sowie des Vaters erste Wimper zuckt, / Den eignen Sohn send ich, und meld es euch” [Scene III, 158]). She then promptly excuses herself and goes back inside the tent, claiming that she thinks she can already hear his footsteps (“Und irr ich nicht, Hör ich im Zelt auch seine Schritte schon” (Scene III, 158). However, her wording of “irr ich nicht” already suggests the possibility of a false assessment. The ambivalence of Helena’s message to the crowd results in widespread confusion. In the scene following her exit, the *Greis* and the men outside the tent attempt to interpret its puzzling content:

Der *Greis*: Seltsam!

Der erste Krieger: Jetzt hört sie seinem Tritt im Zelte,
Und eben lag er noch im festen Schlaf.

Der zweite: Es schien, sie wünschte unsrer los zu sein.

Der dritte: Beim Himmel, ja; das sag ich auch. Sie ging Um diesen Wunsch

herum, mit Worten wedelnd : Mir fiel das Sprichwort ein vom heißen Brei.
Der Greis. – Und sonst schien es, sie wünschte, daß wir nahten. (Scene IV, 159)

The people assembled outside the tent point out the dubiousness of Helena's claims. If the duke had really been fast asleep just a moment ago, how could she already be hearing his footsteps? The second soldier suggests the possibility that Helena could have been telling them anything in order to simply get rid of them ("Es schien, sie wünschte unsrer los zu sein"), and the third soldier agrees, claiming that the confusing language she used leads him to believe that the princess might have something to hide. The Greis, however, comes to a different conclusion. To him it doesn't appear that Helena wanted the soldiers to go away, but rather that she wanted them to come even closer ("—Und sonst schien es, sie wünschte, daß wir nahten.") The Greis's elevated position of authority and wisdom as the mediator figure, as well as the dramatic pause indicated by the hyphen separating his comment from those of the soldiers, lends an air of credibility to his assessment of the situation. For him it appears to be plausible that Helena actually wants the crowd to draw closer to the tent; perhaps there is something sinister going on behind the curtain, and it is important that an audience be present to witness a kind of staged, public relations performance in order to reassure the people that Guiskard is in good health and has not been infected with the plague.

But this conversation between the soldiers and the mediating authority figure of the Greis is also complicated by the repeated use of the word "schein." In all of the various pronouncements by the soldiers and the Greis about what is truly going on inside Guiskard's tent, none can be taken as the absolute truth because they are only based on appearances and subjective interpretations of those appearances. Every attempt to "diagnose" the problem, to read symptoms and arrive at a truthful appraisal, not just of Guiskard's condition but also of the current situation that the characters find themselves in, is ultimately a failure because it is

based on “Schein.” Even diagnoses that come from a wise, authoritative figure like the Greis, although clearly possessing some kind of keen insight, cannot be taken as the truth because they are also based on subjective interpretations of the way things “appear.”

This diagnostic failure is also evident later in the drama, when Guiskard’s son Robert and his nephew Abälard emerge from the tent to provide their own conflicting accounts of Guiskard’s health. Robert and Abälard are engaged in a tense personal rivalry underscored by the fact that each believes he has the legitimate right to inherit Guiskard’s throne upon his death. Robert denies to the crowd that his father is ill, while Abälard’s words suggest that the duke has indeed become infected with the plague.

When Abälard and Robert take turns describing Guiskard’s current state of health, they are occasionally interrupted by interjecting questions from the crowd and the Greis about perceived signs and symptoms of illness. In the following example of this exchange, Abälard attempts to convey to the Greis and the assembled soldiers the possibility that Guiskard has in fact become infected.

Der Greis (zu Abälard, mit erhobenen Händen): Nein, sprich! Ist's wahr? – – Du
Bote des Verderbens! Hat ihn die Seuche wirklich angesteckt? –
Abälard (von dem Hügel herabsteigend): Ich sagt' es euch, gewiß ist es noch
nicht. Denn weil's kein andres sichres Zeichen gibt
Als nur den schnellen Tod, so leugnet er's,
Ihr kennt ihn, wird's im Tode leugnen noch.
Jedoch dem Arzt, der Mutter ist's, der Tochter,
Dem Sohne selbst, ihr seht's, unzweifelhaft.
Der Greis: Fühlt er sich kraftlos, Herr? Das ist ein Zeichen.
Der erste Krieger: Fühlt er sein Innerstes erhitzt?
Der zweite: Und Durst?
Der Greis: Fühlt er sich kraftlos? Das erled'ge erst. (Scene VII, 166)

The Greis seeks verbal confirmation from Abälard that Guiskard has fallen victim to the plague. Abälard is the only character in the drama to come down off the hill and speak directly with his audience, seeming to shun the performative methods of Helena and Robert,

who prefer to address their audience from an elevated position, as if on a stage. But this more familiar approach actually does very little to convey a sense of openness and directness in communication; although Abälard drops hints that all might not be well with Guiskard, his address, like Helena's and Robert's, is dripping with ambiguity and complicated by differing interpretations of inconsistent signs and conflicting secondhand accounts. Abälard emphasizes that nothing is yet certain ("gewiß ist es noch nicht") because, he claims, there isn't any sure sign of the plague besides a speedy death. Additionally, those who are familiar with Guiskard's past behavior would be well aware that he is fully capable of deception, and might even lie about the truth of his condition right up until the moment of his death. However, Abälard states, according to his mother, son, daughter, and doctor, he appears to be undoubtedly ("unzweifelhaft") infected. But although Abälard claims that his family members and doctor have little doubt that the duke does indeed have the plague, his account creates so many layers of contingency that it is completely impossible to determine its accuracy.

Additionally, the truth of Guiskard's condition is further obscured in this scene by the interjections of symptom interpretations from the crowd and the Greis in their attempts to diagnose their possibly ailing ruler. The Greis asks if Guiskard feels "kraftlos," or weak, which would be a key indicator, not only of illness, but also of an inability to effectively rule. A soldier quickly interjects, asking if his innermost self feels heated ("sein Innerstes erhitzt"), and another then asks if he is thirsty, as this is also a possible sign of the disease. The Greis then asks Abälard to first answer his earlier question, highlighting its urgency: does Guiskard feel "kraftlos," or simply put, has Guiskard lost his ability to rule? The multiplicity of potential symptoms of the disease is striking in this scene. Abälard is of the

opinion that there is no verifiable symptom other than a quick death, the Greis believes a feeling of weakness or powerlessness appears to be the key indicator of disease, and the soldiers name other typical signs of illness like fever and thirst. The possibility of the presence of these many signs that represent disease further dismantle the validity of Abälard's statement that the duke's family and his doctor have no doubt that Guiskard has been infected. In their attempts to diagnose Guiskard, each individual has a different idea about which symptom is the surest sign of the presence of disease. This scene highlights that there is no single, irrefutable symptom that can be recognized by everyone as undeniable proof of the plague, rendering an accurate diagnosis utterly impossible.

The plague in *Robert Guiskard* has often been read as a metaphor for a diseased body politic, or as a symptom of the lack of open communication that exists between ruler and subject. While sickness and political power are definitely inextricably linked in the text (one of the Greis's central concerns, for instance, is that Guiskard has become "kraftlos" or powerless as a result of his illness), I argue that sickness in Kleist's fragment, specifically attempts to *diagnose* sickness, also serve to highlight a broader epistemological problem of the difficulty of interpreting information and signs in the world and arriving at truthful conclusions based on those signs (which are often contradictory and unreliable in the first place). This interpretive frustration was a central issue particularly for physicians around the time that Kleist wrote *Robert Guiskard*, and many of their methods and theories around 1800 were designed specifically to attempt to circumvent this problem. When we read *Robert Guiskard* with this fact in mind, it makes sense that the difficulty of reading and interpreting contradictory signs, both verbal and non-verbal, is represented in the text by an indistinct, intellectually diverse crowd attempting to assess the physical health of an individual who

remains unseen and whose condition is only reported on through unreliable secondhand accounts. Whether it is the Greis, who is unable to determine whether Helena wants the crowd to move away from the tent or come closer, or Helena herself, who seems to have lost her ability to ascertain the correct time of day, or Abälard and the crowd in front of the tent who all have contradictory ideas about how to correctly identify a sick person, every character in the drama is prone to misjudgments based on their own subjective interpretations of signs. Even authority figures, such as the Greis, who are perceived to be more knowledgeable or possess a higher insight on certain matters, find their path to knowledge and truth blocked by false interpretations. The fact that the information being presented to the crowd is also delivered in a highly theatrical, “performed” manner adds another layer of interpretive difficulty, which I will explore more thoroughly in the next section of this chapter.

The Final Performance: Robert Guiskard, Illness, and Theatrical Deception

The final scenes of *Robert Guiskard*, in which he collapses while attempting to reassure his people that he has not been infected with the plague, are often interpreted as a turning point in which Guiskard is no longer able to uphold the illusion that he is in perfect health. In the following section, I provide an alternative interpretation of this scene that highlights the performative nature of the action and suggests that it is possible to read Guiskard’s collapse as a highly staged and orchestrated event. I argue that the theatrical nature of the final scenes of the text, in which Guiskard finally emerges from his tent to “perform” for his audience, make it impossible to determine the true state of Guiskard’s

health, and in fact it cannot be stated definitively that the protagonist has even been infected with the plague at all.

At the beginning of the eighth scene, Robert and Abälard emerge from Guiskard's tent, and Robert demands quiet from the crowd and announces that his father will finally be making an appearance, declaring that whatever business Guiskard was attending to inside the tent has now come to an end ("Es hat der Guiskard sein Geschäft beendigt, gleich erscheint er jetzt!") (Scene 8, 386-387, pg. 168). Abälard, who seems to disagree with his cousin Robert about the duke's condition and wishes to express to the crowd that he is in fact ill, appears terrified and dumbfounded that Guiskard will finally be showing himself, exclaiming, "Erscheint? Unmöglich ists!" (Scene 8, 388, pg. 168). Robert again accuses Abälard of deceiving the crowd, calling him a "Heuchlerherz," and proclaiming, "Deck ich den Schleier jetzt von der Mißgestalt!" (Scene 8, 390, pg. 168) before exiting the stage and going back inside his father's tent.

As is apparent elsewhere in the text, Robert and Abälard are in staunch disagreement as to how Guiskard's illness should be performed for the public. It would seem that Robert wants to go ahead with the performance as planned, he wants to keep up the appearance that his father is not ill and placate the crowd by letting his father emerge from his tent to calm them down and reassure them of his infallibility. Abälard seemingly has no patience for this show and wants to cut to the chase; he wants to simply tell the soldiers that Guiskard has in fact been infected with the plague. But since we have been given virtually no empirical evidence at this point in the drama that Guiskard truly is ill (we have thus far only been presented with second-hand narratives of his condition), it is still unclear whose account we should believe, Robert's or Abälard's, if we can even believe either story at all.

Robert and Abälard's introduction of Guiskard before he emerges from his tent highlights the conflicting and untrustworthy narratives that have been presented thus far by giving the audience two performative accounts that are at odds with each other. Robert and Abälard, as actors within the drama unfolding in front of Guiskard's tent, have different ideas about how the final act of the play should be performed. Robert's theatric vision appears to be aligned with his father's, as he wishes to maintain the appearance that his father is perfectly healthy. Abälard, on the other hand, seems to be resisting the performance; he wants to skip the theatrics and simply directly tell everyone that Guiskard has fallen ill. Guiskard's final appearance on stage is thus already introduced by ambiguity and deception; before he even steps in front of the curtain the audience is already unsure whose performance can be trusted.

As Robert leaves the stage, Abälard once again tries to emphasize to the crowd that his version of the story is the truth, but he suddenly grows pale as he attempts to narrate what he supposedly observed inside Guiskard's tent:

Abälard (*mit einer fliegenden Blässe*):
Die Wahrheit sagte ich euch, und dieses Haupt
Verpfänd ich kühn der Rache, täuscht ich euch!
Als ich das Zelt verließ, lag hingestreckt
Der Guiskard, und nicht eines Gliedes schien
Er mächtig. (Scene 9, 392-396, pg. 168)

Abälard again feels compelled to repeat that he is not being deceptive ("Verpfänd ich kühn der Rache, täuscht ich euch!"), but the fact that he suddenly grows pale as he makes this promise sheds doubt on the truth of his statement. Furthermore, the anecdote that he provides as proof of his convictions is by no means reliable. Abälard claims that the last time he was in Guiskard's tent the duke did not *appear* to be able to move his body ("...und nicht eines Gliedes *schien* er mächtig"); his assessment of his condition is by no means certain, as

it relies on a mere appearance. Abälard's account of Guiskard's physical appearance is further called into question by a young boy who breaks free from the crowd and begins to climb up the hill. The boy is able to briefly glimpse behind the curtain of Guiskard's tent and reports to the people what he sees inside. The image of Guiskard that the boy describes reflects the child's admiration and wonderment for the figure he sees behind the curtain, but also seems to conflict with Abälard's pronouncement that the duke can scarcely move because he is so ill; in fact according to the child, the duke seems to be engaged in dressing himself for his public appearance:

Frei in des Zelt's Mittel seh ich ihn!
Der hohen Brust legt er den Panzer um!
Dem breiten Schultermpaar das Gnadenkettlein!
Dem weitgewölbten Haupt drückt er, mit Kraft,
Den mächtig-wankend-hohen Helmbusch auf! (Scene 9, 400-406, pg. 168)

In typical childlike fashion, the boy is impressed by Guiskard's size and might as he puts on his armor, remarking on the size of his chest, shoulders and head. The child's report suggests that the powerful leader is in good health and is preparing himself for his appearance by donning his traditional military costume. Again, the accuracy of the boy's report cannot be verified. While he describes Guiskard as "mächtig" and seemingly putting on his helmet "mit Kraft," these observations are being made by a small child to whom most objects likely appear large and powerful. The boy's description of Guiskard's appearance also leaves room for ambivalence. The plume atop his helmet, for example, is described as "mächtig-wankend-hohen," hinting that the powerful head beneath it might be shaking or trembling.

At the beginning of the tenth and final act, Guiskard finally emerges from his tent to explosive cheers from *das Volk*. Behind him stand his wife die Herzogin, his daughter

Helena, Robert, and a few scattered members of his entourage. The only character absent is Abälard. Der Greis, who is the designated speaker for the crowd exclaims, “O Guiskard! Wir begrüßen dich, o Fürst!/ Als steigst du uns von Himmelshöhen nieder!/ Denn in den Sternen glaubten wir dich schon--!” (Scene 10, 408-410). Guiskard merely raises his hand to silence the crowd and asks where his nephew Abälard has gone (“Wo ist der Prinz, mein Neffe?” Scene 10, 411, pg. 169). The crowd immediately falls silent as Guiskard locates Abälard among the crowd and commands him, “Tritt hinter mich” (Scene 10, 412). Abälard is once again reluctant to participate in the performance that is about to take place. The stage directions in the play indicate that Abälard has come down off the hill and is once again mingling with the people down below: “*Der Prinz, der sich hinter das Volk gemischt hatte, steigt auf den Hügel, und stellt sich hinter Guiskard, während dieser ihn unverwandt mit den Augen verfolgt.*” At his uncle’s order, he reluctantly climbs the hill and takes his place behind Guiskard as his uncle eyes him warily. Already in the first few moments of his emergence from his tent, Guiskard demonstrates his control over the situation, and his staging of this public show appears to have been carefully orchestrated. His family members and entourage take their places behind him, except for Abälard, who seems to be resisting taking part in the performance, preferring direct contact and communication with the people rather than an elaborate *Schauspiel*.

Robert takes his proper place behind his uncle, who whispers to his nephew: “Hier bleibst du stehn, und lautlos.—Du verstehst mich?—/ Ich sprech nachher ein eignes Wort mit dir” (Scene 10, 413-414). Guiskard has commanded his nephew to stand in his proper place for his speech to the crowd, ordering him to be quiet and telling him that he will speak “ein eignes Wort” with him afterwards. This brief exchange between uncle and nephew illustrates

the contrived nature of this public appearance. Guiskard wants each “performer” to stand in a designated position so that the show can go according to plan. It is very important also that Abälard remains quiet, or “lautlos” for the entirety of his speech. This is yet another example of the pervasive fear of speech and direct communication that permeates this text. For nearly every character in the play except Abälard, speech is something to be feared because it has the power to unsettle perceptions of reality and reveal those perceptions to be fragile. Speech can spread shocking rumors, confirm or deny reports, create false narratives, and destroy the believability of a performance. Abälard thus makes his uncle nervous because he does not shy away from direct communication and has the potential to destroy the believability of his performance. Guiskard’s whispered command to Abälard also suggests that he perhaps has something to hide; he wants to disclose something privately to Abälard after his speech. The fact that he makes his nephew stand directly behind him is also significant because it suggests that Guiskard in fact knows he will need somebody to catch him if he collapses. It is possible that Guiskard feels weak because he is actually ill and knows he might faint, but another possible interpretation is that Guiskard’s collapse is an elaborately staged event designed to make his people believe he has fallen ill even though he is actually healthy.

Guiskard demands to be told why he has been summoned from his tent and why the crowd has been making so much noise. Der Greis, who again serves as the speaker for the crowd, gives the reason for the *Volk*’s distress: “Von nichts Geringerm, als dem rasenden/ Gerücht, daß ichs nur ganz dir anvertraue,/ Du, Guiskard, seist vom Pesthauch angeweht-!” (Scene 10, 434-436) As we have seen in earlier scenes, there is again a fear that is connected with the discourse surrounding Guiskard’s infection. Speech that relates to disease is often immediately silenced or interrupted, and characters only very reluctantly provide narrative

accounts of Guiskard's condition. Der Greis is also hesitant to repeat the rumor and claims he only dares to confide it to Guiskard himself. It is as if saying the duke has been infected will actually make it so.

The suggestion by der Greis that Guiskard has the plague is also noteworthy because it recalls the image of the plague from the first scene of the fragment, when "die Pest" is imagined by the chorus as a giant death-like figure who breathes poisonous smoke on its victims. Der Greis admits to Guiskard that there is a rumor circulating that he is "vom Pesthauch angeweht." Here this image also serves to connect the spread of rumors with the spread of disease. Both rumors and disease are associated with air to some degree; the German word for rumor, "das Gerücht" is not only similar to the word for smell or exhalation ("der Geruch"), but it is often described using air imagery. Rumors float, dissipate, circulate, spread, or waft as if traveling through air (in German: ein Gerücht verbreiten/ ausstreuen/ im Umlauf setzen). In this text the close association of the spread of rumors with the spread of disease serves to illustrate the contagious nature of communication and its ability to destabilize perceptions of reality. As Guiskard's final speech and eventual collapse will show, the connection between communication and disease in this text is further highlighted by an elaborately staged theatrical show that obscures the ability to determine whether or not Guiskard is actually infected. The rumors in the text, which take on a disease-like quality in the way they are spread and communicated, are thus based on a contrived theatrical event that renders a true assessment of the severity of the disease impossible.

When Guiskard hears der Greis suggest that he has become infected, his response is laughter, followed by a speech that further demonstrates the performative nature of this

elaborately staged scene, as well as the theatrical quality of illness description that pervades this text as a whole. When asked if he is “Vom Pesthauch angeweht,” Guiskard replies:

Vom Pesthauch angeweht! Ihr seid wohl toll, ihr!
Ob ich wie einer ausseh, der die Pest hat?
Der ich in Lebensfüll hier vor euch stehe?
Der seiner Glieder jegliches beherrscht?
Des reine Stimme aus der freien Brust,
Gleich dem Geläut der Glocken, euch umhüllt?
Das läßt der Angesteckte bleiben, das! (Scene 10, 437-443)

Guiskard’s response of “Ihr seid wohl toll, ihr!” is the same reply made by one of the Norman soldiers encountered earlier in the fifth scene whose outward appearance suggests that he is very obviously infected with the plague. The statement makes the observer question his sanity and suggests that any outward signs of illness are not to be taken as proof that an individual has been infected. But Guiskard then asks the people whether or not they can detect any physical symptoms of illness on his body, hoping to illustrate that his healthy appearance indicates he has not been infected. But this response also completely unsettles the audience’s ability to make that judgment. Guiskard asks the public if a sick person could stand so healthily in front of a crowd and if his voice could sound so powerful and beautiful as his own. He then follows up this series of questions by stating, “Das läßt der Angesteckte bleiben, das!” This statement, which is not phrased as a question like the previous lines before it, suggests that the infected “angesteckte” person has some form of control over the outward manifestations of his illness; he lets those external, observable indicators of health remain in tact despite his condition. While the statement should logically be phrased as a question in order to suggest that a sick person would in fact *not* be able to maintain a healthy outward appearance, the fact that it is a declarative statement casts doubt on the sincerity of Guiskard’s response and suggests that a supposedly infected person might have enough

agency to hide those physical symptoms of illness that would serve as visual and auditory confirmation that he has the plague. This response and the agency it attributes to “der Angesteckte,” suggests that an infected person might be just as adept at pretending to be healthy as a healthy person who is pretending to be sick. The ambiguity of the response leaves the truth of Guiskard’s health impossible to determine; it is plausible that he really has been infected and is pretending to be healthy, but it is also possible that he is perfectly healthy and is pretending to be infected.

Guiskard again demands to be told why he has been summoned from his tent and expresses his desire to be left alone: “Zur Sache jetzt! / Was brings du mir? Sag an! Sei kurz und bündig; Geschäfte rufen mich ins Zelt zurück (Scene 10, 482-484). Der Greis begins to answer Guiskard, but he is soon interrupted by a non-verbal cue from the duke that appears to indicate that something is terribly wrong:

Der Greis *nach einer kurzen Pause*
Du weißts, o Herr! du fühlst es so, wie wir—
Ach, auf wem ruht die Not so schwer, als dir?
In dem entscheidenden Moment, da schon—
Guiskard sieht sich um, der Greis stockt.

At this interruption, prompted by a non-verbal cue from Guiskard as he looks around, the other characters immediately begin to ask him what is wrong in incomplete sentences:

Die Herzogin *leise*. Willst du--?
Robert: Begehrst du--?
Abälard: Fehlt dir--?
Die Herzogin: Gott im Himmel!
Abälard: Was ist?
Robert: Was hast du? (Scene 10, 488-493, pg. 171)

Guiskard’s wife then takes a large drum and places it behind Guiskard (“*Die Kaiserin zieht eine große Heerpauke herbei und schiebt sie hinter ihm*”). Guiskard then sinks slowly onto the drum (*indem er sich sanft niederläßt*). This fainting scene is often interpreted as the

“entscheidender Moment” of the drama in which Guiskard finally betrays the fact that he has indeed been infected with the plague. But if we look closer at the highly orchestrated nature of this scene, it becomes clear that Guiskard still maintains control of the action for its entirety. It is possible to interpret this complete scene as a staged performance that is intentionally designed to call the duke’s health into question, create fear that he has become infected, and force the troops to retreat back to Italy. Immediately after der Greis mentions an “entscheidender Moment,” in his response to Guiskard, the duke creates a decisive moment of his own by giving the other characters a non-verbal cue with his eyes to spring into action and ask him what is wrong. Interestingly, Robert and Abälard’s questions are also indicative of their earlier disagreement about how to best inform the public that Guiskard is ill. Robert asks his father “Was hast du?,” which implies that Guiskard is suffering from a physical ailment. Abälard, on the other hand, inquires, “Was ist?,” which doesn’t suggest that Guiskard is sick, but rather implies that something is generally wrong with the situation. If we are to interpret this scene as a staged theatrical event, Robert once again seems to be going along with his father’s performance while Abälard appears to be resisting it, and even perhaps runs the risk of ruining the performance altogether by exposing the staged nature of the event, as his question, “Was ist?” suggests that something about the situation in general is not quite right. The Herzogin, whose task it is to place the drum behind Guiskard so that he has something to fall on, is the only character in Guiskard’s entourage who appears to be uncertain of whether it is the right time to follow Guiskard’s cue, as she first quietly whispers to her husband, “Willst du--?” before Robert and Abälard begin their questioning, and then interrupts their lines with “Gott im Himmel!” before retrieving the drum to place behind him to break his fall. Even the act of fainting itself appears to be a completely controlled action.

Guiskard does not fall over suddenly, but rather slowly and softly sinks onto the drum that has been placed behind him; the verb “niederlassen” suggests a great deal of agency for someone who is supposed to be collapsing due to sickness.

In this final scene after Guiskard faints, the decision is made to retreat from Constantinople and return to Italy. If the purpose of this staged faint was to convince the crowd that Guiskard was suffering from the plague and thus incapable of pursuing further military action, then it was a successful performance. This scene is often interpreted as a decisive moment when Guiskard is no longer able to avoid his fate and can no longer conceal from his people the fact that he is suffering from the plague. However, these readings overlook the highly theatrical and orchestrated nature of the action that is taking place on the hill in front of Guiskard’s tent, and how much agency and control Guiskard himself appears to have over the situation. Throughout the fragment’s final scene, Guiskard emerges as a character who is intent upon controlling the action taking place on “stage” in front of the crowd. His family and entourage are complicit in this elaborately staged performance, although Abälard constantly resists it and instead prefers to directly inform the crowd that Guiskard has in fact been infected with the plague. Far from being the moment in the drama in which Guiskard finally comes to terms with his fate to suffer and die from this contagious disease, these final scenes can also be interpreted as a contrived theatrical performance intended to further deceive the audience and obscure the truth about Guiskard’s condition. The theatricality of this final scene highlights the fundamental unreliability of sensory perception in disease diagnosis, and illustrates how discourses surrounding disease and contagion can be based on deceptive theatrical performances.

Conclusion

Despite its fragmentary nature, *Robert Guiskard* is a complex dramatic text that reveals much about the problems of epistemological uncertainty and communicative difficulty that its author was struggling to come to terms with. In a sense, the form of the fragment itself precisely reflects the constant expressive frustrations that occur within the narrative structure of the drama. The information that the figures in *Robert Guiskard* are given to process and make sense of in their environment is also incomplete, partially withheld, or simply absent, forcing them to draw conclusions that are based on speculative interpretations of fragmentary input. While it is unclear why Kleist never finished this text, his letters do reveal that his attempts to tell the story of Guiskard were plagued by a constant feeling of frustration and inadequacy. Kleist's agonizing struggle to clearly convey facts, to craft a narrative, to synthesize information and arrive at a truthful representation is thoroughly present in the actions and words of the characters he created in *Robert Guiskard*. As I have argued, Kleist's fragment and its treatment of contagious illness also reflect contemporary medical discourses occurring around 1800. The anxiety of contagion that pervades the text, including the visual representation of the plague, is consistent with contemporary cultural and artistic representations of contagious illness, but with an added emphasis on the infectious character of language; contagion in *Robert Guiskard* is closely aligned with a threat of communicative contamination through speech acts. This communicative contagion is by no means unique to Kleist's text, and is a subject I will address in the chapter of this dissertation on Schiller's *Don Karlos*.

Robert Guiskard is also a work that engages with a central problem of symptom identification and illness diagnosis that many physicians were grappling with around 1800.

There are distinct parallels in the text between Guiskard's interactions with mediating figures such as the *Greis*, and the typical doctor-patient relationship of the late eighteenth and early nineteenth century. Additionally, when we read *Guiskard* with contemporary medical discourses in mind, the fascination with epistemological breakdowns that is very typical of Kleist's work gains a new layer of complexity. These interpretive and epistemological failures in the text are exhibited through characters encountering difficulty in their attempts to properly "diagnose" Guiskard's illness. Textual representations and narrative accounts of disease are ideal mechanisms that Kleist uses in this text to explore questions of knowledge precisely because sickness has a distinct and powerful ability to obscure truth. Symptoms can have multiple, conflicting meanings, conditions can improve and then inexplicably take a turn for the worst, and appearances often count for little when it comes to making assessments about an individual's bodily health. Thus in *Robert Guiskard* we see Kleist using the drama's central thematic element, disease, as a tool to highlight the communicative and epistemological failures that plague humanity in its attempts to understand the world.

Finally, *Robert Guiskard* is a text that actively reflects on the medium of theater and its use not merely as a political tool, but also as a well-suited venue for acting out these interpretive and communicative failures. As a dramatic text that contains, as I argue, a series of highly orchestrated "performances" that confuse, distort, and misrepresent the true state of Guiskard's health, *Robert Guiskard* engages in a self-reflexive questioning of theater's ability to deceive its audience and the bizarre power that this deception bestows on both the medium itself, and those who participate in theatrical narration in general. While certainly a commentary on the dangers posed by the failures of political communication, the constant mistrust of performed narratives that permeates *Robert Guiskard* also points to the especially

troubling nature of dramatic narration as whole, not just as a political tool but also as a mode of storytelling. More so than the other works discussed in this dissertation, *Robert Guiskard's* reflection on its own medium through the lens of sickness functions as a critique of the potential problems and pitfalls that this particular dramatic mode of artistic representation can be confronted with. Kleist's drama stands out among the other plays explored here because of its emphasis on the limits of theater—as a medium that uses bodies, gestures, words, props, scenery, and movement to convey a message to an audience full of independent, free-thinking subjects in a confined space, the potential for misinterpretation is great. The complex, communicative relationship between performer and audience, to be explored in further chapters of this dissertation, is one that can be fruitfully explored through the language and narrative framework of contagion, as exemplified by representations of the plague in *Robert Guiskard*.

Chapter 2: Theater, Friendship, and the Therapy of Contagion in Schiller's *Don*

Karlos

In the first act of Friedrich Schiller's 1787 historical drama *Don Karlos*, the young Spanish prince Karlos is reunited with his childhood companion the Marquis Posa, who immediately notices that his friend is exhibiting symptoms of illness. "Ein unnatürlich Rot/ Entzündet sich auf Ihren blassen Wangen," Posa notes, " Und Ihre Lippen zittern fieberhaft."⁴³ It appears that Karlos is lovesick; he has made himself ill over his secret longing for his stepmother Elisabeth and is exhibiting fever-like symptoms—he sweats, shakes, blushes, and trembles, and his speech is often incoherent and stumbling. His family, friends, and advisors remark that his entire demeanor has changed and they suggest that he visit the doctor.

But when the feverish and lovesick Karlos physically embraces his cooler, more levelheaded friend Posa, his symptoms seem to dissipate. Karlos throws himself around his friend's neck, exclaiming, "Ich drück an meine Seele dich, ich fühle/ Die deinige allmächtig an mir schlagen./ O jetzt ist alles wieder gut. In dieser/ Umarmung heilt mein krankes Herz."⁴⁴ The sentiment expressed in this physical embrace between these two friends establishes the relationship between Posa and Karlos as therapeutic. Here and elsewhere in the drama Posa repeatedly attempts to heal his friend, exerting his calming influence on him

⁴³Schiller, Friedrich. *Don Karlos, Infant von Spanien: Ein dramatisches Gedicht*. Stuttgart: Reclam, 2001. (Act I, Scene II), 10.

⁴⁴Ibid, 9.

and helping him to temper his passions until his physical symptoms of illness gradually diminish throughout the course of the drama.

But while Posa responds to his sick friend by attempting to restore him to health, Karlos's father, King Philipp, has a completely different reaction to his son's illness. He regards it as a threat that must be quickly eradicated by placing Karlos in quarantine. "Zu heftig braut das Blut in deinen Adern," he tells Karlos, "Du würdest nur zerstören...Solche Kranke/ wie du, mein Sohn, verlangen gute Pflege/ und wohnen unterm Aug des Arzts."⁴⁵ In contrast to Posa, Philipp fears his son's disease, wishing to control and contain it before it can infect anyone else. His ability to continue his tyrannical rule is directly threatened by Karlos' illness and the feverish, uncontrollable and dangerous emotion that accompanies it. As a tyrannical ruler his power is dependent upon his ability to stamp out all traces of humanity (emotions, sensibility, and also the very human reality of disease) from his court, as these things have the potential to bring about the downfall of his carefully controlled and oppressive political system.

The differing manner in which illness is handled by father, son, and friend illustrates the centrality of infection, disease, and healing to one of *Don Karlos*' key triangular relationships. Throughout the play, relationships between characters are often framed through the discourse surrounding illness—its causes, its symptoms, its spread, and attempts to contain it. The various ways in which Karlos, Posa, and Philip respond to symptoms of disease in themselves and in others reveal a great deal about their willingness to believe that humanity is capable of improvement. Far from being the mere physical manifestation of forbidden love or excessive passions, sickness is a motif that is integral to the drama's

⁴⁵Ibid, 40 (Act II, Scene II).

character development and provides insight into the motivations and actions of the play's central figures—and into its reflections on itself as a drama as well.

In the present chapter, I examine representations of disease and contagion in *Don Karlos* in order to illustrate their centrality to the drama's portrayal of human relationships. I argue that the interactions among the play's three main characters—Karlos, Posa, and Philip—can be viewed as contagious; as these three characters infect one another with their ideals, beliefs, and emotions, they engage in a kind of therapeutic contagion that suggests that the stifled and broken political system in which they operate is perhaps capable of healing itself through positive human interaction. It is in this respect, I argue, that the relationships between characters in *Don Karlos* also reflect Schiller's considerations of the role of theater in society, many of which are also rife with contagious and immunological metaphors. As a student of medicine, Schiller wrote extensively on the causes and treatment of a variety of contagious diseases, and so it is perhaps not surprising that both his dramaturgical writings and his plays contain numerous references to sickness. But the language of contagion and inoculation that permeates both his philosophical and dramaturgical texts also points to an inextricable and underexplored link between theater and medical discourse in the late eighteenth century in which metaphors of contagion and immunization are repeatedly used to underscore the possibility of healing through exposure. Broken political systems, broken human relationships, and even broken souls can be healed by being exposed to new ideas. For Schiller, both human interactions and the fictional medium of theater are imbued with this infectious, inoculating power that can elevate the moral character of humanity as a whole.

Despite the prevalence of contagious and immunological language in Schiller's writings, as well as Schiller's own extensive medical background and expertise, this aspect of his philosophical and dramaturgical writing has inspired relatively little scholarship. Perhaps the most significant scholarly attempt to emphasize the influence of Schiller's medical studies on his work is Kenneth Dewhurst and Nigel Reeves' 1978 study *Friedrich Schiller: Medicine, Psychology, Literature*. Dewhurst and Reeves' work, including their translation of Schiller's medical dissertations from Latin into English, was among the first to emphasize the influence of Schiller's medical training on both his dramaturgical writings and his political and aesthetic thought.⁴⁶ Since then a handful of critics have also noted that sickness, fever, and fiery tempers correspond closely to themes of crisis, revolution and resolution in Schiller's work.⁴⁷ Those who have read Schiller's dramas through a medical lens have also observed that the climactic moment of revenge in Schiller's plays is often presented as a psychosomatic "crisis" or "revolution." Parallels have been noted between these dramatic crises and the references in his medical dissertation to fever crises, or moments when an illness or fever breaks and the patient's health begins to slowly improve. In his dramas these curative crisis moments are often brought on by the introduction of reason and rationality into a formerly toxic political environment.⁴⁸

⁴⁶Kenneth Dewhurst, Nigel Reeves, *Friedrich Schiller: Medicine, Psychology, Literature*, Berkeley: University of California Press, 1978.

⁴⁷See Bell, Michael. "The Revenge of the 'Untere Seelenvermögen' in Schiller's Plays. *German Life and Letters*. 52.2 (1999): 197-210; and Sutermeister, Hans Martin. *Schiller als Arzt: Ein Beitrag zur Geschichte der psychosomatischen Forschung*. Bern: Verlag Paul Haupt, 1955, and Martinson, Steven D. *Maria Stuart: Physiology and Politics*. In Martinson, Steven D. *A Companion to the Works of Friedrich Schiller*. New York: Camden House, 2005.

⁴⁸Bell, 198.

While these considerations of the significance of Schiller's medical background to his writings have created excellent points of departure for exploring the relationship between theater and medical discourse in Schiller's work, what they neglect to acknowledge is the pervasive language of infection and contagion that permeates Schiller's philosophical and dramaturgical texts. This language is not only used when the topic of illness is explicitly mentioned, but is also employed figuratively to illustrate the contagious power of ideas and the infectious exchange of beliefs, emotions, and ideals that occurs in human relationships. This contagious exchange is noteworthy, I argue, because there are parallels that can be drawn between the infectious nature of friendship that is present in Schiller's dramas and his writings on the ideal function of theater as a moral institution. As an artistic medium that also participates in a similar kind of contagious exchange of ideas and emotions (in this case between actor and audience), theater becomes figuratively equated with friendship through the metaphoric language of contagion and inoculation, which my reading of *Don Karlos* will illustrate.

Previous attempts to examine the significance of Schiller's medical thought to his literary pursuits, particularly in the case of *Don Karlos*, have also been heavily engaged in attempting to explain the various inconsistencies in character behavior that exist within the play, especially regarding the actions of the character Marquis Posa. Rather than viewing these inconsistencies as flaws in the drama that must be either meticulously explained or attributed to a lack of foresight on the part of the author, I argue that it is instead productive to read these particular instances of out-of-character behavior as moments of infection. They represent junctures in the text where seemingly rigid character boundaries and hierarchies break down or become more fluid, allowing the person to become more readily infected by

the emotions, thoughts and ideals of the other characters in the drama. By highlighting how these inconsistencies are in fact symptomatic of a contagious exchange between characters, my reading illustrates how Schiller's project of aesthetic education—the process by which individuals learn to create a healthy, balanced relationship between reason and emotion—necessitates such moments of rupture, exposure and contagious exchange.

In the first section of this chapter, I will briefly highlight the importance of Schiller's early medical studies to his later literary work and philosophical thought. As a student of medicine at the elite Karlsschule Stuttgart military academy, Schiller attempted three dissertations, one of which was entitled *De differentia febrium inflammatorum et putidarum* (*On the Difference Between Inflammatory and Putrid Fevers*). His professors ultimately rejected it because the paper dared to openly criticize some of the highly regarded medical theories of his superiors. In this section of the chapter I will situate this fever dissertation within the broader context of late eighteenth-century medical discourse to determine the extent to which the frequent descriptions of fever in *Don Karlos* enter into dialogue with late Enlightenment medical theories on the subject. Schiller's fever dissertation, as well as other medical writings of the period, frequently describe a "crisis" moment during which a fever breaks and the patient's health begins to slowly improve. In this section I argue that the strikingly political language of the "crisis" in the medical discourse on fevers from the late eighteenth century is also present in *Don Karlos*, and this figurative overlap illustrates an intricate connection between medicine, dramaturgy, and politics during this period. In its use of medical discourse to highlight the necessity and possibility of political change through the medium of drama, Schiller's *Don Karlos* engages in a critique that equates the political system with a feverish body on the brink of its crisis moment. That Schiller uses theater—an

art form that from the time of Aristotle has been historically associated with cathartic “crises”—to exercise that critique highlights the fact that drama is an ideal medium to articulate and stage this dialogue between medicine and politics.

The next section of the chapter will explore the prevalence of contagion and inoculation metaphor in Schiller’s philosophical writings on the moral and aesthetic function of theater. I will examine how Schiller’s dramaturgical and aesthetic essays, particularly *Über das Erhabene* (1801) and *Die Schaubühne als moralische Anstalt betrachtet* (1784), use figurative language of immunity and contagion in order to illustrate theater’s role in elevating the moral character of the theatergoer and allowing him to achieve a healthy balance of reason and emotion by exposing himself to the dramatic arts. While the presence of contagion and inoculation metaphor in Schiller’s philosophical texts has been argued by Schiller scholars, most recently by Johannes Türk,⁴⁹ I argue that this language of infection is also employed dramatically in his literary texts to illustrate the contagious nature of human relationships and their potential to improve the moral character of the individual subject.

This brings me to the final section of the chapter, which will engage in a close reading of *Don Karlos*, a play that exemplifies the dramatic enactment of this figurative use of contagion and inoculation that is present in Schiller’s theoretical texts. I will explore the infectious nature of the drama’s central triangular relationship between Karlos, Posa, and King Philipp. At the beginning of the drama, each of these three characters fits nicely into one of three emotional categories: Karlos, who is unable to control his feelings, Posa, who perhaps controls them too well, and Philipp, who is determined to eliminate feeling altogether. However, the final acts of the play engage in an unraveling of these very

⁴⁹Johannes Türk, *Die Immunität der Literatur*, Frankfurt: Fischer Verlag, 2011.

categories that the drama takes such care to set up in the first few acts. My reading will pay particular attention to moments where I believe these rigid categories and character hierarchies appear to break down or become fluid, moments of contagion where Karlos, Posa and Philipp find themselves infected by the thoughts, ideals, emotions, even the bodily gestures and the physical touch of other characters. Further, I argue that the contagious nature of the relationships within the drama also suggests the eventual—although not always fully realized—possibility of healing; characters in the drama often seem to have a therapeutic effect on each other as a result of becoming “infected” by one another. Thus their behavior follows a logic that is not only consistent with contagion, but also with immunology.

It is in this respect, I argue, that the interactions between characters in *Don Karlos* reflect Schiller’s considerations of the role of theater in society, many of which figuratively emphasize drama’s role in inoculating the theatergoer to prepare him for the harsh realities of everyday life. The contagious relationships exhibited in the narrative of the drama are thus not only an attempt to explore questions of friendship, politics, and human nature, but are also a reflection on the ideal function of art, and specifically the function of theater. The remarkable similarity with which Schiller treats friendship and theater (in his literary and philosophical texts respectively) suggests that the two entities are in fact quite alike in ethos—both friendship and theater engage in a positive, therapeutic contagion that leads to the improved health and moral character of the individual subject. By exploring the significance of contagion to both Schiller’s theoretical writings and the central relationships in *Don Karlos*, as well as viewing these texts against the backdrop of late-Enlightenment medical discourse on illness, my reading shows how Schiller’s work indicates the presence of

a fascinating dialogue between medicine and literature that played itself out on the German stage in the late eighteenth century.

*Medical Discourse on Inflammatory Illness around 1800 and Schiller's Fever
Dissertation*

During the early years of his studies at the Duke of Württemberg's elite military academy in Stuttgart, Friedrich Schiller's teachers noted the young pupil's tendency to frequently seek solace from the rigor of school life in the academy's sick bay. Much to his instructors' dismay, his repeated, lengthy stays in the infirmary, during which he would remain in bed all day reading for pleasure, took a toll on his academic progress. One of his teachers reports in 1774, "He has grown three inches of late, is devout in his religion, dutiful and respectful to his superiors, nor is he less sociable and friendly with his schoolfellows; he is possessed of good abilities, and has been seven times on the sick-list in the period from 2 September to 7 October alone. It is owing to these repeated illnesses that, despite all his diligence, he is fairly far behind the others."⁵⁰

While Schiller may very well have merely been faking sickness in order to be allowed to read whatever he wished in the solitude of the sick room, his interest in illness and medicine was apparent from a young age. During his time as a student of medicine, Schiller wrote extensively on the causes, symptoms and treatments of a variety of common illnesses before eventually deciding to end his medical career to engage in more literary pursuits (he also had significant difficulties during his time as a medical student in writing a successful

⁵⁰Report from Rittmeister Faber, December 1774. qtd in Dewhurst, Kenneth and Reeves, Nigel. *Friedrich Schiller: Medicine, Psychology and Literature*. Berkeley: The University of California Press, 1978, 19.

doctoral thesis, which might have also contributed to his eventual abandonment of this career path). As a medical student at the military academy, Schiller was familiar with and heavily influenced by the studies of psychosomatic phenomena conducted by his teachers, and in his own medical writings he was primarily concerned with the effect of bodily experiences and external physical phenomena on the constitution of individual character and the soul. As a student, Schiller wrote three dissertations, the first two, *Die Philosophie der Physiologie*, and a report on the difference between inflammatory and putrid fevers entitled *De differentia febrium inflammatorum et putidarum (On the Difference between Inflammatory and Putrid Fevers)* were rejected by his professors for being “too obscure to follow,” and “hastily written.” His third medical dissertation, *Versuch über den Zusammenhang zwischen der thierischen Natur des Menschen mit seiner geistigen*, was accepted and secured his release from medical school.

Schiller’s later literary works are full of illness imagery, and particularly images of fever. Later in this chapter, I will explore how Schiller reappropriates his theories from his time as a medical student to serve as a political critique in his historical drama *Don Karlos*. But before I do this, it is first necessary to briefly outline Schiller’s medical philosophy and situate it within a broader historical context. Doing so will bring three main facets of Schiller’s theories on illness to light. Firstly, like many of his contemporaries, Schiller’s medical dissertations lend themselves quite well to political analogy—his writings on the nature of the sick body often contain political imagery that compares the ailing body with that of an ailing ruler or ailing state. Schiller’s writings on inflammatory fever and the “crises” that eventually accompany these illnesses are strikingly similar to language used in political writings of the late eighteenth century to describe political crisis and revolution. The

second important element of Schiller's medical thought that I wish to highlight is his repeated insistence that the inflammation that causes fevers is due to blocked passages, and the hindrance of the free flow of bodily fluids. As I will argue in my later close reading, these are all elements that are present in *Don Karlos* but are repurposed in order to criticize the stifling, secretive political environment in which the play's characters interact with one another. The third aspect of Schiller's medical writings that is important for our later consideration of *Don Karlos* is Schiller's claim that the various parts of the body engage in sympathetic relationships with each other. A recurring theme in Schiller's dissertations is the argument that the actions of one bodily organ can have an immediate effect on other body parts. This sympathy that exists between distinct corporeal elements and the infective power that one small organ can have on the body as a whole is one that also reappears in Schiller's later dramaturgical writings, and as my later close reading will show, is a key theme in *Don Karlos*.

When Schiller was writing his fever dissertation, *De differentia februm inflammatorium et putidarum* (*On the Difference between Inflammatory and Putrid Fevers*), about two-thirds of the patients seen at the Academy Hospital where he was studying were suffering from various febrile illnesses.⁵¹ He calls the inflammatory fever a "continual burning fever that attacks with a rigor which profoundly shakes the whole body, and is followed by quite intense heat, rapid, hard and full pulse, and a pulsating pain in part of the body, accompanied by certain functional disturbances."⁵² Schiller also emphasizes that

⁵¹Dewhurst and Reeves, 203.

⁵²Ibid., 297. Schiller wrote his dissertation on fevers in Latin. In this chapter I will be quoting from Dewhurst and Reeves' English translation of the text.

certain people are more susceptible to this type of fever than others. The fever is caused by “plethora,” or an abundance of blood that is too thick. Schiller writes, “In plethoric persons the vessels are swollen and narrow, the blood is thicker and abounds with fatty matter, the pulse is large and strong, there is great vitality, and the mind is readily aroused to passion; these characteristics constitute the type that is liable to be attacked by an inflammatory fever.”⁵³ Furthermore, there are certain mental and physical bodily states that can make the fever take hold more easily. “Severe mental upsets, excessive physical exercise, the consumption of warming wine and especially brandy, immoderate carnal lust or protracted wakefulness”⁵⁴ are all things that can lead to blockages in the blood vessels that create inflammatory fever. Inflammation is primarily caused by thick, sluggish blood that refuses to flow freely through constricted arteries: the blood “refuses to flow through the pores of the very narrow sieves and, through its own turbulence, impedes and blocks its own outlet, it will become stuck in the network of microscopic skin vessels.”⁵⁵

This obstruction of flow is something that can only be remedied through creating a necessary outlet, or through bleeding and/or purging techniques that will induce the necessary “crisis,” during which the fever will gradually subside and the patient will return to health. Schiller writes: “After bleeding, the excessive forces are weakened, the plethora reduced, and pulmonary oppression relieved. With the removal of the obstruction, arterial blood circulates better and the humors flow more freely through their channels...If the remedy is wisely administered, the crisis will not fail to occur.”⁵⁶ After the crisis, the fever

⁵³Ibid., 208.

⁵⁴Ibid, 209.

⁵⁵Ibid., 211.

⁵⁶Ibid, 214.

subsides, and “[t]he more dilute blood now flows more gently through its vessels, and the humors pass through more relaxed pores.”⁵⁷

Schiller also notes in his fever dissertation, as well as in his third medical dissertation, *Über den Zusammenhang der thierischen Natur des Menschen mit seiner geistigen*, that the body’s parts operate sympathetically with one another. Schiller writes in his fever dissertation, for example, that “[w]hile these unnatural events are taking place in the body, even the mind is afflicted in various ways. There is intimate sympathy between the faculties of thought and digestion; thus mental commotion corresponds to spasms arising from the depths of the bowels, and ideas no longer follow the order of association and the dictates of reason but the mechanical laws of the disease.”⁵⁸ It is in his descriptions of how the parts interact with the whole where Schiller’s medical writings often become explicitly political. At one point he equates the relationship between mind and body in certain individuals attempting to conquer their disease as that of a tyrannical governor: “Such is the close connection between mind and body, and such is the tyrannical governor who resides in the man that so arrogantly exercises self-control, ceaselessly dictating to him who is born of dust and returns to dust.”⁵⁹

Here it is important to note the importance of historical context in Schiller’s emphasis on the necessity of inducing a crisis in fever patients, as well as the occasionally overtly political nature of his description of the relationship between mind and body. The years leading up to the French Revolution were not only a time of radically changing views in the

⁵⁷Ibid., 217.

⁵⁸Ibid, 223.

⁵⁹Ibid., 224.

political realm but also in the field of medicine. Medical paradigms of how disease functions within the body were being radically questioned during this time period, and it is thus perhaps no surprise that many of the political writings of the day are rife with disease imagery (and vice versa—medical doctrines from this time period are also full of political symbolism). Traditional European medicine up until the end of the eighteenth century viewed the human body as a “receptacle filled with fluids [or]...humors. Corresponding to the body’s common division into three zones (head, torso, and lower body) with three correlative realms of the soul, these fluids were differentiated according to rank.”⁶⁰ The so-called “noble” substances responsible for the body’s intellectual functions were found in the head; the breast area housed those fluids responsible for vital functions like respiration and circulation; and the lower region contained impure fluids associated with the animal desires of hunger and sex.⁶¹ The humoral-pathological understanding of the composition of the body, or the idea that bodies contained a harmonizing combination of blood, phlegm, and black and yellow bile, gradually fell out of fashion by the end of the eighteenth century, but the notion that sickness was somehow caused by an imbalance or excess of fluids remained.⁶² Treatments often focused on the purging or evacuation of these excess fluids from the body, through “bloodletting, purgatives, vomitives, and indeed sexual stimulation by the doctor’s hand.”⁶³ As Albrecht Koschorke writes in his comprehensive study of eighteenth-century

⁶⁰Koschorke, Albrecht. “Physiological Self-Regulation. The Eighteenth-Century Modernization of the Human Body.” *MLN* 123.3 (2008): 468-484.

⁶¹*Ibid*, 470.

⁶²*Ibid*, 470.

⁶³*Ibid*, 471.

medicinal practices, “Physiological Self-Regulation: The Eighteenth-Century Modernization of the Human Body”:

The main direction of such therapies was from inside to outside. Because of fluids being hampered in their natural drainage, a disease-bearing substance had gathered in the body and had to be artificially removed. The body’s *closed interior* was considered pathogenic; the doctor was responsible for opening it up—for restoring exchange with the social and cosmological spheres.⁶⁴

It was the doctor’s task to ensure that the body be rid of this excess diseased fluid; by opening up the body and releasing or venting fluid, the individual could be cured and a healthy balance of humors restored. Enlightenment discourses about the necessity of transparency and openness in politics, as well as a revolutionary purging of despotic forms of government were interestingly mirrored in the common medical practices of the era. Not only was the sick human body in need of a release of diseased fluids to maintain a healthy balance of humors, but the ailing state was also in need of an opening or revolutionary catharsis to expel tyranny and restore a healthy balance of power.

As Koschorke further illustrates, beginning in the nineteenth century the humoral-pathological conception of the body gradually fell into disrepute. He attributes this to the “economical relationship to the circulating fluids” which came to increasingly dominate medical discourse as the eighteenth century came to a close.⁶⁵ Koschorke mentions that the practice of drawing out or expelling fluids, particularly sexual fluids, came into direct conflict with anti-masturbation campaigns that developed at this time, and even bloodletting began to be viewed as a dangerous practice, often associated with vampirism, that weakened

⁶⁴Koschorke, 469.

⁶⁵Ibid, 472.

rather than strengthened the sick body.⁶⁶ Instead of the body's health resting on its ability to expel sick fluids, "it now needed protection from pathogens trying to penetrate it from the outside."⁶⁷ Retaining the correct amount of blood in order to maintain the totality of the body's functions became essential. A dietetics book from 1793 written by Franz Anton May, entitled *Medizinische Fastenpredigten, oder Vorlesungen ueber Koerper- und Seelen-Diaetetik, zur Verbesserung der Gesundheit und Sitten* uses the metaphor of the state to describe nature's even distribution of functions:

As a clever state-economist [*Staatswirthin*], she acts according to fixed plans, maintains the activity of each single portion of the whole, distributes blood in proportionate equality for the animation and nourishment of the entire body. ... she never allows the expenditures [*Ausgaben*] to exceed the quantum of receipts [*Einnahme*].—No useful fluid is unnecessarily wasted to the damage of the animal economy.—The most beautiful harmony rules among all parts when the soul refrains from destroying the animal mainsprings through passionate despotism and does not disturb the peaceful course of the bodily functions.⁶⁸

As the above quote illustrates, opinions about the necessity of expelling bodily fluids as a treatment for illness underwent a drastic change, as did the political and economic environment of Europe in the years leading up to and following the French Revolution. The necessity of maintaining a proper balance of fluids, and the requirement that the expenditures or removal of fluids from the body should not exceed what is taken in reflect changing opinions about the effectiveness of purging and bloodletting treatments during this time. That the health of the body is here symbolically mapped onto the body of the state in the form of

⁶⁶Ibid, 472.

⁶⁷Ibid, 472.

⁶⁸Franz Anton May, *Medicinische Fastenpredigten, oder Vorlesungen ueber Koerper und Seelen-Diaetetik zur Verbesserung der Gesundheit und Sitten. Erster Theil*. Mannheim, 1793, 350. qtd. In Koschorke.

the “Staatswirthin” is also significant. That the political climate in Europe was also drastically changing during this time, and that the usefulness of revolution as a “purging,” or healing force was also being questioned by leading thinkers of the day led to the frequent metaphoric pairing of government and disease in both medical and political writings. The body’s metaphoric significance to the revolutionary political environment and precarious power struggles of the time period became a common literary and philosophical motif. The close metaphorical connection between the human body and the state also resonated heavily in the language of political pamphlets in pre-revolutionary France, as Antoine de Baecque illustrates in his work *The Body Politic: Corporeal Metaphor in Revolutionary France*. De Baecque cites a striking example of this use of metaphor from a revolutionary pamphlet from Benigne Victor Aime Noillac from the 26 of February, 1789, in which the author writes:

What is the foundation of monarchical government? It is neither a headless body, as in Poland, nor a bodiless head, as with the Turks; it is this: in France, the King is the head of the state; the armed forces are the hands; the magistrates form part of the head: they are the mouth, eyes and ears; they are the organs of the brain, which is the king. The king is also the heart, the stomach; and the magistrates are the vitals. Nobles are the thing that surrounds them. The people are the arms, the thighs, the legs, the feet. That is the body of the state. Give thought, what ought the functions of the monarch-brain-heart-stomach be? It is certain that the health of the body politic can arise only from the harmony of all the parts; if there is the least obstruction, the least failure in communication, then disorder erupts, fever catches fire, and it can lead the body to its complete dissolution.⁶⁹

As the above quote illustrates, there was significant overlap between the medical and political realms during the time that Schiller was studying medicine, and in many ways it is perhaps not surprising that his writings on fever and inflammatory disease are so interested in the notion of inducing a crisis and encouraging the healthy flow of bodily fluids in the treatment of fevers. When we consider that the “crisis” is also a term that has been associated

⁶⁹De Baecque, Antoine. *The Body Politic: Corporeal Metaphor in Revolutionary France, 1770-1800*. Stanford: Stanford University Press, 1997, 87.

with drama from the age of Aristotle (watching Greek tragedy was supposed to bring about a healing catharsis in audience members), we can begin to make the connection between Schiller's medical theories and his later dramaturgical essays and plays. But what is also worthy of attention, and what I believe is perhaps more key to explaining the link between Schiller's dramatic and medical theories than the "crisis" is his insistence that organs of the body interact sympathetically with one another. In *Über den Zusammenhang der thierischen Natur des Menschen mit seiner geistigen*, Schiller writes that in sickness this sympathetic relationship becomes even stronger ("In den Krankheiten ist diese Sympathie noch auffallender").⁷⁰ Schiller says that bodily sensations immediately affect other sensations, which in turn affect others, until all parts of the body and mind have become infected by feeling. He writes: "Es ist ein bekanntes Gesetz der Ideenverbindung, daß eine jede Empfindung, welcher Art sie auch immer seie, also gleich eine andere ihrer Art ergreife, und sich durch diesen Zuwachs vergrößere. Je größer und vielfältiger sie wird, desto mehr gleichartige weckt sie nach allen Direktionen des Denkkorgans auf, bis sie nach und nach allgemein herrschend wird, und die ganze Fläche der Seele einnimmt."⁷¹ Schiller describes the infective power of sensation and feeling and how it can rapidly take hold and spread in the body and soul. The language Schiller uses to describe this infective process by which all parts of the soul are slowly infected by sentiment is remarkably similar to his later writings on the role of theater as a moral institution. As I will explore in the next section of this chapter, drama is an ideal medium for aesthetic education because it is imbued with a similar

⁷⁰Friedrich Schiller, "Über den Zusammenhang der thierischen Natur des Menschen mit seiner geistigen," in *Friedrich Schiller: Sämtliche Werke* (München, Deutscher Taschenbuch Verlag, 2004), 151.

⁷¹Ibid., 159.

power to infect audience members with sentiment and better prepare them for the challenges and inevitable tragedies of everyday life.

To summarize, Schiller's medical theories on fever emphasize three main components of disease that will later in this chapter become relevant for our consideration of *Don Karlos*. The first noteworthy aspect of the disease is its cause—Schiller emphasizes that certain personality types are particularly prone to inflammatory fevers because they possess plethora, or an abundance of thick, slow moving blood. This can lead to blockages in the arteries that creates inflammation and will cause the patient to develop a fever. The second important element of inflammatory fever is its treatment, which necessitates the use of purging or bloodletting techniques in order to induce a crisis that will eventually cause the fever to subside and the patient's health to be restored. Like many of his contemporary writers, Schiller's description of the causes and treatments of inflammatory fever equates the health of the physical body with the health of a governing body or head of state and illustrates an overlap between political and medical discourse during this time period. Thirdly, and perhaps most relevant for my later exploration of the influence of Schiller's medical theories on his dramaturgy, his dissertations emphasize that the organs of the body engage in a sympathetic relationship with one another; body parts have the ability to affect the behavior of other body parts, and this in turn can have an effect on the mental well-being of the individual. As I explore in the next section of this chapter, the language of contagion that Schiller uses to describe the rapid spread of sensation throughout the body reappears in his dramaturgical writings on the effect of the medium of drama on the theatergoer and its role in his moral and aesthetic education.

Theater of Immunity: Inoculation Metaphor in Schiller's Dramaturgy

In his fever dissertation Schiller emphasizes the importance of the unhindered circulation of fluids and the necessity of bleeding or purging in the treatment of inflammatory fever. But there is one particular element of his medical writing that is strongly linked to his later theoretical writings on the function of theater. In both the fever dissertation and *Versuch über den Zusammenhang der thierischen Natur des Menschen mit seiner geistigen*, Schiller describes the relationship between the body's organs as sympathetic, and this sympathy (*Sympathie*) becomes even more pronounced when the body is suffering from illness. As I noted in the last section of the chapter, Schiller writes that parts of the body exercise their influence on other parts, and this can lead to the dramatic spread of abrupt changes in mental and physical states. Schiller also points out in his medical writings that disease can actually have a positive effect on the suffering individual if he is able to successfully overcome the illness. Schiller's emphasis on sympathy and the belief that a destructive illness can have the effect of strengthening the disease sufferer in the long run are ideas that are echoed in his theoretical writings on the theater, albeit repurposed in order to emphasize theater's vital role in improving the general health of society. In the following section, I will explore the language of immunity and contagion that thoroughly pervades Schiller's writings on theater in order to show how his medical and theoretical thought overlap.

In my exploration of the concept of immunity as a theoretical framework for understanding Schiller's conception of the role of theater, I would like to draw on the work of Johannes Türk, who dedicates a chapter of *Die Immunität der Literatur* to an analysis of the significance of immunity and inoculation to Schiller's theory of tragedy. Türk is one of only a handful of scholars to acknowledge the centrality of medical discourse to Schiller's

theoretical writings on the function of theater, and his work thus serves as a critical text to consult before undertaking any attempt to read *Don Karlos* through the lens of contagion.

Both alike and different in their operational logic, “immunity” and “contagion” become highly complex and loaded terms when employed as a theoretical framework by which to engage in literary analysis. But in many ways it is impossible to talk about one term without talking about the other--without contagion there can be no immunity, and no immunity without contagion. The fact that inoculation requires contagion is one of the reasons many were skeptical of the smallpox vaccine (which was incidentally first developed by Edward Jenner only eleven years after *Don Karlos* was first performed in Hamburg in 1787). As Türk illustrates in his study, the developments in the realm of medicine that led to the creation of the first vaccine during this time period, as well as the very notion that inserting contagious material into a patient could make them immune to sickness, had a profound impact on the cultural and literary landscape of the late eighteenth century. Türk writes:

Die medizinische Praxis, die schützt, ohne die vollen Risiken des Ernstfalls zu Bergen, dient der Literatur des 18. Jahrhunderts dazu, Erfahrungen zu artikulieren, die auf Lebenskrisen vorbereiten. Dem Übel, das einem widerfahren ist, selbst der traumatischen Erfahrung, kann so Sinn abgewonnen werden, und für Ereignisse, die selten sind, wird die Imagination zu einem Ort, an dem das künstliche Unglück das wirkliche vorwegnimmt. Ähnlich wie bei der Pockenimpfung werden Zumutungen bewältigt, indem man sie heraufbeschwört.⁷²

Similarly to the smallpox vaccine, which inserts a small, harmless amount of the virus into the patient in order to protect him or her from the actual deadly form of the disease, literature of the late eighteenth century was also metaphorically engaged in a project of inoculation, one in which individuals could better prepare themselves for “worst-case

⁷²Türk, Johannes. *Die Immunität der Literatur*. Frankfurt am Main: Fischer Verlag, 2011.

scenarios” by being exposed to fictionalized, imaginative versions of the types of crises that all human beings are eventually confronted with at some point in their lives. By presenting readers with a small dose of creative catastrophe, literature provides a kind of booster shot that leaves individuals better equipped to deal with real-life catastrophe should they ever encounter it in its actual form.

Schiller himself was not “immune” to this literary phenomenon of inoculation, and his philosophical writings on the nature of theater are a testament to this fact. Schiller’s two intense periods of reflections on theater in both the early 1780s and early 1790s produced several theoretical essays: *Über das gegenwärtige deutsche Theater* (1782), *Die Schaubühne als eine moralische Anstalt betrachtet* (1784), *Über den Grund des Vergnügens an tragischen Gegenständen* (1792), and *Über die tragische Kunst* (1792). His philosophical writings on the nature of the sublime, particularly *Über das Erhabene* (1801), also provide insight into his theory of tragedy, which embraces the idea that this art form should “immunize” audiences in order to prepare them for tragedy in the real world. In *Über das Erhabene*, Schiller describes this inoculation process as the function of “das Pathetische”:

Das Pathetische, kann man daher sagen, ist eine *Inokulation des unvermeidlichen Schicksals*, wodurch es seiner Bösartigkeit beraubt, und der Angriff desselben auf die starke Seite des Menschen hingeleitet wird.⁷³

Here Schiller attributes an immunological function to tragedy; by presenting audiences in the theater with a fictionalized form of “Schicksal” that has been robbed of its ferocity or “Bösartigkeit” (precisely because it is *fiction* and poses no immediate threat to safety), the viewer becomes better equipped to deal with his own unavoidable fate

⁷³Friedrich Schiller, *Über das Erhabene*, in *Theoretische Schriften*, Frankfurt am Main 1992, 837, qtd. in Türk, 114.

(“unvermeidliches Schicksal”) as it presents itself to him in real life.

While the genre of tragedy is clearly particularly imbued with immunological healing powers for Schiller, his writings on the nature of theater make it clear that inoculation and the maintenance of good health also apply to the theater as an institution in general. In his 1784 essay *Die Schaubühne als moralische Anstalt betrachtet*, Schiller reflects on theater’s goal of restoring health to a population suffering from such universal human “ailments” as loneliness, sadness, weariness and stress:

Wenn Gram an dem Herzen nagt, wenn trübe Laune unsere einsamen Stunden vergiftet, wenn uns Welt und Geschäfte anekeln, wenn tausend Lasten unsre Seele drücken und unsre Reizbarkeit unter Arbeiten des Berufs zu ersticken droht, so empfängt uns die Bühne – in dieser künstlichen Welt träumen wir die wirkliche hinweg, wir werden uns selbst wieder gegeben, unsre Empfindung erwacht, heilsame Leidenschaften erschüttern unsre schlummernde Natur und treiben das Blut in frischeren Wallungen.⁷⁴

In the above passage, the stage openly embraces (“empfängt”) the theatergoer, and lets him or her get lost in a fictional world, temporarily allowing him to forget the emotional baggage he carries with him in his everyday life. The theater gives him a new self, awakes healing passions and allows his blood to flow healthily. Here also, the stage has a kind of contagious and immunological power that leaves the viewer stronger, healthier, and better prepared to cope with the challenges of being human. Throughout this short essay, Schiller emphasizes the healing function of theater; the stage gives him the nourishment he needs to unite his reason and passion (“[...die Bühne, die]...jeder Seelenkraft Nahrung gibt, ohne eine einzige zu überspannen, und die Bildung des Verstands und des Herzens mit der edelsten Unterhaltung vereinigt”⁷⁵). But in addition to providing nourishment for the body and soul,

⁷⁴Friedrich Schiller, “*Die Schaubühne als moralische Anstalt betrachtet*,” in *Friedrich Schiller: Sämtliche Werke* (München: Deutscher Taschenbuch Verlag, 2004).

⁷⁵Ibid., 189.

the stage also serves a protective function. Through the confrontation with the fictional suffering of another, the theatergoer works through and overcomes his own afflictions, weaknesses, and flaws and is thereby restored to a healthy state as a strong yet sentient human being:

Der Unglückliche weint hier mit fremdem Kummer seinen eignen aus – der Glückliche wird nüchtern und der Sichere besorgt. Der empfindsame Weichling härtet sich zum Manne, der rohe Unmensch fängt hier zum erstenmal zu empfinden an. Und dann endlich – welch ein Triumph für dich, Natur!⁷⁶

It should be noted here that “inoculation” as a theoretical term to describe the function of tragedy is quite different from “infection” when it comes to the mode of contagion it employs. While basic contagion or infection from a literal medical standpoint happens accidentally or unexpectedly and will cause a person to develop an illness, inoculation is intentional and has a more positive end result. This means that its figurative use has different implications than the broader framework of simple “contagion” or “infection.” Medical inoculation involves infecting an individual with a small amount of an ostensibly harmful virus in order that he or she will develop a resistance to that particular strain of disease. Consequently, when “inoculation” is used as a metaphor to explain the function of tragedy, the implication is that the material with which the audience members are being “infected,” namely, the subject matter of the play, is harmful or upsetting in some way. When Türk employs the metaphor of inoculation to describe how the unpleasant material of tragedy is meant to prepare theatergoers for the challenges of real life, his analogy doesn’t take into account the fact that not all contagion that occurs in literature necessarily involves the infection of “negative” material. As I will show in my close reading of Schiller’s *Don Karlos*, this particular drama can also be read as performing a kind of “positive” contagion in

⁷⁶Ibid., 189.

addition to inoculation. It is not just that Schiller's historical drama is supposed to prepare audience members for the challenges of real life by "infecting" them with a small amount of "harmful material" (fictionalized versions of real-life tragic events) but also that the positive attributes of human friendship and decency that the drama portrays are also passed on to the spectator by virtue of the infectious medium of the theater.

What makes this discourse of infection, inoculation, and healing that pervades the theoretical essays on theater discussed by Türk relevant to our consideration of *Don Karlos* is the remarkable similarity that this kind of language bears to Schiller's treatment of friendship in his other philosophical writings. Perhaps the best example of the parallel I am suggesting can be found in Schiller's 1786 *Philosophische Briefe*, which appeared in *Thalia*, his own published journal of poetry and philosophy, where incidentally the earliest versions of *Don Karlos* were first published as dramatic fragments. The *Philosophische Briefe* take the form of a fictional correspondence between two friends, Julius and Raphael. The letters contain insight into the young Schiller's thoughts on the influence that good friends have on each other, and the language he uses to describe this influence also contains striking imagery of contagion and immunization. In a letter to Julius, Raphael writes:

Das ich aus deinem süßen Traume dich geweckt habe, reut mich noch nicht, wenn gleich dein jetziger Zustand peinlich ist. Ich habe nichts getan, *als eine Krisis beschleunigt*, die solchen Seelen wie die deinige früher oder später unausbleiblich bevorsteht, und bei der alles darauf ankömmt, in welcher Periode des Lebens sie ausgehalten wird. Es gibt Lagen in denen es schrecklich ist, an Wahrheit und Tugend zu verzweifeln. Wehe dem, der im Sturme der Leidenschaft noch mit den Spitzfindigkeiten einer klügelnden Vernunft zu kämpfen hat. Was dies heiße, habe ich in seinem ganzen Umfang empfunden, und dich vor einem solchen Schicksale zu bewahren, blieb mir nichts übrig, als *diese unvermeidliche Seuche durch Einimpfung unschädlich zu machen*.⁷⁷

⁷⁷Friedrich Schiller, *Philosophische Briefe, Theoretische Schriften*, Frankfurt am Main 1992, 215-216, qtd. in Türk, 115.

By giving his friend a dose of “klügelnde Vernunft,” Raphael has induced a kind of *crisis* in his friend. As was pointed out earlier in this chapter, the healing “crisis” plays a crucial role in Aristotelian tragedy, as well as Schiller’s early medical writings. But its role here is immunological; by exposing his friend to a harmless dose of reason right now, he will be better prepared when he is actually faced with it later, perhaps while he is in the throes of a bout of stormy passion “im Sturme der Leidenschaft.” In a sense, Raphael uses his “Vernunft” to vaccinate his friend and make him better equipped to handle reason later in his life when he will inevitably be confronted with it.

The above quoted passage contains striking imagery of contagion that provides insight into the young Schiller’s conception of friendship. Also noteworthy is the fact that the *Philosophische Briefe* appeared just one year before the first performance of *Don Karlos*, a play in which the friendship between an overly passionate young prince and an idealistic yet reasonable marquis is a central plot point. Despite this fact, the prevalence of contagious and immunological metaphor in Schiller’s theoretical writings has not inspired any scholarly work that investigates whether or not the friendships in *Don Karlos* also operate contagiously or immunologically.⁷⁸ To what degree is contagion exhibited in the relationship between Posa and Karlos? Can it be said that Posa’s influence on Karlos serves the function of inoculating him, that is, of exposing him to mild doses of reason in order to prepare him to become an enlightened ruler, to end the war and make peace with Flanders, or at least to become a better king than his father Philipp ever was? If this is the case, is this inoculation effective? And what can be said about the “friendship” that develops between Posa and King

⁷⁸Türk’s chapter on Schiller’s theory of tragedy does not include a close reading of any of Schiller’s dramas, but instead (I believe rather puzzlingly) undertakes an examination of “das Pathetische” and immunity in Lessing’s *Nathan der Weise* to illustrate his argument about Schiller.

Philipp? Is this relationship also implicated in contagion, inoculation, or infection? If so, what is the connection between Schiller's conception of friendship and his considerations of the ideal role of theater, and how does this enrich our understanding of his thoughts on politics and aesthetic education? In the close reading that follows, I will attempt to shed light on these questions, analyzing key moments where contagion and immunity complicate the central relationships depicted in the drama.

Medical Discourse as Political Critique in Schiller's Don Karlos

In the following section of this chapter I will read Schiller's fever dissertation, *De differentia febrium inflammatorum et putidarum* (*On the Difference Between Inflammatory and Putrid Fevers*) alongside *Don Karlos* to illustrate the extent to which this particular medical text influenced Schiller's dramaturgy. I am interested in moments where material from Schiller's writing on inflammatory fever reappears in the text of the drama. I argue that Schiller re-appropriates his earlier medical theories in *Don Karlos* to create a political critique that emphasizes the importance of transparency and openness in political communication. Schiller's drama equates the health of the individual with the health of the state, depicting the stifling political climate that exists under the tyrannical rule of King Philip as a sick body that is in need of healing. In this respect, the metaphorical work that *Don Karlos* undertakes reflects a broader late eighteenth- and early nineteenth-century discourse that frequently employed corporeal metaphor to criticize the political climate.

But if we can view *Don Karlos* as a text that participates in this metaphorical discourse through its reappropriation of medical theory as political critique, it is important to note that there are certain elements in the drama that are inconsistent with Schiller's

description of inflammatory fever outlined in his dissertation. It becomes apparent that the “crisis” moment that Schiller uses in his dissertation to describe the point at which the fever breaks and the patient’s health is slowly restored is conspicuously absent from the drama. The revolution never occurs and the question of whether the political body is capable of healing itself remains ambiguous and in fact rather doubtful at the end of the play.

As noted in the introduction to this chapter, from the beginning of the drama when we are first introduced to our protagonist Prince Karlos, it is apparent that he appears to be suffering from what Schiller might describe as an inflammatory fever. He blushes, trembles, and is frequently described as sick by the other characters in the drama. It becomes clear that the cause of Karlos’ sickness is an unrequited love for the Queen Elisabeth, his father’s bride. The only two things that appear to provide Karlos with relief from these fever symptoms is the physical nearness to the cold, calming presence of his friend the Marquis Posa, who at the beginning of the play is described as cool and almost deathly pale, and also through a release of hot tears through crying. During the first meeting between Posa and Karlos, Karlos embraces his friend and exclaims: “Lass mich weinen,/ An deinem Herzen, heisse Tränen weinen,/ Du einz’ger Freund... So weit die Schiffahrt unsre Flaggen sendet, ist keine Stelle—keine, wo/ Ich meiner Tränen mich entlasten darf.”⁷⁹ The necessity of releasing fluids as a source of treatment for inflammatory fever is documented by Schiller in his medical writings. As mentioned in an earlier section of this chapter, he cites “secretory blockages” as one of the main symptoms of this illness, and advocates a release or vent of the

⁷⁹Ibid., (Act I, Scene II), 11.

trapped heat and fluids through a general “cooling and purging of the body”⁸⁰. He writes that during the period where inflammatory fever develops, there is no

[insensible] perspiration...As the blood, concentrated by the inflammation, refuses to flow through the pores of the very narrow sieves and, through its own turbulence, impedes and blocks its own outlet, it will become stuck in the network of microscopic skin vessels and give the appearance of a transient inflammation.⁸¹

One of the defining characteristics of this type of fever is a retaining of hot fluids, and one of the best ways to treat this illness is the use of what are called “cathartics,” or methods to release fluids from the body such as sweating, crying or bleeding. Thus the cathartic ability to cry, to release hot fluid through tears of emotion is also throughout *Don Karlos* accompanied by a temporary relief of illness symptoms and an apparent restoration of a healthy balance of fluids.

Significantly, the one character in the drama who at first seems utterly incapable of purging himself through the release of hot tears is King Phillip, who early in the drama views his son’s weepiness as a sign of weakness, but whose own symptoms of sickness are in desperate need of being purged from his body. Although Karlos claims that he and Philip are composed of fundamentally different elements (“Zwei unverträglichere Gegenteile/ Fand die Natur in ihrem Umkreis nicht”),⁸² father and son do in fact appear to be suffering from symptoms of a similar illness. One of Philip’s main symptoms is insomnia, and when he does in fact sleep, he is haunted by feverish dreams. In his writings on fever, Schiller describes that patients suffering from inflammatory fever are affected by, “protracted insomnia and the

⁸⁰Dewhurst & Reeves, 213.

⁸¹Dewhurst and Reeves, 211.

⁸²Schiller, (Act I, Scene II), 15.

night is interrupted by wild dreams and, remarkably, they are mostly about fire and flame, as I myself have experienced.”⁸³ In the beginning of Act III, the King is awakened by a feverish nightmare in which part of the castle is on fire. He says to Lerma: “Im linken Pavillon war Feuer. Hörtet Ihr/ Den Lärmen nicht?”⁸⁴ When Lerma denies the fire, the King proclaims: “Nein? Wie? Und also hätt ich nur geträumt?” Lerma insists to the King that sleep will heal him, saying “Ich entdecke/ Ein brennend Auge, das um Schlummer bittet...Nur zwei kurze Morgenstunden Schlafes—“⁸⁵ (Act III, Scene 1). At this the King becomes angry, denying his need for sleep and demanding water: „Ich schlage an diesen Felsen und will Wasser, Wasser für meinen heissen Fieberdurst!“⁸⁶

It is not only the release of fluids that appears to heal these symptoms of sickness. Characters also note the healing power of clean open air, which is also mentioned by Schiller in his medical writings. Particularly in the case of putrid fever, the benefits of dry, clean and open air to affected patients is well-documented in the fever dissertation. He writes that people who are recovering from this illness should be kept in places where the “atmosphere should be open and airy, cool and constantly well-ventilated.”⁸⁷ The necessity of openness is a recurring political theme in *Don Karlos*, and it is interesting to note that the remedy of putting things out in the open air is a means both of combatting the secrecy of tyrannical governments, and of healing the sick. An example of this comes during Act IV, when Eboli pretends to be ill so that she may be excused from the presence of the Queen. The Queen

⁸³Dewhurst and Reeves, 212.

⁸⁴Schiller, (Act III, scene I), 98.

⁸⁵Ibid., (Act III Scene I), 98.

⁸⁶Ibid., (Act II, Scene I), 98.

⁸⁷Dewhurst & Reeves, 226.

warmly approaches Princess Eboli and exclaims, “Willkommen, liebe Fürstin./ Mich freut, Sie wieder hergestellt zu finden--/ zwar noch sehr blaß.“ To this Fuentes adds, with a malicious tone, “Die Schuld des bösen Fiebers/ das ganz erstaunlich an die Nerven greift./ Nicht wahr, Prinzessin?“ The Queen ignores this and appears concerned, asking Eboli: “Was haben Sie? Sie zittern...Sie verhelen uns, sind kränker gar, als Sie/ Uns glauben machen wollen? Auch das Stehn/ wird Ihnen sauer. Helfen Sie ihr, Gräfin,/ Auf dieses Tabouret sich niedersetzen.“ But Eboli simply proclaims “Im Freien wird mir besser”⁸⁸ before exiting the stage. Ultimately it is the complete lack of open air, an abundance of secrecy, and bottled-up emotions and tempers that is the central conflict of *Don Karlos*, and which causes the sickness of the individual characters and the political system in which they find themselves. Ultimately the climactic final scenes of the play are not a “crisis” which resolves or heals the diseased political situation, but rather another side effect of the closed-off and secretive political system under King Philip’s rule.

As the drama progresses, the symptoms of Karlos and Philip undergo significant changes, but a breaking of the fever, what Schiller in his medical writings calls a “crisis” (the moment when the sickness reaches its climax and from that time on the patient progresses toward healing) never actually occurs in *Don Karlos*. Though Karlos does undergo a significant recovery, and his fever symptoms gradually deteriorate before disappearing completely, Philip’s sickness exhibits several smaller cathartic moments of healing, but without a “crisis” moment that restores him to full health. The first of these momentary releases comes at the end of Act IV, as Lerma, Domingo, Alba, Don Raymond

⁸⁸Schiller, (Act IV, Scene I), 132.

von Taxis, and more of the King's men are pacing about in front his chamber awaiting news from the King about the imprisonment of Karlos and the whereabouts of Marquis Posa.

Lerma enters the King's chamber, but then comes back out to report that the king refuses to speak with anyone; er "sprach noch kein Wort."⁸⁹ It is not until Don Raymond von Taxis enters the King's chamber to show him an incriminating intercepted letter from Marquis Posa when the King is suddenly overcome with emotion, and a long-overdue outpouring of tears occurs. Lerma bursts out of the chamber and shouts:

LERMA: (*will forteilen*). Das ist teuflisch!

PARMA und FERIA: Was denn? Was denn?

MEDINA SEDONIA: Was macht der König?

DOMINGO: (*zugleich*) Teuflisch? Was denn?

LERMA: Der König hat geweint.

DOMINGO: Geweint?

ALLE: (*zugleich, mit betretnem Erstaunen*) Der König hat geweint?

Man hört eine Glocke im Kabinet...)⁹⁰

The King appears to have finally done what he had up until this point always frowned upon in his son Karlos; he finally releases his emotion through tears, and the shock wave this creates in his cabinet illustrates the rarity of such an event. The King is not supposed to reveal his weakness in such a way, so much so that his crying is described as none other than the work of the devil, or "teuflisch." Although this release of emotion is clearly a move in the right direction towards a healing catharsis for Philip, his crying is still a private act occurring off-stage, and is only reported to the audience second-hand through Lerma. A public release of tears and emotion does not occur, and thus a full healing catharsis is not yet

⁸⁹Schiller, (Act IV, Scene 24), 182.

⁹⁰Ibid., (Act IV, Scene 24), 182.

possible for the ailing king. Just as Philip's emotions remain bottled up inside his body, so do secrecy and closed doors remain a defining characteristic of his rule.

While Philip's symptoms of sickness become more conspicuous through the course of the plot, his son Don Karlos appears to make somewhat of a recovery from the feverish illness that was so apparent in the first few acts of the play. In the first act, Karlos' fever symptoms, which are accompanied by descriptions of his fiery blood, his overflowing heart, and his passionate demeanor, are juxtaposed with his struggles to contain the secret of his love for his mother Elisabeth. His sickness is described as the result of his own concealment of this passionate secret, and it is suggested that a release of this information would cause a cathartic healing. Karlos exclaims:

Jetzt, jetzt./ O zög're nicht. Jetzt hat sie ja geschlagen
Die Zeit ist da, wo du es lösen kannst.
Ich brauche Liebe.—Ein entsetzliches
Geheimnis brennt auf meiner Brust. Es soll,
Es soll heraus. In deinen blassen Mienen
Will ich das Urteil meines Todes lesen.
Hör an—erstarre—doch erwidre nichts--
Ich liebe meine Mutter.⁹¹

After Karlos speaks this dreaded secret, revealing it to both Marquis Posa and to the Queen, his fever symptoms gradually diminish as he learns to overcome his love for the queen. In fact, as Karlos' s symptoms are alleviated throughout the course of the play, he and the Marquis Posa gradually change places, and the fiery temperament attributed to Karlos at the beginning of the play is transferred onto Posa. After Posa nearly kills Eboli in a fiery fit of rage, Karlos remarks that the two of them seemed to have switched places, and that Posa's demeanor has completely changed. He says, "Welche plötzliche Veränderung in

⁹¹Schiller, (Act I, Scene II), 13.

deinen Zügen? So/ Hab ich dich nie gesehen. Stolzer hebt/ Sich deine Brust, und deine Blicke leuchten.”⁹² Posa is no longer the pale, calm and cool figure he was earlier in the drama. He seems to have switched places with Karlos and shows symptoms of sickness and weakness. Just before he is shot, he begs Karlos to sit down with him because he is too weak to stand (“Komm, lass uns niedersitzen-/ Ich fühle mich erschöpft und matt”⁹³). After Posa’s climactic death scene, however, Karlos’ fever symptoms disappear altogether he appears to have been restored to health. He ensures Elisabeth:

Fürchten sei keine Wallung mehr von mir. Es ist
Vorbei. Ein reiner Feuer hat mein Wesen
Geläutert. Meine Leidenschaft wohnt in den Gräbern
Der Toten. Keine sterbliche Begierde
Teilt diesen Busen mehr.

The sickness of lust seems to have left Karlos’ body, so much so that he is able to hold the former object of his passion, Elisabeth, in his arms without wavering. He proudly proclaims, “Bin ich nicht stark, Elisabeth? Ich halte in meine Armen Sie und wanke nicht.”⁹⁴

While Karlos’s illness seems to vanish after the death of Posa, the same cannot be said for the king, and in fact his symptoms appear to take a turn for the worst as chaos breaks out and the people of Madrid threaten rebellion. Philip faints and is carried away, where he falls into a deep sleep and awakes completely changed. Ferial describes the King’s condition after he faints as follows:

FERIAL: ...Er hat sich eingeschlossen. Was sich auch
Ereignen würde, keinen Menschen will
Er vor sich lassen. Die Verräterei

⁹²Ibid, (Act V, Scene III), 189.

⁹³Ibid, (Act V, Scene III), 189.

⁹⁴Ibid., (Act V, Final Scene), 220.

Des Marquis hat auf einmal seine ganze
Natur verändert. Wir erkennen ihn nicht mehr.⁹⁵

Philip's nature appears to have suddenly, as a result of his deep sleep, to have completely changed, so much so that his advisors no longer recognize him. He refuses to speak to anyone, and when he finally emerges from his cabinet at the beginning of Act V, Scene IX, he is described as if he is sleepwalking:

*Alle erschrecken über seinen Anblick, weichen zurück und lassen ihn ehrerbietig mitten durch. Er kommt in einem wachen Traume, wie eines Nachtwandlers.—Sein Anzug und seine Gestalt zeigen noch die Unordnung, worein ihn die gehabte Ohnmacht versetzt hat. Mit langsamen Schritten geht er an den anwesenden Granden vorbei, sieht jeden starr an, ohne einzigen wahrzunehmen. Endlich bleibt er gedankenvoll stehen, die Augen zur Erde gesenkt, bis seine Gemütsbewegung nach und nach laut wird.*⁹⁶

This complete change in Philip's demeanor corresponds almost exactly to a description of delirium from Schiller's fever dissertation. In this passage, Schiller describes the slow death of a patient suffering from this condition. He enters into a kind of lethargic coma, and when he comes to, he stares at those around him without fully recognizing them, similarly to the King as he emerges from his sleepwalking trance. Schiller writes that in a patient suffering from delirium:

...ideas no longer follow the order of association and the dictates of reason but the mechanical laws of the disease; this is what we call delirium...a coma that is sometimes wakeful, sometimes somnolent to the point of lethargy and the deepest sleep...The patient simulated sleep with open eyes, and if he was aroused he soon relapsed. When questioned, he at first replied very weakly and then made no reply at all but obeyed orders most precisely...sometimes he would stare fixedly at people around him as if he were giving them his undivided attention, but there was no doubt he was totally oblivious of them. ...the drowsy delirium gradually deepened into sleep, from which he was aroused but a few hours before his death...*such is the close connection between mind and body, and such is the tyrannical governor who resides*

⁹⁵Ibid, (Act 5, Scene 8), 204.

⁹⁶Ibid, (Act 5, Scene 9), 206.

*in the man that so arrogantly exercises self-control, ceaselessly dictating to him who is born of dust and returns to dust.*⁹⁷

In the highlighted passage above, Schiller describes the close connection that exists between the mind and the body, and notes how the man who arrogantly tries to exercise self-control over his sickness has a tyrannical governor that resides within him. Like King Philip, this arrogant dying man obeys meticulously the orders of those around him, simulates sleep with his eyes open and stares at people as if giving him them his full attention although his mind is elsewhere. Philip, the man who arrogantly tries to fight his nature, is suffering from delirium and is destined to die a slow and drawn-out death. The king continues to rule in a state of unhealthy delirium, the “crisis” moment does not occur and the sovereign remains ill at the end of the drama.

It is clear that there are significant similarities between the illness symptoms of the characters in *Don Karlos* and the symptoms associated with inflammatory fever that Schiller outlines in his medical writings. As my reading has shown, elements of Schiller’s medical theories resurface in *Don Karlos* and take the form of a political critique. Throughout the play, characters struggle to find emotional and communicative outlets, and this lack of release negatively impacts their health. Schiller repurposes his medical theories about the need for the healthy flow and release of bodily fluids to critique the secretive and stifling environment of sixteenth-century Spain, in which open communication is impossible and transparency between ruler and subject is nonexistent. If Schiller’s theories on inflammatory fever can be mapped onto *Don Karlos*, it is noteworthy that the play appears to be lacking a “crisis” moment. The lack of open communication and transparency in politics, as well as the

⁹⁷Dewhurst and Reeves, 244.

king's inability to value and honor the "Menschlichkeit" and "Freiheit" of his subjects, prevents the ailing state from overcoming its illness.

In the following section of this chapter, I will explore how the play's treatment of sympathy and friendship can perhaps better illuminate this inconsistency. While King Philipp never undergoes a healing crisis in the play, his interactions with Karlos and Posa contain brief moments of that illustrate his vulnerability to the ideals and emotions of others, and demonstrate that he perhaps does have the potential to change his despotic ways.

Contagious Friendships: Staging Infectious Relationships in Don Karlos

That the relationship between Karlos and Marquis Posa is emblematic of the eighteenth-century "Freundschaftskult" is not surprising; the discourse of friendship was so integral to the cultural landscape of this era that it is often considered to be one of the defining characteristics of the literature of this time period. But what makes the relationship between the fiery young Spanish prince Karlos and his more levelheaded friend Posa so fascinating and often puzzling to scholars and critics of *Don Karlos* is its conspicuous lack of consistency. It would be too simplistic to say that Karlos, who early on in drama exhibits an excess of passion, learns through the course of the play to overcome this intensity through the positive influence of his idealistic yet more reasonable friend Posa. The actions of Karlos, Posa, and even King Philipp, who also attempts to form a friendship with Posa, are often wildly unpredictable and marred by secrecy and intrigue, making it nearly impossible to trace predictable patterns in their behavior. The inconsistency of the character of Posa in particular has been noted by many scholars, and is a charge that was leveled at Schiller from the very beginning; he responded to a variety of critiques that his play lacked unity in a series of

letters penned a year after the drama was first performed (*Letters on Don Karlos*, 1788).⁹⁸

The question brought up repeatedly in these critiques, and one that is in fact problematized in the drama itself, is whether or not a true friendship can exist when one or both parties are invested in the relationship for political reasons. Questions of duty and political responsibility, as well as reverence, obedience, and loyalty to the sovereign no doubt complicate the bonds of friendship. The expectations that the political environment depicted in *Don Karlos* places on sovereigns and would-be sovereigns seems to suggest that rulers are in fact not even capable of having friends in the first place. The fact that the Marquis Posa originally became a “friend” and loyal servant to Karlos due to a childhood debt that he owed him is evidence of this fact. And it is certainly clear that Posa uses his relationship with both Karlos and Philipp for political gain; he would never have been able to so much as consider carrying out his revolutionary plans were it not for his close relationships with these two influential individuals and his ability as their trusted advisor to exert his influence on their behavior.

But whether or not the relationship between Posa and Karlos constitutes a “true” friendship, it is clear that Schiller’s drama is invested in problematizing human relationships and the ways in which individuals influence, educate, and even completely change each other (for better or for worse). What complicates the relationships in *Don Karlos* and also highlights the many inconsistencies in character behavior is the way in which the drama’s key figures have lingering residual effects upon one another. Often, as my reading in the following section will show, these effects are brought on simply by being in close proximity

⁹⁸See for example Emil Staiger, *Friedrich Schiller* (Zürich: Atlantis Verlag, 1967); Wolfgang Keyser, “Schiller als Dichter und Deuter der Grösse,” *Göttingen Universitätsreden* (Göttingen: Vandenhoeck & Ruprecht, 1960); and more recently by Fred Baumann, “Two Friendships: Schiller’s Don Karlos and Letters to Don Karlos,” *Love and Friendship: Rethinking Politics and Affection in Modern Times* (Oxford: Lexington, 2003).

or even by having physical contact with other characters. The relationships between Karlos and Posa, and later among Karlos, Posa, and King Philipp, can be said to operate contagiously; their ideals, beliefs, emotions, thoughts, and even their physical reactions and body language repeatedly “infect” each other throughout the play’s narrative.

In the following section of this chapter, I will show how Schiller’s historical drama (at least in the first few acts) takes care to insert its characters into seemingly rigid emotional and political categories. We are introduced to Karlos, who is unable to control his passions, is full of overwrought sentimentality, and is also incapable of putting his ideals into action due to his repeated struggle to tame his emotions. Somewhere above Karlos in this emotional/political hierarchy is Posa—he is calmer, more rational, highly idealistic, but he also has not quite mastered the skill of walking the fine line between friendship and politics that is necessary to realize his political ideals. King Philip represents everything that is wrong with the monarchy—he is a tyrannical despot engaged in a constant struggle to stamp out all traces of human sentiment from himself and everyone else he comes in contact with. At the beginning of the drama, each of these three characters fits nicely into one of three emotional categories: Karlos, who is unable to control his feelings, Posa, who perhaps controls them too well, and Philipp, who is determined to eliminate feeling altogether. My reading will pay particular attention to moments where these categories appear to break down or become fluid, moments of contagion where Karlos, Posa and Philipp find themselves infected by the thoughts, ideals, emotions, even the bodily gestures and the physical touch of other characters. A reading of these particular scenes through the metaphoric lens of contagion will illustrate how these supposed “inconsistencies” in character behavior have more subtlety and nuance than has been suggested in previous scholarship.

Further, the contagious nature of the relationships within the drama also suggests the eventual—although not always fully realized—possibility of healing; characters in the drama often seem to have an almost therapeutic effect on each other as a result of becoming “infected” by one another. Thus their behavior appears to follow a logic that is consistent not only with contagion, but also with immunology. It is in this respect, I argue, that the interactions between characters in *Don Karlos* also reflect Schiller’s considerations of the role of theater in society, many of which are also rife with contagious and immunological metaphor. The contagious relationships exhibited in the drama are thus not only an attempt to explore questions of friendship, politics, and human nature, but are also a reflection on the ideal function of art, and specifically the function of theater. Further, if *Don Karlos* can be said to function as a political critique that reflects Schiller’s medical writings, as was explored in the previous section of the chapter, then the play’s lack of a crisis moment can perhaps be better understood when we look at the play’s emphasis on the importance of sympathy and exchange in human relationships. The contagious relationship between the play’s central figures, Karlos, Posa, and Philip, though ultimately imperfect and never actually resulting in a “healthy” political system, does at times reflect the kind of slow process of positive growth necessary for attaining and maintaining good health that Schiller outlines in his third medical dissertation.

From the very first scene of the drama where Karlos and Posa come into contact with one another, the emotional and even physiological differences between these two characters are made plain; they are in many ways polar opposites. As mentioned in the introduction of this chapter, the beginning of the drama finds Karlos apparently exhibiting signs of a lovesick fever brought on by his lust for his stepmother, the Queen Elisabeth. Karlos’ hot,

feverish temperament contrasts sharply with the cool, calming presence of his friend Posa. Karlos describes Posa as “kalt” and notes his pale features (“blasse Miene”). Karlos mentions that this cold, reserved distantness was a trait Posa exhibited from childhood, when he originally refused to make friends with Karlos out of a sense of duty and reverence for the heir to the throne. When the two friends greet each other for the first time, they embrace, and Karlos proclaims:

Ist's wahr? Ist's wirklich? Bist du's?—O du bist's!
Ich drück an meine Seele dich, ich fühle
Die deinige allmächtig an mir schlagen.
O jetzt ist alles wieder gut. In dieser
Umarmung heilt mein krankes Herz. Ich liege
Am Halse meines Roderich. (Act I, Scene II, 129-134)

The physical embrace this passage describes appears to have a healing effect on Karlos, and the language of the passage is strongly physiological; Karlos can feel the pulse (“schlagen”) of his friend's soul beating up against his, and the physical touch of his friend is said to heal his “krankes Herz.” The embrace results in a physical exchange that has a therapeutic effect on Karlos. But the effect of the embrace on Posa is remarkably different. Posa doesn't comprehend his friend's sickness; even at the basic level of language he doesn't seem to understand the words that Karlos has uttered in the above passage. He attempts to repeat what he has just heard, but is reduced to stuttering:

Ihr krankes,
Ihr krankes Herz? Und was ist wieder gut?
Was ist's, das wieder gut zu werden brauchte?
Sie hören, was mich stutzen macht. (Act I, Scene II, 135-138)

Karlos' physical and mental state is so baffling and alien to Posa that it causes a linguistic breakdown when he tries to articulate it. The two friends are so different in their temperament and disposition that they are hardly speaking the same language. This particular

moment of contagion is not simply one of a physical exchange with a therapeutic effect on Karlos; but one in which contagion occurs on the level of speech, with a negative effect on Posa. Posa's stuttering repetition of "krankes Herz," his inability to articulate the words that his friend utters, points to a language boundary between the two speaking individuals. Karlos and Posa are so diametrically opposed to one another that their communication is marred by interference. The differing effect that this friendly embrace has on Karlos and Posa shows that contagion operates not just on a physical level in the drama, but also linguistically; there is a kind of communicative contagion between the two characters that disrupts their interactions.

In this scene Karlos explains his fear that his father, King Philipp, will discover his love for Elisabeth. He describes how he and his father could not be more dissimilar "Zwei unverträglichere Gegenteile/ Fand die Natur in Ihrem Umkreis nicht" (Act I Scene II, 333-334), and indeed, when we meet the King in the sixth scene of the first act, Karlos' description of his father as a cruel, unfeeling despot and unloving father appears to be accurate. Where the figure of Karlos seems to stand for an excess of passion and feeling, his father clearly represents the opposite; he is a cold despot who is determined to eradicate all traces of sentiment from his court. Philipp fears his son's fiery temperament, telling the members of his court:

Der Knabe/ Don Karl fängt an mir fürchterlich zu werden...
Sein Blut ist heiß, warum sein Blick so kalt?
So abgemessen festlich sein Betragen?
Seid wachsam. Ich empfehl es Euch. (Act I, Scene VI, 872-878)

It is worth noting here how subtly different Philipp's description of Karlos is from the actual picture of Karlos that we were presented with in previous scenes. The King remarks that his son's blood is hot, but he also notices a peculiar coldness in his demeanor. His looks

are cold, and his behavior seems calculated and measured. Such a characterization seems more in line with previous descriptions of Posa than it does with the impulsive, emotive Karlos we encountered in earlier scenes. This passage shows how the King rightfully fears and even strangely predicts the contagious effect that Posa will have on his son.

Karlos' behavior does indeed become more measured and his passions more tamed as a result of Posa's influence. This is apparent in the next scene containing dialogue between Posa and Karlos. Posa has just arranged a meeting between Karlos and Elisabeth because he believes that Karlos should tell the Queen about his true feelings towards her ("Jetzt sollen Sie sich öffnen, Prinz. In Worten Erleichtert sich der schwer beladene Busen" [Act I Scene II, 321-322]). The scene between Karlos and Posa immediately after this meeting takes place shows that Karlos appears to already be recovering from his lovesickness. In the meeting with Elisabeth, Karlos has agreed to put his love for Elisabeth aside and instead dedicate his energy to ending the war in Flanders; he has decided to ask his father for the responsibility of going there in order to oversee the conflict personally. The meeting between Karlos and Elisabeth was Posa's idea, and Posa also strongly supports Karlos in his attempts to direct his attentions towards bringing freedom to Flanders rather than merely languishing away in misery due to his unrequited love for his stepmother. Karlos, his attitude almost completely changed from the scene in which we first encountered him, hopes that a face-to-face meeting with his father will bring about reconciliation:

Und—soll ich dir's gestehen, Roderich?
Ich hoffe mehr—Vielleicht gelingt es mir,
Von Angesicht zu Angesicht mit ihm,
In seiner Gunst mich wiederherzustellen.
Er hat noch nie die Stimme der Natur
Gehört—Lass mich versuchen, Roderich,
Was sie auf meinen Lippen wird vermögen. (Act I Scene VII, 912-918)

Karlos appears to not only have been positively infected by Posa's insistence that speaking openly will unburden him and heal his ailing relationship with his father, but he is also eager, in turn, to attempt to infect his father with the same "Stimme der Natur" that he has so recently discovered in himself. The Marquis Posa recognizes this desire as a sign that Karlos has been restored to health, remarking, "Jetzt endlich hör ich meinen Karlos wieder!/
Jetzt sind sie wieder ganz Sie selbst" (Act I Scene VII, 919-920).

Unfortunately for Karlos, when he is finally granted an audience with his father, Philipp flatly denies him his request to go to Flanders. Throughout Karlos' impassioned plea to his father to entrust him with this task the King appears almost completely unmoved, except for one particular moment when Karlos remarks that his biggest fear is to be completely alone and friendless when he one day inherits the throne. Karlos tells Philipp: "Mir graut/ Vor dem Gedanken, einsam und allein,/ Auf einem *Thron* allein zu sein" (Act II Scene II 1109-1110). The stage directions at this point call for a pause, during which Philipp is suddenly gripped by a silent moment of inward reflection ("PHILIPP: *von diesen Worten ergriffen, steht nachdenkend und in sich gekehrt*"). After the pause, Philipp simply responds in acknowledgement: "Ich *bin* allein." This is the one line in the dialogue between Karlos and Philipp where the King appears to momentarily waver in his convictions. The word "allein" has an infective power over Philipp, who must readily admit to himself that he is, in fact, alone. This brief moment of contagion, in which Philipp is physically and mentally gripped by the word "allein," originally spoken to him by Karlos, is the first inclination that Philip might not truly be as unfeeling and tyrannical as his behavior in previous scenes would suggest; he is perhaps not as immune to feeling as we are first led to believe. After Philip's abrupt pause and his admission that he is "allein," Karlos comes closer to his father and

delivers the following impassioned speech, urging his father to open himself up, to allow himself to be infected by the emotions of others:

KARLOS: (*mit Lebhaftigkeit und Wärme auf ihn zugehend*).
Sie sind's gewesen. Hassen Sie mich nicht mehr,
Ich will sie kindlich, will sie feurig lieben,
Nur hassen Sie mich nicht mehr.—Wie entzückend
Und süß ist es, in einer schönen Seele
Verherrlicht uns zu fühlen, es zu wissen
Dass unsre Freude fremde Wangen rötet,
Dass unsre Angst in fremden Busen zittert,
Dass unsre Leiden fremde Augen wässern!⁹⁹

This plea not only urges the king to allow himself to feel emotion, but also to permit himself to be moved mentally and physically by the emotions of others. By emphasizing both the contagious and physical nature of emotion, as well as the necessity of allowing oneself to sympathize with others, the above passage illustrates the intertwined nature of Schiller's dramatic and medical theories. The language used in Karlos' plea brings to mind not only Schiller's writings on the importance of the free flowing of bodily fluids to good health (here the release of tears), but also Schiller's theoretical writings on the role of theater in moral and aesthetic education in which the audience member physically feels the pain, joy, and passion of the actors on stage. Schiller writes, for example in "Die Schaubühne als moralische Anstalt betrachtet" that during a dramatic performance, "Der Unglückliche weint hier mit fremdem Kummer seinen eigenen aus."¹⁰⁰ Karlos' speech to his father suggests that like an audience member watching a play, Philipp should open himself up to the infectious power of

⁹⁹Ibid., 2. Akt, 2. Auftritt, 1111-1119, 45-46.

¹⁰⁰Friedrich Schiller, "Was kann eine gut stehende Schaubühne wirken?", *Friedrich Schiller: Sämtliche Werke*, ed. Peter-André Alt (München: Deutscher Taschenbuch Verlag, 2004), 200.

emotions and sympathy; this could not only serve as a healthy release but would also be a source of pleasure (“entzückend”).

The idea that the monarch necessarily has to exclude himself from the bonds of friendship is one that reappears frequently throughout the drama. Posa, for example, expresses his concern that when Karlos eventually does become the King of Spain Posa will be cast aside, because the monarch must remain above and separate from his subjects. Posa tells Karlos, “...Die Freundschaft/ Ist wahr und kühn--die kranke Majestät / Hält ihren fürchterlichen Strahl nicht aus.”¹⁰¹ This fear that Posa expresses to Karlos is notable for another reason, as well. Friendship is described as a healing force, similar to a ray or a beam (“Strahl”) that the sick ruler “kranke Majestät” cannot withstand. Posa’s comment suggests that the current ailing state of the monarchy, in which the king must remove himself from the realm of empathy and feeling, could perhaps be dismantled by the power of friendship. It is not just that rulers cannot have friends; it is that the current tyrannical methods that modern-day rulers use to maintain their power could perhaps be undermined or remedied by the positive power of friendship. The use of the word “Strahl,” which calls to mind an outward flow or stream, further highlights the fact that the ailing state could be healed by removing blockages, by allowing open communication and interaction, and even friendship, between ruler and subject. Like the purging and bleeding techniques that Schiller advocates for in the healing of inflammatory illnesses in his fever dissertation, sickness, and in this case the sick monarch, can be healed by opening himself up to flows—by allowing himself to enter into and become influenced by the humane bonds of friendship.

¹⁰¹Act 1, Scene 9, 966-967, pg. 39.

The word “Strahl” is also used by Schiller in his dramaturgical essays to refer to the contagious effect that the stage has on audience members. Schiller writes, for example, in the *Die Schaubühne als moralische Anstalt betrachtet*, that “Die Schaubühne ist der gemeinschaftliche Kanal, in welchen von dem denkenden bessern Teile des Volks das Licht der Weisheit herunterströmt, und von da aus in milderen Strahlen durch den ganzen Staat sich verbreitet.” (197) Like friendship, the stage also has a contagious, flowing effect that can spread its wisdom and ideals throughout the population. Here we can see how Schiller’s metaphoric language of inoculation and contagion equates theater and friendship. Both the stage and the friend are healing channels through which emotions, ideals, and wisdom must be allowed to flow freely for the betterment of society.

If the scene between Karlos and Philipp reveals several key moments where the king appears to waver in his determination to place himself outside the human realm of emotions, his vulnerability becomes even more apparent in his later meeting with the Marquis Posa. Posa meets with the King in hopes that he might convince him to reconsider his feelings about Prince Karlos. But Philip is so affected by the persuasive and self-assured Posa that the meeting results in the king placing Posa in his service as an advisor. During this meeting, Posa encourages Philip to become a more kind-hearted, enlightened ruler who respects and honors freedom and humanity. Though his attempt is ultimately unsuccessful, Posa does succeed in making Philip further realize that what he truly lacks above all else is friendship. While Philip for the most part maintains his composure throughout his meeting with Posa, there are several moments in the dialogue in which the king’s hard shell appears to momentarily break down, and his vulnerability to Posa’s words is made clear. Often these

moments of rupture are accompanied by Philip exhibiting bodily responses or linguistic difficulty in response to Posa's dialogue.

In the scenes before this meeting in which we encounter Philip, he is for the most part portrayed as a stubborn, unyielding ruler, and even in the first few lines of his dialogue with Posa during this scene, this aspect of his character is made clear. But Philipp immediately notices that there is something about Posa that makes him different from others who have sought an audience with him. After his first interaction with Posa, he remarks aloud to himself that the Marquis appears to be remarkably brave and self-assured ("Viel selbstgefühl und kühner Mut, bei Gott!")¹⁰² At first the king is hesitant to be moved by Posa, who encourages him to place more value on the worth of humanity. Posa tells Philipp: "Ich höre, Sire, wie klein, wie niedrig Sie von Menschenwürde denken."¹⁰³ He goes on to explain that this isn't necessarily Philipp's fault—his subjects naturally distance themselves from him because they fear his inner strength, and this distance between ruler and subject was something he inherited from his royal forefathers: "So überkamen Sie die Welt. So ward/ Sie Ihrem großen Vater überliefert." Posa then asks the king, "Wie könnten Sie in dieser traurigen Verstümmelung—Menschen ehren?"¹⁰⁴ This question invokes a surprising response in Philipp, who responds simply: "Etwas wahres/ Find ich in diesen Worten."¹⁰⁵

As the Marquis Posa continues speaking to Philipp, what begins as a conversation between two people evolves into something more akin to a monologue, with Philipp

¹⁰²Act 3, scene 10, pg. 118.

¹⁰³Act 3, scene 10, pg. 118.

¹⁰⁴Act 3, Scene 10, pg. 122.

¹⁰⁵Act 3, Scene 10, pg. 122.

watching and listening to Posa and only briefly and sporadically responding to his words. Sometimes Philipp's responses are not even directed at Posa, but are rather spoken quietly to himself. At one point during Posa's monologue, he asks the king how he could possibly rule without knowing what it is like to live in harmony with his fellow human beings: "Sie brauchen Mitgefühl—...Da sie den Menschen/ Zu Ihrem Saitenspiel herunterstürzten, Wer teilt mit Ihnen Harmonie?"¹⁰⁶ King Philipp again responds with only a brief remark, spoken quietly to himself and thus reflecting his private thoughts as he listens to Posa: "(Bei Gott, er greift in meine Seele!)"¹⁰⁷ The King appears to be riveted like an audience member watching a dramatic monologue, to the extent that when his bodyguard Graf Lerma briefly enters the room and whispers something in the king's ear, he waves him away and eagerly demands that Posa continue with his performance ("*Dieser gibt ihm einen Wink, sich zu entfernen und bleibt in seiner vorigen Stellung sitzen.* ") The king then impatiently demands, "Redet aus!...Vollendet! Ihr hattet mir noch mehr zu sagen!"¹⁰⁸ He continues to listen to Posa, who launches into the rest of his monologue, during which he moves closer to the king and gazes at him intensely ("*Er nähert sich ihm kühn, und indem er feste und feurige Blicke auf ihn richtet* "). He continues: "O könnte die Beredsamkeit von allen/ Den Tausenden, die dieser großen Stunde/ Teilhaftig sind, auf meinen Lippen schweben, / Den Strahl, den ich in diesen Augen merke, / Zur Flamme zu erheben!"¹⁰⁹ At the end of this speech, Posa falls at the king's feet and urges him to create a new world order that contains freedom of thought: "Gehn Sie

¹⁰⁶Act 3, Scene 10, pg. 123.

¹⁰⁷Act 3, Scene 10, pg. 123.

¹⁰⁸Act 3, Scene 10, pg. 123.

¹⁰⁹Act 3, Scene 10, pg. 126.

Europens Königen voran,” he says, “Ein Federzug von dieser Hand, und neu/ Erschaffen wird die Erde. Geben Sie Gedankenfreiheit.- (*sich ihm zu Füßen werfend*). At first, the king’s reaction to this bodily gesture is one of disgust and surprise, and he turns his face away from Posa (*das Gesicht weggewandt*). “Sonderbarer Schwärmer!” he declares as he looks at Posa lying at his feet. But then Philipp appears to have a momentary change of heart, stuttering, “Doch—stehet auf—ich.”¹¹⁰ This is not the only time during his encounter with Posa that Philipp experiences a linguistic breakdown when he is particularly moved by the actions and words of Philipp. There are other moments during this scene where the King appears to become disoriented and is unsure of what exactly he wants from Posa. At one point he thinks he has made the decision to take Posa into his service, proclaiming, “Ihr seid von heute an/ In meinen Diensten—Keine Einwendung!/ Ich will es haben.” But after a brief pause he speaks, apparently again to himself, asking, “Aber wie? Was wollte ich den? War es nicht die Wahrheit, was ich wollte?”¹¹¹ Here again we see a momentary lapse in Philipp’s resolve, and his confusion actually represents a brief flash of insight into the true purpose of his meeting with Posa—he wanted to obtain the truth about his son’s relationship with his wife Queen Elisabeth, but what he actually gains from Posa’s monologue is a deeper message of truth about the harsh reality of his position as King of Spain. Posa reminds him that as a tyrannical ruler he is alone and the world and cannot ever enjoy the bonds of friendship that will teach him to value and respect humanity.

As shown above, this scene contains moments where Posa’s message of “Freiheit” and “Menschlichkeit” seems to infect Philipp and cause his physical and mental states to

¹¹⁰Act 3 Scene 10, pg. 126.

¹¹¹Act 3, Scene 10, pg. 129.

briefly change; through his monologue Posa is able to periodically break through Philipp's hard external shell to remind him of his need for sympathy and friendship. But what is perhaps most significant about this passage is its theatrical staging—it places Posa and Philipp in the role of audience and performer, respectively. Philipp is portrayed as an attentive audience member who is watching an intense performed monologue. His brief commentary and responses that reflect his private thoughts as he listens to and is periodically moved by Posa's convincing message dramatically illustrate the thought process of an audience member watching an actor on stage. This scene as a kind of dramatic performance in which the audience member Philip becomes infected by the contagious ideas presented to him in Posa's monologue. This reading becomes more plausible when one considers that Schiller believed that the artistic medium of drama could have a particularly profound effect on monarchs; he writes that through watching plays rulers are given a healthy dose of truth and humanity that they are so rarely exposed to otherwise. In *Die Schaubühne als moralische Anstalt betrachtet*, Schiller writes, “Hier nun hören die Großen der Welt, was sie nie oder selten hören—Wahrheit; was sie nie oder selten sehen, sehen sie hier [auf der Bühne]—den Menschen.”¹¹² Here again we are reminded that the most important thing that rulers gain from watching dramatic performances is a healthy dose of “Wahrheit,” or truth that they are rarely exposed to otherwise due to the fact that they are often excluded from the bonds of friendship. It is no coincidence that in moments when Philipp's demeanor appears to change at key points in Posa's monologue, his spoken reflections to himself often contain repetitions of the word “Wahrheit.” He says to himself, for example, “Etwas wahres / finde ich in diesen Worten,” and “War es nicht die Wahrheit/ was ich wollte?” in response to Posa's address.

¹¹²Friedrich Schiller, *Die Schaubühne als eine moralische Anstalt betrachtet*, 193.

Although *Don Karlos* does not end with all of its key figures successfully transformed into fully Enlightened individuals, my reading of the text points to moments within the drama where the three main characters Karlos, Philipp, and Posa “infect” one another with their ideas, thoughts, and emotions, in some cases revealing their potential for education, growth, and improvement in moral character. Posa, for example, exerts a calming influence on Karlos and is able to convince him to put his love for his stepmother aside and direct his passions toward freeing the people of Flanders. Karlos’ physical symptoms of fever are alleviated by the calm, cool presence of his friend Posa. Although his first meeting with King Philipp does not produce the reconciliation between father and son that Karlos wishes for, their interaction also contains junctures where the infectious ideas of friendship and sympathy appear to momentarily resonate with the king as he comes to the painful realization that he is alone in the world. And similarly, in the scene explored above between Philipp and Posa, these infectious moments often create brief flashes of confusion and linguistic breakdown, during which the king questions what he knows and admits that Posa’s ideas appear to contain a great deal of truth. These moments illustrate how each of the drama’s three main characters are vulnerable to the thoughts, ideas, and emotions of others, suggesting that human interaction and the sympathetic bonds of friendship are instrumental to the overall health of both the individual and society as a whole. It is also important to note that many of the key scenes explored above also contain theatrical elements (for example, Posa’s address to King Philip can be read as a performed monologue), and that the contagion described in these scenes is often remarkably similar to the language found in Schiller’s dramaturgical essays. The performed, dramatic nature of these moments of contagion within the play illustrate on the level of text how the medium of drama is an ideal art form for

enacting cultural and political change because it is imbued with an infective power to spread enlightened ideas in the population and improve the overall moral character of society. In this sense, Schiller's drama takes the negative implications of medical infection (either with respect to inoculation, which has a positive end result but still involves the insertion of harmful material into the patient, or in the sense of contracting a contagious illness, which occurs unintentionally and leads to sickness and even death), and employs it metaphorically in a positive way to suggest the infectious power of ideas through the medium of theater.

Conclusion

In *Über den Zusammenhang der thierischen Natur des Menschen mit seiner geistigen*, Schiller uses a metaphor of string instruments to describe the sympathy that exists between body and soul. He writes:

Man kann in diesen verschiedenen Rücksichten Seele und Körper nicht gar unrecht zweien gleichgestimmten Saiteninstrumenten vergleichen, die neben einander gestellt sind. Wenn man eine Saite auf dem einen rühret, und einen gewissen Ton angibt, so wird auf dem andern eben diese Saite freiwillig angeschlagen, und eben diesen Ton nur etwas schwächer angeben. So weckt, Vergleichungsweise zu reden, die fröhliche Saite des Körpers die fröhliche in der Seele, so der traurige Ton des ersten den traurigen in der zweiten. Dies ist die wunderbare und merkwürdige Sympathie, die die heterogenen Prinzipien des Menschen gleichsam zu *Einem* Wesen macht, der Mensch ist nicht Seele und Körper, der Mensch ist die innigste Vermischung dieser beiden Substanzen.¹¹³

When a string on one is plucked it produces a certain note, and the equivalent string on the other instrument will sound of its own accord and reproduce the same note, only somewhat weaker. Thus, in keeping with this metaphor, the joyful string in the body encourages the same joyful string in the soul to sound its note, just as the sad note in the body

¹¹³Friedrich Schiller, *Versuch über den Zusammenhang der thierischen Natur des Menschen mit seiner geistigen*, 149.

wakes the sad note in the soul. The relationship between body and soul, much like the relationship between individuals in society, is infectious, and the sympathy that arises from that infection is what binds the disparate elements of a society together and creates harmony. I would like to conclude this chapter with this quote because I believe it exemplifies the metaphoric language of contagion that unites Schiller's medical, theoretical, and dramatic texts. In this chapter I have explored how Schiller uses his medical theories on inflammatory fever dramatically in *Don Karlos* to shape a critique of the ailing political system. I have also explored how *Don Karlos* can be read as a dramatic representation of Schiller's theoretical writings on the role of theater in society, in which he emphasizes the contagious power of the stage and the unique ability this medium has to spread ideas, thoughts and emotions and improve the moral character of the population. Above all, I have attempted to show how Schiller's project of aesthetic education, and his insistence of the key role that the medium of drama plays in this process of education, relies on metaphors of contagion and infection to describe the importance of the sympathetic bonds of friendship to the improvement of the overall health of society. In stark contrast to Kleist's fragment *Robert Guiskard*, which is concerned with the communicative limits of the medium of theater, or to Kotzebue's entertaining and sentimental melodrama *La Peyrouse*, which I will explore in the next chapter, Schiller's depiction of contagious friendship in *Don Karlos* illustrates what communicability can and should accomplish with the help of the dramatic medium of theater, and suggests a general sense of optimism about its potential to change humanity for the better. Through its dramatic representation of the contagious power of human relationships, Schiller's *Don Karlos* thoroughly exemplifies the intertwined nature of theatrical and medical discourse in the late eighteenth and early nineteenth centuries.

Chapter 3: The Infectious Spectacle: Kotzebue, Hufeland, and the Excessive Emotion of the Sentimental Rührstück

Since the late eighteenth century, scholarly and critical reviews of the works of the prolific playwright August von Kotzebue have been almost universally scathing in their appraisals of his countless popular and sentimental plays, which appeared on hundreds of stages throughout Europe during this time period. In 1800, for example, A.W. Schlegel had such disdain for Kotzebue's works as to relentlessly mock them in a farcical parody called *Ehrenpforte und Triumphbogen für den Theater-Präsidenten von Kotzebue*. One particular piece from this work, titled "Festgesang deutscher Schauspielerinnen bei Kotzebues Rückkehr" (*The Festive Song of German Actresses at Kotzebue's Return*) highlights the dramatist's unapologetic use of sentimentality and excessive emotion, particularly in his portrayal of female characters. Here is the third stanza of the song:

Du bist unserer Herzen Mann,
Der uns recht errathen kann,
Reden, Thränen kannst du schreiben,
Wie wir sie zu Hause treiben,
Das wir bei der Lampen Schein,
Glauben, ganz wir selbst zu sein,
Das kann niemand sonst wie du,
Kotzebue! Kotzebue!
Bubu — bubu — bubu — bu!¹¹⁴

Schlegel was by no means alone in his assessment of Kotzebue's work. Critics relentlessly skewered his plays, decrying them as immoral, lewd, overly sentimental, and

¹¹⁴August Wilhelm Schlegel, *Ehrenpforte und Triumphbogen für den Theaterpräsidenten von Kotzebue bei seiner gehofften Rückkehr in's Vaterland, mit Musik, gedruckt zu Anfange des neuen Jahrhunderts* (Berlin: Viewig, 1801), 257.

structurally flawed. To this day his large body of work (he wrote around 230 plays) is situated firmly in the category of lowbrow or trivial literature. Many would even go so far as to say that his plays have no artistic merit whatsoever,¹¹⁵ and should merely be regarded for their historical value as popular entertainment pieces.

But although Kotzebue's works were not critical successes, to dismiss them outright is to ignore the vital role they played in the emergence of the popularity and influence of melodrama in the nineteenth century. This influence continued into the twentieth century with the development of television, and is perhaps one of the reasons that modern audiences in particular find Kotzebue's work so thoroughly conventional.¹¹⁶ But to disregard literature merely because it is popular is to ignore the valuable insights that such works can give to the cultural mindset of an era. As Lothar Fietz points out in his essay on the origins of English melodrama, increasing scholarly interest in popular literature has "opened to view the substratum that more refined literature sought to transcend precisely because of its discomfort with this basic mindset. Without a picture of this bedrock of popular literature—which a more inquiring literature reacted to and went beyond—any description of the epoch will remain incomplete. This is precisely why the growing critical interest in the melodrama can pave the way to a substantially more accurate understanding of the nineteenth century."¹¹⁷

¹¹⁵Karl Goedecke writes in his anthology that, "From an artistic point of view, Kotzebue's theatrical works are worthless, one and all." Karl Goedecke, *Grundriss der deutschen Dichtung aus den Quellen*, 2nd Edition, vol. 5 (Dresden, 1983), 270-288. Qtd. in Oscar Mandel, *August von Kotzebue: The Comedy, The Man* (University Park: The Pennsylvania State University Press, 1990), 3.

¹¹⁶An article from 1985 in *Die Zeit* by Benedikt Erenz titled "Dallas 1788" describes how Kotzebue's sentimental plays are the ancestors of popular television melodramas. Erenz, 1985, pp. 49-50.

¹¹⁷Lothar Fietz, "On the Origins of the English Melodrama in the Tradition of Bourgeois Tragedy and Sentimental Drama: Lillo, Schröder, Kotzebue, Sheridan, Thompson, Jerrold" in Michael Hays and Anastasia Nikolopoulou, *Melodrama: The Cultural Emergence of a Genre* (New York: St. Martin's Press, 1996), 83.

Furthermore, any scholarly attempt to provide a comprehensive picture of drama around 1800 would be unquestionably incomplete without Kotzebue, if for no other reason than his immense popularity during this time period. Out of 4,809 performances given during Goethe's twenty-six years at the helm of the theater in Weimar, 667 were of 87 plays by Kotzebue, by far the highest number for any author.¹¹⁸ Schiller, by contrast, was only performed 287 times. Kotzebue's plays were also widely enjoyed outside of Europe, and his plays were translated into over 13 languages.¹¹⁹

As this chapter will highlight, to ignore Kotzebue's immense contribution to the theater at the beginning of the nineteenth century is to overlook not only his ability to invoke strong emotional responses in his audience members, but also his notable talent for comedy. Even the most intensely melodramatic of Kotzebue's plays contains hilarious scenes of comic relief. As some critics have argued, Kotzebue's ample use of excessive sentimentality often overshadows these bright moments of exceptional parody and farce,¹²⁰ which prevents his comedic talents from being fully appreciated. Kotzebue also had a knack for self-parody, as evidenced for example by his 1808 play *Der Graf von Gleichen*, in which he ridicules his earlier sentimental dramas. Never one to take himself too seriously, Kotzebue was often the first to acknowledge that his plays were considered to be second-rate. In the preface to his 1798 play *Der Graf von Burgund*, for example, he writes: "Ich weiß, selbst besser als irgend ein Rezensent, daß ich keine Meisterstücke schreibe, und daß mir, als Schauspieldichter nur

¹¹⁸Oscar Mandel, *August von Kotzebue: The Comedy, the Man*, (University Park: Pennsylvania State University Press, 1990), 50.

¹¹⁹Doris Maurer, *August von Kotzebue: Ursachen Seines Erfolges: Konstante Elemente der unterhaltenden Dramatik*, Vol. Bd. 34, (Bonn: Bouvier, 1979), 228.

¹²⁰See Mandel.

ein untergeordneter Rang gebührt. Die Wirkung meiner Stücke ist hauptsächlich für die Bühne berechnet; diesen Zweck erreichen Sie, und aus diesem Gesichtspunkte sollte man sie beurtheilen.“¹²¹

Despite their shortcomings, Kotzebue's plays were quite effective on the stage, and he is regarded as a key figure in the rise in popularity of the melodramatic mode in the nineteenth century. As overemotional as his works may be, describing his work as mere sentimental melodrama does not do justice to the subtle comedic and socially critical elements that pervade even the weepiest works in his oeuvre. Even Goethe would admit that although Kotzebue's works were flawed, they contained a spark of mischievousness that was highly effective in arousing feeling in his audiences. Goethe wrote of Kotzebue: "Zur Hälfte ist er ein Schelm, zur andern Hälfte aber, besonders da, wo es die Philosophie oder die Kunst betrifft, ist er ehrlich genug, kann aber nichts dafür, dass er sich und andern, wo davon die Rede ist, jedes Mal, und zwar mit dem erheblichsten Anstande irgendetwas weismacht."¹²²

In the following chapter I will examine the function of illness and contagion as a dramatic technique to illicit affective response in one of Kotzebue's sentimental plays, *La Peyrouse* (1797). Due to the fact that Kotzebue was such a prolific writer, selecting just one of his plays for analysis is no easy task. I have chosen to focus on this particular play, not only because comparatively little has been said about it compared to some of the other works in his oeuvre (such as *Menschenhass und Reue*, perhaps his most famous work), but also because it exemplifies quite clearly the role that contagion plays in the narrative strategies that Kotzebue's *Rührstücke* routinely employ. It is also a play that both portrays and deals

¹²¹August von Kotzebue, *Der Graf von Burgund: Ein Schauspiel in fünf Akten* (Leipzig: Paul Gotthelf Kummer, 1798), X.

¹²²Karl Schön, *Goethe und August von Kotzebue*, (BookRix GmbH & Co., 2013).

explicitly with themes of illness and quarantine, making it an ideal drama to read against the period's medical discourse on infectious disease, which will also be explored in this chapter. This play tells the story of the mysterious fate of the French explorer Lapérouse, whose expedition vanished off the coast of Australia in 1789. In Kotzebue's play, it is revealed that La Peyrouse actually survived the shipwreck and has been living on a desert island with his new wife, a native named Malvina, and the couple's eight-year-old son. He has taught Malvina to speak French and converted her to Christianity, and the two have been living as husband and wife alone on the island for the past eight years. However, this picture of secluded marital bliss is turned upside-down with the arrival of La Peyrouse's first wife Adelaide and his other young son, who have been searching the globe for him and have happened to stumble upon the very island where he has been living with Malvina. When Adelaide realizes that her husband has fallen in love with Malvina and even has a child with her, she immediately falls ill. La Peyrouse stubbornly refuses to choose between the two women, both of whom he still ardently loves, and all three main characters contemplate suicide as a means to resolve the unfortunate love triangle. At the end of the play, Adelaide's brother Clairville informs the trio that the Revolution has broken out in their native France, and that returning to their home country is not advisable. In a bizarre and morally ambiguous ending, La Peyrouse, Adelaide, and Malvina forgive each other their transgressions, and in a typically over-the-top, emotional final scene, make the decision to stay on the island with their two young sons and "live together as brother and sisters" rather than as husband and wives. As I will show later in this chapter, the fact that one of the play's main characters contracts an infectious illness is significant because it serves to highlight the dramatic strategy of the melodrama itself. Adelaide's physical symptoms of illness, made worse and

more communicable by heightened emotional states, serve to emphasize the contagious nature of affect between characters within the drama as well as the emotional exchange that occurs between actor and spectator. Adelaide's sickness reveals Kotzebue's drama to be a work that is highly self-aware of the contagious emotional interplay that occurs between the audience and actor in the medium of theater.

This chapter will be divided into three parts. The first section will historically and literarily contextualize the play as a classic example of the particularly German genre of the sentimental *Rührstück*, the second chapter will delve into the medical discourse on emotional excess that Kotzebue was engaging with at the time he wrote *La Peyrouse*, and the third section will contain a close reading of the drama itself that draws from the medical discourse discussed in the previous section. Dividing up the chapter in this way will allow me to examine *La Peyrouse* on its own terms as a classic example of German sentimental melodrama, as well as in relation to medical discourse around 1800 that addressed the effects of emotional excess on health.

The first section of this chapter will attempt to situate Kotzebue's work within the specifically German genre of sentimental drama known as the *Rührstück*. In this section I will contextualize the *Rührstück* within the context of theater in the late eighteenth and early nineteenth century, and highlight some of its key characteristics. This section of the chapter will lay the groundwork for my later close reading, in which I demonstrate how contagion is a dramaturgical strategy repeatedly employed by the sentimental drama to invoke a desired emotional effect, and that this emotional contagion and the use of excessive sentimentality also engage in a self-reflexive reliance on the inherently contagious medium of theater to achieve its goals.

The second section of this chapter will explore how the contagious strategies employed by the *Rührstück* enter into dialogue with medical discourse in the period of 1800. Through an exploration of the renowned physician (and close personal friend of Kotzebue) Christoph Wilhem Hufeland's work *Die Kunst das menschliche Leben zu verlängern* (1797), I will show how the techniques used by the *Rührstück* to stir the emotions of audience members contradict a broader conversation during this period in the field of medicine about both the threat of infectious disease and the health dangers associated with excessive sentimentality. Much of Hufeland's medical advice appears to warn against theaters and actors specifically as threats to public health, and also repeatedly emphasizes the dangers of extended states of emotional excess. Kotzebue was extensively familiar with Hufeland's work and also wrote various reviews of medical writings and periodicals that respond to the widely regarded medical theories of the day. Although Kotzebue held Hufeland in high esteem and found his theories to be credible, his response to many other physicians' warnings about the threat of excess and infectious disease is remarkably tongue-in-cheek. Reading Kotzebue's dramas with this important medical context in mind will shed new light on the author's own disregard for these warnings against excessive sentimentality in the writing of his own plays.

The third section of this chapter explores the significance of contagion to Kotzebue's drama, both as a plot device and as a formal technique to instill a desired emotional response in the theatrical spectator. Through my reading of the text in this section I will show how Kotzebue's play exploits the contagious relationship that exists between actor and spectator to produce desired emotional effects. This performative contagion for the purposes of procuring an intended emotional response in the spectator occurs on one level

between figures within the drama. The drama's three main characters often "perform" emotions or narrate sentimental, highly fictional anecdotes in an attempt to instill similar feelings in other characters. This contagion also occurs on the level of theater. By watching characters engage in this transference of emotions through the narration of melodramatic, occasionally fictional situations intended to provoke a particular emotive response in the listener, the audience member also becomes implicated in this process of contagious simulation and stimulation of emotions. While Kotzebue's works were critically disdained, there can be no doubt as to their effectiveness in provoking strong emotional responses in audiences. This contagion as a dramaturgical technique that I examine in this chapter is at work in nearly all of Kotzebue's sentimental plays, but in *La Peyrouse* it takes on an interesting dimension because its use of a staged depiction of an infectious physical illness represents a self-reflection on the part of the author on the contagious nature of emotion. This section of the chapter will explore how this performative contagion, both at the level of text and at the level of theater, was an integral part of Kotzebue's success as a prolific procurer of emotions in theaters throughout Europe around 1800.

In terms of the larger trajectory of this project exploring representations of illness and contagion on the German stage during this time period, Kotzebue's work and his engagement with the period's medical discourse on the health risks associated with excess represent a more playful response to the writings of some of the most respected physicians of his day. Unlike Schiller, for example, who studied medicine, seriously believed in the validity of what he had learned, and incorporated many of his own medical theories into his dramas, Kotzebue's popular melodramas are designed to entertain—and because of this they have a much more ambivalent relationship to science and medicine and are far more willing to

criticize, ridicule, and reject their theories than to wholeheartedly embrace them. For this reason, of all the works discussed in this dissertation, Kotzebue's work perhaps best represents or reflects the way medicine was perceived and understood in the popular mindset and in broader cultural and public discourse around 1800.

*The Stirring of Emotions: The Emergence and Popularization of the German
Rührstück*

In order to understand how contagion operates in Kotzebue's *La Peyrouse*, it is first necessary to situate the author's body of work within the broader context of German theater around 1800, and specifically to elaborate on the significance of the particularly German genre of the *Rührstück*, under which the vast majority of Kotzebue's plays are classified. As a genre that employs a heightened level of sentimentality and excess to provoke the "stirring" (*rühren*) of emotions in its spectators, it is a style of theatrical presentation that, as I will later show in my close reading of Kotzebue's *La Peyrouse*, fundamentally relies on the contagion of affect, both on a textual and performative level, to achieve its goals.

Regarded by many as the first manifestation of what would later become the familiar "melodramatic mode" of storytelling in theater and film, the *Rührstück* is a genre that Kotzebue, along with a handful of other playwrights like August Wilhelm Iffland, was largely responsible for perfecting and popularizing. It is impossible to discuss the German *Rührstück* without Kotzebue, who steered his own plays far from the sentimental family dramas of the genre of *bürgerliches Trauerspiel*. Kotzebue's work moved away from tragic endings and moralizing impulses and instead strove to give each of his plays a happy and satisfying end—familial conflicts are almost always successfully resolved, moral

transgressions are forgiven (and rarely punished), and the curtain often falls on a final scene of weepy and joyful embraces. Plays in this genre are often strongly formulaic, portraying a simplistic moral universe in which good and evil are relatively clear-cut, although, as is often the case in Kotzebue's dramas, morally questionable behavior often goes unpunished or is highly ambiguous (one of the many reasons that theater critics were so quick to label his plays as immoral).

Like the bourgeois tragedies that came before it, the sentimental play or *Rührstück* focused on domestic life and family struggles. As David Grimstead notes, "[Kotzebue's] characters knitted socks and set the table and swept the floor and trimmed the hedge."¹²³ The bourgeois nature of the protagonists "helped audiences sympathize with dramatic characters with a new closeness."¹²⁴ While the characters are intended to be persons with whom the audience can readily identify, they are often placed in extraordinary and highly stressful situations. Suspense and intrigue are commonplace, overwrought sentimentality pervades every scene, and characters repeatedly proclaim their willingness to sacrifice their lives in order to right wrongs or restore order (although these self-sacrifices rarely come to fruition). The *Rührstück* prioritizes "feeling and dictates of the heart over reason and rational social choices. As one of [Kotzebue's] characters explains in *Versöhnung*, "Tears are the language of the heart."¹²⁵

¹²³David Grimstead, *Melodrama Unveiled: American Theater and Culture 1800-1850* (Berkeley: University of California Press, 1987), 9.

¹²⁴*Ibid.*, 10.

¹²⁵Tice L. Miller, *Entertaining the Nation: American Drama in the Eighteenth and Nineteenth Centuries* (Carbondale: Southern Illinois University, 2007), 37.

The *Rührstück* emerged in Germany at the end of the eighteenth century during a time when sentimentality (*Empfindsamkeit*) was fast becoming cornerstone of cultural and artistic life, and was beginning to play an increasingly dominant role in the realm of theater. While bourgeois tragedies like Lessing's *Miss Sara Sampson* or *Emilia Galotti* were also highly sentimental and emotionally-charged, the *Rührstücke* popularized by Kotzebue were notably different, not only in their function as pure entertainment, but because most of them came after the heyday of sensibility in the 1770s; they also tended to employ comedy more often and generally shied away from tragic outcomes. As Lesley Sharpe explains, the decline of the tragedy in the course of the late eighteenth century had already begun with the rise of the sentimental bourgeois drama. He writes, "From the 1760s onwards the performance of tragedy went into an even steeper decline... One of the primary reasons for this was the rise of the sentimental drama focusing on the private sphere."¹²⁶ Sharpe also credits French dramatists such as Jean-Francois Marmontel, Pierre-Claude Nivelles de la Chaussée and, above all, Denis Diderot for this development. It was Diderot, in particular, who was one of the first to advocate for a turn from traditional classical subjects in drama to the portrayal of middle-class subjects and contemporary social relationships.¹²⁷ As the century wore on, however, even the *bürgerliche Trauerspiele* began to fall out of favor with audiences as sentimental family dramas with happy ends (such as those penned by Kotzebue and Iffland, for example) grew in popularity.¹²⁸

¹²⁶Lesley Sharpe, *A National Repertoire: Schiller, Iffland, and the German Stage* (Bern: Peter Lang, 2007), 27.

¹²⁷Ibid, 27.

¹²⁸Ibid, 27.

Of the various causes for this emphasis in the importance of emotion and a heightened level of sentimentality in literature and culture in late eighteenth century Germany, the one that is perhaps most often given is that this increasing engagement with emotion was a form of confrontation against the nobility, or an expression of the growing middle class' frustrating sense of a lack of a political voice. Doris Maurer writes in her study on the reasons for Kotzebue's dramatic success that the sentimental novels and plays of this time period reflects the bourgeoisie asserting its right to express emotions, which up until this point had been an exclusive privilege of the nobility. She writes, "Die empfindsame Romane und Rührstücke zeigten wohlgefällige Selbstbespiegelung und ein Schwelgen in Emotionen, was jedoch auch als eine Konfrontation gegen den Adel verstanden werden muss."¹²⁹ The development of sentimental literature or "Poesie ohne Tiefe, aber dafür von wuchernder Breite"¹³⁰ ist Ausdruck „(...) des Unvermögens, aktiv und entscheidend in die Zeitverhältnisse einzugreifen, den Fortschritt zu fördern und das neue zu gestalten."¹³¹ The middle class, whose voice had so long been suppressed, had found through literature a means to express their long bottled-up affects through the experience of immersing themselves in the touching sentimentality that such highly emotional plays and novels could provide. The audience of the Rührstück could openly express its emotions in the theater—it was acceptable and encouraged to laugh, cry, and be joyful along with the actors on stage.

Although many scholars have attributed the theatergoing public's increased desire for sentimental, entertaining drama at the beginning of the nineteenth century to the frustrations

¹²⁹Maurer, 15.

¹³⁰Martin Greiner, *Die Entstehung der modernen Unterhaltungsliteratur. Studien zum Trivialroman des 18. Jahrhunderts* (Reinbek:1964),32, qtd. in Maurer.

¹³¹Maurer, 12.

of a politically impotent middle class, to do so runs the risk of glossing over the complexity of the theatrical situation in Europe during this period. The period around 1800 saw enthusiastic and often heated debates among literary critics, authors, and the public at large about theater's ideal role in society, and none of the voices in the debate was in complete agreement about the value and ideal function of the sentimental bourgeois drama. To portray the theatergoing middle class during this period as mere seekers of an opportunity to wallow in their hitherto suppressed emotions is to ignore the fact that Kotzebue's emotionally charged *Rührstücke*, were massively popular with not only Europe's middle class, but also the nobility, and most theaters during this period were still court theaters.¹³² Furthermore, while it might very well be the case that the middle-class audience of the *bürgerliches Trauerspiel* found a new form of power in their ability to emotionally connect with characters on the stage that resembled them, there is an important difference that should be drawn between the works of bourgeois tragedy and the popular entertainment *Rührstücke* that Kotzebue was writing during this time. In works like Lessing's *Miss Sara Sampson* and *Emilia Galotti* moral transgressions, particularly on the part of female characters, rarely come without retribution. Kotzebue's plays, however, were often ambiguous when it came to "penalizing" characters for acting immorally and for this reason they generated a wave of critical backlash, sparked intense debates, and were often outright dismissed for their lack of moral content and their occasional refusal to adhere to expectations of socially acceptable behavior. The plays lack a strong educative purpose, make frequent use of moral ambiguity, and deliberately employ sentimentality to the point of excess—and all of this was a recipe for

¹³²During his time in Russia he served as the director of the German Theater in St. Petersburg, and Catherine II was said to be a great admirer of his work. In Berlin, his plays were often frequented by the Prussian nobility, and he was a particular favorite of the King's wife and daughter (Oscar Mandel, *August von Kotzebue: The Comedy, The Man*, (University Park: The Pennsylvania State University Press, 1990), 39-40).

popular success and critical failure. They were and still are often considered by critics to be a degenerate form of the bourgeois tragedy.¹³³ Their goal was not to educate and enlighten, but purely to excite the emotions and above all, to entertain.

The *Rührstück* relies on deliberate and formulaic plot devices to produce affective responses in audience members and stir up emotions. Kotzebue's plays, for example make frequent use of children and mothers for the purpose of invoking sympathy and emotion. As Lothar Fietz writes in his study of the emergence of the *Rührstück* from the *bürgerliches Trauerspiel*, "Neben den sublimierten Mann/Frau-, Mann/Mann- und Frau/Frau-Beziehungen dramatisier[t] Kotzebue...das Verhältnis von Mutter und Kind oder Vater und Kind als *kulinarische* (emphasis mine) Rührung...in der auf die Familie reduzierten Welt ist das Kind so etwas wie ein emotionaler Katalysator zur Sublimierung der Gefühle."¹³⁴

Fietz's use of the term "kulinarisch" to describe the techniques and plot formulas used to stir emotions in his audience is significant because it highlights the deliberate nature of Kotzebue's playwriting—his plays follow a distinct and predictable recipe in order to stimulate the sentiments of the theatergoing public. The very name of the genre, "*Rührstück*," implies not only that the audience will be "stirred" or moved by the events that they witness on stage, but that the author also becomes the instigator of this outpouring of emotion, the "stirrer of the pot" who uses distinct and predictable plot devices to create a desired emotional effect. Furthermore, and as I will later show in my close reading, the author of the *Rührstück's* use of a prescribed formula for creating this emotional response is employed to

¹³³Lothar Fietz, for example, describes the genesis of our conception of melodrama as deriving from the "degenerate" form of the *bürgerliches Trauerspiel* in "On the Origins of English Melodrama in the Tradition of Bourgeois Tragedy and Sentimental Drama" in Michael Hays and Anastasia Nikolopoulou, eds., *Melodrama: The Cultural Emergence of a Genre* (New York: St. Martin's Press, 1996), 83-101.

¹³⁴Fietz, 111.

so as to heighten and emphasize the “contagious” nature of emotion. Through the use of prescribed formulas that encourage emotional identification between actor and spectator, and by overtly depicting the infectious quality of affect between the drama’s characters, the author of the *Rührstück* effectively attempts to emotionally “infect” the audience in the same manner as the figures within the drama infect one another.

The use of the term “contagion” (*Ansteckung*) as a metaphoric mechanism to describe the process of exchange that occurs in the theater between actor and spectator had a strong presence in theater discourse of the late eighteenth century. The fact that the term was actively used by the period’s critics to describe this interaction is highlighted by theater historian Erika Fischer-Lichte. She notes that not only can the terms “Ansteckung” and “anstecken” be found in eighteenth century theater tracts, but that they are often employed to accentuate the central role of the gaze or “Blick” of the audience member in facilitating an infectious exchange between actor and spectator. Although Fischer-Lichte’s argument is not specifically directed at popular melodrama, I wish to briefly outline it here, because I believe it has implications for the genre of the *Rührstück* that I explore in this chapter, and can provide a basic understanding of how contagion in theater is typically addressed from a scholarly and theoretical perspective.

For Fischer-Lichte, the infectious exchange between actor and spectator hinges entirely on the perception of the gazing audience member. Through this gaze the spectator absorbs the movements and actions of the bodies of the actors on stage, and this absorption creates a transformative, physical bodily response in the spectator: “Die Ansteckung...erfolgt...durch seinen Blick, mit dem er die Körper der Schauspieler, ihre Mienen und Gebärden wahrnimmt. Es ist sein eigener Blick, der transformierende Kraft

entfaltet und eine körperliche Veränderung herbeiführt.”¹³⁵ Fischer-Lichte draws from French theater debates on the morality of theater from the seventeenth century, many of which described the dangerously contagious atmosphere of the playhouse. The passionate acts that actors perform onstage are perceived by audience members, who then become “infected” through their own perception of these acts. It is the spectator’s tendency to focus on the physical bodies of the actors that produce this infectious response in the viewer, and place him in a condition of passionate excitement (“ihn in den Zustand leidenschaftlicher Erregung versetzen”). This contagion is only possible through the co-existence of the bodies of actor and spectators that the theater is uniquely able to provide.

As my reading of *La Peyrouse* will show, Kotzebue was a playwright who was highly aware of the passionate “Erregung” that the infectious response between viewer and actor could cause, and in fact this infectious stirring of emotion was precisely what shocked critics and audience members who watched his plays. Kotzebue’s works were not merely emotional, moving dramas that made audience members laugh and cry—they pushed sentimentality to an extreme point of excess. As the predecessors of the melodramas that dominated stages throughout the course of the 19th century, and even later the television melodramas of the 20th century, Kotzebue’s *Rührstücke* are driven by a desire to express all, or as Peter Brooks writes in *The Melodramatic Imagination*, “Nothing is spared because nothing is left unsaid; the characters stand onstage and utter the unspeakable, give voice to their deepest feelings, dramatize through their heightened and polarized words and gestures the whole lesson of their relationship.”¹³⁶ Here Brooks is referring to expressive and melodramatic narrative

¹³⁵Erika Fischer-Lichte, “Zuschauen als Ansteckung” in *Ansteckung: Zur körperlichkeit eines ästhetischen Prinzips*, ed. Miriam Schaub, Nicola Suthor (Munich: Wilhelm Fink Verlag, 2005), 34.

¹³⁶Brooks, 4.

techniques of the novel, but he also emphasizes that this desire to “express all,” was adopted from drama. On the German stage around 1800 there is no playwright who was more a master of this dramaturgical strategy than Kotzebue. Importantly for my reading of his drama *La Peyrouse*, this excessive emotion was also one of the reasons that many critics found his work to be troubling. This critique of the excessive nature of Kotzebue’s works is reflective of a broader late eighteenth- and early nineteenth-century discourse, particularly in the field of medicine, that lauded the benefits of avoiding excesses of all kinds, including excessive sentimentality and emotion.

In the following section of this chapter, I will explore the period’s medical preoccupation with avoiding excess, as well as the discourse’s advocacy of abstinence and quarantine to prevent the spread of infectious disease. Since the *Rührstück* is a genre that relies on a form of emotional contagion and excess in order to be effective, I argue that we can shed new light on the operative techniques of the genre by exploring how doctors and writers of this period conceptualized infection and the causes of contagious diseases in the period around 1800. In the final section of this chapter, I will then explore how this contagion functions in Kotzebue’s *La Peyrouse*, a play that specifically portrays disease and employs themes of infection and disease communicability.

*Infection and Excess: Hufeland’s Die Kunst, das menschliche Leben zu verlängern
and the Health Risks of Sentimentality*

While a plurality of voices and conflicting opinions make it impossible to speak of a single medical “discourse” in the late eighteenth and early nineteenth century, there are nevertheless several overarching themes and theories that tend to repeatedly emerge in the

period's medical writings. One thing that can be said for certain is that (in the same popular spirit of Kotzebue's sentimental plays), doctors and writers of the period strove to provide broader public access to medical information through the creation of popular books on health and illness that were often designed to be appreciated by both physicians and laymen. Just as the sentimental *Rührstück* portrayed bourgeois characters in order to promote audience identification, medical writings of the period also often focused on the lives of housewives, fathers, and the middle-class family.¹³⁷ Works such as Samuel Tissot's *Anleitung für das Landvolk in Absicht auf seine Gesundheit* (1763), Gottfried Bäuml's *Mitleidiger Arzt* (1743), and Ernst Baldinger's monthly periodical *Arzneien* (1765-67)¹³⁸ all attempted to frame their writing, not necessarily so that it would be read and understood by everyone, but with the hope that it was at least accessible enough to reach a broader audience than previous medical scholarship had achieved.

One such physician who strove to achieve a broader popular readership for his writings was the renowned physician Christoph Wilhelm Hufeland. His 1797 study *Die Kunst das menschliche Leben zu verlängern* was viewed by both physicians and laymen as a kind of "go-to" reference book for ascertaining the causes of a variety of common and rare diseases, in addition to providing a wealth of advice about how to live a long and healthy life. Hufeland had been a childhood friend of Kotzebue's¹³⁹, and the latter was well acquainted with and actively promoted Hufeland's writings and prescribed medical practices. In this

¹³⁷See Alfons Fischer, *Geschichte des Deutschen Gesundheitswesens, vol. 2: Von den Anfängen der hygienischen Ortsbeschreibungen bis zur Gründung der Reichsgesundheitsamtes (Das 18. und 19. Jahrhunderts)* (Berlin: Kommissionsverlag F.A. Herbig, 1933), 152-61.

¹³⁸Mary Lindemann, *Health and Healing in Eighteenth-Century Germany* (Baltimore: Johns Hopkins University Press, 1996), 263.

¹³⁹Michael Kater, *Weimar: From Enlightenment to the Present* (New Haven: Yale University Press, 2014), 27.

section of the chapter, I will highlight some of Hufeland's writings on the spread of infectious disease and the health risks associated with excess. I have selected his work to explore here, not only because Kotzebue was familiar with and supported many of his claims, but because Hufeland's writings also reflect a variety of commonly-held beliefs and widely regarded popular medical theories on contagion and the health dangers of excess in the period around 1800. His work is significant to this chapter on contagious emotion in Kotzebue's *Rührstücke* because it provides a broader picture of the ways in which actual contagious disease was conceptualized during this time period. As I will show through my brief reading of Hufeland's *Die Kunst das menschliche Leben zu verlängern*, the lines between emotion and disease were blurry in the late eighteenth century, and diseased states were often attributed to heightened or excessive levels of emotion. When we view the *Rührstück* against the backdrop of this medical discourse that largely advocated against the excessive stirring of emotions, then Kotzebue's body of work can be read as a willful rejection of the prescribed medical practices of the period.

If there were a particular buzzword that could describe what most physicians around 1800 viewed as the ultimate key to achieving good health, that word would be "balance." In her book *Health and Healing in Eighteenth-Century Germany*, Mary Lindemann writes, "'Balance' was seen as the hallmark of health, and the need to stabilize a tottering physiological equilibrium lay at the heart of many therapies."¹⁴⁰ Maintaining a delicate balance of fluids within the body and avoiding excessive consumption of food or drink were seen not only as important preventative measures, but as techniques for treating various forms of disease. As the eighteenth century came to a close, Galen's humoral system, which

¹⁴⁰Lindemann, 264.

held that an individual's temperament had an effect on susceptibility to disease, gradually fell out of fashion and was increasingly replaced by the idea that the environment rather than the physiological makeup of the individual was the real cause of illness (this is explored in more detail in my chapter of this dissertation on Kleist's *Robert Guiskard*).

Most significantly for this particular chapter, however, is the fact that medical writers of this period were becoming increasingly fascinated with the idea that passions (*Leidenschaften*) could have a negative or positive effect on health.¹⁴¹ Hufeland and many other physicians during this time warned against indulging in excessive emotion or falling victim to mood swings. Hufeland did believe that certain feelings and emotional states could promote good health, such as joy and laughter. He writes, "So ist z. B. das Lachen eins der größten Verdauungsmittel, das ich kenne... Was in Freuden und Scherz genossen wird, das giebt gewiss auch gutes und leichtes Blut."¹⁴² Hufeland believes especially strongly that laughter possesses healing powers and has numerous health benefits: "Es ist die gesündeste aller Leibesbewegungen (denn es erschüttert Seele und Körper zugleich), befördert Verdauung, Blutumlauf, Ausdünstung, und ermuntert die Lebenskraft in allen Organen."¹⁴³ Hufeland writes that entertainment certainly plays a role in promoting good health ("Unterhaltungen verdienen hier ihren Platz"), but he warns that excessive feelings of joy through entertainment have the potential to be damaging ("Doch versäume man nicht, jede Gelegenheit zur Freude aufzusuchen und zu benutzen, die rein und nicht zu heftig ist"¹⁴⁴).

¹⁴¹Ibid., 264.

¹⁴²Christoph Wilhelm Hufeland, *Makrobiotik: oder, Die Kunst das menschliche Leben zu verlängern*, 2. Band (Berlin: L.W. Wittich, 1805), 201.

¹⁴³Hufeland, 233.

¹⁴⁴Hufeland, 232.

Hufeland warns also that such forms of entertainment that engage too heavily in emotional stimulation are to be avoided at all cost. Like other physicians writing during this time period, his writing advocates the preservation of a delicate and measured balance—one should indulge in positive emotions and physical states such as joy and laughter, but should never lose sight of the potential risk that such frivolities could spill over into excess and negatively affect health.

Hufeland also has much to say on the subject of how the environment can lead to the spread of contagious disease, and his remarks on infection are particularly relevant for their overt references to the theater. Hufeland dedicates a section of *Die Kunst das menschliche Leben zu verlängern* to a description of various types of what he refers to as poisons, some that derive from substances in nature and the environment, and others which are specifically bred inside the body of the human being and can be transmitted in a contagious matter between persons. He urges his readers to familiarize themselves with these poisons, as ignorance is one of the greatest causes for their spread: “Ich halte es daher für sehr notwendig und für einen wesentlichen Teil der allgemeinen Bildung und Kultur des Menschen, dass ein jeder diese Gifte erkennen und vermeiden lerne, weil man sonst durch bloße Unwissenheit und Unachtsamkeit unzähligen Vergiftungen ausgesetzt ist.”¹⁴⁵ Knowledge and awareness are the best defense against these contagious poisons, which Hufeland emphasizes can infect the body through more surfaces than just the mouth. In fact nearly every surface of the body is a potential location of infection: “Durch alle, sowohl äußerliche als innerliche Flächen und Teile unsers Körpers können wir vergiftet werden.”¹⁴⁶

¹⁴⁵Hufeland, 60.

¹⁴⁶Hufeland, 61.

Hufeland divides his classification of poisons into two types, physical (*die physischen Gifte*), by which he means actual poisonous substances found in nature, and contagious (*die ansteckenden Gifte*), which are substances that live in the body that cause disease and can be transmitted from person to person. He writes that the air itself can be poisonous, and that since sickness can be spread through the air, theaters and other places where many people are confined in close quarters can particularly lead to the spread of disease. He writes: “Selbst die Luft kann vergiftet sein, in der wir leben, und so können wir entweder schnell oder schleichend getötet werden....Ist eine große Menge Menschen in einen kleinen Raum eingeschlossen, so kann es bald tödlich werden...Man vermeide daher Örter wo solche unverhältnismäßige Menschenmassen zusammengepresst sind, vorzüglich, wenn sie nicht genug höhe, oder Luftzugang von außen haben. Am häufigsten ist dies in Schauspielhäusern der Fall.”¹⁴⁷

Hufeland, like other physicians during this time period, believed that certain types of individuals were more likely to contract infectious diseases. For example, people who consume too many sentimental novels and plays as this can lead to melancholy and a greater susceptibility to disease. He is especially wary of the theater, and says the actor is the unhealthiest of all the professions. People who consume too many sentimental novels and plays, for example, are at risk because this can lead to melancholy, a state which leaves the body vulnerable to illness. He is especially wary of the theater, and writes that of all the professions it is the actor who is the most prone to sickness. By spending an extended period of his life in an affected state that does not reflect or resemble his true nature, the actor's intense emotional identification with a fictional entity can have deadly consequences.

¹⁴⁷Hufeland, 66.

Hufeland writes: “Wie muß es nun wohl denen Menschen gehen, die dieses Metier beständig treiben, die beständig die oder jene angenommene Rolle auf dem großen Theater der Welt spielen, die nie das sind, was sie scheinen? Genug, die Menschen, welche nicht wahr sind, immer in der Verstellung, im Zwang, in der Lüge leben. Man findet sie vorzüglich unter den raffinierten und übercultivierten Menschenarten.” (234) Eventually, Hufeland writes, actors “...verlieren sich endlich selbst, und können sich nicht wieder finden. Genug, dieser unwahre Zustand unterhält zuletzt ein beständiges schleichendes Nervenfieber—innerlicher Reiz und äußerer Krampf sind die beiden Bestandtheile desselben—und so führt er zur Destruction und zum Grabe, dem einzigen Orte, wo diese Unglücklichen hoffen können, die Maske los zu werden.”

Although Hufeland begins by suggesting that this problem of extended emotional identification with a fictional character is one that only actors are confronted with, he later extends this to all people who find themselves playing a “role,” living a pretentious lifestyle, or otherwise not remaining true to their natural physical state. He includes in his warnings those who too frequently indulge in the consumption of sentimental entertainment such as novels or plays. That Hufeland describes the problem of emotionally identifying too strongly with a fictional identity as a form of unhealthy excess has implications for the dramatic strategies employed by the *Rührstück* and by drama in general, both of which rely on affective identification with a performed fiction to achieve their aims.

Kotzebue was a friend of Hufeland from childhood, and also studied together with him at the university in Jena. Kotzebue’s letters and writings make frequent references to his friendship with the physician, and in his autobiography, *Das merkwürdigste Jahr meines Lebens*, Kotzebue describes how during times in his life when he personally suffered from

bouts of illness he always sought treatment and medical advice from his good friend Hufeland. Kotzebue also commented on and reviewed the medical writings of Hufeland and others in his weekly journal, the *Literarisches Wochenblatt*, which he published in Weimar. These reviews of popular medical works provide some of the best clues about the amount of credibility Kotzebue attributed to Hufeland's and other physicians repeated warnings that the body's delicate equilibrium could be thrown out of balance as a result of excess. Kotzebue's tone is often crushingly dismissive and skeptical—in his characteristically sly writing style he peppers his reviews with snide remarks and interjections that reveal a great deal about his own beliefs on the legitimacy of the medical theories he goes about summarizing. Much of the popular medical discourse he dismisses outright as being completely unoriginal, or merely imitating the works of Hufeland. The *Almanach für Ärzte und Nicht-Ärzte*, for example, is to be avoided at all costs because it is merely a loose collection of information that has been largely stolen from newspapers, completely “ohne Auswahl” and “ohne Geschmack.”¹⁴⁸ Worse still is another work written for mothers instructing them about how they can raise their children to be free from disease. “Völlig unbedeutend ist eine kleine Schrift an Mutter, die ihre Kinder ohne Krankheiten erziehen wollen und beim Leben erhalten wollen,” Kotzebue writes. “Schon der Titel ist sehr drollig. *Die Kunst ein Kind ohne Krankheiten beim Leben zu erhalten!* In einem präziösen Style wird hier bloß das hundertmal Gesagte wiederholt.”¹⁴⁹ Kotzebue finds the majority of these works problematic, not always necessarily for their content, but because he believes them to be mere copies of Hufeland's work. He writes, “Seit Hufeland die Kunst, das menschliche Leben zu verlängern

¹⁴⁸August von Kotzebue, *Literarisches Wochenblatt*, 3. Band, No. 14, February 1819 (Weimar: Buchhandlung der Gebrüder Hoffman, 1819), 108.

¹⁴⁹*Ibid.*, 108.

geschrieben [hat], haben schon manche Andere unter mancherlei Titeln denselben Gegenstand bearbeitet.”¹⁵⁰

Kotzebue’s critiques of these popular medical books are not universally negative, and significantly, those physicians who appear to disregard theories that blame excess, dietary, emotional or otherwise, for disease are often ones he is inclined to agree with. He is decidedly dismissive of the idea that avoiding excitement, revelry, and excess can lead to better health. One of the reviews that reveals the most about Kotzebue’s own thoughts on the health risks of excess comes from a work that he specifically calls out for merely re-hashing the theories of Hufeland. The essay, written by a Dr. Nonne and titled *Die vollständige und gemeinnützige Abhandlungen über die in unsern Tagen so häufigen Verschleimungen der Brust und des Magens*, lists many of the same concerns about excess that Hufeland describes in *Die Kunst, das menschliche Leben zu verlängern*. Kotzebue outlines some of these risks in his review in list-form, complete with comments and punctuation marks in parentheses that reveal his own skepticism of the validity of these theories. “1. Häufigen Genuss vom schwachem Tee, und überhaupt vom Warmen, erschlaffenden Getränken. 2. Die seit drei Jahren häufigen Regengüsse und Überschwemmungen, mehr fast noch die Süd- und Westwinde und die Seeluft (?) 3. Der, selbst bei jungen Personen, überhand nehmende Genuss geistiger Getränke. 4. *Große Ausschweifungen, die jetzt häufiger sein sollen wie vormals (woran wir zweifeln).*”¹⁵¹ Kotzebue goes on to praise a series of works that disregard such theories, such as a text that encourages people to eat whenever they are hungry and as much as they like rather than waiting for the appropriate mealtimes, a practice he describes as

¹⁵⁰Ibid., 109.

¹⁵¹Ibid., 108.

“sehr heilsam zu befolgen.” Also favorably reviewed is a work that encourages the unregulated consumption of coffee, labeling all supposedly healthier coffee substitutes as “Rußwasser, welches für keinen Menschen ein dienliches Frühstück abgeben können.”

Although Kotzebue had a strong friendship with Hufeland and took much of his medical advice to heart, his reviews of the physician’s works, as well as of other popular medical tracts of the era that espoused similar theories, reveal that Kotzebue was by no means thoroughly convinced that excess, dietary, emotional, or otherwise, was detrimental to health. As my reading of his drama *La Peyrouse* in the following section will show, Kotzebue’s popular plays also embraced excess through their depiction of an excessive and infectious narrative impulse that is employed deliberately by the play’s main characters to create a desired emotional response. Keeping Kotzebue’s own skepticism about the dangers of excess in mind, his plays can be read as performing a willing rejection of the medical discourse of the period that actively warned against overindulgence in the emotional spectacle.

Infectious Storytelling: Strategies of Emotional Contagion in La Peyrouse

The opening scene of *La Peyrouse* begins with a monologue delivered by the stranded castaway protagonist from the top of a high rock. *La Peyrouse*’s opening monologue already exemplifies the hyperbolic, meticulous scene description that will become a common dramatic technique for nearly all of the play’s central figures. Instead of providing a detailed description of the scene in the stage directions, Kotzebue has his hero verbally describe the picture he sees as he gazes out upon the ocean from his perch on the island’s highest point:

Der Nebel verrinnt.—Noch kämpft er mit der Sonne—noch verhüllen seine Wogen des Meeres Spiegelfläche—so deckt Verleumdung die Tugend, bildet abenteuerliche Gestalten, und wird endlich von der Wahrheit verschlungen.—Ha! Welch ein Schauspiel! Schon tritt auf der nächsten Insel eine Bergspitze aus den Dünsten hervor. Dünne Wolken scheinen nur noch an ihr auf und ab zu klettern.—Jetzt ballt sich der Nebel über Untiefen, große Silberflächen im Meere werden sichtbar—mit jedem Augenblicke erweitert sich der Kreis—die Brust wird voller—das Schauspiel glänzender—und eine Träne hoher Wehmut erzwingt sich der Schöpfer zum Morgengebet!¹⁵²

La Peyrouse describes in detail the gradual emergence of the sun and the dissipation of the fog that hovers over the sea, allowing a nearby island become visible—a process he repeatedly refers to as a “Schauspiel.” The experience of watching the beautiful natural event the sun’s emergence is analogous to that of the theatergoer, who also witnesses a kind of gradual, adventurous spectacle that ideally builds towards the emergence of a truth. Like a play, the scene La Peyrouse describes slowly advances towards a climactic moment in which the sun finally reveals the truth hidden behind the fog—there is another island nearby.

If La Peyrouse’s opening monologue can be read as a self-reflexive commentary on the act of watching a play, then his emphasis on the physical, bodily effects that the “Schauspiel” has on the spectator is especially significant when one considers the goals that Kotzebue hoped his popular *Rührstücke* would achieve. La Peyrouse also describes the effect that this “Schauspiel” has on the spectator. As the circle of light in the fog gradually grows larger (“mit jedem Augenblicke erweitert sich der Kreis”), the spectator’s breast swells (“die Brust wird voller”), and as the play reaches its highest moment of brilliance, the spectator is finally moved to tears (“die Brust wird voller—das Schauspiel glänzender—und eine Träne hoher Wehmut erzwingt sich der Schöpfer zum Morgengebet!”). La Peyrouse’s

¹⁵²August Wilhelm von Kotzebue, *La Peyrouse: Ein Schauspiel in Zwei Akten* (Bolling, 1804), 3-4, Act 1, Scene 1. Hereafter all citations from the play will be noted with act number, scene number, and page number in footnotes.

use of the word “Schauspiel” reveals the author’s goals in the crafting of a play specifically designed to stir emotions, the desired effect for most if not all of the works in Kotzebue’s oeuvre.

Of all the drama’s characters, it is La Peyrouse’s native “new” wife Malvina who appears to be the most immune to the contagious emotion produced through storytelling, or at least she seems to be the most wary of the effects that listening to such narration can produce. During the first meeting that occurs between La Peyrouse’s first wife Adelaide and Malvina, for example, Adelaide attempts to relate the perils of her journey to the young native woman, which have made her exhausted and physically ill. Adelaide at this point is still unaware that her husband is living on the island with Malvina. She insists that although she has become sick during her journey, finding her husband will immediately restore her to health, and not finding him will almost certainly lead to her death. She tells Malvina:

Man rüstete zwei Schiffe aus, den Verlorenen zu suchen. Ich bat um ein Plätzchen, wäre es auch nur im untersten Raume. Man sprach von Beschwerlichkeiten, von Gefahren, die Leute wussten nicht, was Liebe duldet. Ja, ich bin krank, meine Kräfte sind erschöpft—aber finde ich ihn wieder, wo bliebe mir Gedächtnis für überstandene Leiden! Und finde ich ihn nicht, was liegt daran, unter welchem Himmelstrich der Schmerz eine trostlose Gattin tötet!¹⁵³

Malvina, while admitting that the story has had an emotional effect on her and has made her sad, calls Adelaide evil for making her feel this way. She responds, “Böse Frau, du machst, dass ich weinen muss.” Malvina is also highly perceptive when it comes to recognizing illness in others, interrupting her speech in order to inquire about Adelaide’s physical condition because she looks tired. When Adelaide responds that she feels “müde und krank,” Malvina asks her to rest a while upon the soft bed that La Peyrouse has made her out of moss, effectively turning her marriage bed into a sick bed. She then goes off into the

¹⁵³Act 1, Scene 4, pg. 9.

jungle to collect trees and roots that she hopes will restore Adelaide's health ("Ruhe aus, mache dirs bequem, ich hupfe indessen in den Busch, und hole dir reife Früchte, saftige Wurzeln, sie sollen sich erquicken"). Although the character of Malvina is in many respects a thoroughly conventional portrayal of a naïve native woman, there are certain realms of knowledge that she appears to be better at accessing than the play's European characters. She is attuned to the physical states of others and is adept at caregiving, as evidenced by her awareness of Adelaide's sickness, her willingness to help her regain her strength, and her knowledge of the remedies that the jungle's fruits, berries and roots can provide the sick. She is also the character in the play that is the most skeptical of the feelings generated by overwrought and exaggerated narratives intended to provoke an empathetic response.

When La Peyrouse hears the news that a woman has arrived on the island, he comes rushing to meet her, already suspecting that this strange woman is wife Adelaide. As he approaches her, his voice is heard from offstage screaming "Wo ist sie? Wo ist sie?"¹⁵⁴ Adelaide and La Peyrouse are dramatically and ecstatically reunited, but after the initial warmth and emotion of their embrace (during which the stage directions call for a pause, and "Wechselseitiges stummes Entzücken") Adelaide seeks an explanation for what she has now confirmed—that her husband has taken Malvina as another wife. Peyrouse, beating around the bush, asks his wife if she would still love him if fate and duty had forced him to "appear" unfaithful to her:

Peyrouse: Wenn ich den Launen meines Schicksals gehorchen musste—
wenn Pflicht und meine hilflose Lage mich zwangen dir treulos zu
scheinen--

Adelaide: (bebend) Treulos?

Peyrouse: Scheinen sagte ich, den nur das Herz darf richten.¹⁵⁵

¹⁵⁴Act 1 Scene 6, pg. 12.

¹⁵⁵Act 1 Scene 6, pg. 15.

Adelaide, who already knows that her husband has been unfaithful to her from her earlier conversation with Malvina, begins to receive an admission of this fact from Peyrouse, who insists that the matter of his taking Malvina as a wife was only the “appearance” of a moral transgression—the desperate nature of his situation has practically forced his hand. Adelaide has a physical response to the word “treulos,” which causes her to tremble, reminding us again that her ordeal has weakened her constitution. Peyrouse’s assertion that only the heart can judge his actions proves to be a fitting opening line for the rest of his story, as he then launches into a detailed, heartfelt account of the course of events that led to him falling in love with Malvina. He relates to Adelaide how his ship crashed to pieces on the rocks surrounding the island during a storm, killing everyone onboard except for himself. Thrown into the sea along with the corpses of his fellow men (“Bald schwammen auf elenden Trümmern die Leichen umher; ich kämpfte noch schwimmend gegen die Wuth der Wellen”¹⁵⁶), Peyrouse would have been dashed against the rocks had it not been for Malvina, who dove into the water and rescued him, dragging him safely to shore. He describes how Malvina jumped repeatedly into the waves to try and save him, or to “claim her prize” (“warf sie sich zum vierten Male in die Wogen, ergriff die Beute beim Schopf, und entriß sie den kämpfenden Elementen”¹⁵⁷).

Peyrouse’s story, which is deliberately intended to invoke an emotional and sympathetic response in his wife Adelaide, is at first met with only marginal success. At this point in the story, for example, when Peyrouse describes Malvina going after him in the waves as if he were her “Beute,” she interrupts the story and proclaims, “Ach! Um welchen

¹⁵⁶Act 1, Scene 6, pg. 16.

¹⁵⁷Act 1, Scene 6, pg. 17.

Preis!," clearly still painfully aware of the fact that the "price" is Peyrouse being unfaithful to her and taking Malvina as his wife. But as the story continues, she becomes increasingly captivated and emotionally invested in Peyrouse's narrative. Peyrouse describes how the other natives on the island, Malvina's father and brother, had decided to kill him, and it was only through her pleading that they agreed to let him live. Here Adelaide, still relatively unimpressed, interjects, "Ich bin ihr Dank und Bewunderung schuldig, aber kann ich sie lieben?" Peyrouse pushes on with his story, relating how later that night Malvina overheard her father and brother plotting to kill Peyrouse anyway, and so the two of them ran away in the middle of the night and hid together in a cave amongst the cliffs. Peyrouse then describes for Adelaide the scene that occurred the following morning, as Malvina's father and brother searched for her one last time before departing back to the nearby island where they lived:

Peyrouse: ...Am andern Morgen suchte man die Entflohene. Die Wälder ertönten von Drohungen und Bitten. Wir hörten den alten Vater über uns auf der Klippe, er rief wehmüthig: Malvina! Meine Tochter! Willst du mich verlassen?—das Mädchen weinte und ging nicht.¹⁵⁸

At this emotional climax of Peyrouse's story, Adelaide proclaims: "Genug! Ich verzeihe dir!" Before Peyrouse brings the elements of family and emotion into the story, it does not appear to be having the desired emotional effect on Adelaide. But as soon as Peyrouse describes the anguished cries of Malvina's father as he searches for his daughter, and includes the fact that the young girl cried as she refused to leave the island with him, Adelaide immediately decides to forgive her husband's infidelity.

Structurally, Peyrouse's story is broken down into six distinct parts, all of which are interrupted by a brief, one-line commentary by Adelaide. With each of these interruptions in

¹⁵⁸Act 1, Scene 6, pg. 18.

the story, her remarks reveal her increasing sympathy to Peyrouse and Malvina's plight, but the moment in which Peyrouse's emotions have a contagious impact on her comes during the point in the story when tears make their first appearance. Peyrouse's descriptive narration of how he was saved by and subsequently fell in love with Malvina effectively mirrors the dramatic structure of a sentimental play. As the story builds towards an emotional climax, the audience member feels him or herself become increasingly drawn into the feelings that are being stimulated by the actors on stage. This infectious narrative exchange between Peyrouse and Adelaide is a reflection of the very the strategies of contagion that the sentimental Rührstück itself employs in the stimulation of the audience's emotions.

A similar type of dramatic technique employed with the goal of stimulating and transferring emotions is also at work in a later scene that contains an intense confrontation between the drama's two female characters. This particular scene is especially significant to the play's strategies of sentimental contagion because it also depicts the transference of actual physical symptoms of illness rather than simply emotions. In the third scene of the second act, Adelaide and Malvina engage in a heated verbal confrontation about which one has more of a right to be married to La Peyrouse. The scene begins with the two women arguing back and forth about who the real home-wrecker is in this unfortunate situation:

Adelaide: All' dieser Jammer ist dein Werk.

Malvina: Das Deinige. Warum kamst du in diese Einöde, das stille Glück von unserem Nest zu scheuchen? Wir waren froh, ehe du kamst, und wären es geblieben ohne dich.

Adelaide: Warum raubtest du einem liebenden Weibe den Gatten?
Unerzogen Kindern den Vater?¹⁵⁹

The exchange continues in a similar manner for many lines, until both women agree that the only way out of this impossible dilemma is that one of them must die. Adelaide at first

¹⁵⁹Act 2, Scene 3, 41.

suggests a less violent solution—that one of them must simply give up La Peyrouse. To this suggestion Malvina remarks, “heißt das nicht: Eine von uns muss sterben?” to which Adelaide replies, “So stirb! Ja, nur dein Tod kann mir die Ruhe wiedergeben.” But Malvina, who throughout the drama is shown to be more compassionate than her European counterpart, seems to be unable to return this sentiment and wish that Adelaide were dead. She instead responds, “Auch ich könnte wünschen, daß die Wellen dich verschlungen hätten—nein! Nein! Ich kann das nicht wünschen!”¹⁶⁰ Malvina’s inability to wish that Adelaide were dead has a peculiar symptomatic impact on the already physically ailing Adelaide. She begins to narrate and describe her symptoms as they slowly take over her body:

Adelaide: Was ist das für eine Kälte in meinen Gliedern? –hu! Ich schaudere!—
Was steigt mir so heiß hinauf zum Herzen und benimmt mir die Luft!—ha!...
Ja, mein Muth ist dahin—meine Nerven spannen sich ab—jedes Glied wird
schwer, und scheint mir nicht mehr anzugehören—(auf die Brust deutend)
Nur hier ist eine tobende Angst! O! Ich bin sehr krank!—¹⁶¹
Malvina (mitleidig): Kann ich dir helfen?
Adelaide: Geh, dein Anblick mehrt meine Leiden. Geh, laß mich sterben, ohne
dir zu fluchen.—(sie schaudert) Schon wieder?—ich habe ein Fieber—mit der
letzten Hoffnung meiner Seele, ist auch die letzte Kraft meines Körpers
entflohen—ich kann nicht mehr!—(sie schwankt auf die Rasenbank)
hier mögt ihr mir ein Grab bereiten—fern von meinen Kindern—Ach!—
...ein brennender Fieberdurst!¹⁶²

Adelaide’s illness at first seems to worsen as soon as Malvina attempts to show compassion towards her. In an excessively melodramatic register typical for the genre of the *Rührstück*, Adelaide verbally describes her worsening symptoms before collapsing and begging Malvina and presumably La Peyrouse to dig a grave for her on this spot so she can die far away from

¹⁶⁰Act 2, Scene 3, 43.

¹⁶¹Act 2, Scene 3, 43.

¹⁶²Act 2, Scene 3, 44.

the eyes of her children. In the scene immediately following this act, Adelaide's son Heinrich comes inside with a piece of fruit that he found outside in the bushes. She immediately grabs it from him, hoping that it will quench her "Fieberdurst." Before she can take a bit of the piece of fruit, however, Malvina intervenes to tell her that this particular type of fruit is poisonous ("Wer davon ißt, fällt in wenig Minuten todt zur Erde"). This simple action of preventing Adelaide from eating the poisonous fruit brings about a complete change in Adelaide's demeanor. In awe of Malvina's honesty and character (if she had really wished Adelaide dead all she would have had to do was let her eat the poisonous fruit), she reaches her arms out to Malvina for a forgiving embrace, declaring, "komm an mein Herz!...Ich hasse mich selbst!—mein Leben stand in deiner Gewalt—du durftest nicht morden—du durftest nur schweigen—O Mädchen! Mädchen! Du bist gerechter, als ich!"¹⁶³

Malvina is at first seemingly confused by this abrupt change in Adelaide's demeanor, but she eventually also admits that she is happy that Adelaide has decided they should be friends. Adelaide now tells Malvina that she will willingly give up La Peyrouse so that the other woman can be happy. She declares, "Behalte deinen Freund, ich entsage ihm; nur eine von uns beiden kann ihn beglücken, nur eine kann durch ihn glücklich werden.—Spannt das Fieber meine Seelenkräfte höher! Oder hat dein Edelmut mich unwiderstehlich ergriffen?"¹⁶⁴

In this passage, Adelaide reveals that she is unsure whether her sickness has intensified the power of her soul, or whether she has been infected by Malvina's unflinchingly noble character. She is unable to discern what has caused her newfound desire to renounce La Peyrouse—her physical symptoms of illness, or the infective power of

¹⁶³Act 2, Scene 3, 44.

¹⁶⁴Act 2, Scene 3, 45.

Malvina's good character. Here for the first time in the drama we see illness and emotion operating interchangeably. Both disease and affect have the power to take hold of a person ("ergriffen") and impact their actions and desires, and it is often difficult to tell which of the two is actually the root cause.

As Adelaide continues to express her wish to give up La Peyrouse because she feels that the more noble Malvina deserves him more than she does, it becomes clear that she still understands this to mean that she must kill herself. As the young native woman slowly becomes aware of Adelaide's intentions, she also begins to show symptoms of illness that are similar to Adelaide's. Malvina tells Adelaide, "Deine seltsamen Reden erwecken mir Grauen," to which Adelaide replies: "Eine von uns muss ihm entsagen, das heißt sterben—sprachst du nicht so?" Malvina becomes increasingly alarmed by Adelaide's sickness, not only for Adelaide's sake, but also for the contagious effect the illness appears to be having on herself. Malvina's heightened sense of compassion also has the effect of making her physically feel the symptoms of others. At first she seems slow to comprehend the signs that Adelaide is sick, nor is she able to understand her puzzling words and behavior. She remarks, "Gute Frau—deine irren Blicke—deine rätselhaften Worte—welche Angst ergreift mich! Weh mir! Warum beben deine Lippen? Warum zucken deine Muskeln?—Ach! Du bist sehr krank!"¹⁶⁵ But just a few lines later, she herself begins to exhibit the same symptoms of illness that Adelaide is also experiencing:

Malvina: Ach Gott! Was machst du aus mir! Noch nie empfand ich diese Angst, diese Beklemmung!—...Dorthin floh mein Freund in Verzweiflung, hier härmt sich ein armes Weib zu Tode—ist das alles ein Werk meiner Liebe? Einer strafbaren Liebe vielleicht?—ist es wahr, daß

¹⁶⁵Act 2, Scene 3, 46.

der Fluch auf unserm Bunde ruht? Der Fluch meines alten Vaters?—ich zittere—ein kalter Schweiß bedeckt meine Stirn—¹⁶⁶

Earlier in the scene, it was Adelaide who became infected by the noble character of the native woman Malvina, becoming confused about whether her desire to sacrifice herself for the sake of Peyrouse and Malvina's happiness could be attributed to her actual sickness or to the infectious power of Malvina's character. Now it is Malvina's turn to experience physical symptoms of illness brought on by exposure to feelings she is not accustomed to—the European idea that certain kinds of love are “punishable,” and that she is therefore responsible for Adelaide's decaying mental and physical health. The process of exchange between Malvina and Adelaide, which collapses emotion and disease into one and blurs the lines between the two, is used in this scene to show the differences in character between European and the native. Malvina, uncorrupted by the vice and greed of the white European, possesses a more heightened sense of noble compassion for her fellow human beings than Adelaide. Adelaide, on the other hand, has an understanding of marriage that is based on moral and legal right that is completely lost on Malvina. When the two women are confronted with aspects of the other's character and civilization that are foreign to them, they respond by showing physical symptoms of illness. The contagion that occurs between Adelaide and Malvina represents not just an exchange of emotions and disease, but also an exposure to unfamiliar ideas that creates a physical bodily response that leads to deteriorating health.

Both La Peyrouse's elaborate dramatic reenactment of his traumatic first days on the island and the character interaction between Malvina and Adelaide reveal a self-reflective impulse behind Kotzebue's over-the-top sentimental melodrama. La Peyrouse's staging a

¹⁶⁶Act 2, Scene 3, 47.

“play within a play” to dramatically tell his tale of woe to his wife Adelaide underscores how Kotzebue’s drama employs the actor-audience relationship that exists in a real theater as a dramaturgical technique within the dialogue and stage directions to invoke a particular audience response. The interaction and symptom exchange that occurs between Malvina and Adelaide, framed thematically through illness, further highlights the contagious exchange of emotion that occurs between actor and spectator. While Kotzebue was forever defending himself against critics who viewed his works to be nothing more than overly sentimental entertainment, the dramatic strategies he used to invoke desired emotional effects in his audience were nevertheless quite sophisticated. *La Peyrouse* is a play whose author is engaging and experimenting with critical and self-reflective dramaturgical techniques that emphasize the ease with which emotion spreads contagiously in the medium of theater. These techniques also highlight the fact that Kotzebue had a keen interest in pushing the limits of what the period’s medical discourse viewed to be healthy and balanced consumption of sentimental entertainment.

Conclusion

Kotzebue’s use of the expressive dramatic spectacle for the purposes of stirring up the emotions of his audience does more than simply suggest that his so-called trivial plays do in fact employ sophisticated dramaturgical strategies to accomplish their goals. As I have argued in this chapter, his use of these techniques also speaks to his own skepticism about the period’s medical discourse that framed the emotional excess of sentimental novels and plays as detrimental to health. In fact, skepticism was in many respects a defining characteristic of Kotzebue throughout his life. Kotzebue was politically conservative, fearful of and wary of

political reforms, and horrified by the growing nationalism of university students in the early 19th century, and this made him a public enemy of the *Burschenschaft* and led to his brutal murder in 1819 by the radical student Karl Sand. If there was type of excess Kotzebue did fear, it was the kind of nationalistic pride that could lead to the overthrow of autocratic forms of government and to acts of senseless violence. In a way, the ending of *La Peyrouse*, in which all three main characters willingly choose to distance themselves from the French Revolution by forming an alternate society where they are free to express their love in the manner of their choosing, is a fitting ending for an author who was on the one hand skeptical of excessive violence, but on the other hand supportive of a kind of drama that advocated indulging in intense, often excessive levels of emotion within the acceptable confines of the theater. In this regard he is different from many of his contemporaries, particularly Goethe, whose own “love triangle” play *Stella* will be discussed in the next chapter of this dissertation. Additionally, Kotzebue’s work stands out among his contemporaries for its willingness to both indulge in comedy and to recognize that theater is a mode of entertainment and it should never take itself too seriously. Unlike Goethe, Kotzebue felt no need to apologize for his morally ambiguous endings, and as I will show in this next chapter, the sentimentality and heightened states of emotion present in *Stella* are comparatively limited and measured by comparison, mostly due to Goethe’s desire to distance himself from the likes of Kotzebue and present his drama as a serious, “high-minded” alternative to the entertaining fare being offered by his contemporary. As a result of this, Goethe was much more aware of the necessity of keeping the thematic content of his plays consistent with what society viewed to be “acceptable” moral behavior. Nevertheless, Kotzebue’s view that the theater is a place where nothing is held back and emotions should be freely indulged in was

no doubt one of the main reasons for both the critical backlash against his work, and the enduring popularity of the *Rührstück* for the rest of the nineteenth century.

Chapter Four: Love as Disease: Contagion and Lovesickness in Goethe's *Stella*

One of Goethe's most famous pronouncements on the subject of illness comes from an 1829 remark to his friend and fellow author Johann Peter Eckermann: "Das Klassische nenne ich das Gesunde, und das Romantische das Kranke" (I call the classical healthy, and the romantic is sick).¹⁶⁷ This quote strikes many scholars as odd considering Goethe's own complicated identification with Romanticism, but it is fair to say that Goethe's own use of an illness metaphor to diagnose the problems of a cultural movement can provide us with significant insight into how he conceptualized actual sickness and health. Just a few months after this famous pronouncement, Goethe wrote in a letter to composer Carl Friedrich Zelter claiming that in his view one of the biggest ills he believed society to be suffering from was a sense of longing or *Sehnsucht* for an ideal that is impossible to achieve: "...daher mag den wohl kommen, daß den Modernen ihr Ideelles nur als Sehnsucht erscheinen."¹⁶⁸ This is a sentiment that lies at the heart of *Die Leiden des Jungen Werther*—the novel's protagonist is sick because he is unable to reconcile his own perceived ideals and fantasies with the reality of the outside world. Importantly for this dissertation on representations of disease and contagion around 1800, Goethe's metaphoric association of Romanticism and disease also characterizes this problem as an epidemic issue of society as a whole—this unhealthy

¹⁶⁷Johann Peter Eckermann, *Gespräche mit Goethe in den letzten Jahren seines Lebens*, Beutler, Ernst (ed.) (München 1976), 332.

¹⁶⁸*Briefwechsel zwischen Goethe und Zelter in den Jahren 1796 bis 1832*, (Berlin: Dunker und Humblot, 1834), 290.

Sehnsucht is not confined to individuals but has rather spread rapidly throughout the population like a plague.

As has been recognized by more than a handful of Goethe scholars, including and most notably Robert D. Tobin in his study of the influence of Enlightenment medical thought on Goethe's *Werther*, Goethe not only frequently employed disease metaphor in his writings, but his works themselves are also brimming with sick and ailing characters.¹⁶⁹ In 1900 scholar Paul Henry Gerber managed to list the mentally ill characters that populate Goethe's writings, including "crazy Werther," "hysterical Lila," "paranoid Orestes," "mentally ill Tasso," "insane Harper," "fully degenerate Mignon," the "feeble-minded count," "The Beautiful Soul suffering from religious delusions," the "pathologically tense Aurelie," the "completely pathological Ottilie," "bizarre Makarie," "the decidedly abnormal deranged pilgrim," "the maniacal Cellini," "poor acutely confused Gretchen," and the "megalomaniac Faust."¹⁷⁰

Although the list of sick characters in Goethe's oeuvre is staggering, and although the mountain of existing literary criticism on Goethe has already firmly established the fact that medical discourse had an undeniable impact on his writing and thought, there are a few holes in the scholarship that remain to be filled. While others have successfully highlighted the ways in which Goethe's novels in particular are in dialogue with eighteenth-century medical discourse, comparatively little has been said about the role that illness plays in his dramas.

¹⁶⁹See for example Manfred Wenzel, *Goethe und die Medizin: Selbstzeugnisse und Dokumenta* (Frankfurt am Main: Insel, 1992); Frank Nager, *Der heilkundige Dichter: Goethe und die Medizin*, 3rd. ed. (Zürich: Artemis, 1992), 141; Gloria Flaherty, "The Stage-Struck Wilhelm Meister and Eighteenth-Century Psychiatric Medicine," *Modern Language Notes* 110 (1986), 493-515, and especially Robert D. Tobin, *Doctor's Orders: Goethe and Enlightenment Thought* (Lewisburg: Bucknell University Press), 2001. This chapter is greatly indebted to Tobin's study, which is by far the most detailed and recent exploration of the influence of eighteenth-century medical discourse on Goethe's writing and thought.

¹⁷⁰Paul Henry Gerber, *Goethe's Beziehung zur Medizin* (Berlin: Karger, 1900), 70. qtd. in Tobin, 25.

As a consequence, many of these studies, which focus on the novel or the *Bildungsroman*, overlook the ways in which the medial specificity of the theater could have impacted Goethe's portrayals of the ailing figures that occur so frequently in his works. Previous scholarship has also not focused specifically on what I argue is a repeated emphasis on contamination and contagion in these dramatic works that both reflects and to some degree reacts against medical discourse of the period on the various causes and cures of contagious disease.

This chapter will examine Goethe's exploration of love as disease in his 1776 drama *Stella: ein Schauspiel für Liebende*. This particular work, widely regarded as one of Goethe's relatively minor early plays, nevertheless contains striking insight into the degree to which Goethe conceptualized lovesickness as a legitimate and contagious illness with real physical symptoms. In its portrayal of decidedly unhealthy, pathological forms of love in both male and female characters, Goethe's play can be shown to be both dialoguing with and pushing back against medical theories on lovesickness of the widely-read *philosophische Ärzte* of his day, particularly the works of physicians Johann Georg Zimmerman and Melchior Adam Weikard, doctors with whom Goethe maintained a close correspondence throughout his life. In this chapter I will show how Goethe's dramatic portrayal of pathological forms of love in *Stella* strongly associates lovesickness with the visual or sense of sight, thus conceptualizing unhealthy forms of both male and female love as a disordered way of seeing that appropriates discourses on vision from the period's medical writings. Furthermore, the love triangle that Goethe constructs in this play exemplifies the inherently contagious nature of lovesickness—characters within the play operate as vessels of emotional contamination, effectively “infecting” one another with feelings of love and passion to the extent that

resisting erotic temptation for the sake of forming a monogamous relationship becomes impossible. Goethe's decision in 1805 to re-write a more tragic ending of this play, changing it from a "Schauspiel für Liebende" to "eine Tragödie," further illustrates the fact that the polyamorous relationships that such emotional contamination creates are untenable, and can only be remedied through the tragic death of the lovesick individuals. Unlike Kotzebue, who unapologetically created a scene of marital bliss among three romantic partners at the end of *La Peyrouse*, Goethe ultimately felt the need to re-write the final scene of this play to effectively "censor" the love triangle in the first version of *Stella* he had written years earlier.

In comparison to some of the other authors explored in this dissertation, Goethe had a relatively distanced, more skeptical relationship to medicine than many of his contemporaries. Unlike Friedrich Schiller, who studied medicine in his youth and wrote three medical dissertations, or August von Kotzebue, for example, who published extensively on a variety of medical topics, Goethe's interest in medicine evolved primarily through his close relationships with some of the leading doctors of the age. Although he was well read and familiar with the medical discourse of the period, specific references to disease and medicine come across far less explicitly in his literary works than in those of Schiller, Kotzebue, and Kleist. But despite this lack of explicit medical terminology, Goethe's dramatic works in particular manifest a deep interest in disease on a much more metaphoric level; the basic metaphor of sickness as love in *Stella* also functions as a diagnosis of one of the most pressing problems of modernity in general, and one that is also a central concern in *Werther*—an inability to reconcile internal conceptualizations of an ideal with the realities of the external world. Through its treatment of love as sickness (which both reflects and reacts against eighteenth-century medical discourse that very much regards love as a potentially

deadly and contagious disease), *Stella* is a work that reveals its author to be conceptualizing illness metaphorically and reflecting on whether or not a cure for contagious lovesickness can truly exist. More than any other author explored in this dissertation, Goethe's treatment of illness is more concerned with what today's doctors would consider mental illness, and many of his works depict the results of romantic feelings of love becoming pathological or unhealthy. Goethe's conceptualization of illness, more so than the other authors discussed here, also relies heavily on the use of metaphor. Illnesses of the mind and body function as a "stand-in" to diagnose the problems of modernity in general. Consequently, this chapter is critical for our understanding of how disease metaphor (which, as has been previously mentioned in the introduction to this dissertation, has a long and complex cultural, literary and historical tradition) manifests itself on the German stage in the late eighteenth- and early nineteenth centuries.

The 1776 version of Goethe's play is titled *Stella: ein Schauspiel für Liebende*,¹⁷¹ and it stands out among other dramas of the *Sturm und Drang* period most notably because its cast is made up almost entirely of female characters. It is set in an unnamed town that, with a few exceptions, appears to be almost exclusively populated by women. The play begins when Cäcilie (referred to in the first half of the play as Madame Sommer) and her daughter Luzie arrive in the inn of the town with the hopes that the mistress of the local estate will take Luzie in as a lady-in-waiting. Madame Sommer explains to the Postmeisterin who runs the inn that her husband left the family some years ago and the mother and daughter have been struggling to carry on without him ever since. The Postmeisterin tells

¹⁷¹Since the 1805 altered version of this play is only different in regards to its ending, my analysis of the play will focus primarily on the 1776 version, and passages quoted from the play will come from *Johann Wolfgang Goethe, Sämtliche Werke, Briefe, Tagebücher, Gespräche. Dramen 1765-1775*, Band 4 (Frankfurt am Main: Deutscher Klassiker Verlag, 1985) and will be listed with lines and page numbers noted in the footnotes.

Madame Sommer and Luzie that the estate's mistress Stella, whom Luzie hopes to make her companion, has an eerily similar story of lost love and abandonment. Some years ago the couple had purchased the town estate, and they had appeared to all the inhabitants of the village to be not only generous and capable landlords, but also a perfect example of a loving husband and wife (although rumors still circulated that Stella and this man, whose name is later revealed to be Fernando, were never actually married). Stella bore a child that died in infancy, and Fernando mysteriously disappeared one day, never to be heard of again.

Since his departure, Stella had made herself sick with heartache, although she desperately tries to distract herself from her grief through working in the village and spending time with the local children. When Stella, Madame Sommer, and Luzie finally meet at Stella's estate, she tells them this tale of her lost love, and Madame Sommer notes the striking similarities between her story and the mysterious departure of her husband. It is not until Stella shows Madame Sommer a portrait of her lost lover that she realizes that this man is none other than her own husband Fernando—the two women have loved and been abandoned by the very same man.

Meanwhile, Fernando arrives at the town inn and declares his intention of winning Stella back—he realizes he has made a terrible mistake, he is still very much in love with her, and he is determined to make amends and live out the rest of his days by Stella's side. But before he can confess his love for Stella and profess his intentions to be with her forever, he is confronted by his lawful wife Madame Sommer (who from the time she is reunited with Fernando is henceforth referred to in the play as Cäcilie). Seeing his wife and daughter again after all these years, he realizes that he also still loves Cäcilie and wants to be with her, and now will have to end things forever with Stella. But when he then meets with Stella to tell

her that he must do the right thing and return to his wife and daughter, he comes to the realization that he simply cannot choose between these two women, for whom he feels an equal sense of love while recognizing that they each possess very different attractive qualities. In the 1776 version Fernando is so incapable of giving up one woman in favor of the other that Cäcilie finally proposes that there is no reason the three of them can't all live together happily, and that maybe Fernando doesn't have to choose between them. Similarly to the love triangle ending of Kotzebue's *La Peyrouse* explored in the previous chapter of this dissertation, Goethe's play entertains the possibility of a polyamorous solution to the age-old problem of loving two women so equally and so strongly that it is impossible to choose one over the other. No doubt recognizing that the utopian love triangle proposed in the final scene was not socially acceptable (and perhaps a bit of a youthful idealistic fantasy), Goethe re-wrote the final scene of the play in 1805, renaming it *Stella: eine Tragödie*. In this version Stella and Fernando kill themselves, leaving Cäcilie and Luzie to carry on living as a single mother and daughter. Unlike Kotzebue, who never felt obligated to apologize for the morally questionable endings to his sentimental plays, Goethe eventually realized that the love triangle solution proposed at the end of *Stella* was outside the bounds of socially acceptable relationship behavior, thus leading him to instead give the play a tragic ending. It is also possible that Goethe's alteration of the final scene of the play is a response to the critiques that were leveled at Kotzebue's morally questionable endings. Goethe might have felt compelled to give his play a serious ending so as not to be placed in the same category as Kotzebue.

Since *Stella*'s first staged performance in 1816, critics and scholars have almost universally viewed this play as one of Goethe's decidedly minor works, and the list of

secondary literature that deals with this drama in an even remote sense is surprisingly short. In his nearly 700-page biography of Goethe, Nicholas Boyle briefly mentions *Stella* only seven times—in his view the play was influenced by Goethe’s own struggle at the time with loving two women at once. Like many others who have written on *Stella*, Boyle views the 1776 version of the play and its love triangle ending as a mere acting-out of the common young male fantasy of having and loving two women at the same time.¹⁷² Boyle views the 1776 version of the play and its love triangle ending as a mere acting-out of the common young male fantasy of having and loving two women at the same time.¹⁷³ Other scholarship has focused heavily on gender and the manner in which love manifests itself differently between the sexes in this play.¹⁷⁴ One of the more recent analyses of the drama comes from an article by Gail K. Hart, who criticizes the play for constructing a world “populated by abandoned women, attempting and largely failing to cope with the absence of men”¹⁷⁵ (the fact that I use the term “recent” to apply to an article written twenty-five years ago is quite telling about the nature of the scholarly landscape with regards to *Stella*). Hart argues that

¹⁷²Rudolf Bach, *Leben mit Goethe* (München: Hanser, 1960); Ellis Dye, *Love and Death in Goethe*, “One and Double” (Rochester: Camden House, 2004); Hermann Hettner, *Geschichte der deutschen Literatur im achtzehnten Jahrhundert* (Leipzig: List, 1928); Alfred Kerr, *Mit Schleuder und Harfe* (Berlin: Henschel Verlag, 1981); HJ Meesen, “Clavigo and Stella in Goethe’s Personal and Dramatic Development,” *Goethe Bicentennial Studies*, ed. HJ Meesen (Bloomington: Indiana University Press, 1980); Lothar Pikulik, “Stella: ein Schauspiel für Liebende,” *Goethes Dramen: Neue Interpretationen*, ed. Walter Hinderer (Stuttgart: Reclam, 1980); Georg-Michael Schulz, “Goethe’s Stella: Wirrnisse der Liebe und Gottes Gerechtigkeit,” *Germanisch-Romanische Monatsschrift* 29 (1979) pg.#; Gail K. Hart, “Voyeuristic Star-Gazing: Authority, Instinct, and the Women’s World of Goethe’s *Stella*,” *Monatshefte* 82, no. 4 (1990): 408-420. Nicholas Boyle writes that this feeling of love also extended beyond romantic love for Goethe, saying “...Goethe in 1775 must have dreamed of combining presence with absence, endless desire with specific fulfillment, love with fatherland, Frankfurt (second class) with an Imperial Countess, an advocate’s practice in the Grosser Hirschgraben with a writer’s mission to the German nation.” Nicholas Boyle, *Goethe: The Poet and the Age, Vol.I: The Poetry of Desire* (Oxford: Clarendon) 1991, 217.

¹⁷⁴See for example HJ Meesen’s oft-cited (and quite dated) reading of the play, “Clavigo and Stella in Goethe’s Personal and Dramatic Development.”

¹⁷⁵Hart, 414-415.

Stella is “a vehicle of patriarchal ideology” because it “attempts to seduce women into the service of love and, more importantly, it provides a new type of reassurance for patriarchal anxieties,”¹⁷⁶ namely the reality that it is possible and perhaps should even be socially acceptable for a man to feel attraction for two women at the same time. From the standpoint of a feminist writing in the late-twentieth or early twenty-first century, Hart’s reading of the text hits the nail on the head—by today’s standards Fernando’s behavior is at best negligent and at worse pathological, and the women in this play are by and large incapable of truly functioning in society without the guidance of men. While I wholeheartedly agree with her assessment that this work is deeply misogynist, by looking at this text through the lens of a modern-day feminist Hart’s reading overlooks the fact that this play can provide readers with fascinating insight on the dramatic portrayal of love and its framing as illness in the late-eighteenth century context in which it was written. Though the text ultimately upholds rigid gender binaries and reinforces a patriarchal worldview, it engages in dramatic strategies and techniques that not only dialogue with medical discourse of the period on love as sickness, but also show their author to be preoccupied with love as a contagious force that threatens to break down these rigid categories.

Instead of reading this drama as a minor work that merely serves as a “vehicle for the patriarchy,” or as a manifestation of a male fantasy of polyamory, this chapter will explore how Goethe’s *Stella* is worthy of critical attention for the ways in which it engages with eighteenth-century medical discourses on love as a contagious disease. In light of the fact that many of Goethe’s close friends and confidants were medical professionals who wrote extensively on the nature of “healthy” versus “unhealthy” forms of love, it is worth

¹⁷⁶Ibid, 417.

investigating the degree to which the widely-regarded medical theories of Goethe's age appear in his dramatic works. Goethe had been exposed to and was very well read on these medical topics, and I argue that the physical symptoms of lovesickness displayed in *Stella* can be said to be dialoguing with and in some cases pushing back against many of the theories of the *philosophische Ärzte* of Goethe's day that wrote extensively on the causes, spread, and treatment of diseases that were often said to be caused by excessive emotions or passions, many of which were explored in the previous section of this dissertation on the relationship between Kotzebue and the physician Christoph Wilhelm Hufeland.

Doctors during this period who wrote about the physical effects of passionate emotion on the body emphasized again and again that people who suffered from lovesickness were often also afflicted by problems with sensory perception, most notably the sense of sight. The first section of this chapter will explore the close ties in Goethe's *Stella* between love, illness, and visuality by highlighting how the drama depicts love a diseased or disordered way of seeing. I will illustrate how this play's association of love and lovesickness with the visual closely mirrors the manner which love was treated by contemporary physicians Johann Georg Zimmerman and Melchior Adam Weikard. This section of the chapter will point to how Goethe's play, much like the medical discourse to which it responds, understands "unhealthy" forms of love and infatuation to be caused by altered and abnormal visual sensory perception. While the first section of this chapter will highlight how the medical discourse and Goethe's text overlap with regards to their observations on the role of vision and love, the second section of the chapter will explore the ways in which Goethe's drama also deviates from the scientific writings of the period, specifically with regards to the way the play handles homosexual and polyamorous love. In this section I argue that the play's

central love triangle with the main characters of Stella, Cäcilie, and Fernando depicts love as a contagious illness with physical bodily effects that turn the drama's principal characters into vessels or receptacles for passion and erotic feeling. The performative nature of their dialogues and monologues, as well as their emphasis on theatrical storytelling highlight the fact that love is a fluid, contagious force that cannot be controlled or resisted, which can lead to the blurring of gender lines and the creation of affectionate bonds between people that do not fit into the socially-acceptable heterosexual and monogamous mold.¹⁷⁷ Although Goethe eventually re-wrote the play's final scene to eliminate the love-triangle solution that the first draft of the play proposed, both versions of the drama nevertheless contain numerous examples of non-heterosexual love that would have been considered socially unacceptable in the late eighteenth-century. In this respect, the dramaturgical strategies employed by Goethe in *Stella* that suggest the possibility of homosexuality and polyamory are in direct opposition to the period's medical discourse that framed such relationships as unhealthy.

Love is Blind: Lovesickness and Disordered Seeing in Stella

Of all the sicknesses to be extensively detailed and chronicled by the *philosophische Ärzte* of the late-eighteenth century, arguably the one that baffles them the most is lovesickness. From a modern medical standpoint lovesickness is not recognized as an actual disease, but around 1800 physicians very much regarded love as an emotional state that could easily become an illness, and they wrote hundreds of case studies detailing the causes and physical symptoms associated with these “unhealthy” forms of love. As I mentioned earlier

¹⁷⁷According to Alice Kuzniar in *Outing Goethe and His Age*, in Foucauldian terms the “closet” functions today as a way to name homosexuality and stigmatize it, but this concept is foreign to the late eighteenth century, in which various expressions of same-sex desire were quite often openly explored (*Outing Goethe and His Age* (Stanford: Stanford University Press, 1996), 25. While many of these expressions same-sex desire were male, *Stella*'s exploration of homoeroticism is primarily female, making it unique in the literature of this period.

in this chapter, many of the physicians who were concerned with love as a form of sickness had close personal associations and frequent correspondence with Goethe throughout his life, and as has been already established in scholarship on this topic, he was highly familiar with their work and would have read many of these case studies.¹⁷⁸

One such physician and close friend of Goethe's was the renowned Swiss physician Johann Georg Zimmerman (1728-1795). One of Zimmerman's most famous works, *Von der Erfahrung in der Arzneykunst* (1763) was used by doctors and laymen alike throughout Europe to diagnose and treat an astonishingly wide variety of common diseases—everything from head colds to venereal disease. Like many of the other medical writings and case studies published and widely read during this period, Zimmerman's prose is often remarkably descriptive and literary, and his writing is peppered with historical, cultural, and mythological references. Zimmerman dedicates a great deal of *Arzneykunst* to the subject of love, and like many of his contemporaries, he classifies it as a feeling that causes distinct physiological reactions akin to a burning fever. Agreeing with fellow physician Albrecht Haller, Zimmerman acknowledges that occasionally these fever-like symptoms can lead to physical distress and negative emotions such as fear:

Die Liebe treibt das Blut, sagt der Herr von Haller, sie vermehret die Zahl der Pulse, und giebt ihnen eine Ungleichheit, die man der Furcht zuschreiben kann, mit der die Liebe begleitet ist, eine heftige und dem Genusse nähere Liebe erweckt die äußerste Hitze, Herzklopfen, Röthe, Stärke, Zittern, und eine Empfindung, als wenn Feuer durch die Adern zog.¹⁷⁹

There is always the threat that feelings of love and the physical symptoms it causes can create an imbalance within the body that encourage or are associated with negative

¹⁷⁸See especially Robert D. Tobin, *Doctor's Orders: Goethe and Enlightenment Thought*.

¹⁷⁹Johann Georg Zimmerman, *Von der Erfahrung in der Arzneykunst*, (Wien: Lechner, 1832), 365.

emotions of fear, and more intense sensations of pleasure that are more akin to lust can cause symptoms similar to a fever. The above passage likening love sensations to a fever are typical of other medical writings of the period and are perhaps not so remarkable—anyone can attest to the fact that strong emotions of any kind are often accompanied by physical symptoms like blushing, sweating, or an increased pulse. But what is interesting about this and the many other descriptions of the physical symptoms of love that populate both Zimmerman and other physicians' writings is how closely feelings of lovesickness are often associated with the eye, the image, or narrowed fields of vision. Later, Zimmerman describes this kind of obsessive tunnel vision directed towards a single person as a "Verlangen auf eine einzige Person, mit Ausschließung aller anderen."¹⁸⁰ He remarks that this unhealthy form of obsession, which is particularly acute when the feelings of love cannot be fulfilled, can be easily recognized by the appearance of the lovesick individual's eyes:

...diese Krankheit grenzt an die Melancholie, und entsteht aus seiner allzu sorgfältigen Aufmerksamkeit auf eine angenehme Person, mit welcher man oft gewünscht sich zu vermischen, ohne es zu können. Sie verräth sich durch tief in ihre höhlen gezogene Augen, durch die beständige, und mit dem gewissen Lächeln begleitete Bewegung der Augdeckel.¹⁸¹

This description is noteworthy, not only for its emphasis on the physical eye, but also for its terrifyingly descriptive imagery—the sunken, empty skull-like appearance of the lovesick person's eyeballs and the seemingly involuntary twitching of the eyelid make the reader visualize a dead or dying person. In fact many of Zimmerman's descriptions of the lovesick turn them into nothing more than dead images or mere lifeless pictures of their former selves. In one passage, of *Arzneykunst*, for example, he describes a particular case study of a man

¹⁸⁰Zimmerman, 396.

¹⁸¹Zimmerman, 397.

who is unable to marry the woman he loves, and does nothing all day but sit motionless in his house: "...steif, wie Holz, saß er in einem ganzen Tag auf einem Stule in der gleichen Stellung und mit offenen Augen, alles war an ihm so unbeweglich, daß man ihn viel eher für ein Bildsäule, als für einen Menschen gehalten hätte."¹⁸² The unmoving, practically lifeless lovesick man appears to be more of an artistic image than an actual human, and again this description calls the sufferer's eyes to our attention.

The motif of vision, eyes, and seeing that is recurrent throughout Zimmerman's writings on love as disease becomes even more pronounced when he arrives at the subject of female lovesickness. On this point, Zimmerman agrees with Rousseau that women are especially attuned to visually recognizing signs of love in themselves and others because they are more prone than men to falling in love. Zimmerman writes:

Es ist zwar nicht zu leugnen, daß wir zuweilen eine Sache geschwinder und besser *sehen*, wenn uns unendlich viel daran liegt, daß wir sie *sehen*. Darum hat Rousseau gesagt, die betrachtungsvolle Weisen, welche ihr Leben mit der Untersuchung des menschlichen Herzens zugebracht, *sehen die wahren Zeichen der Liebe* nicht so gut, als das eingeschränkteste Weib, das verliebt ist. Rousseau hat Recht, denn die Weiber bringen die Hälfte ihres Lebens mit der Liebe zu, da hingegen sehr oft die Männer durch tausend verschiedene Geschäfte gezwungen werden, die Liebe zu vergessen, oder sich mit derselben nur vorbeigange zu beschäftigen (*emphasis mine*).¹⁸³

The view that women were especially susceptible to falling victim to lovesickness is echoed again and again by physicians of the late eighteenth- and early nineteenth centuries; Zimmerman was not the only doctor of his age to agree wholeheartedly with Rousseau's assessment that women fell in love more frequently and also recognized signs of love more readily than men because their daily lives offered no other meaningful distractions from these feelings. But here and elsewhere in the period's medical discourse it is striking how often

¹⁸²Ibid., 396.

¹⁸³Zimmerman, 78.

these descriptions involve sight or vision. In the above quoted passage, for example, Zimmerman calls our attention to the fact that women are not only more susceptible to these “unhealthy” kinds of obsessive passions or love feelings, they are also more adept at *seeing* or recognizing love in themselves and others.

This association of lovesickness with sight and the visual is pervasive in Goethe’s *Stella*, and from the very first act of the play the heartache experienced by Madame Sommer, one of the drama’s three main female characters, is unquestionably linked to the way in which she sees and recognizes the behavior and characteristics of others. In fact, Goethe’s descriptions of characters experiencing feelings of love are so similar to Zimmerman’s own accounts of patients with disordered vision that they almost read like case studies themselves. When Madame Sommer and her daughter Luzie first arrive at the inn run by the local Postmeisterin in the first act, it is clear that Luzie’s mother is unwell, and it is later revealed that there is more to her illness than being simply exhausted from her long trip. Years ago Madame Sommer’s husband abandoned her and Luzie, and the heartache this caused her has had lingering physical effects. Upon their arrival, Luzie orders the Postmeisterin to bring her ailing mother some soup, and when she leaves to carry out the order, Madame Sommer chastises Luzie for spending too much money on the trip and giving the servant boy too large of a tip. From the minute she walks into the Postmeisterin’s inn, Madame Sommer shows herself to be skilled observer of people and her surroundings, saying that she could tell from the look on the servant boy’s face that Luzie gave him too much: “Ich sehe an seinem Gesicht, daß du ihm zu viel gegeben hast.”¹⁸⁴ But Madame Sommer’s heightened visual

¹⁸⁴Johann Wolfgang von Goethe, *Stella: Ein Schauspiel für Liebende* in Dieter Borchmeyer, Ed. Johann Wolfgang von Goethe Sämtliche Werke. Frankfurt am Main: Deutscher Klassiker Verlag, 1985), 534, Act 1, Scene 1, Lines 21-22. All subsequent citations of this text will be noted with page number, act number scene number, and line numbers in the footnotes.

sense also has the tendency to cause her to lapse into melancholic reveries about the early days of her courtship with her husband. While the two women get settled and wait for the arrival of Madame Sommer's soup, Luzie looks out the window and remarks about the beauty of the landscape, noticing the grand house of the baroness Stella off in the distance: "...Aber die gnädige Frau hat einen schönen Garten, und soll eine gute Frau sein; wir wollen sehen, wie wir zurecht kommen."¹⁸⁵ Luzie's observations of the nice landscape are interrupted, however, when she notices that her mother appears to be distractedly staring around the room. She asks her mother, "Was sehen Sie sich um, Mama?"¹⁸⁶ Madame Sommer immediately launches into a passionate lament about how different things were when she was traveling with her husband during the early days of their relationship:

Laß mich, Luzie!...Meine Liebe, wie ganz anders war's damals, da dein Vater noch mit mir reiste, da wir die schönste Zeit unsers Lebens in freier Welt genossen; die ersten Jahre unserer Ehe! Damals hatte alles den Reiz der Neuheit für mich. Und in seinen Arm vor so tausend Gegenständen vorüber zu eilen; da jede Kleinigkeit mir interessant ward, durch seinen Geist, durch seine Liebe.¹⁸⁷

In contrast to Luzie, who is able to look out the window and casually remark on the beauty of her surroundings, her mother only sees visions of what transpired in the past the last time she traveled with Luzie's father. Madame Sommer recalls how back then, and importantly *through* the spirit and love of her husband, she was able to see the world differently than now. Everything she encountered on her trip vividly appeared to her in a curious and visually stimulating manner, so much so that she had to hurry over or skim some of the objects that

¹⁸⁵534, Act I, Scene I, 35-38

¹⁸⁶534, Act I, Scene I, 38.

¹⁸⁷535, Act 1, Scene 1, 1-5.

presented themselves as so fascinating to her. Love (or the painful memory of a lost love) is thoroughly tied to vision and the way in which the beloved sees the world. But there is a marked difference in the way Madame Sommer saw the world when she was with her husband, and the way she sees it now after she has lost him. When she was newly married and traveling in the companionship of her husband, his presence and spirit altered her way of seeing, making everything present itself as new and curious. It is as if Madame Sommer's husband functions as a more highly trained lens or sense organ that makes her better equipped to deal with the overwhelming nature of the "tausende Gegenstände" she encounters on her journey. Now that she has lost him, despite retaining a keen sense of observation (which throughout the play classifies her as a rather mistrustful and skeptical character),¹⁸⁸ Madame Sommer seems to have lost her visual focus—she stares around the room, not knowing where she should look.

Although this association of love with the visual is very often connected with the feminine in the period's medical discourse, Goethe's *Stella* by no means adheres to the strict gender binary presented and advocated by the physicians of the period—and in fact the play often engages in a contamination of these binaries, and at least playfully entertains the possibility of a society that is run and operated by females. As mentioned earlier in this chapter, this is a point that is taken up by Gail K. Hart in her article on *Stella*. She ultimately argues that although this "female society" at first seems to be progressive, the rest of the drama engages in a dismantling of this notion by emphasizing the fact that the female characters are utterly incapable of existing in the world without men. While she is correct

¹⁸⁸That female victims of lost love and heartache are left with such character defects such as intense mistrust and skepticism also occurs frequently in both Zimmerman and Arnold's writings on lovesickness. Zimmerman writes, for example, writes in his *Arzneykunst* that women who have lost a loved one are prone to "scheue Traurigkeit, allgemeines Mistrauen, eine gänzliche Misanthropie" (pg. 396).

that the play ultimately reinforces strong gender binaries, and the play's female characters do appear to "need" men in order to function, Hart's analysis dismisses the fact that Goethe's play at least *entertains* the idea that the traditional roles of "male" and "female," as well as the "traditional" heterosexual relationship, do not necessarily have to be the norm (or at the very least, the dramaturgical strategies that Goethe uses in *Stella* underscore the possibility of using the dramatic medium of theater to imagine other alternatives to these traditional roles and relationships).

This point comes across perhaps most strongly in the depiction of the play's sole significant male character, Fernando, who is in many respects not unlike the numerous female characters that populate the drama, and according to the medical lore of the period during which this play was written, he often experiences love in decidedly feminine ways. This is apparent from the first scene in which we encounter him, upon his arrival at same inn in which Madame Sommer and Luzie are staying unbeknownst to him. Seeing the error in his wandering ways, Fernando has returned to the estate to get Stella back. In a scene that strikingly mirrors the earlier melancholic reverie of Madame Sommer as she gazes out the window and doesn't know where to look, Fernando also recalls a time when he, too, was able to see things differently when he was in love. Looking out the window at the estate grounds, Fernando says to himself aloud, "So seh' ich dich wieder? Himmlischer Anblick! So seh' ich dich wieder! Den Schauplatz all meiner Glückseligkeit!"¹⁸⁹ Like Madame Sommer, Fernando's memories of his lost love are mediated primarily through sight. Interestingly, he refers to the scene that he regards out the window as a "Schauplatz," marking his gaze as a

¹⁸⁹539, 24-46.

decidedly theatrical one; this theatricalizing of the gaze also appears in the earlier scene with Madame Sommer, during which Luzie makes note of the “große Platze” as she admires this same view out the window. Fernando continues, repeating almost exactly Madame Sommer’s description of her newfound way of seeing while she was in the presence of her beloved: “...so neu, so bedeutend ist mir alles! So lief das Wasser aus eben den Röhren, wenn ich ach! wie tausendmal mit ihr gedankenvoll aus unserm Fenster schaute, und jedes in sich gekehrt still dem Rinnen des Wassers zusah!”¹⁹⁰

Like the women in the drama, Fernando’s love alters not only the visual elements of his recollections, but also his way of looking at objects and people in the real world. In the following scene of the play when Fernando is reunited with Stella, he fails to recognize that his wife Madame Sommer is also briefly in the room at the beginning of the scene. As the stage directions emphasize, Fernando barges into Stella’s chamber and completely looks past his wife (“Fernando vorbei über sie hinsehend”) and instead stares directly at Stella, runs to her, and throws himself around her neck in a manner typical of a melodramatic female protagonist. He cries, “Stella! Meine Stella! (*An ihrem Hals*) Gott im Himmel, du gibst mir meine Tränen wieder¹⁹¹!” Staring into her eyes, he describes how when gazing at he seems to feel healthy again, similarly to Madame Sommer’s earlier recollection of how sight and “Augenblicke,” when experienced in the presence of the beloved, can have a seemingly therapeutic effect. Fernando embraces Stella and says, “diese Augenblicke von Wonne in deinen Armen machen mich wieder gut, wieder fromm.”¹⁹²

¹⁹⁰539-540, 24-31, 1.

¹⁹¹551, 1-2.

¹⁹²552, 553, 37, 1-2

While it often seems that Fernando's way of seeing has been changed by love in a very similar manner as the other female characters in the drama, his altered perception with regards to love and sight also differs from that of Madame Sommer and Stella in an important way. Unlike Madame Sommer, who as I noted earlier has become more observant and whose gaze is more multi-directional as a result of her experience of lost love, Fernando's gaze can only be directed at one woman at a time, and he exercises his sense of sight more often as a means of control than his female counterpoints.

This is apparent in the scene previously mentioned above, when Fernando completely looks past his wife to fix his gaze on Stella, and in the following passage, when he stares deep into Stella's eyes in order to determine whether or not she has been faithful to him. Fernando locks eyes with Stella and remarks, "...wenn ich in dein blaues süßes Aug dringe, und drinnen mich mit Forschung verliere; so mein ich, die ganze Zeit meines Wegseins, hätte kein ander Bild drinne gewohnt als das meine."¹⁹³ This passage is perhaps the clearest example of a common theme of visual contamination that occurs repeatedly between the drama's three main protagonists. But whenever this contamination occurs between a man and a woman, or in other words, whenever one of the play's female characters locks eyes with Fernando, his line of sight is often used to assess the fidelity or honesty of the woman whose eyes he is probing. Fernando's gaze, although it is one-directional and can only be focused at one individual at a time, is also associated with research and investigation to a much greater extent than with Stella and Madame Sommer. Although Madame Sommer in particular proves herself to be very observant of her surroundings, and she recalls being intrigued by

¹⁹³552, 8-11.

the appearance of the many “tausende Gegenstände” of her first journey as a newlywed with Fernando, female sight in this drama is decidedly less connected with scientific observation. Even though Fernando’s lovesick state has changed the way he sees the world by giving him eyes only for the object of his desire, he retains a capacity for research or “Forschung” that Stella and Madame Sommer lack by nature of being female. This is a point that is also taken up by Hart in her analysis of the play. Hart argues that the women in *Stella* function as mere objects of the male gaze—Stella, for example, “desires merely to be desired by Fernando, and [exists] fully only when she was the object of Fernando’s gaze.”¹⁹⁴ While her feminist reading of the drama is convincing for readers in the late twentieth- and early twentieth century, her critique doesn’t do justice to the ways in which sight plays a distinct and important role for both men and women in this play. While women clearly are the objects of Fernando’s gaze in the drama, and traditional gender roles are ultimately preserved in the descriptions of the ways men and women view the world, Goethe’s use of sight in the drama is interesting because of the ways in which it appropriates and responds to the period’s medical discourse on sight and love. While the drama’s use of sight and vision is largely consistent with some of the most widely-regarded medical theories of this time period on the effects of lovesickness on visual perception (a discourse that by and large upholds strict gender binaries), it also adds a crucial component that is mostly absent from the writings of the *philosophische Ärzte*. As was illustrated in my readings of male and female sight in this chapter, although Stella and Fernando see the world differently as men and women, their gazes are both heavily implicated in the theatrical—when gazing out the window and recalling their youthful memories, both characters note that they appear to be watching a

¹⁹⁴Hart, 412.

Schauspiel. Although men and women see the world differently, the reference to theater that occurs in both of the passages analyzed above dealing with male and female vision suggests the possibility that what male and female sight have in common is their inextricable link to the medium of theater. The fact that Goethe's play draws our attention to the medium of theater as its characters are describing what they see or have seen is important, and will be explored further in the next section of this chapter. The characterization of the male and female gaze as theatrical also calls the audience member's attention to the reality of the staged performance he or she is watching, making him or her a participant in the act of seeing that Fernando and Stella describe. In the next section of this chapter I will explore how it the contagious nature of this kind of theatrical "seeing," pushes the limits of the period's highly gendered medical discourse on lovesickness and allows the drama to entertain the possibility of alternatives to rigid gender binaries that are firmly established in the period's medical writings on love and lovesickness.

As I have argued in this section of the chapter, love and lovesickness in *Stella* are closely associated with visual sense perception, and the association of love with the visual in *Stella* is consistent with the medical discourse of the period that also repeatedly emphasized the visual nature of lovesickness and the potential negative effects on health that unhealthy love could have on an individual. While Goethe's play contains moments where lovesick seeing appears to be identical between male and female characters, the lovesick gaze of Fernando is nevertheless markedly different from that of Madame Sommer and Stella in its association with investigative and scientific observation. While the drama seems to momentarily entertain the idea that men and women in love see the world in a similar manner, it ultimately creates distinctions that uphold the separate identities of the sexes that

are also firmly maintained in the period's medical discourse on the differences between male and female love. In the following section of the chapter, I will show how this is less the case with regard to the play's treatment of the contagious nature of love, and its portrayal of the three main characters as contaminating agents that "infect" one another throughout the course of the drama's plot.

Love Knows no Bounds: Love and Contamination in Stella

While Goethe's depiction of lovesickness in *Stella* appears to align with the period's medical discourse on love with regards to its associations with the visual, it also moves beyond and in some cases reacts against the opinions of the *philosophische Ärzte* by portraying love as a contagious epidemic that has the potential to complicate and blur social categories, particularly the category of gender. Medical writings of the period repeatedly insisted that love had the potential to become unhealthy if it was enjoyed in excess, and stressed that love (in both its healthy and unhealthy forms) was experienced by men and women in a fundamentally different manner. While the lovesick characters in *Stella* do exemplify both this excess and gender division to some degree, Goethe's text is also preoccupied with several elements of unhealthy love that are by and large absent from the period's medical discourse—namely the possibility of homosexual or homoerotic love, and the characterization of love as a kind of fluid that can be passed back and forth between individuals regardless of their gender or social status. While the previous section of the chapter focused on vision and sight as one specific example of the ways in which lovesickness in *Stella* is more or less consistent with the medical literature of the period, this section will investigate how the drama treats romantic relationships and representations of

love that are either entirely absent from medical discourse, or that physicians explicitly viewed to be detrimental to health. Like the other authors explored in this dissertation, Goethe uses the medium of drama to experiment with alternatives to the traditional picture of love within the bounds of a heterosexual marriage. While homoeroticism and polyamory are largely absent or actively discouraged in the period's medical discourse, the playwrights analyzed in this study use dramaturgical techniques that call attention to the contagious nature of theater in order to experiment with imaginative alternatives to traditional models of love between one man and one woman. My close reading of *Stella* in this section explores how Goethe's text responds to the period's medical discourse and uses moves beyond it by highlighting how the contagious nature of love inevitably leads to socially unacceptable homosexual and polyamorous relationships that are impossible to resist. The only solution to this problem of contagious love, as evidenced by the endings of both the 1776 and 1805 version of this play, is the death of the individual or individuals who fall victim to this form of lovesickness.

Physicians at the turn of the nineteenth century were almost universally united in their opinion that love had both positive and negative effects on the human body. Nearly all of them expressed concern that love had the potential to create sickness in an individual if it was felt or enjoyed in excess. Importantly for this dissertation on the intersections of drama and medicine around 1800, it is precisely during this time period that the medical perception "lovesickness" begins to undergo a conceptual change. Up until the end of the eighteenth century, lovesickness was a common and legitimate diagnosis and was attributed as the cause of a variety of common physical ailments. But starting around 1800 and over the course of

the nineteenth century, lovesickness gradually disappeared from the medical vocabulary.¹⁹⁵ However, doctors at the end of the eighteenth century were still heavily concerned with finding an explanation for the physical symptoms of illness that often accompanied feelings associated with love—whether the patient was currently in love or suffering from the lingering effects of a lost love. Though the link between love and mental illness would not be fully formed until the end of the nineteenth century and the beginning of the twentieth, medical writings around 1800 nevertheless contain some of the first explorations of what happens when love becomes obsessive or pathological, and these writings also outline the physical effects on the body that this unhealthy form of love can cause.

Medical literature of the period was very explicit that enjoying love and sex in excessive quantities, as well as outside the narrow framework of a heterosexual marriage, was a leading cause of a variety of common illnesses, and many doctors went to great lengths to encourage their patients to abstain from indulging in sex too frequently or with too many different people at the same time. One of the most prominent physicians of this period, Melchior Adam Weikard, wrote in his widely read medical publication *Der philosophische Arzt* (1775) that promiscuity was directly linked to ailing health. Even simply possessing feelings of love for more than one person was enough to cause disease. In a section of his publication that delineates acceptable “healthy” manifestations of love from “unhealthy” ones, Melchior tells his patients and readers that, “Jede Mannsperson sollte sich hüten, die Reizungen der Liebe zu gleicher Zeit mit mehr als eine Person zu theilen.”¹⁹⁶ As was explored in the previous chapter, there is perhaps no other physician of the period who was

¹⁹⁵Frank Tallis, *Lovesick: Love as Mental Illness* (New York: Thunder’s Mouth Press, 2004), 31.

¹⁹⁶Melchior Adam Weikard, *Der philosophische Arzt*, (Berlin: in der Andredischen Buchhandlung, 1787), 169.

more against excessive love for more than one person outside of a heterosexual marriage than Christoph Wilhelm Hufeland, who went so far as to make a list of tips for young men on how to avoid the temptations of extramarital sex in *Die Kunst, das menschliche Leben zu verlängern*.¹⁹⁷

As we witnessed in the previous chapter of this dissertation on Kotzebue's *La Peyrouse*, the fact that medical publications around 1800 repeatedly stressed the health dangers of promiscuity, pre-marital, and extramarital sex did not stop most authors of this period from filling their works with illicit romantic affairs and love triangles. While Goethe's *Stella* does appropriate some elements of the period's medical discourse, particularly regarding love and sight, the play also uses distinct dramaturgical strategies that suggest the possibility of alternatives to the traditional model of heterosexual monogamy that doctors around 1800 considered healthy. In the close reading that follows, I will show how Goethe's play calls attention to its own theatricality by emphasizing the contagious nature of dramatic storytelling. This self-reflexive emphasis on the theatrical nature of anecdotal retelling underscores the infectious quality of emotion that occurs between speaker and listener. This contagious, theatrical relationship in Goethe's *Stella* suggests the possibility that love, as an "infectious" emotion, cannot be constrained within the bounds of a monogamous, heterosexual relationship.

The play's emphasis on the contagious nature of storytelling is apparent from the first act, when the Postmeisterin elaborately retells the alluring tale of Stella's abandonment by

¹⁹⁷Hufeland writes that sex has the potential to be especially harmful to health when it occurs too early, too often, or outside of marriage ["...Wenn man zu frühzeitig (ehe man selbst völlig ausgebildet ist, beim weiblichen vor dem 18.ten, beim männlichen vor dem 20. Jahre) genießt, wenn man diesen Genuß zu oft und zu stark wiederholt...und wenn man die physische Liebe außer der Ehe genießt; den nur durch eheliche Verbindung...kann dieser Trieb auch physisch geheiligt, d.h...unschädlich und heilsam gemacht werden."] *Die Kunst, das menschliche Leben zu verlängern*, 13.

her husband three years ago. When Madame Sommer and Luzie first arrive at the Posthaus and explain their intent to place Luzie in the service of the baroness Stella, the Postmeisterin proceeds to give the two women Stella's tragic backstory, one that has noticeable parallels to the abandonment story of Madame Sommer:

Das weiß Gott! Ihr Herr ist vor drei Jahren weg, und hört und sieht man nichts von ihm. Und sie hat ihn geliebt über alles. Mein Mann konnte nie fertig werden, wenn er anfing von ihnen zu erzählen. Und noch! Ich sag's selbst, es gibt so kein Herz auf der Welt mehr. Alle Jahre den Tag, da sie ihn zum letztenmal sah, läßt sie keine Seele zu sich, schließt sich ein und auch sonst, wenn sie von ihm redt, geht's einem durch die Seele.¹⁹⁸

The Postmeisterin tells the tragic story of Stella's "Herr" (it remains unclear whether or not the two were ever actually married) and how he vanished three years ago without a trace, leaving her alone and heartbroken in her estate. Every year she marks the anniversary of his departure by shutting herself in, effectively quarantining herself from the outside world. But the Postmeisterin's re-telling of Stella's backstory also calls attention to the contagious nature of storytelling itself; she recalls that her deceased husband could not stop talking about the tragic story and appears to have been unable to stop re-telling the story once he's started ("Mein Mann konnte nie fertig werden, wenn er anfing von ihnen zu erzählen"). Here and elsewhere when characters discuss what happens when Stella herself speaks of her abandonment, there is a pervasive fear of the kinds of emotions the story tends to stir up; here the Postmeisterin describes how the emotional impact of the story pierces the soul ("wenn sie von ihm redt, geht's einem durch die Seele").

Later she recounts this same story for Fernando, and describes the contagious emotion when Stella recounts her tragic personal love story. She tells Fernando, "Gott weiß,

¹⁹⁸537, Act 1, Scene 1, 12-19.

wie's uns wurde, da sie anfang von ihm zu reden, ihn zu preisen, zu weinen. Gnädiger Herr, wir haben alle geweint, wie die Kinder, und uns fast nicht erholen können."¹⁹⁹ The Postmeisterin also recalls that before the man left, simply gazing at this couple and the way they clearly loved each other was enough to completely change a person. She tells Luzie and Madame Sommer that her husband used to say of the couple, "Man war ein ganz anderer Mensch, sagte er, nur zuzusehen wie sie sich liebten."²⁰⁰ There was clearly something so alluring about this relationship that either witnessing it firsthand or experiencing it secondhand through narration has the power to not only stir the emotions, but also alter the soul, turning him or her into a "ganz anderer Mensch."

The contagious effect of both the narrative storytelling and the distanced observation of Stella and Fernando's relationship is effectively highlighted by the Postmeisterin's retelling of the couple's tragic love story, but these contagious effects become even more pronounced when Madame Sommer actually comes face to face with Stella in the following act of the play. In act Stella invites Luzie and Madame Sommer to the estate in order to meet Luzie and determine whether or not she will take her on as a lady-in-waiting. The scene opens with a monologue in which Stella recalls what it felt like to be in love with Fernando, giving the reader/viewer a first-hand account of the story that had such an emotional impact on everyone in the village. Stella first calls our attention to the fact that Fernando's departure has left her with a hole in her heart that urgently needs to be filled ("...Ich brauche viel, viel um dies Herz auszufüllen"²⁰¹). Her monologue begins as a first-person address to herself at

¹⁹⁹541, Act 1, 6-9.

²⁰⁰538, Act 1, 4-5.

²⁰¹544, 11-12.

the time when Fernando still loved her, and then abruptly turns into a prayerful lament directed at God:

...Sonst, da er dich noch liebte, noch in deinem Schoße lag, füllte sein Blick deine ganze Seele; und—o Gott im Himmel! Dein Ratschluß ist unerforschlich—wenn ich von seinen Küssen, meine Augen zu dir hinaufwendete, mein Herz an dem seinen glühte, und ich mit bebenden Lippen seine große Seele in mich trank, und ich dann mit Wonnentränen zu dir hinauf sah, und aus vollem Herzen zu dir sprach: Laß uns glücklich Vater! du hast uns so glücklich gemacht!—Es war dein Wille nicht.²⁰²

The “dich” of the first line of this passage is Stella referring to herself at the height of her romantic attachment with Fernando. The monologue begins with Stella longing to have her heart “filled” again the way it was when she was in love—here again this feeling of being “full” is dependent on vision; it is Fernando’s gaze or “Blick” that fills her soul to the brim (“füllte sein Blick deine ganze Seele”). In fact the entire passage implies that Stella’s love for Fernando was based on a contamination of both their physical bodies and their souls; she literally fills her body and soul with his by drinking his soul with quivering lips, leading their hearts to glow the same (“mein Herz an dem seinen glühte, und ich mit bebenden Lippen seine große Seele in mich trank”). That this memory of her love for Fernando is perhaps unhealthy or delusional is highlighted by use of the pronoun “dich.” In the first sentence Stella is using “dich” to refer to herself in the first person, but immediately after she recounts the way that Fernando’s gaze filled her soul, there is a dash in the text and “dich” is used in the rest of the passage to refer to God. This momentary ambiguity that this abrupt change creates highlights the fact that the lovesick Stella has lost a firm grip on the reality of her own identity—she not only views her former in-love self as a completely separate being from who she is now, but she is also no longer able to neatly separate her own identity from both Fernando and God.

²⁰²544, 9-21.

Madame Sommer and Luzie enter the room immediately after this monologue, and the interaction between Stella and Madame Sommer makes it clear that this contamination of body and soul outlined above can also occur in individuals of the same gender—and in fact Goethe’s play repeatedly entertains the idea that homoerotic love can function as a replacement (though perhaps an inadequate one) for a heterosexual relationship. In its suggestion of the possibility of homoeroticism functioning as a kind of substitute for heterosexual monogamy, *Stella* is hardly revolutionary for its time. Literature in the period around 1800 held a particular fascination for same-sex friendships (the male friendship exemplified in *Die Leiden des jungen Werther* is just one of many examples), and the most prominent writers and thinkers of the time period were engaged in attempting to define the qualities of homosexuality, homoeroticism and “Männerliebe.”²⁰³ However, *Stella* is particularly unique in its focus on heterosexual love between two females, which occurs far less frequently in the discourses on sentimentality of this period.

Stella’s first reaction to Madame Sommer, who unbeknownst to her is the original wife of her love Fernando, is at first one of both attraction and repulsion. She tells Madame Sommer, “Ich weiß daß ich Personen von guter Familie vor mir habe; Aber Ihre Gegenwart überrascht mich. Ich fühle im ersten Anblick Vertrauen und Ehrfurcht gegen Sie.”²⁰⁴ This feeling of attraction and repulsion (and if not repulsion, then at least a strong respect bordering on fear) occurs between all three main characters in the drama; In an earlier scene,

²⁰³For an overview of how homosexuality and homoeroticism were defined and conceptualized in the late eighteenth- and early nineteenth centuries, see Alice Kuzniar’s introduction to *Outing Goethe and his Age* (Stanford: Stanford University Press, 1996), 1-32.

²⁰⁴544, 34-35.

for example, Fernando describes how he feels he is both near and far away from Stella (“ich bin ihr so nah und so ferne”²⁰⁵).

Stella greets her two visitors and immediately inquires about Madame Sommer’s ill health. She tells Madame Sommer, “Ich höre Sie sind nicht wohl, wie ists Ihnen?,” and asks that she sit down and rest. But Madame Sommer flatly denies that she is feeling unwell and insists that her trip has brought forth memories of her youth that have restored her to health. Her description of her trip is similar to her description of her youthful travels to her daughter Luzie that occurred in the previous scene, but this time Madame Sommer alters the narrative to make it seem as if the long journey has actually had a therapeutic effect on her. She tells Stella:

Doch gnädige Frau! Diese Reise in den Frühlingstagen, die abwechselnde Gegenstände und diese reine segensvolle Luft die sich schon so oft für mich mit neuer Erquickung gefüllt hat, das wirkte alles auf mich so gut, so freundlich, daß selbst die Erinnerung abgeschiedener Freuden, mir ein angenehmes Gefühl wurde, ich einen Wiederschein der goldenen Zeiten der Jugend, und Liebe in meiner Seele aufdämmern sah.²⁰⁶

Again Madame Sommer speaks of being fascinated by the rapidly changing scenery and objects of the journey (“die abwechselnde Gegenstände”), but this account stands in stark contrast to the way she originally described the journey to Luzie. The version of the story that she tells to Stella sounds more similar to the way she felt when she first traveled with her husband in the early days of their marriage, when everything seemed new and interesting to her because she was in love. It is clear that Madame Sommer is attempting to hide her misery by insisting that these memories of her lost love are not painful but rather therapeutic; they

²⁰⁵540, 16-17.

²⁰⁶545, 5-12.

allowed her to look into her soul and temporarily glimpse some vestige of the lost golden age of her youth and the love she used to have for her husband.

Madame Sommer's story of her journey resonates deeply with the lovesick Stella, who enthusiastically responds, "Ja die Tage! Die ersten Tage der Liebe!—Nein du bist nicht zum Himmel zurückgekehrt goldne Zeit! du umgibst noch jedes Herz, in den Momenten da sich die Blüte der Liebe erschließt."²⁰⁷ Stella is immediately gripped by Madame Sommer's account and feels compelled to build upon her narrative. But Stella's addition to the story pushes Madame Sommer's thoughts about the effect of love on the body and soul to a new extreme. When Madame Sommer speaks of the "goldene Zeit" she is referring specifically to the golden age of her youth ("die goldne Zeit der Jugend"), while Stella's pronouncement seems to allude to a "golden age" in a broader mythological sense—feelings of love are so powerful that they momentarily allow the lover to connect not only with the idyllic bygone days their own personal youth, but also with an ancient primordial period of ideal peace and harmony.

From here, the interaction between Stella and Madame Sommer accelerates and the two women's conversation becomes so intertwined that it almost becomes more of a monologue than a dialogue. This scene is also noteworthy for the physical touching that is called for in the stage directions, as well as the two characters observing the bodily symptoms of love that the other is experiencing. Madame Sommer grabs Stella's hands and cries, "Wie groß! Wie lieb!"²⁰⁸ and Stella remarks: "Ihr Angesicht glänzt, wie das Angesicht

²⁰⁷545, 13-15.

²⁰⁸545, 17.

eines Engels, Ihre Wangen färben sich!”²⁰⁹ When Stella remarks that Madame Sommer’s cheeks are blushing as they embrace each other, Madame Sommer responds, “Ach und mein Herz! Wie geht es auf! Wie schwillt’s vor Ihnen!”²¹⁰

This exchange, in which Madame Sommer and Stella describe the physiological symptoms of a shared recollection of love (unknowingly for the same person), is similar to Stella’s earlier monologue when she describes her passionate feelings for Fernando. In this passage, as well, Stella mentions the sensation of having her heart and soul filled up by the presence of her lover (“füllte sein Blick die ganze Seele” and “aus vollem Herzen zu dir sprach”)²¹¹ Indeed throughout this dialogue between Stella and Madame Sommer, both women speak about how the men they have loved “fill them up” both physically and spiritually—they mention again and again that their hearts and souls are about to burst from the love and passion that men pour into them. Stella describes how this sensation of being “filled” occurs not just on the level of the soul, but also on the physiological level of the body:

Sie machen uns glücklich und elend! Mit welchen Ahndungen von Seligkeit erfüllen sie unser Herz, welche neue und unbekannte Gefühle und Hoffnungen schwellen unsere Seele, wenn ihre stürmende Leidenschaft sich jeder unserer Nerven mitteilt. Wie oft hat alles an mir gezittert und geklungen, wenn er in unbändigen Tränen die Leiden einer Welt an meinen Busen hinströmte, ich bat ihn um Gottes willen sich zu schonen--! Mich!—Vergebens—Bis in’s innerste Mark fachte er mir die Flammen die ihn durchwühlten.²¹²

Stella’s description of the bodily effects of attraction between men and women describes a model of contagion in which males literally pour their emotions into the souls of their

²⁰⁹ 545, 18-19.

²¹⁰ 545, 20-21.

²¹¹ 544, lines 9 and 21.

²¹² 546, 30-35.

women, infecting them with their passions and hopes in a rather violent manner—Stella recalls how she asks him to stop but that all attempts to resist are futile (“...ich bat ihn um Gottes willen sich zu schonen--! Mich!—Vergebens—Bis in’s innerste Mark fachte er mir die Flammen die ihn durchwühlten.”)

The exchange between Madame Sommer and Stella bears a strong resemblance to this contagious exchange, though it is notably less violent. As they embrace during their dialogue and experience the physical symptoms that accompany recalling those original feelings of passionate love for a partner of the opposite sex, these feelings become so overpowering and contagious that they lead to same-sex attraction. This becomes even more explicit when Stella goes so far as to propose the idea that the two women should remain together and be for each other what their husbands could not be. Stella proclaims:

Madame! Da fährt mir ein Gedanke durch den Kopf—wir wollen einander das sein, was sie uns hätten werden sollen! Wir wollen zusammen bleiben--! Ihre Hand!—Von diesem Augenblick an laß ich Sie nicht!²¹³

This passage, which entertains the possibility of a same-sex marriage that could function as a kind of compensation for women who have been abandoned by their husbands, is critical because it foreshadows the solution proposed by Madame Sommer (Cäcilie) at the conclusion of the 1776 version of the drama. When Fernando is unable to choose between the two women, Cäcilie suggests an alternative polygamous solution in which the three of them live together as husband and wives. In the final lines of the drama, she proposes that “...jede soll ihn haben, ohne der andern was zu rauben,”²¹⁴ and the three agree to share “..Eine

²¹³547, 9-12.

²¹⁴573, 30-31.

Wohnung, Ein Bett und Ein Grab.”²¹⁵ Similarly to Kotzebue’s sentimental drama *La Peyrouse*, the curtain falls on the three main characters in a tearful and joyous embrace. The suggestion that the three lovers share “Ein Bett” is even more explicit than Kotzebue’s proposal at the end of *La Peyrouse*, in which the three characters agree to a sexually ambiguous living situation that somewhat resembles cohabitating siblings.

The Stella-Cäcilie-Fernando love triangle that Goethe’s play constructs exemplifies the problem of love by portraying it as a kind of contagious physical illness for which the body and soul have no defense. Regardless of their genders, the drama’s three main characters function as vessels or receptacles for passion and erotic feelings—their dialogues and monologues engage in dramatic narrative strategies that repeatedly highlight the fluid nature of love, and how the contagious emptying and filling of bodies and souls cannot be controlled or resisted. Fernando’s inability to choose between Stella and Cäcilie, as well as the drama’s repeated entertainment of same-sex and polyamorous alternative solutions to the heterosexual relationship further emphasize the futility of resisting temptation for the sake of establishing a monogamous relationship.

When Goethe re-wrote the end of this play in 1805, changing it to a tragedy that ends with the suicide of both Stella and Fernando, he underscored to an even greater degree the problem of the contagious nature of love. Because of its inability to be contained, controlled, or directed at only one person, the human being who loves finds himself or herself in an impossible trap—it is not possible to ignore feelings of love for more than one person, nor is it socially acceptable to engage in polygamy. In penning a new ending of *Stella* that omits the suggestion of the “*Ehe zu dritt*,” Goethe once again echoes the pessimistic observations of

²¹⁵573, 35-36.

many of the physicians of his day on the subject of love that cannot be fulfilled in a satisfactory manner:

Wenn aber unglücklicher Weise die Liebe auf einen Gegenstand gefallen ist, den der Liebende nicht erlangen kann, so wird der Schmerz dieser Leidenschaft nicht durch verliebte Träume erleichtert: es gibt nagende Sehnsucht, Unruhe. Noch schlimmer ist es, wenn der Liebende sich getäuscht oder betrogen findet, wenn man ihm zuerst viel Hoffnung machte, ihn zuletzt kalt behandelte, verachtete und gar verstieß. Es folgt als dann Melancholiker, oft wüthender Wahnsinn, wovon man beinahe in jedem Tollhause Beispiele antreffen kann. Man unternimmt Handlungen der Verzweiflung und unmenschliche Rache; man...erschießt sich oder den Gegenstand seiner Liebe, oder man tödtet sich durch Vergiftungen.²¹⁶

It is not entirely clear why Goethe made the choice to rewrite a tragic ending to *Stella* in 1805, although some speculate he made the revision both in order to appease critics and audiences that would have found the play's ending shocking and offensive and also because he himself found the ending to be too idealistic with the passing of time. Regardless of the reason for this choice, the 1775 version of the play is nevertheless worthy of more critical attention for the manner in which it both appropriates and pushes back against discourses of love emerging in the growing scientific discipline of medicine during this time. In its use of dramaturgical strategies that emphasize the contagious and theatrical nature of performative storytelling, as well as its emphasis on love's ability to transgress gender boundaries, *Stella* is a work that both self-reflects on the contagious nature of the medium of theater, and uses that self-reflection to question the merits of medical discourses around 1800 that advocated a rather narrow and restricted view of what constitutes a "healthy" relationship.

Conclusion

Perhaps more than any other work and author discussed in this dissertation, Goethe's *Stella* relies on illness as metaphor to explore the infectious nature of love and its ability to

²¹⁶Weikard, 176.

dismantle rigid social and gender categories. But in addition to employing disease as metaphor, *Stella* also engages with and reacts to discourses in the realm of medicine that were invested in discovering the nature of the relationship between love and actual disease. In the drama's exploration of how love affects sight and vision, for example, the play's treatment of health and sickness is by and large consistent with the writings of the *philosophische Ärzte* on the effects of lovesickness on visual perception. In this respect the drama ultimately upholds gender binaries and advocates the same traditional gender roles advocated by the period's most prominent physicians. But in its emphasis on the theatrical nature of sight and vision, as well as in its repeated assertion that performed, theatrical storytelling causes an infectious exchange between listener and speaker, the original 1775 version of *Stella* moves beyond the medical discourse of the period and uses the medium of theater itself to experiment with alternatives to traditional models of heterosexual monogamy. The drama is also unique in its thematization of female homoeroticism (which Goethe did not omit from the 1805 version of the drama). Like Kotzebue's *La Peyrouse*, *Stella* is a work that reveals its author to be employing dramaturgical strategies that highlight the contagious nature of the medium of theater, and illustrating how that theatrical contagion can create a space for imagining alternatives to conventional conceptions of love and relationships in the late eighteenth- and early nineteenth centuries.

Conclusion

In an essay on the state of the contemporary stage published twenty-five years after Goethe's death in 1832, Karl Gutzkow used an illness metaphor of his own to diagnose a "sickness" that he believed theatergoers of the mid-nineteenth century were beginning to suffer from—a growing unwillingness to form a deep emotional connection with the visual material they were constantly absorbing. In 1857 he lamented:

*Das Schauen ist eine Krankheit geworden und den gierigen Blicken der Menge können nicht genug neue Feste, täglich seltsamere Darstellungen geboten werden—nur die Sehnerven des Auges schauen noch, verlangen nach Befriedigung; weniger wollen die Gefühle des Herzens, Sehnsucht und Phantasie wiederfinden.*²¹⁷

Gutzkow's metaphor suggests that the act of seeing (specifically in a theatrical context) is an illness that creates a drug-like dependency on visual spectacle without encouraging emotional or intellectual engagement. His analogy was intended as a critique of an increasingly visual culture that developed over the course of the nineteenth century, but his remarks also take on a greater significance in light of this dissertation's exploration of theatrical contagion on the German stage roughly sixty years earlier. In a statement that reflects a broader nineteenth-century indictment of the sensationalism of theater culture, Gutzkow argues that the German theater of his day is lacking an infectious "Strom dichterischer Schöpfung" that has the potential to lead to self-reflection. This is precisely the kind of contagious exchange between playwright, actor, reader, and audience member that

²¹⁷Karl Gutzkow, "Die Bühne der Gegenwart," in *Unterhaltungen im häuslichen Herd, Neue Folge, zweiter Band* (Leipzig: Brockhaus, 1857), 446.

Kleist, Schiller, Kotzebue and Goethe were attempting to employ in their canonical and popular dramatic works at the end of the eighteenth century.

For Kleist, this “dichterischer Strom” underscores the contrived nature of communication and performance, using a staged dramatic portrayal of a potentially feigned illness to demonstrate to his audience the inherent unreliability of both second-hand accounts and public spectacle. For Schiller, the creation of an infectious “Strom” between viewer and spectator is an integral aspect of the creation of a theater that functions as a moral institution, and effectively equates the relationship between theater and theatergoer to that of a mutually beneficial friendship. Kotzebue’s “Strom dichterischer Schöpfung” (by far the largest “Strom” when one considers the sheer volume of plays he wrote) was primarily intended to delight and entertain, but nevertheless employed sophisticated and infectious dramaturgical techniques to invoke specific emotional responses in his audience members. And for Goethe, poetic infection between actor and audience member is achieved by highlighting the contagious and theatrical nature of storytelling, using the medium of theater itself to propose alternatives to the seemingly rigid gender roles of the early nineteenth century.

Although each of the plays discussed in this dissertation employs different dramaturgical strategies to underscore the inherently “contagious” nature of the medium of theater, all of them repeatedly appropriate and respond to theories on the spread and treatment of disease from the period’s rapidly expanding popular and scientific discourses in the field of medicine. Sickness metaphor in the medium of theater during this period functions as a complex and nuanced illustration of the infectious power of the art form of drama in educating, enlightening, entertaining, and stirring the emotions of the theatergoing public. Even though an understanding of the viral and bacterial spread of disease was in its infancy

at this time, German drama around the beginning of the nineteenth century was already heavily engaged in reflecting on the issue of contagion—in both its staged depictions of infectious disease and as an underlying framework for theorizing the ultimate goals and effects of theater as an art form. Far from being a mere symbolic representation of a middle-class citizenry frustrated by a lack of political freedom, as is often suggested in scholarly literature on drama in the wake of the Enlightenment, dramatic portrayals of illness in German drama around 1800 were often informed by, in dialogue with, or a reaction to actual medical discoveries and debates of the time period, and in some cases they also gesture towards scientific developments in the realm of medicine that came much later in the nineteenth century. By demonstrating for their audiences the analogous relationship between the infectious interactions occurring between and among the characters of their dramas, and the contagious impartment of knowledge, emotion, passion, and feeling that transpires between actor and audience member in the theater, dramatists of this period explored contagion both literally and metaphorically in order to question and articulate the purpose of theater as an art form at the dawn of the nineteenth century.

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