

NARRATIVE THREADS: KARL PHILIPP MORITZ'S  
*ERFAHRUNGSSELENKUNDE* AND RITA CHARON'S NARRATIVE MEDICINE

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To my father, in turn, for his own dedication

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## 1. INTRODUCTION

In the most recent issue of the *PMLA* (March 2005), Julie Stone Peters offers an insightful examination of the nature of interdisciplinarity – her focus, the nexus of law and literature. “One of the sleights of hand of interdisciplinarity,” she argues, “is that it deludes us into the belief that we’ve escaped our disciplinary boundaries.<sup>1</sup> By believing in the acquisition of some type of interdisciplinary occupation, lawyers and professors alike assuage their own boundary anxieties and bask in a new-found sense of “reality”, when the truth is that law and literature are inherently related whether or not they are professionally or academically dubbed so. The ability to understand narrative and the language, tone, plot, subplot and nuance that defines and, in turn, becomes defined by it is integral to both the study of literature and the practice of jurisprudence. Adhering to stringent disciplinarity does not reduce the actual realness of the field but simply the perceived realness within the boundaries we set for ourselves (Peters 452). But one could easily become bogged down here in modern and postmodern semantics when the simple point is that humanistic interdisciplinarity in jurisprudence is important, not in its advent but in the recognition of its preexisting fundamental nature. The same applies to literature and medicine, which is the focus of this thesis.

Peters describes what is known as narrative jurisprudence, one of many movements during the late twentieth Century meant to bring humanism back to the overly bureaucratic and professionalized field of law. The field of medicine too has seen

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<sup>1</sup> Julie Stone Peters, "Law, Literature, and the Vanishing Real: On the Future of an Interdisciplinary Illusion," *PMLA* 120.2 (2005), 451.

movements boasting a concern for the human being in an overly mechanized profession. Narrative medicine (officially named by Rita Charon in 2001, but actually in existence since the nineteen seventies) remains the most avant-garde of these movements.<sup>2</sup> Echoing Peters' ideas about the "reality" of interdisciplinarity, John Launer asks concerning narrative medicine, "Which is a truer account of reality: the patient's [narrative] or the doctor's [diagnosis]? Can both be true?"<sup>3</sup> Well, yes, if they are to be fundamentally linked, which is the basic assumption of narrative medicine. Rather than award Truth to the patient or the physician, narrative medicine seeks to establish a bi-directional flow of ideas and a less hierarchical framework between the two. With narrative medicine a more comprehensive understanding of the patient-as-individual would not replace but supplement sterile medical histories, impersonal rounds visits and the physician-dominated dialogue that overburdens the medical profession today. In order to achieve this comprehensive understanding of the patient, however, physicians need more time to listen to the patient's utterance of his/her experience (thus, *narrative medicine*).<sup>4</sup> This much will suffice for an introduction; the following contains a much more diligent treatment of narrative medicine as both a developing field – or sub-field – of medicine and a movement much similar to that of the famous German author, aesthetician, pedagogue and humanist of the late eighteenth century, Karl Philipp Moritz.

Since 1979, when Susan Sontag published her gleaming account of the metaphorical subtext of illness in the aptly named study, *Illness as Metaphor*, a plethora

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<sup>2</sup> Melanie Thernstrom, *The Writing Cure* (New York: New York Times), 2.

<sup>3</sup> John Launer, "Narrative and Mental Health in Primary Care," *Narrative Based Medicine - Dialogue and Discourse in Clinical Practice*, ed. Trisha Greenhalgh and Brian Hurwitz (London: BMJ Books, 1998), 93.

<sup>4</sup> Rita Charon, "Narrative and Medicine," *New England Journal of Medicine* 350.9 (2004), p. 862.

Throughout the rest of the thesis, I cite only page numbers, so high numbers are to be understood as pages and not columns (especially with Rita Charon and Karl Philipp Moritz).

of articles, books, theses and dissertations on the non-scientific, non-technological aspects of medicine have appeared. In 1981 G.S. Rousseau, then professor of English and Comparative Literature at the University of California in Los Angeles, published an article showing concern for the “state of the field” of literature and medicine as it then existed. Rousseau specifically addresses the directionality of the literature/medicine relationship.<sup>5</sup> On the historical side of the humanities, Roy Porter topped the list of influential figures in the general field of medical humanities, publishing a multitude of books on the history of medicine, including the acclaimed *The Greatest Benefit to Mankind – A Medical History of Humanity*, published in 1997 just five years before his death in 2002.<sup>6</sup> So a preliminary network of medical humanists existed as early as the late 1970’s and laid the groundwork for the explosion of similar interests we find today, which, in fact, is beginning to affect actual medical establishments. For instance, narrative medicine, along with programs in alternative medicine, has taken root in many of the top medical schools in the United States.

According to a report about academic interest in alternative medicine by the Associated Press, more than a third of adults have tried alternative medicine.<sup>7</sup> Rita Charon heads the program in narrative medicine at Columbia College of Physicians and Surgeons while Scott Pearson has initiated a similar program at the Vanderbilt Medical School, not to mention the newly established program in acupuncture at the University of

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<sup>5</sup> G.S. Rousseau, "Literature and Medicine: The State of the Field," *ISIS* 72.3 (1981), 409.

<sup>6</sup> In fact, Roy Porter was included in the acknowledgements of G.S. Rousseau’s article mentioned above (Porter 406).

<sup>7</sup> MSNBC.com, [Medical Schools Embrace the Healing Arts - Universities Respond to Interest in Acupuncture, Herbal Remedies](#) (The Associated Press, 2005), 1.

Pennsylvania.<sup>8</sup> However, one should not put narrative medicine under the heading of “alternative medicine,” for it calls for changes *within* the realm of traditional medicine. Narrative medicine would become the standard of patient care, not the alternative. By acknowledging the embracement of alternative medicines by the public and the appearance of new medical theories, one also acknowledges the growing discontent with the status quo of contemporary medicine within an extremely service-based society. Medical costs are pushing patients (i.e., consumers) away from standard hospital and physician visits as well. Thirty-seven percent of uninsured patients surveyed in the 2002 National Health Interview Survey cited high medical costs as the reason behind their turn to complementary care.<sup>9</sup> In other words, many Americans feel the medical system is either ineffective or unaffordable. Medical insurance may be able to ameliorate the price of medical care for many, but it does not address the problem of health care quality; in fact, many would argue that the insurance system, as an agent of efficiency, further depletes the quality of health care, especially from the standpoint of narrative medicine advocates, who see an extended time with the physician as an integral part of their system.<sup>10</sup>

In the face of such instability and uncertainty, narrative medicine offers one thing: a possibility for change. Narrative medicine may be able to affect change in medicine for the better; then again, it may not. With this in mind, I present the following not as a promotion of narrative medicine but rather an inquisition into its history – a look at

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<sup>8</sup> MSNBC.com, Medical Schools Embrace the Healing Arts - Universities Respond to Interest in Acupuncture, Herbal Remedies; MSNBC.com, A Look at the Questions Doctors Dread (The Associated Press, 2005); Thernstrom, The Writing Cure, 6.

<sup>9</sup> High Costs of Medical Care Prompts Consumers to Seek Alternatives, 2004, Center for Studying Health System Change, Available: <http://www.hschange.com/CONTENT/722/>, 15 June 2005.

<sup>10</sup> Situating “storytelling at the center of medicine” entails extended time with the physician; Thernstrom, The Writing Cure, 1.



narrative medicine as it existed just over a century ago during one crest of the periodic interest in narrative, human knowledge, health and well-being. The ideas are not wholly new, just the landscape.

Physicians, patients, insurance, alternative medicine: these terms concisely and successfully form a collage of today's medicine, but this thesis concerns itself with the eighteenth century as well. Not surprisingly, the field has undergone notable metamorphosis since the eighteenth century to become what it is now. Though many essays and books have been written about medicine in the eighteenth century, two books portray most effectively the general state of medicine as it existed around 1800 in Germany: In specific, Mary Lindemann's book on *Health and Healing in Eighteenth-Century Germany*, and Thomas Broman's more specific investigation of *The Transformation of German Academic Medicine, 1750-1820*.<sup>11</sup> These books convey a comprehensive view of both medical philosophy and the ostensibly more "practical" aspects of medicine – that is, politics, economics and technology. For that reason, I rely primarily on these two texts for the following introduction to the state of medicine at the turn of the eighteenth century. Nevertheless, Robert Tobin's book, *Doctor's Orders – Goethe and Enlightenment Thought*, offers a more precise look at pivotal eighteenth-century concerns such as the mind-body problem (i.e., the "anthropological question"), and the role of the physician.<sup>12</sup>

Concerning medical philosophy, two major schools of thought dominated eighteenth-century Europe: French rationalism and English empiricism. A thorough

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<sup>11</sup> Thomas Hoyt Broman, *The Transformation of German Academic Medicine, 1750-1820* (New York: Cambridge University Press, 1996); Mary Lindemann, *Health & Healing in Eighteenth-Century Germany* (Baltimore: The Johns Hopkins University Press, 1996).

explanation of these schools of philosophy requires a full study in itself, as one can see by performing a simple library or internet search for “rationalism” or “empiricism”. However, the general idea behind both rationalism and empiricism is central to a study of Moritz’s empirical psychology, as the name itself suggests. In short, rationalism and empiricism have conflicting philosophies regarding causality. According to rationalism, causality – the succession of events and their relatedness – is the law of nature; it is independent of the observer, the human being. In contrast, empiricism holds causality to be dependent upon the observer’s associative capacity or ability to comprehend relatedness. In other words rationalists relied on a belief in universality and Truth, whereas empiricists rely on the study of the isolated phenomenon, the disjointed event without relation to the whole.<sup>13</sup> Thus stated, one will recognize that both of these ideas are completely embedded in contemporary thought, suggesting the lasting effect of eighteenth-century philosophy on our present society.

Furthermore, one will recognize that these two philosophies coexist today as a frustratingly intermingled conglomeration of ideas often used in a piecemeal and opportunistic fashion. It would be easy to slip into a political diatribe regarding this statement, but I will stick with a more pertinent example, which turns out to be much more central to this thesis than a simple example. There are namely two conflicting attitudes toward medicine: 1) The almost religious faith in medicine as an exact science and 2) the more artistic approach to medicine, where the treatment of illness changes from patient to patient according to their individuality. The “pill-per-plight” attitude

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<sup>12</sup> Robert Tobin, Doctors Orders - Goethe and Enlightenment Thought (New Jersey: Bucknell University Press, 2001).

<sup>13</sup> Mark Boulby, Karl Philipp Moritz - at the Fringe of Genius (Toronto: University of Toronto Press, 1979), 98.

coexists within each patient with a desire to be treated as a unique human being who is different from other human beings not only on the outside, but on the inside. Of course, neither of these directions alone would ensure an effective visit to the doctor. Purely scientific medicine would injure as many patients as it heals because there simply can be no mastery of medicine; evolution ensures this. Not unlike the medical profession itself, germs, viruses, food and human beings themselves change every day. Everything we see on the news regarding medicine is related to some sort of change. But the purely “artistic” approach would also prove ineffective as time remains a factor. Individualized care takes time, and time *is* money, thus bringing us back to the main issue facing narrative medicine: A balance must exist between the scientific and artistic aspects of medicine. Currently the scientific aspect unhealthily outweighs the artistic. Narrative medicine might just be the solution, and the clues lie in the past.

When Karl Philipp Moritz introduced his *Magazin zur Erfahrungsseelenkunde* in 1882, the German Enlightenment and the invention of the “public sphere” had been in full swing for some thirty years. As Thomas Broman argues, this led to a professionalization of medicine where medical theory could no longer roam free; it was fenced in by state concepts such as utility and practicality.<sup>14</sup> But the rising professionalism of medicine by no means meant a monopoly on health and healing by physicians. Mary Lindemann dedicates a chapter of her book to an exegesis of the apothecaries, barber-surgeons, midwives and bathmasters that she claims characterized the different varieties of medical practice.<sup>15</sup> Though I personally do not view chiropractors, herbalists, energy specialists and other practitioners of alternative medicine

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<sup>14</sup> Broman, *The Transformation of German Academic Medicine, 1750-1820*, 11.

<sup>15</sup> Lindemann, *Health & Healing in Eighteenth-Century Germany*, 144.

as completely invalid, some might consider these people not as alternative medicine specialists but as quacks. Mary Lindemann also characterizes eighteenth-century Germany as one of positive economic change, including the increase of both population and consumerism. However, the growing “free-market” nature of medicine only further complicated the self-understanding of medical practitioners leading to an even more unhealthy amalgamate of physicians and quacks (Lindemann 372-373). This seems to suggest that the socialization of medicine would lead in the opposite direction, away from infective quackery and toward genuine healthcare. Then again, many argue exactly the opposite: that a free-market system of medicine would ensure quality healthcare while keeping prices in check.

An understanding of literature in eighteenth-century Germany adds another dimension to our discussion of Moritz in his eighteenth-century German surroundings. In broad terms, Moritz was most active as a writer in the literary epochs of the late Enlightenment. Not clearly segregated as wholly individual literary epochs, I will simply classify Moritz as an Enlightenment-influenced humanist. Influences on him included the early-Enlightenment philosophers Christian Wolff and Moses Mendelssohn, the author Gotthold Ephraim Lessing, and the philosopher Johann Gottfried Herder.<sup>16</sup> Of course, there were other important figures such as Moritz’s contemporary, Friedrich Schiller, who himself had an interest in the medical – or philanthropic – question of the nature of the human mind.<sup>17</sup> Schiller, like Moritz and most progressive minds of the era,

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<sup>16</sup> Moses Mendelssohn, *Philosophical Writings*, trans. Daniel O. Dahlstrom, Cambridge Texts in the History of Philosophy (Cambridge and New York: Cambridge University Press, 1997).; Karl Philipp Moritz, "Dichtungen Und Schriften Zur Erfahrungsseelenkunde," *Karl Philip Moritz - Werke*, ed. Heide Hollmer and Albert Meier, vol. 1 (Frankfurt am Main: Deutscher Klassiker Verlag, 1999), 1297.

<sup>17</sup> Proof of this can be found in Schiller’s earliest writings during his studies at the Karl Eugene Academy of Medicine, including his three medical theses on the nature of human drives, the reflexive nature of the mind-body mechanism, and, less importantly, on the nature of fevers.

believed in the unity of mind and body rather than the Cartesian duality, which understood mind and body to be separate entities.<sup>18</sup> These three examples merely serve to underscore the extent of interdisciplinarity within the context of Moritz's influences.

The general idea of an "Erfahrungsseelenkunde" however, cannot be attributed to one philosopher or humanist.<sup>19</sup> The term "Psychologia empirica" was coined by the early Enlightenment figure Christian Wolff, while the term "Experimental-Seelenlehre" was introduced by Johann Gottlob Krüger, a then influential medical philosopher in Germany. The term "Experimental-Seelenlehre" then appeared in Moritz's essay "Aussichten zu einer Experimentalseelenlehre" in 1782, precluding the publication of the *Magazin zur Erfahrungsseelenkunde* in 1783. "Erfahrungsseelenkunde" then acted as a net for the preceding terminologies, encompassing their technical, empirical and experimental aspects, and carrying them along for the ten-year publication.<sup>20</sup>

Disregarding for now the importance of social and philosophical influences on medicine, let us consider more specifically the use of narrative structure in medicine. As the primary means of human communication one might easily take for granted the presence of narrative skills within the field of medicine. To say that narrative structure began to disappear in medical practice during the eighteenth century, as Rita Wöbkemeier plainly states in her book entitled *Narrated Illness – Medical and Literary Fantasies around 1800*, would surprise most, leaving a rather peculiar question (5): How then did one communicate as a physician or patient? The answer involves both the role of a growing faith in medicine-as-science that characterized the medical scene of the

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<sup>18</sup> Tobin, *Doctors Orders - Goethe and Enlightenment Thought*, 33.

<sup>19</sup> I say "or humanist" because, as with Moritz, most philosophers were also historians, creative writers, pedagogues, etc.

eighteenth and nineteenth centuries and use of semiotics (that is, the indication of specific illnesses by physical, bodily signs) in medicine.<sup>21</sup> I have already briefly addressed the faith in medicine-as-science; many felt that medicine belonged primarily in the natural sciences and was therefore as rationally solid and as empirically evidenced as other natural sciences. Take for example Friedrich Wilhelm Joseph von Schellings pioneering work in the “Naturphilosophie” at the beginning of the Jena Romanticism. Rita Wöbkemeier dedicates a section of her book to a discussion of Schellings push toward a scientific medicine, culminating in his publication, the “Annual of Medicine as a Science (Wöbkemeier 41).” Semiotics, however, offered and still offers, the physician what seems like a more solid grounding for diagnosis. After all, we rely on visual evidence all too often and find ourselves to be skeptics when it comes to another person’s story, or narrative.<sup>22</sup> Like Rita Charon and the other advocates of narrative medicine, Karl Philipp Moritz viewed story-telling much more positively – even proactively. Rather than resign to the comfortable realm of visual experience, Charon and Moritz believe in the empirical nature of the story. Otherwise there would be no narrative medicine, no *Magazin zur Erfahrungsseelenkunde*.

It is necessary to define more specifically the word “narrative” as it applies in these two cases. Most anyone can tell a story. Given that they have the physical and mental capacity, the story may be better or worse, depending on the skill of the storyteller. But the scale of “good or bad” as a quality is not the concern of either theory

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<sup>20</sup> Found in the “Schriften zur“ part of the following source: Moritz, "Dichtungen Und Schriften Zur Erfahrungsseelenkunde," 1298-1299.

<sup>21</sup> Rita Wöbkemeier, *Erzählte Krankheit - Medizinische Und Literarische Phantasien Um 1800* (Stuttgart: J.B. Metzlersche Verlagsbuchhandlung, 1990), 4.

<sup>22</sup> Mary E. Fissell, "The Disappearance of the Patient's Narrative and the Invention of Hospital Medicine," *British Medicine in an Age of Reform*, ed. Roger French (London: Routledge, 1991).

discussed. The self-reflexive quality, however, is. On the one hand, all storytelling is self-reflexive in the sense that it contains something – a tinge, a preference, even a unique voice – of the narrator.<sup>23</sup> On the other hand, narrative medicine and empirical psychology focus on the more explicitly self-reflexive nature of, say, a medical interview or a written experience. More plainly stated, these situations are intentionally autobiographical and, therefore, typically first-person narratives. Second- and third-person narratives are typical of other types of non-autobiographical literary forms.<sup>24</sup> But narration is narration, whether it is fictional, non-fictional, biographical or autobiographical, or whether it is first-, second- or third-person; so storytelling in both narrative medicine and empirical psychology cannot be exclusively first-person autobiography. During the physician-patient encounter the circumstances would be extraordinary, but one could imagine a situation where the patient might need to tell an indirect narrative about an experience so insurmountable that he or she could not bear a first-person account. The written narrative, however, allows for more creativity, which I will later point out in Karl Philipp Moritz's theoretical texts and psychological novel.

This first-person account, as mentioned earlier, disappeared from the doctor's office during the eighteenth century, appearing from then on solely in religious expositions and advertising testimonials.<sup>25</sup> Consequently, the interpersonal nature of the

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<sup>23</sup> In Michael Scheffel's book entitled *Formen Selfreflexiven Erzählens*, he cites literary theorists Wolfgang Iser and Karlheinz Stierle saying that even "fictional" narratives are "autoreflexiv" or "autoreferentiell" (Scheffel 24).

<sup>24</sup> More specifically, pathographies, fictional literature and poetry relating to illness and medicine fall into this category and would be more appropriate for the field of "Literature and Medicine" as addressed by the previously mentioned article by J.J. Rousseau. Also, an additional and more recent essay by J.J. Rousseau entitled "Medicine and the Muses" further interrogates the theoretical realm of literature and medicine. See G.S. Rousseau, "Medicine and the Muses: An Approach to Literature and Medicine," *Literature & Medicine During the Eighteenth Century*, ed. Marie Mulvey Roberts and Roy Porter (London: Routledge, 1993).

<sup>25</sup> Fissell, "The Disappearance of the Patient's Narrative and the Invention of Hospital Medicine," 96-99.

physician-patient relationship moved almost exclusively into the church. Georg Büchner's – himself a physician – critically highlights this trend in his retelling (1835) of J.M.R Lenz's late eighteenth-century psychopathological experience through the journal entries of his “therapist,” the famous clergyman, J.F. Oberlin.<sup>26</sup> More than a hundred years later the pastor, assigned to the small chapel in the public hospital, remains the primary psychological caregiver in the medical landscape.

As Robert Tobin states in the preface of his book *Doctor's Orders – Goethe and Enlightenment Thought*, medicine was an “interpretative art” before it laid claim to scientific truth.<sup>27</sup> Certainly, the patient's narrative became less important to this interpretation as medical technology advanced and new means for semiotic diagnosis became dominant. In addition, the rise of the hospital, often referred to as the institutionalization of medicine, crippled the use of patient narrative by highlighting the redundancy factor in medicine.<sup>28</sup> In other words, with greater numbers of patients isolated within a smaller area, the statistics inherent to medicine became noticeable. Patient complaints seemed redundant, and for the most part they were. However, to take a political example, the majority must allow the voice of the minority. Similarly, it would be a misstep to presume that the pattern set by the majority of patients should exclusively affect the way each patient is treated. This is the situation in which we find ourselves today and the reason alternative medicine is gaining such momentum in the health market.

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<sup>26</sup> I say “critically” because the text suggests the inadequacy of religion to deal with psychological problems. Refer to: Georg Büchner, “Lenz” and “Probevorlesung über Schädelnerven,” Georg Büchner – Werke und Briefe, ed. Karl Pömbacher, et al, München: Deutscher Taschenbuch Verlag, 2002.

<sup>27</sup> Tobin, Doctors Orders - Goethe and Enlightenment Thought, 7.

<sup>28</sup> Fissell, "The Disappearance of the Patient's Narrative and the Invention of Hospital Medicine," 101.



In the next section, I specifically explain the theory behind narrative medicine in its attempt to bring patient care and satisfaction back to the table in mainstream medicine. Following that chapter is a critical evaluation of Moritz's "Erfahrungsseelenkunde" and a theoretical correlation with – and practical adaptation to – today's field of narrative medicine.

## 2. PRESENT: NARRATIVE MEDICINE

### 2.1. On the Nature of Narrative Medicine

Rita Wöbkemeier defines illness as follows: "Krankheit – ein medizinischer Sachverhalt, ein empirischer Befund im unentwirrbaren Geflecht von Erfahrungshorizonten, wissenschaftlichen Interesse und metaphorische Rede."<sup>29</sup> Since the eighteenth century this discourse has become dominantly scientific without losing, as Susan Sontag has argued, its metaphoric quality. Both science and metaphor work to create a "confusing and contradictory language" that professionals may use (intentionally or not) which in the end only steals validity from the patients' accounts of their illness.<sup>30</sup> Meanwhile, the personal experience of the patient – and let us not forget the physician, for her/his experience is just as crucial – seems to be negatively proportional to the other two factors in this fixed equation; it is in its decline. Proof of this decline is found in the almost stenographic medical history, in the five-minute doctor visit where the patient is interrupted after speaking on average for seven seconds, and in the widely accepted

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<sup>29</sup> Wöbkemeier, Erzählte Krankheit - Medizinische Und Literarische Phantasien Um 1800, 19 (my emphasis).

<sup>30</sup> Launer, "Narrative and Mental Health in Primary Care," 93.

“web-doctors” such as [www.webmed.com](http://www.webmed.com).<sup>31</sup> What is a patient to do who is ill, who is slightly informed about their illness but nevertheless in need of diagnosis from a professional physician, and who wants to be an active participant in her/his visit to the doctor?<sup>32</sup> Enter narrative medicine.

Of course, narrative medicine is not a fully-functional and established discipline. In fact, few even agree on what narrative medicine really is, when it started, who started it and how it should be approached. Aside from Rita Charon, who is generally understood to be the theoretical mastermind of narrative medicine, there are others who actively take part in the theoretical formation of narrative medicine – or something like it. The *New York Times.com* article addressing narrative medicine and titled “The Writing Cure” (Melanie Thornstrom) offers a brief overview of contentions between these theorists. Abraham Verghese, like Charon, believes in the ability of literature to instruct physicians and instill a “narrative competence,” but, unlike Charon, Verghese believes there should be an explicit medical content in the literature. Charon feels *any* narrative competence is beneficial (Charon 5). Another prominent figure, Arthur Frank, holds literature – that is, reading – to be less the object of narrative medicine and places non-fictional writing at the center of the field (Frank 6). This more traditional view of “writing as therapy” does not, in fact, conflict with Charon’s theory; it merely extracts one of many aspects from Charon’s idea of narrative medicine. “By rendering whole that which they observe and undergo, doctor-writers can reveal transcendent truths, exposed

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<sup>31</sup> Though web-doctors do not offer adequate diagnostic capacity, they do have their merit. Having an informed patient can help to reduce gross misdiagnosis or other malpractice issues. On the other hand, patients who convince themselves that they are informed enough to self-diagnose can lead to multiple problems: 1) Patients may not seek professional medical advice in a situation that necessitates it, or 2) they may self-diagnose incorrectly and take action(s) that may be more detrimental than healthful.

<sup>32</sup> Granted, there are some patients who would rather receive medical attention passively and unidirectionally (physician → patient); however, this broad characterization will fit the average patient.

in the course of illness, about ordinary human life,” Charon states somewhat hyperbolically in her essay, “Narrative Medicine.”<sup>33</sup> Obviously Rita Charon does not underestimate the benefit of medical writing. Instead, it fits nicely into her grand “model” of narrative medicine comprehensively outlined in her 2001 article, “Narrative Medicine – A Model for Empathy, Reflection, Profession, and Trust.” It is in this persuasive exegesis that one finds a model for narrative medicine that not only lends itself well to an extra-centennial examination of Karl Philipp Moritz’s “Erfahrungsseelenkunde,” a theory belonging to the same narrative push, but also provides the most substantial consideration of the immediate benefits of narrative medicine. For this reason, I will use this text, “Narrative Medicine – A Model for Empathy, Reflection, Profession, and Trust,” in the following section to examine Rita Charon’s theory of narrative medicine.

## 2.2. Rita Charon’s Model

Simply put, narrative medicine is “medicine practiced with narrative competence.”<sup>34</sup> This narrative competence is essentially cultivated literacy. When we are very young we learn to read Dr. Seuss books. The rhymes, short sentences and pictures help us to understand a simple, linear narrative. Later, perhaps in late elementary school or middle school, we learn to read short stories and short novels. The narrative involved is still linear for the most part, but the length and attention required are greater. Then we move into our more complicated adolescent years, and the assigned summer reading seems to

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<sup>33</sup> Charon, "Narrative and Medicine," 862.

echo the enhanced complexity of life at this age. Plot and subplot become convoluted, actions and their reactions seem chaotic and complex, words are increasingly difficult to understand, and real characters develop, not to mention symbolic and metaphoric language. On second thought, it appears that our literary capacity corresponds to an extent with our experience of life. Glib revelations aside, this is exactly the reasoning behind narrative medicine; furthermore, it is the force behind the development of literature as a whole. The experience of life can be expressed verbally. Either it can be oral, as most early literature was, or it can be written. So the first stipulation for physicians who would effectively practice narrative medicine is a finely tuned narrative capacity.

Through capacity comes knowledge, and knowledge is integral to the diagnostic procedure. Charon argues along these lines that

unlike its complement, logicoscientific knowledge, through which a detached and replaceable observer generates or comprehends replicable and generalizable notices, narrative knowledge leads to local and particular understandings about one situation by one participant or observer. (Charon 1898)

Furthermore, she adds that “narrative knowledge attempts to illuminate the universally true by revealing the particular (Charon 1898).” In this argument, one immediately notices the role of the observer. In Charon’s understanding of the so called “logicoscientific” realm, the observer is replaceable, which means she or he is not integral to the matter at hand except in the function of observing. This is nothing more than a description of the scientific method, in which reproducibility and detached

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<sup>34</sup> Rita Charon, "Narrative Medicine - a Model for Empathy, Reflection, Profession, and Trust," JAMA 286.15 (2001), 1897.

observation are two necessary parts.<sup>35</sup> Echoing the introduction about Schelling's "Naturphilosophie," Charon's statement about "universal truth" crashes up against a similar barrier: It sounds too metaphysical. It reaches into the religious sphere, which means almost certain demise in the field of medicine. However, if we begin to reassert that medicine *is* metaphysically – or better yet, psychologically – involved and that treatment of illness is very much dependent on the patient's ability to understand and express their experience, then statements like Charon's and Schelling's would have no negative effect on their theories.

Returning to the discussion of narrative competence, Charon certainly does not want to suggest that any given narrative will be clear and easily comprehensible. First, Charon reminds her readers that any narrative must be considered within a certain context (Charon 1898). She cites three concerns (Charon 1898): 1) Who tells the story? 2) Who hears the story? and 3) Why and how is it told? In the case of narrative medicine, the answers would be 1) the patient or physician, 2) the physician or other physicians, and 3) "as a means of more effectively understanding a particular malady" and "in various ways."

Once the logistics of the narrative action are understood, there is still the matter of the narrative itself. Not all narratives are logically produced and linearly arranged. For example, during my time volunteering at the neurology clinic at the Vanderbilt University Medical Center a patient showed up with a rare disorder called Cotard's

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<sup>35</sup> The role of the scientific experiment is not new to the realm of literature. For an interesting and fundamental text about this topic, see Johann Wolfgang von Goethe's essay, "Der Versuch als Vermittler von Objekt und Subjekt." Johann Wolfgang von Goethe, "Der Versuch als Vermittler von Objekt und Subjekt." In *Schriften zur Naturwissenschaften*, edited by Michael Böhler (Stuttgart: Philipp Reclam, 1977).

Syndrome, a psychological affliction set on by deep depression.<sup>36</sup> With this syndrome, the patient believes him/herself to be dead or non-existent and will usually keep his/her eyes closed. Imagine being a physician and hearing a patient explain that he is deceased and has become upset that his family has not yet properly buried him. How does one react? The narrative is obviously not logical from the observer's perspective, who sees the patient laying there alive. But the narrative savvy physician (most likely a neurologist in this case), will recognize that the patient is suffering from a syndrome and that for him/her there is no other reality: They are dead, and their family forgot to bury them. The medical treatment will then follow from this understanding.

Another example of a non-linear and/or illogical text is the so-called "unruly text," which both Jan Mart and Arnold Weinstein address in their respective essays: "Postmodernizing the Literature-and-Medicine Canon: Self-Conscious Narration, Unruly Texts, and the *Viae Ruptae* of Narrative Medicine," and "The Unruly Text and the Rule of Literature." Weinstein not only questions the almost exclusive use of "realistic prose fiction" in the literature and medicine field but also goes so far as to say that the "easy text" itself is an illusion.<sup>37</sup> If treated seriously, almost any text will become complex. Like the highly complex fractal with its stunningly simple equation (or vice versa), literature often surprises those who take a second glance. Nevertheless, Weinstein suggests the use of the unruly text to better equip the physician with the right tools for understanding "human utterance" and "human communication" and follows this by explaining selected texts by Sherwood Anderson and Kafka (Weinstein 2). In this same

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<sup>36</sup> For a more extensive explanation of this disorder, refer to any web reference or, more specifically, to Pearn and Gardner-Thorpe. "Jules Cotard (1840-1889) His life and the unique syndrome that bears his name." *Neurology* 58 (2002): 1400-1403.

<sup>37</sup> Arnold Weinstein, "The Unruly Text and the Rule of Literature," *Literature and Medicine* 16.1 (1997): 1.

vein, Lorrie Moore has written many short stories about coping with illness, one of which proves itself quite unruly. Written in a stream of consciousness fashion, the short story, “People Like that are the only People here: Canonical Babbling in Peed Onk,” offers the third-person narrative of a couple who have a child in a pediatric oncology clinic. At one point the mother is shown grappling verbally with her feelings. She disparages:

But this? Our baby with cancer? I’m sorry. My stop was two stations back. This is irony at its most gaudy and careless. This is a Heironymus Bosch of facts and figures and blood and graphs. This is a nightmare of narrative slop. This cannot be designed. This cannot even be noted in preparation for a design. (Moore 223)

Obviously, physicians are meant to gain with this passage a better understanding of the whirlwind of confusion surrounding a parent who, in this case, learns their child has cancer. But, still, there is more to this text; it is a commentary on the breakdown of regular speech and thought into a “narrative slop” in the face of medical shock. Language, action and the surrounding world seem to lose their design and direction. The text – life – becomes unruly.

Similarly, Jan Marta argues Foucault-like that the “disorderly and opaque narrative structures of medicine” are simplified and watered down by the physician in order to maintain the institutional authority of the profession.<sup>38</sup> By examining the levels of narration, voice, distance, person and time of a typical medical narrative, Marta uncovers the sophistication of patient/physician interactions and the real need for

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<sup>38</sup> Jan Marta, "Postmodernizing the Literature-and-Medicine Canon: Self-Conscious Narration, Unruly Texts, and the *Vitae Ruptae* of Narrative Medicine," *Literature and Medicine* 16.1 (1997): 13. Also, Foucault is often brought in to the discussion of medicine and narrative because of his writings on the history of medicine and psychiatry. Andreas Galius, for example, offers a Foucaultian interpretation of Moritz’s Magazine in his article “A Case of Individuality: K.P. Moritz and the Magazine for Empirical Psychology.” Full citation: Andreas Gailus, "A Case of Individuality: Karl Philipp Moritz and the *Magazine for Empirical Psychology*," *New German Critique* 79 (2000): 67-76.

Charon's "narrative competence." Though interesting in their own right, the articles by Marta and Weinstein may not prove useful for the physician willing to pursue narrative medicine but at the same time unable to spend the time and effort it would take to understand its most complicated facets, such as the interrelation between first, second and third narrative levels (Marta 4). Despite this complication, Marta's article provides a clean analog to Charon's concept of a "parallel chart."<sup>39</sup> The parallel chart is designed to allow the physicians to write down their own feelings about their patients in a less formal fashion – in a notebook. By doing this, physicians create a supplemental narrative to the medical history that they are required to write for each patient in the examination room. This observation-reflection technique is meant to counter the distancing effect of typical purely observational behavior in the clinic and reconnect the patient to the physician.

Parallel charts, however, are not the only means of bringing the physician-patient relationship back in check. A central aspect of narrative medicine for Charon is the use of narrative during the actual physician-patient interaction; she calls this "empathetic engagement."<sup>40</sup> One might also call this a crossroads of therapy and medical practice, that is if the word "therapy" were not so negatively understood today. Committing another unfortunate faux pas in the realm of modern medicine, Charon likens the therapeutic effect of narration to that of psychoanalysis, limiting in a way her persuasive reach only to those who are already convinced of the legitimacy of psychoanalysis.<sup>41</sup> John Launer vouches similarly for the therapeutic benefit of narrative medicine. As with psychoanalysis, the point of narrative therapy is to discover "new

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<sup>39</sup> Thernstrom, *The Writing Cure*, 3.

<sup>40</sup> Charon, "Narrative Medicine - a Model for Empathy, Reflection, Profession, and Trust," 1898.

<sup>41</sup> "As in psychoanalysis, in all of medical practice, the narrating of the patient's story is a therapeutically central act ... (Charon, P. 1898)."



meaning” in the narrative thread that “may make a difference to the patient.”<sup>42</sup> But Launer, by using three examples of the narrative encounter, admits that the role of the physician cannot always be that of the therapist. At some point the patient needs either “paternalistic” treatment or “expert” advice (95); thus the patient-physician encounter becomes once again a crossroads of therapy and medical practice.

### 2.3. The Problem of Psychotherapy

Despite the general pessimism directed toward psychotherapy by the public and many professionals, there are those who argue that there are specific scientific claims to psychological analysis and therapy. The most famous eighteenth century example of this argument is Moses Mendelssohn’s essay “On Evidence in Metaphysical Sciences,” published in 1763, in which he argues that metaphysical claims to truth are no less obscure than mathematics. In the essay, Mendelssohn addresses the “analysis of concepts” (read psychoanalysis), understood as a type of metaphysical labor in which uses narrative understanding and imagination as hermeneutic tools.<sup>43</sup> Though highly persuasive in his time, Mendelssohn’s argumentation would have difficulty standing up against more contemporary scientific claims to truth. In fact, Mendelssohn would eventually scrutinize his own essay and the complications that arise from his argument – a problem of idealism.<sup>44</sup> This is the problem we face today when questioning psychology. There exists a double standard for idealism, for a belief in that which is not

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<sup>42</sup> Launer, "Narrative and Mental Health in Primary Care," 95.

<sup>43</sup> Mendelssohn, *Philosophical Writings*. “Introduction” and “On the Evidence in Metaphysical Sciences.”

<sup>44</sup> Daniel Dahlstrom, Moses Mendelssohn, 2002, Available: <http://plato.stanford.edu/archives/win2002/entries/mendelssohn/>.

immediately accessible to the human senses; it is allowed, even required, in the realm of religion, but it is more or less locked out of all scientific, medical and pragmatic discourse. Then again, “more or less” leaves room for those who would pick up Mendelssohn’s line of argumentation and restart the discourse in our own time.

One such author is Jeremy Holmes, who writes on the use of “Narrative in Psychotherapy” in the Greenhalgh and Hurwitz’s widely used textbook on narrative medicine. Instead of “radical narrativism,” which would conduct narrative therapy much like psychoanalysis – in a completely hermeneutic fashion – Holmes ascribes to “partial narrativism,” which not only utilizes hermeneutics but also scientifically investigates the benefits and efficacy of different techniques and therapies through the use of statistical data.<sup>45</sup> For example, Holmes outlines the content of “attachment research” which is basically a description of the types of narratives that arise from different patients. Secure and insecure attachment result respectively either in thorough, relaxed and convincing narratives or self-conscious, avoidant narratives (Holmes 182). The therapist – in narrative medicine, the physician – then must decide how to proceed with the narrative process according to the type of patient and resultant narrative structure. One physician philosopher, E.K. Ledermann suggests that the psychiatrist’s – or for our discussion, the everyday physician’s – task is to “help those who cannot meet the challenge of their lives.”<sup>46</sup> Translated into narrative medicine and with reference to the physician-patient interaction in general, “challenge” becomes illness so that the physician’s job is not only to try to heal the patient, but also to bring the patient, him/herself, up to the task at hand, thus aligning the goal of the physician with the goal of the patient. Holmes, again,

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<sup>45</sup> Jeremy Holmes, "Narrative in Psychotherapy," Narrative Based Medicine - Dialogue and Discourse in Clinical Practice, ed. Trisha Greenhalgh and Brian Hurwitz (London: BMJ Books, 1998), 177-178.

suggests for this task the “non-attached” therapist/physician, one who can deftly maneuver through a patient’s narrative, picking up on important data while not becoming too involved in the story (Holmes 184). This call for a “non-attached” therapist seems to correspond most suitably with Charon’s push for narrative competence in the next generation of physicians.

Fortunately for the persuasiveness of her article on account of the general reading public, Charon quickly follows her integral – if perhaps exuberantly worded in light of Holmes’ more thoughtful approach to psychotherapy and narrative – discussion of psychotherapy and narrative medicine with a pragmatic look at the economic benefits of narrative. Two major arguments arise. Firstly, and briefly, the refining of one’s empathetic abilities and narrative competence results in a more precise diagnosis, saving money in the long run that would have been wasted on patient revisits and “second attempts” at treatment. Secondly, such skills would cause a more time efficient interaction, also saving money at the bottom line (Charon 1899).

Nonetheless, the economic benefits remain to be proven and overreach the aim of our immediate considerations, so I will restrict their mention to the previous paragraph. For our discussion, let us return to the use of observation, empathy and narrative competence and consider *their* alleged benefits according to Charon. These benefits are, in fact, being investigated and research has been funded on their behalf.<sup>47</sup> In Charon’s article, “Physician-Self: Reflection in Practice,” it looks as though Charon is trying to create a shining example of the up-and-coming physician. Combating the stereotypical (though often proven) image of the condescending, distanced and overly-professional

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<sup>46</sup> E.K. Ledermann, Philosophy and Medicine (London: Tavistock Publications, 1970), 75.

<sup>47</sup> Charon, "Narrative and Medicine," 863.

physician, Charon pieces together a collage of the next generation of physicians, one of “authentically engaged,” “compassionate,” “self-reflective” and “disciplined”.<sup>48</sup> This is what the physician competent in narrative medicine has to offer. It may seem idealistic, but this sort of thinking and representation of ideas is necessary to instigate change. Only this way do people see what they are missing.

But Charon does not stop here. Narrative medicine provides the means for re-establishing what Charon sees as waning professionalism in the medical field. Professionalism – a phenomenon rooted in the “bonds among physicians” and their pedagogical interactions – is becoming less and less a visible part of daily life in the medical sphere (Charon 1900). One sees the same trend here that was mentioned earlier: A call for unity reaching back to Karl Philipp Moritz’s era. In the eighteenth century, the call was for unity among professionally trained, academic physicians to unite against quacks of all sorts. The call today, however, is for those physicians who sincerely care about quality interaction with colleagues and patients to unite among those physicians lacking such desires, another sort of quackery. So the focus of narrative medicine is not simply the patient-physician interaction; it is a concern for the future of the medical practice in general.

Within this nebula of ideas pertaining to narrative structure – professionalism, human interest, psychotherapy – we move almost unnoticed into another century. Like two parallel dimensions, one flat against the other, Moritz’s “Erfahrungsseelenkunde” and Charon’s narrative medicine share similar landscapes with slightly altered phenomena. One tries to establish a profession; the other tries to re-establish waning professionalism. One introduces a new field of scientific inquisition

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<sup>48</sup> Charon, "Narrative Medicine - a Model for Empathy, Reflection, Profession, and Trust," 1899.

based in narrative expression and aimed at human understanding; the other re-introduces the lost skill of narrative competence to an age-old field. One basks in psychoanalytic theory before its heyday; the other walks a fine line between psychotherapy and “objective science.”

### 3. PAST: “ERFAHRUNGSSEELENKUNDE” OR EMPIRICAL PSYCHOLOGY

#### 3.1. The History of the Field and the Establishment of the *Magazin*

Much like Rita Charon’s alleged “hijacking” of the narrative medicine bandwagon, Karl Philipp Moritz commandeered a moving vehicle with his *Magazin zur Erfahrungsseelenkunde*.<sup>49</sup> First published in 1783, the *Magazin* dedicated ten years and ten volumes to the “understanding of the human heart” before it ended in 1793.<sup>50</sup> But these ten years of investigation were not the result of a sudden, groundbreaking interest in the relationship between human psychical and physical activity. As has already been shown, figures such as Christian Wolf, Gottfried Wilhelm Leibniz, Moses Mendelssohn, Friedrich Wilhelm Joseph von Schelling, G.W.F. Hegel, Friedrich Schiller, et cetera predated and coincided with Moritz’s in his line of inquisition. And these figures represent the German tradition alone. French and English philosophers were equally as

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<sup>49</sup> “Hijacking” refers to Abraham Verghese’s comment about Charon in the the *New York Times* article by Melanie Thernstrom: “Verghese has been surprised at how successful Charon has been at copywriting, so to speak, the idea of storytelling in medicine, ‘as if this is a new invention,’” reports Thernstrom. Melanie Thernstrom, *The Writing Cure*, 5.

<sup>50</sup> Moritz, “Dichtungen Und Schriften Zur Erfahrungsseelenkunde,” 793,1265. Here, again, references to Moritz include only page numbers, not columns.

interested in the anthropological question – Lock and Descartes are two famous examples.

The medical dialogue surrounding psychology can be summed up in the dialogue surrounding the mind-body question. The conservative school of thought during Moritz's era clung to a belief in a separation of mind and body, while progressive thinkers tried to come up with theories proving the connection of the two. Entering the eighteenth century, one sees a departure from chemical treatment's for mental illness and a movement toward psychotherapeutic treatment by notable physicians such as Georg Ernst Stahl and his follower Johann Gottlob Krüger.<sup>51</sup> Naturally, Moritz's ideas concerning the human being and the soul fit most comfortably within this progressive school of thought, despite his influences from the aesthetic and philosophical realms, Wolff and Leibniz. In his entry "Seelenzeichenkunde," Moritz even cites Lavater's *Physiognomik* as having an immediate influence on his theories.

Proof of the already established dialogue surrounding empirical, experiential and/or general psychology can be seen in the immediate responses to the first volume of the *Magazin zur Erfahrungsseelenkunde*. Already in 1783 the editors of the *Literatur- und Theater-Zeitung*, published in Berlin, offered commentary on Moritz's publication stating, "Wir waren von der Wichtigkeit und Nutzbarkeit eines solchen Unternehmens schon lange überzeugt, und sahen daher mit Verlangen der Ausführung desselben entgegen."<sup>52</sup> Other newspapers followed suit in 1784 with suggestions pertaining to the division of physiological and psychological "systems" in the layout of the magazine, including "Seelenkrankheitskunde," "Seelennaturkunde," "Seelenzeichenkunde" and

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<sup>51</sup> Tobin, Doctors Orders - Goethe and Enlightenment Thought, 37-39.

“Seelendiätetik.”<sup>53</sup> As if the immediacy of the review of Moritz’s magazine were not enough proof of a well-developed line of inquisition, it appears the editors of these various newspapers were prepared for a precise and assured critique of the newly published magazine.

But outside critique was not the only obstacle for Moritz. During its ten-year run, the *Magazin zur Erfahrungsseelenkunde* saw three editors, none of whose vision for the magazine concurred with the other. The contention between Moritz and his temporary co-editor, Karl Friedrich Pockels, who edited volumes five through seven of the magazine, is the most notable (Moritz, “Schriften zur...,” 1265). Still a rather vague undertaking, the *Magazin zur Erfahrungsseelenkunde* was guided by Pockels during Moritz’s travels through Italy (a typical excursion for German authors in the age of travel) from 1786 to 1789, and the result of this unmonitored “guidance” was a reclaiming of the magazine by Moritz and a few unbecoming letters. Published in the second part of the seventh volume of the magazine, Moritz’s first letter to his reading public explains his rationale for taking back control of the magazine: Pockels simply had a different vision.<sup>54</sup> The magazine had become the “moralisches Geschwätz” that it had initially avoided becoming (Moritz, “Vorrede,” 811). In other words, Pockel’s infused the magazine with an overarching ethos rather than letting the facts stand on their own.

Moritz’s own vision can be found most prominently in his “Vorschlag” for and “Vorrede” to the magazine, while the “Revisions of Mr. Pockels Revisions in this

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<sup>52</sup> *Literatur- und Theater-Zeitung*. No. II, Berlin, 11 January 1783. In Moritz, "Dichtungen Und Schriften Zur Erfahrungsseelenkunde," 1273.

<sup>53</sup> More specifically, the aforementioned *Litteratur- und Theater-Zeitung* in 1793 and the *Gothaische gelehrte Zeitungen* in 1784. Moritz, "Dichtungen Und Schriften Zur Erfahrungsseelenkunde," 1273, 1275.

<sup>54</sup> ‘An die Leser des Magazins zur Erfahrungsseelenkunde.’ In: Moritz, "Dichtungen Und Schriften Zur Erfahrungsseelenkunde," 1266-1268.

Magazine,” published in magazine VII 3, offers a reevaluation of Moritz’s vision seven years into the magazine’s publication. Perhaps the most cited passage from Moritz’s magazine is his opening statement in the “Vorschlag zu einem Magazin einer Erfahrungsseelenkunde.”<sup>55</sup> In this passage he addresses his proposal “an alle Verehrer und Beförderer gemeinnütziger Kenntnisse und Wissenschaften, und an alle Beobachter des menschlichen Herzens, welche in jedem Stande, und in jeglichem Verhältnis, Wahrheit und Glückseligkeit unter den Menschen tätig zu befördern wünschen (Moritz, “Vorschlag,” 793.) From the beginning it seems Moritz was brandishing support from his colleagues of the late Enlightenment, using such terms as “knowledge,” “science,” “truth” and “happiness” within an undeniably positive context. However, Moritz’s intended audience did not include just philosophers, physicians and theologians (as “knowledge,” “science” and “truth” suggest); average citizens alike were intended to take part in this accumulation of human data, for “happiness” appealed to everyone. And as it turned out, submissions to the magazine were accepted from anyone (although the focus of this examination will remain on Moritz’s own texts.)

### 3.2. Stated Goals

But what was the goal of the magazine, and what type of submissions were expected? LeeAnn Hansen argues that the magazine was [Moritz’s] “explicit attempt to gather empirical information from a variety of sources, many of them nonmedical, concerning the (mostly pathological) formations of the human personality,” which is correct though

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<sup>55</sup> This passage is cited most specifically by Sybille Frickmann in her analysis of the *Magazin zur Erfahrungsseelenkunde*. Sybille Frickmann, “Jeder Mensch Nach Dem Ihm Eignen Maaß” Karl Philipp



lacking the intensity of Moritz's vision.<sup>56</sup> Akin to the initiators of the U.S. Human Genome Project in 1990, Moritz saw the magazine as the potential key to unlocking the nature of humankind.<sup>57</sup> He muses, "It would then become a universal magic mirror in which human kind could observe itself (Moritz, "Vorschlag," 797)." Once again, much like the Human Genome Project the *Magazin zur Erfahrungsseelenkunde* would, upon completion, leave nothing to speculation. "Then it will be complete," explains Moritz further, "when every exception is noticed, when every [empirical] fact fits in so that it is no longer an exception to the rule (798)." Whether or not Moritz was actually convinced of the reality of his goal is uncertain. Mark Boulby describes Moritz at one point as being eccentric, peculiar, obtrusive and "never really social," which makes a judgment of his sincerity in this text difficult.<sup>58</sup> On the one hand, Moritz was promoting his creation, his dedication and his vision, and hyperbole was a well known rhetorical maneuver. On the other hand, Moritz had enough idealistic influence that it is also very possible he truly believed that his endeavor could ever be "finished."

Another, more polished explanation of Moritz's magazine comes from Andreas Gailus, who states,

*Erfahrungsseelenkunde* is an exploratory investigation criss-crossing a number of professional discourses, and the *Magazin*, which I will argue is the birthplace of the psychological case history, is a messy archive emphatically located outside established institutions of power and knowledge.<sup>59</sup>

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Moritz' Konzept Einer "Seelenkrankheitskunde," *The German Quarterly* 61.3 (1998): 387.

<sup>56</sup> LeeAnn Hansen, "Metaphors of Mind and Society: The Origins of German Psychiatry in the Revolutionary Era," *ISIS* 89.3 (1998): 391.

<sup>57</sup> For more on the Human Genome Project see HGMS, *About the Human Genome Project*, 2004, Human Genome Management Information System, Available:

[http://www.ornl.gov/sci/techresources/Human\\_Genome/project/about.shtml](http://www.ornl.gov/sci/techresources/Human_Genome/project/about.shtml), 5 May 2005.

<sup>58</sup> Boulby, *Karl Philipp Moritz - at the Fringe of Genius*, 71.

In his definition, Gailus avoids Moritz's stated goal of the magazine and sees it as simply an exploratory endeavor, which is not unwarranted considering Moritz's many other statements regarding his magazine. Addressing the issue of crossing professional discourses, Moritz brings together the functions of the pre-psychology therapist – also known as the pastor – and the physician into the role of the “moralischer Arzt” (Moritz, “Vorschlag,” 793, 794). Decrying the many quacks who, unlike the “true” moral doctor, have no useful knowledge of the human being yet claim to have found the cure for all psychological illness, Moritz calls for the ability to understand and treat the individual person (Moritz, “Vorschlag,” 794). Moritz also decants the “moralisches Geschwätz” that seems to exude from other similar professions, which, as Gailus suggests, were typically rooted in institution of power (Moritz, “Vorrede,” 811).

The secondary literature surrounding the *Magazin zur Erfahrungsseelenkunde* brings forth yet another definition of Moritz's rather uncouth publication. Sybille Frickmann, suggests in her investigation of the *Magazin* that Moritz's published the magazine in order to give his interests in self-observation and “pathological socialization” a better scientific grounding.<sup>60</sup> Yes, Moritz did desire to professionalize his area of expertise. Without some sort of professional tinge, there would have been no serious reception of his magazine. His interest in self-observation was, however pivotal, only tangential to the more general act of observation of others. Moritz explains, “Wer sich zum eigentlichen Beobachter des Menschen bilden wollte, der müßte von sich selber ausgehen: erstlich die Geschichte seines eignen Herzens von seiner frühesten Kindheit an

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<sup>59</sup> Gailus, "A Case of Individuality: Karl Philipp Moritz and the *Magazine for Empirical Psychology*," 69.

<sup>60</sup> “Scientificate” from the untranslatable “verwissenschaftlichen,” meaning “to make scientific.” Frickmann, ""Jeder Mensch Nach Dem Ihm Eignen Maaß" Karl Philipp Moritz' Konzept Einer "Seelenkrankheitskunde," 387.

sich so getreu wie möglich entwerfen (Moritz, "Vorschlag," 799). The goal then is to become an apt observer of humankind, but the means to this end lie in the self. Much like Charon's narratively competent physicians, Moritz's apt "Menschenbeobachter" would learn to hone in on their objects' "Gesicht, Sprache und Handlung" in order to better understand the inner workings of the soul (Moritz, "Vorschlag," 801).<sup>61</sup> As for Frickmann's concern for Moritz's "unlocking" of the human beings "almost pathological pattern of socialization," Moritz was indeed very much interested in the individual, which meant an untangling from the social network of normative behavior and moral interest. V.J. Dell'Orto interpretation of Moritz's magazine suggests that one's individuality is "masked by all the defenses developed to maintain social contact."<sup>62</sup> Given the importance of social contact, it is highly possible the "mask" created could eventually become detrimental (pathological) to the individual. In fact, this paradigm of social/individual conflict forms a sturdy stepping stone to Freudian psychology.

I refer now to Moritz's "Revision über die Revisionen des Herrn Pockels in diesem Magazin" for a final explanation of the goal – or rather the lack of a goal – of the *Magazin zur Erfahrungsseelenkunde*. In the two and a half page defense of his magazine, Moritz equates goal orientation with interference of the search for truth "*um ihrer selbst Willen*," thus continuing the debate of empiricism and rationalism (Moritz, "Revision," 1269). Moritz continues to explain, "Der Mensch redet freilich gar zu gern *über* Sachen, *unter* denen er steht, und welche doch eigentlich über ihm sind (Moritz, "Revision," 1270)." Bringing his topic of discussion closer to our immediate concern – that of the

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<sup>61</sup> Here Moritz shares a basic dilemma with narrative medicine: the relationship between the observable surface of the human being and the non-observable or non-comprehensible inside, which is only shared with another human being through facial, verbal or bodily expression.

physician/patient relationship – Moritz then addresses the role of the psychologist and equates this role with the nature of his magazine. He says,

(Der Psychologie) ist ja nicht zum Glaubensreformer bestellt; er soll nur beobachten – ihm liegt ob, Acht zu geben, wie die Dinge wirklich sind, und Untersuchungen anzustellen, warum sie so sind; nicht aber, zu bestimmen, wie sie nach seiner Meinung seyn sollen. – [...]

Noch thörichter aber würde es seyn, ein Magazin zur Erfahrungsseelenkunde absichtlich *gegen* den Aberglauben zu schreiben.

Ein solches Werk muß ja schlecherdings *gegen* nichts geschrieben seyn, es muß gegen nichts arbeiten, wenn es seines Zwecks nicht ganz verfehlen will. (1271)

This passage thus echoes the statements in the previous chapter about the negative connotations for anything psychological in the “scientific” field of medicine. Moritz and Charon both call for an open-minded approach to their theories found within societies and academic fields overwrought with staunch pragmatism and unyielding belief systems.

### 3.3. Narrative Nexus

I now turn to how Moritz’s theories are intrinsically narrative based and how his insights regarding professionalism, human interest and psychotherapy resonate with Rita Charon’s. I will prove this resonance using a broad array of texts found not only in the *Magazin zur Erfahrungsseelenkunde* but also in Moritz’s novelistic manifestation of the magazine, *Anton Reiser*. This autobiographical novel serves as a touchstone for Moritz’s smaller theoretical texts and will thus be utilized in this discussion of the *Magazin zur*

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<sup>62</sup> Vincent J. Dell’Orto, "Karl Philipp Moritz in England: A Psychological Study of the Traveller," 91.3

*Erfahrungsseelenkunde*, which contains many fascinating entries, including “Seelenkrankheitskunde,” “Einige Beobachtungen über einen Taub- und Stummgeborenen,” “Aus einem Tagebuch,” “Erinnerungen aus den frühesten Jahren der Kindheit,” “Sprache in psychologischer Rücksicht,” “Willensfreiheit” and further entries about psychological sub-fields and language theory.

As a philosopher, aesthetician, novelist, pedagogue and linguist, Moritz found himself in a precarious position. Within his circle of friends in the Berlin Enlightenment Moritz’s many interests were acceptable.<sup>63</sup> Outside of his circle of friends, however, Moritz risked being labeled a dilettante, which would have discredited his theories of an “Erfahrungsseelenkunde.”<sup>64</sup> Within the established medical and psychological fields, for example, Moritz received healthy critique from other physicians and professionals concerned with psychopathology. Friedrich Schiller once commented,

Wegen seinem Magazin zur Erfahrungsseelenkunde *habe ich* ihm einen Rath gegeben, den Sie vielleicht auch unterschreiben werden. Ich fand, daß man es immer mit einer traurigen, oft widrigen Empfindung weglegt, und dieses darum, weil es uns nur an Gruppen des menschlichen Elends heftet. Ich hab ihm gerathen, jedes Heft mit einem philosophischen Aufsätze zu begleiten, der lichtere Blicke öffnet, und diese Dißonanzen gleichsam wieder in Harmonie auflöst.<sup>65</sup>

It was within this critical landscape that Moritz tried to establish a profession based upon human observation. Schiller may not have understood Moritz’s reservations concerning philosophical essays in his magazine. Moritz saw philosophical discourse as a road to moral assertion and thus tried to establish a *Magazin zur Erfahrungsseelenkunde* based

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(1976): 461.

<sup>63</sup> Boulby, *Karl Philipp Moritz - at the Fringe of Genius*, 72.

<sup>64</sup> Boulby, *Karl Philipp Moritz - at the Fringe of Genius*, 62. Referring to his mediocre training as an autodidact, Moritz was eventually considered a dilettante in this area.

solely upon facts or single observances (Moritz, "Revision," 1270). Also, as seen in the earlier section "Stated Goals," Moritz was very much concerned with observing the "exceptions" of normative society and seeing how they might fit into the Whole of human nature.

Despite Moritz's praise of the act of observation, though, there was another integral step to the establishment of his magazine: expression. To submit a manuscript for publication in the magazine, one obviously had to write something. The aptitude for self-expression and the skills necessary for understanding the expression in whatever form it may take are two implicit requirements for the *Magazin zur Erfahrungsseelenkunde*. Narrative competence would have been taken for granted by Moritz considering his immediate circle of colleagues and friends. Though the emergence of the popular novel in the mid to late eighteenth century (including Moritz's own novel, *Anton Reiser*) helped to augment the literacy of the general population, many members of society plagued by illness – whether physical or psychological – still could not read.<sup>66</sup>

Were "Erfahrungsseelenkunde" to be a profession, the practitioner would have one major duty: to help the sick. Moritz's call for the training of "moralische Ärzte" and his overarching concern with psychopathology (His first entry offers his perspective on the human soul and the balance of forces needed for its health) prove that the presence of physically inexplicable illness served as impetus for his magazine. Through an explanation of the way a (moral) physician should deal with a sick patient, Moritz allows

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<sup>65</sup> Quoted in: Moritz, "Dichtungen Und Schriften Zur Erfahrungsseelenkunde," 1292.

<sup>66</sup> Karl Pestalozzi, "Anton Reiser Als Leser," Karl Philipp Moritz - Literaturwissenschaftliche, Linguistische Und Psychologische Lektüren, ed. Annelies Häcki Buhofer (Tübingen and Basel: Francke Verlag, 1994), 115.

a glimpse of his narrativistic way of thinking. In the same article, “Grundlinien zu einem ohngefähren Entwurf in Rücksicht auf die Seelenkrankheitskunde,” Moritz explains,

Da die Krankheiten der Seele aus verschiedenen Ursachen entstanden, so gibt es auch gewiß gegen dieselben kein Universalmittel, sondern der moralische Arzt muß diese Krankheiten nach ihren Erscheinungen, nach ihren Ursachen, und Folgen studieren, wenn er es unternehmen will, sie zu heilen. (815)

By addressing the causes, appearances and effects of illness, Moritz sets up an understanding of illness based upon linear narrative structure – from past to present to future. But this grand narrative contains other levels of narration, as Jan Marta suggests in her examination of narrative levels.<sup>67</sup> The patient’s story and the physician’s observation of the patient are included as secondary narratives in the grand account of the causes, appearances and effects of the illness. Within this secondary narrative Moritz remains true to his linear narrative sequence stating, “*Aufmerksamkeit aufs Kleinscheinende* ist überhaupt ein wichtiges Erfordernis des Menschenbeobachters, und dann die Übung in der *Nebeneinanderstellung des Successiven*, weil der ganze Mensch bloß aus successiven Äusserungen erkannt werden kann (Moritz, “Vorschlag,” p. 801).” For this reason, Moritz’s moral physicians, like Charon’s new generation of physicians, must maintain a line of communication with their patients while at the same time distancing themselves just enough for objective observation of the smallest details. But objective observation is less a concern for Charon since it is already one of modern medicine’s mantras – and to some extent, one of its problems. Our concern, rather, is

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<sup>67</sup> Marta, "Postmodernizing the Literature-and-Medicine Canon: Self-Conscious Narration, Unruly Texts, and the *Vitae Ruptae* of Narrative Medicine," 3-4.

Moritz's introduction of the communication skills necessary for physician/patient interaction into the medical profession.

Under the rubric of communication skills falls Charon's idea of empathetic engagement. In both Charon's and Moritz's theories, there exists a problematic on account of the inexpressibility of illness. Neither in the eighteenth century nor the much more technologically advanced twenty-first century can human beings physically or mentally exist in the same position or state. We are autonomous in both our physical and mental realities, and unfortunately we cannot cable ourselves together like two computers. But we can touch, and we can empathize. If a patient were to complain of a cold extremity, the physician could simply feel the extremity and understand that the limb is indeed cold. But were the patient to complain of a numb extremity – say, a finger – the physician could not immediately understand the symptom through touch since the tactile sense is confined to the individual. Empathetic engagement is then necessary to insight the physician's interest in the patient's account of the numbness, and refined narrative competence provides better chances for a correct diagnosis. Similarly, Moritz's concern for psychological illnesses excludes any first-hand experience of the patient's illness and requires empathetic engagement, resurrecting Moritz's call for all those interested in the human heart and public knowledge. Thus, "bed-side empathy," as it is referred to by Gloria Flaherty, is a requirement for narrative medicine as well as "Erfahrungsseelenkunde."<sup>68</sup>

Individualism and contextualization are also concerns for Moritz. One year before the first publication of the *Magazin zur Erfahrungsseelenkunde*, Moritz wrote a

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<sup>68</sup> Gloria Flaherty, "The Stage-Struck Wilhelm Meister and 18th Century Psychiatric Medicine," *MLN* 101.3 (1986): 494-514.



manuscript entitled *Aussichten zu einer Experimentalseelenlehre*, in which he made clear his concern for the individual and how the individual nature of each human being serves as a context for their expressions.<sup>69</sup> Keeping this in mind, the job of the moral physician is no longer just observation and empathetic engagement, but also a consideration of his or her own mood, emotions and perhaps biases at any one moment. So, a third narrative level exists in the physician/patient encounter. Namely, how do each party's feelings affect either their stories (i.e., the patient's perspective) or their interpretations (i.e., the physician's perspective)? While Rita Charon suggests that the physician's narrative competence provides the tools needed to handle such a complex mixture of narrative levels, Moritz simply acknowledges that the physician (or traveler, in Dell'Orto's essay) must remain aware of their own state and use this a sort of feedback loop in handling a patient (Dell'Orto 462). For Moritz, though, it was more a matter of everyday human interest than a theoretical structure. Using evidence from the *Magazin zur Erfahrungsseelenkunde*, Dell'Orto continues to argue that Moritz had a sincere "moral concern about the nature of interpersonal relationships," thus echoing Mark Boulby's observations that Moritz, as a budding enlightened man and teacher, had "certain emotional qualities to which his students could respond."<sup>70</sup>

It seems only fitting then that Moritz's interests later culminated in the *Magazin zur Erfahrungsseelenkunde*, for his own personality is strikingly complex. Aside from his seemingly outward moral concern, Moritz had also melancholic and nihilistic facets to his persona. Mark Boulby's book on Moritz's examines his life through the lens of his semi-autobiographical novel, *Anton Reiser*, in which the tragic protagonist battles what

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<sup>69</sup> Dell'Orto, "Karl Philipp Moritz in England: A Psychological Study of the Traveller," 453-466.

<sup>70</sup> Boulby, *Karl Philipp Moritz - at the Fringe of Genius*, 62.

we would call depression – or perhaps even manic depression – set on by everyday human interaction. The object of multitudinous critical attention, *Anton Reiser* is Moritz's personal application of his own theories and is thus an integral aspect of the *Magazin zur Erfahrungsseelenkunde*. But before addressing the novel, there are a few noteworthy texts within the magazine.

As a sort of narrative-medicine-in-practice, the short narrative "Willensfreiheit" offers the chance to diagnose Moritz. It retells the story of a sort of inwardly directed paranoia – a distrust of the self – by using not only current examples from Moritz's life but also ones from his younger years. Moritz's complains,

Ich stand verschiedenemal auf einem hohen Turme, wo mir das Geländer bis an die Brust ging, und ich also vor dem Herunterstürzen völlig gesichert war: demohngeachtet aber fiel mir plötzlich ein schrecklicher Gedanke ein: wie wenn ich mich notwendig gedrungen fühlte, oben auf den Rand des Geländers zu steigen, und so herunterzuspringen!

Es wurde weiter nichts erfordert, als mein Wille, dies Vorhaben nicht ins Werk zu richten, und doch erfüllte mich dieser Gedanke mit Schaudern und Entsetzen, es war, als ob ich meiner eignen Willensfreiheit nicht traute, oder mich vor meinem eignen Willen fürchtete; ich konnte den Zustand keine Minute länger ertragen, und mußte schnell herabsteigen.

Eben so ging es mir in jüngeren Jahren zuweilen in der Kirche, wo ich mir das Aufsehen und die Unordnung lebhaft vorstellte, die daraus entstehen würde, wenn ich mitten während der Predigt anfinge laut zu reden; auf einmal war es mir so, als würde ich laut reden *müssen*, ich war darüber in der entsetzlichsten Furcht, und dieser Gedanke quälte mich oft die ganze Predigt über. (Moritz, "Willensfreiheit," 840)

This narrative string, when told to a physician, could have the power to affect the eventual diagnosis. Was Moritz's problem rooted in depression, for example, or in schizophrenia (a sort of catch-all for psychological disorders.) A short medical history

might pick up on details such as “tower” “fall to the ground” but mistell the story and characterize Moritz as immediately suicidal, when the whole narrative suggests something along the lines of an oppressive paranoia. After all, the part of the story about speaking out in church suggests no suicidal impulse.

Sybillic Frickmann acknowledges similarly the influence Moritz had on the development of psychology, but limits her discussion to the thesis that Moritz’s self-observation was primarily a form of categorization of illness.<sup>71</sup> “He [Moritz] forwent an integrated theory,” Frickmann argues, “and substituted it instead, unbeknownst to him, with a plurality of concepts (393).” I find, however, that this “plurality of concepts” together with the narratives found in the *Magazin* result in a working concept of psychotherapy aimed simply at helping people. Through what he, himself, admitted was a “rough outline” of psychopathology, Moritz set up a theory of mental illness that served as a doppelgänger for the largely humoral influenced theory of general medicine (Moritz, “Grundlinien...,” 813). This theory of mental illness claims that each mind is made up of a specific arrangement of “Seelenfähigkeiten” that, when out of their respective balance, result in mental illness (Moritz, “Grundlinien...,” 813). Furthermore, the mind is made up of “active forces” (tätigen Kräfte) and “imaginative forces” (vorstellenden Kräfte) that also must be in a specific balance. Obviously Moritz’s preoccupation with the individual human being leaks through into this theory; each individual has their own, personal balance of faculties that serves as the basis for his/her *own* healthy personality.

This preoccupation with individuality, together with the concise theory of mental illness, therefore provides a basis for a theory of psychotherapy that closely resembles the

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<sup>71</sup> Frickmann, ""Jeder Mensch Nach Dem Ihm Eignen Maaß" Karl Philipp Moritz' Konzept Einer "Seelenkrankheitskunde," 388, 392.

psychotherapeutic factor in narrative medicine: 1) First and foremost, keep an open mind about the individuality of the patient at hand; 2) take time to listen to the patient because their verbal (and physical) expressions tell more about their illness than one might think; 3) and be aware of yourself and your own mental state, as it will certainly influence your perceptions and may even influence your patient and his/her story. Once again, we return to the similitude of narrative medicine and “Erfahrungsseelenkunde” and how psychoanalytic theory – because the three aspects above point toward it – plays a major role in the execution of both theories.

Rita Charon notes that many doctors have resorted to learning about therapeutic listening from psychoanalysts themselves.<sup>72</sup> So, if one were to say that the interpretive maneuvers of Freudian psychoanalytic theory help to bridge the gap between the physician and patient, one would also have to say that Moritz’s “Erfahrungsseelenkunde” chronologically precedes Freudian theory and thus claims some importance regarding the development of narrative medicine. One person did say this, though his eyes were not set upon narrative medicine. In his examination of selfhood and the autonomous individual in Moritz’s works, Oliver Cech argues that Moritz’s ideas of social feeling and religion were predecessors to Freud’s superego, or *ueber ich*.<sup>73</sup> Analyzing different moments in Moritz’s body of work, Cech also argues that Moritz’s introspection (or self-observation found in the *Magazin zur Erfahrungsseelenkunde*) is Freud’s analysis of the present state of the psyche; that autobiography (also seen in the *Magazin*) is the synthesis of past and present psychological states; and that the autobiographical novel (*Anton Reiser*) is the aestheticization of moments into the whole of one’s being (Cech 191,192).

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<sup>72</sup> Charon, "Narrative and Medicine," 862.

“Intersubjective understanding” – a concept mentioned not only by Oliver Cech, but also by Sybille Kershner in her book on Moritz’s “Erfahrungsseelenkunde” – is made possible by psychoanalytic theory and co-developed with the advent of civil, or middle class, intersubjectivity.<sup>74</sup> Kershner further observes that Moritz’s texts show through example the popularity of communication and discussion during his time – something no longer cherished in modern medicine (Kershner 47).

Besides acknowledging the existence and makeup of a Freudian-similar psyche, Moritz also foreshadows other tenets of psychoanalysis. In one of his entries, Moritz addresses the ability of the human mind to repress (*verdrängen*) and to suppress (*unterdrücken*) feelings or ideas.<sup>75</sup> He explains, “Während dem *Gehen* gelang es mir, die Gedanken, die mich traurig machten, nach und nach zu unterdrücken. Es traten andre an ihre Stelle, welche sie verdrängten (Moritz, “Aus einem Tagebuch,” 819-820).” Moritz then recollects that he, as a young man, was able to clear his mind of bad thoughts by taking a brisk walk; and in doing so, Moritz underscores the effectiveness of verbalizing one’s experience as a means of remembering other forgotten yet related experiences, exactly resembling not only Anton Reiser’s use of the journal but also of his therapeutic walks outside the city gates.<sup>76</sup> Further outlining a pre-Freudian psychoanalytic theory, Moritz follows these diary entries with “Erinnerungen aus den frühesten Jahren der Kindheit,” in which he claims that the impressions he had a child influenced all others for

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<sup>73</sup> Oliver Cech, Das Elende Selbst Und Das Schöne Sein - Autonomie Des Individuums Und Seiner Kunst Bei Karl Philipp Moritz (Freiburg im Breisgau: Rombach, 2001), 41.

<sup>74</sup> Cech, Das Elende Selbst Und Das Schöne Sein - Autonomie Des Individuums Und Seiner Kunst Bei Karl Philipp Moritz, 43; Sybille Kershner, Karl Philipp Moritz Und Die "Erfahrungsseelenkunde (Herne: Verlag für Wissenschaft und Kunst, 1991), 115.

<sup>75</sup> Moritz, "Dichtungen Und Schriften Zur Erfahrungsseelenkunde," 819-820.

<sup>76</sup> Karl Philipp Moritz, Anton Reiser - Ein Psychologischer Roman (Stuttgart: Philipp Reclam, 1972), 185.

the rest of his life.<sup>77</sup> Moritz explains, “Sie mischen sich oft unmerklich unter unsere übrigen Ideen, und geben denselben eine Richtung, die sie sonst vielleicht nicht würden genommen haben (Moritz, “Erinnerungen,” 821).”

The narrative stream emerging from this now complicated psyche must also be considered for its intricate and nuanced use of language. Addressing the complicated nature of illness, Rita Charon explains how illness exists in both an actual and a perceived realm full of metaphorical and historical interference. Illness should also be understood as a garbled concoction of causality and contingency (Charon, “Narrative and Medicine,” 863). Touching on this “textual tradition” and “metaphorical system,” Moritz explains that language deserves time under the psychological lens. In fact, Moritz says that language is basically the only means by which we can understand the inner being of our own ideas and thus move deeper into the knowledge of the mind.<sup>78</sup> In his aptly named entry, “Sprache in psychologischer Rücksicht,” Moritz declares that language is an impression (*Abdruck*) of the human mind. In this way Moritz strikingly prefigures Freud’s essay on the “Wunderblock.”

Oliver Cech argues that the psyche is a text and, thus, a narrative; but the body is also capable of telling a story.<sup>79</sup> We refer to this as body language; Moritz, however, referred to the then existent field of “Seelenzeichenkunde.” In his essay, “Zur Seelenzeichenkunde,” Moritz describes his interactions with a specific patient. First Moritz tries to win the trust of the patient by use of one of several movements – a glance, an expression, a squeeze of the hand – and claims that this will ensure unreserved speech

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<sup>77</sup> This small (two page) entry also serves as an analog in many ways to Moritz’s semi-autobiographical novel, *Anton Reiser*.

<sup>78</sup> Moritz, "Dichtungen Und Schriften Zur Erfahrungsseelenkunde," 825.

on the part of his patient. Furthermore, Moritz explains that he prefers to jot down the different expressions of his patients and compare and contrast them so that he can get a better understanding of the nuances they contain (Moritz, “Zur Seelenzeichenkunde,” 835). So, according to Moritz’s theory, it is once more the task of the physician-as-therapist not only to read the nonverbal narrative of the patient, but to offer his/her own to bridge the gap and create a two-way narrative flow.

In conclusion, it is worth mentioning that Moritz had his own, however inchoate, version of free association. Already in the essay on “Seelenzeichenkunde,” Moritz hints at a form of non-reluctant speech that enables an effective narrative. Later, in a section entitled “Zur Seelendiätetik,” Moritz further addresses this aspect of his theory by comparing the constant flow of ideas into the mind to the flow of food into the body: both can become full, and both have preferences depending on their “healthy” makeup.<sup>80</sup> I refer to this theory as inchoate because it only less fittingly correlates with the Freudian psychoanalysis here than Moritz’s other theories. For example, Moritz’s the passage above only suggests a stream of ideas that moves inward, whereas Freudian free association functions outwardly. With Freud, concepts and ideas are allowed to move freely from the mind to the lips of the patient, thus fabricating a narrative thread. Moritz does not go this far, but his concept of the “zuströmenden Ideen für die Seele” does strikingly resemble the movement of ideas in the act of free association.

#### 3.4. The Appearance of the Autobiographical Novel, *Anton Reiser* (1785-1790)

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<sup>79</sup> Cech, *Das Elende Selbst Und Das Schöne Sein - Autonomie Des Individuums Und Seiner Kunst Bei Karl Philipp Moritz*, 41.

With the rise of the modern German novel in the mid-eighteenth century, the public demand for books skyrocketed, opening a new market to authors of the time. Most notably, authors such as C.M. Wieland, Goethe, Jean Paul and female author, Sophie von LaRoche, all began writing and publishing rather lengthy novels (e.g., *Geschichte des Agathon*, *Wilhelm Meister*, *Schulmeisterlein Wutz*, and *Die Geschichte des Fräuleins von Sternheim*). However, not until the release of Moritz's novel, *Anton Reiser-Ein psychologischer Roman*, in 1785, did the public see a novel explicitly autobiographical. Certainly, characters in other novels contained biographical and autobiographical elements, but none of them resembled *Anton Reiser* in the sense that Moritz imparts to the reader its autobiographical nature within the text.

It is more than coincidence that *Anton Reiser* was published in four parts between the years 1785 and 1790, during the publication of the *Magazin zur Erfahrungsseelenkunde* (1783-1793). Staying in line with his explanation that knowledge of others begins with knowledge of the self (*gnothi sauton*), Moritz's novel serves as an example of the practice of "Erfahrungsseelenkunde."<sup>81</sup> Accordingly, the narrator – who we can justifiably equate with the author – retells and carefully dissects the story of his childhood, similar in content to the "Erinnerungen aus den frühesten Jahren der Kindheit." In the four-part novel, Moritz elaborates much more than he could to in the magazine. Thus, *Anton Reiser* can serve as a compendium to be read alongside the *Magazin zur Erfahrungsseelenkunde*.

But the novel is not just a model for the first step contained within the whole of "Erfahrungsseelenkunde"; it is also an early example of therapeutic writing, in which the

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<sup>80</sup> "Zur Seelendiätetik," Moritz, "Dichtungen Und Schriften Zur Erfahrungsseelenkunde," 837.



author addresses or re-experiences his or her own problems through the narrative. The German literary tradition following this novel relies heavily on the act of writing-as-therapy. The Jena Romanticists tried to navigate the breadth of human experience, charting territory not typically found in earlier narrativistic attempts and thus escape the confines of everyday life. The literature arising during and after wartime naturally encompassed the territory of therapeutic writing. Take for example Heinrich Böll's *Wo warst du, Adam?* and Günther Grass's *Die Blechtrommel*. The "Vergangenheitsbewältigung" contained in these works is simply a more specific term for the narrativistic therapy that started with Moritz's psychological novel.

As a whole, *Anton Reiser* contains three main textual levels: 1) the author's commentary found at the beginning of each of the four parts, 2) the primary narration of Anton Reiser's youth and 3) Reiser's own writings (primarily poetry). In the first level, we find fairly explicit examples of Moritz's authorial intent and his own understanding of the novel as *Erfahrungsseelenkunde-in-practice*. In fact, Moritz's introductory commentary serves as a systematic reformulation of his theories found in the *Magazin*. The introductory comments to the first part, for example, make clear that the focus of the novel is the "innere Geschichte des Menschen" and that it should serve unify the "vorstellende Kräfte" (also in the "Ohngefährten Entwurf") of the human mind and focus them toward an understanding of themselves.<sup>82</sup> In the second introduction, Moritz then explains that the novel is better referred to as a biography and, furthermore, that it is possibly the truest depiction of a human life that there can be "bis auf seine kleinsten

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<sup>81</sup> Again: "Wer sich zum eigentlichen Beobachter [...] der müßte von sich selber ausgehen: erstlich die Geschichte seines eignen Herzesns von seiner frühesten Kindheit an „ (Moritz, "Vorschlag," 799).

<sup>82</sup> Moritz, *Anton Reiser - Ein Psychologischer Roman*, 6; Moritz, "Dichtungen Und Schriften Zur Erfahrungsseelenkunde," 814.

Nuancen (Moritz, *Anton Reiser*, 122).” Then Moritz recycles his concern for the complex yet understandable nature of human life by stating,

Wer sich auf sein vergangenes Leben aufmerksam wird, der glaubt zuerst oft nichts als Zwecklosigkeit, abgerissene Fäden, Verwirrung [...] zu sehen; je mehr sich aber sein Blick darauf heftet, desto mehr verschwindet die Dunkelheit, die Zwecklosigkeit verliert sich allmählich [...] das Untereinandergeworfene und Verwirrte ordnet sich. (122)

In the fourth introduction, Moritz plays the role of the psychoanalyst and offers an explanation for Anton Reiser’s almost pathological fixation with the theater and his overly fantastical nature.<sup>83</sup> Moritz’s explanation, once again, relies upon ideas found in the *Magazin* such as “Verdrängung” and bases Reiser’s problems on his negative childhood experiences, which manifest themselves disproportionately in the (young) adult life of the protagonist (Moritz, *Anton Reiser*, 382). Plainly, Moritz offers the reader through his intermittent explanations the immediate tools for understanding his novel according his own theories. Moritz justifies this commentary in one entry of the *Magazin* entitled “Über den Endzweck des Magazins zur Erfahrungsseelenkunde” by saying that the “Erfahrungen sollen freilich durch Nachdenken geleitet, das Nachdenken aber auch wechselseitig durch die Erfahrungen berichtet werden (Moritz, “Über...,” 900).” The introductions thus serve as the reports on Moritz’s considerations, which are scattered throughout the narrative.

Despite its similarities with the *Magazin zur Erfahrungsseelenkunde* the third-person, omniscient perspective of the narrator in *Anton Reiser* provides the narrative

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<sup>83</sup> The pedagogical discourse of the time included a resistance to imaginative and fantastical exercises. Textbooks and parental instruction therefore maintained a level of pragmatism and “reality.” For further info see: Steinlein, Rüdiger. Die domestizierte Phantasie – Studien zur Kinderliteratur, Kinderlektüre und Literaturpädagogik des 18. und frühen 19. Jahrhunderts (Heidelberg: Universitätsverlag C. Winter, 1987).

“case history” (as Mark Boulby calls it) with something not immediately found in the magazine. Even in the entry titled “Fragmente aus dem Tagebuch eines Beobachters Seinselbst,” which epitomizes the act of self-reflection, Moritz takes a first-person approach (Moritz, “Texten zur...,” 892-897). The only similar text is Moritz’s “Ein Unglücklicher Hang zum Theater,” which ostensibly recounts the story of another person’s pathological fixation on the theater and how he [Moritz] treats this illness (Moritz, “Texten zur...,” 868-873). In doing so, the text does not merely outline the stages of illness found in *Anton Reiser*; it introduces a new dynamic as well. The author has now also become the displaced therapist for himself, for whether or not Moritz is actually describing himself in this text, the similarities between it and *Anton Reiser* are obvious enough that he may as well be projecting himself into the story – not only as the patient, but also as the therapist. In this way, Moritz creates an artificial realm in which he can experiment with his theories. Unfortunately, this realm of imagination and subjectivity eventually became an obstacle for Moritz’s theories.

#### 4. CONCLUSION

Obstacles abound for both Charon’s narrative medicine and Moritz’s “Erfahrungsseelenkunde.” Careful attention to the individual, “verwundete Seelen,” as Moritz calls them, comes with a price. Both theories try to establish a mindset that some things in life can be dealt with by a sincere interest in oneself and those around them. But slipping this mindset into the medical realm can be a difficult endeavor with an ever-present push toward isolated, technological resolution. Nevertheless, the fact that psychology is still a viable field of inquiry and the fact that Rita Charon, among many

other, relies on the use of narrative expression and intersubjective relationships between physician and patient, suggests that our level of technology-enabled knowledge about the human “machine” is still insufficient.<sup>84</sup> Perhaps someday, when a vision similar to Moritz’s vision for a perfect *Magazin zur Erfahrungsseelenkunde* is achieved, when every particle and every compound of the human body can be accounted for in its interaction with every other particle, and every exception to the rule becomes a rule itself, human communication will no longer be needed in the doctor’s office. But for the time being, while patient care is falling to the wayside, the line of psychological inquiry must stay open, and the cultivation of interpersonal communication must remain a priority.

Ironically, fragmentation has haunted Moritz’s and Charon’s theories addressing healing. To heal means to make whole, but an equally necessary part of medicine is dissection – the breaking down of the human body into its isolated parts in order to see how it works. Unfortunately, the part of medicine that addresses the “whole” has been sacrificed for the thirst for knowledge that must first manipulate and utilize human beings in order to help them. Moritz sought to unify an understanding of the “Geschichte der Menschheit von außen” with “die Geschichte des menschlichen Geistes von innen,” reaffirming his interest in the intricately connected nature of the human mind and body.<sup>85</sup> Similarly, Charon wants to use the “story” emanating from within the human being to understand the physical, or outer, story to enhance patient care. Without the narrative expression inherent in these two theories, those with the time and interest to care for one another would forever be tragically isolated.

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<sup>84</sup> Charon, "Narrative Medicine - a Model for Empathy, Reflection, Profession, and Trust," 1898.

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