

Medicalized Literary Criticism in Fin de Siècle Norway

*Johan Scharffenberg and Henrik Dedichen as
'Medics-as-Critics'*

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Medicalized literary criticism was a widespread phenomenon across Europe in the decades surrounding the year 1900. The term describes varied practices of literary criticism founded on medical terminology and imagery. Critics with different professional backgrounds participated in this type of criticism, often by connecting medical analogies to established notions of fin de siècle decline and decadence. This article explores the proliferation and various uses of medicalized literary criticism in Norway in this period, including a case study of the literary criticism and discussion performed by two Norwegian psychiatrists and asylum doctors, Johan Scharffenberg and Henrik A. Th. Dedichen. I argue that these 'medics-as-critics' responded and contributed to the medicalized literary criticism and, by extension, to the establishment and prevalence of certain illness narratives in the public sphere.

In the 1890s Norwegian public sphere, the field of literature and literary criticism functioned as a meeting place where contributors with different professional backgrounds discussed the borderland between culture, science, and society through medical analogies. This practice, which I will refer to as *medicalized literary criti-*

cism, is part of a general tendency toward medicalization in the European public-sphere throughout the latter half of the nineteenth century, through which a large variety of human problems were (bio)medically explained. The term describes varied practices of literary criticism founded on medical terminology or imagery, published in books, journals, or the daily press. In Norwegian literary studies, this remains uncharted territory despite the fact that literary criticism was consolidated in Norway at this time.

All kinds of medicalization understood as a sociological and cultural phenomenon surpass the boundaries of the medical field itself, its epistemology and its areas of responsibility (Bondevik, Madsen & Solbrække, 2017: 15-16). Medicalized cultural practices should therefore not be understood merely as popularized varieties of medical discourse; they operate independently, facilitating and producing meaning in their own right and can, in turn, influence the medical field. In the context of Norwegian medicalized literary criticism, contributors had their background in fields such as literature, history, medicine, and law. Through medical analogies, they often connected their literary assessments to established notions of *fin de siècle* decline and decadence.

I will begin by exploring the wider contextual background of the critical practices that can be ascribed to the concept of medicalization, before moving on to a case study of the literary criticism performed by two Norwegian psychiatrists and asylum doctors, Johan Scharffenberg (1869–1965) and Henrik Arnold Thaulow Dedichen (1863–1935). Their literary assessments take place in the borderland between medicalized cultural practices and the emerging field of psychiatry. By analyzing how these two ‘medics-as-critics’ responded and contributed to the medicalized literary criticism and, by extension, to the establishment and prevalence of certain illness narratives in the public sphere, I wish to contribute to the current revisionist approach to medicalization within cultural and literary studies. Medicalized practices deserve to be studied in their own right as productive participants in the cultural sphere and not solely—in the tradition of Foucauldian discourse analysis—as symptoms of professional imperialism or social control (cf. Madsen, 2017). In the public domain, the interactions of literature and medicine were complex and productive, facilitating new ways to understand and approach the anxieties and needs of the *fin de siècle*.

Medicalized criticism and the ‘disease of the century’

Medicalized literary criticism stems from an increasingly medicalized culture, internationally and in Norway. In *Samtiden*, a journal known to have consolidated Norwegian literary criticism at the time (Thon, 2016), illness was a regular topic. For one of the journal’s frequent contributors, Guglielmo Ferrero, the end of the century called forth one question above all: *Are we sick?* In a translated article with this very title, “Er vi syge?” (1893), Ferrero points toward a culture in which disease and deviancy form the topic of every text produced in literature and philosophy as well as science. “One becomes quite dizzy and confused to see so many unfortunates and sick in all kinds of books,” he writes (1893: 362, my translation).¹ Identifying degeneration as the ‘disease of the century’, Ferrero blames degeneration theory for the universal interest in illness and abnormality among “[s]cholars, poets, artists, all who think and produce” (ibid.). His most prominent examples are taken from the world of fiction, where authors from Émile Zola and Fyodor Dostoevsky to Henrik Ibsen write of degenerative madness and illness inspired by men of philosophy and science such as Hippolyte Taine and Cesare Lombroso. Yet, Ferrero himself is unconvinced that “all the world’s a hospital” (ibid. 361). The population at large is not sick, Ferrero concludes; it is instead the stories and studies of illness that have increased.

In this way, Ferrero draws attention to the complex and multifarious ways in which culture responds to and shapes how we perceive disease, and how these perceptions might change society itself. The twentieth century would come to see several periods in which stories and studies of certain conditions and illnesses increased and were understood through specific analogies. Susan Sontag put forward similar observations in her famous 1978 work, *Illness as metaphor*, in which she critically explored the metaphors and mythologies created around diseases such as AIDS and cancer. Likewise, medicalization and illness narratives seem to be on the rise in our own time (Jurecic, 2012; Bondevik, Madsen & Solbrække, 2017). Ferrero’s articles show that similar questions and debates flourished at the *fin de siècle*, where degeneration served as a collective term for a wide array of conditions, deviancies, and diseases. In a Norwegian or Nordic context, studies of such varied phenomena as decadence (Andersen, 1992; Buvik, 2001), melancholy (Johannisson, 2009), hysteria (Bondevik, 2005, 2007, 2009; Bondevik & Stene Johansen, 2011), tuberculosis (Jørgensen, 2014), and criminality (Warberg, 2016) all relate them to this ‘disease of the century’ but a cultural history of the concept has yet to be written.

Degeneration theory played an important role in blurring the lines between popular and scholarly attitudes toward illness in the latter part of the nineteenth century, thus facilitating a general medicalization in the public sphere. Degeneration theory, originally a biological and medical theory launched by Bénédict-Augustin Morel in 1857, held that, a wide variety of deviancies were caused by alcoholism or immoral behaviour and that these deviancies could be inherited and result in increasingly serious forms of abnormality until the family line went extinct (1857: 5). The concept of degeneration coexisted, co-developed, and often overlapped with theories of evolution, including Lamarckism, Spencerism, and Darwinism. By the 1890s, it had become a contested but widely recognized term within sciences, philosophy, and the arts across Europe (Pick, 1989). Degeneration had also become a rhetorical device in politics and a term of everyday discourse (Chamberlin & Gilman, 1985: xiii; Pick, 1989: 6). Degeneration theory was well known in the Norwegian public by the time Ferrero published his article (Warberg, 2016), although, it was increasingly criticized by scholars across Europe.

Within the framework of biological degeneration, types such as the diseased, the insane, the criminal, the sexually deviant, the decadent, or the ingenious met in a single cultural figure 'the degenerate.' This figure served as a universal patient infected with what Ferrero called the 'disease of the century' which could be interchangeably physical, psychological, and moral in nature (1893: 361). Seen through the lens of degeneration theory, illness narratives were ubiquitous in public discourse and contributed to the production of meaning far beyond the scope of individual patients or somatic disease. The widespread medicalized discussion and criticism of literature, in which meta-assessments such as Ferrero's appeared frequently, added to this impression. The debate on illness and literature was both interdisciplinary and internationally oriented. Ferrero's article in *Samtiden* is a case in point: it had first been published in French in *Revue des Revues*, then paraphrased and commented on in Norwegian newspapers, and eventually translated for the Norwegian journal.² Ferrero, a historian and criminal anthropologist by profession, published widely on both cultural and scientific topics throughout Europe.

At the heart of medicalized literary criticism was the question of, how one should understand the many illness narratives appearing across the scientific and cultural spheres of society. Did these suggest, as Ferrero asked, that everyone had become ill, or was it just philosophers and authors, or just their works? In other words, if degeneration was the disease of the century, who were the patients? Medical literary criticism offered several answers to this question: the patient could

be the author, who gave his characters the traits he knew from his own life experience; the readers, influenced and infected by the literary representations of disease and abnormality; or the text itself, to be diagnosed as unhealthy and marked as contagious. Who and what were degenerated, and to what effect or with what potential cure, were recurring questions, resulting in varied attempts to read and assess literature in medicalized ways.

Internationally, the most (in)famous example of medicalized criticism concerned with degeneration is the German physicist, author and journalist Max Nordau's *Entartung (Degeneration)* from 1892–1893. This highly popular work analyzed literature in light of degeneration theory, on the premise that “[d]egenerates are not always criminals, prostitutes, anarchists, and pronounced lunatics; they are often authors and artists” (1993 [1892]: v). Treating the text as body and the author as a patient, Nordau diagnosed several contemporary authors, including Henrik Ibsen, with degenerative conditions. He advocated what he called a ‘scientific criticism’ meant to result in actual censorship of ‘degenerated’ authors and their works (1993: 557). Nordau’s message of cultural hygiene immediately opened up his work to ridicule, but his theories were deemed significant enough to merit both reading and refutation (Pick, 1989: 25). Critics seldom denied the validity of degeneration theory itself but objected to Nordau’s use of it.

In Norway, the cultural historian Christen Collin instigated a similar debate in 1894, often called the ‘decadence debate.’ In a series of articles later published in *Kunsten og Moralen. Bidrag til Kritik af Realismens Digttere og Kritikere (Art and Moral. Contribution to the Criticism of Realist Authors and Critics)* (1894), Collin objected to what he saw as a romanticizing of decadence, illness, and amorality in contemporary Norwegian literature. He wanted to combat this literary decadence through a scientific criticism meant to enlighten and warn readers, not unlike Nordau’s claims. Collin made extensive use of medical metaphors: authors were ill, their books carried the disease, and readers, as well as society, could be infected (Collin 1894: 200). Unlike Nordau, Collin tones down the diagnosis of the author and ends on an optimistic note of Spencerism and vitalism (Buvik, 2003; Vassenden, 2012, 2016). Even so, the decadence debate retains clear connections to the medicalized literary criticism of Nordau and others (Hagen, 2013; Warberg, 2016). They all contributed to a new form of medicalized literary criticism differing from the established naturalism of Émile Zola and Hippolyte Taine: the role of doctor or scientist now befell the critic and not the author.

In the Norwegian daily press, the texts of Ferrero, Nordau, and Collin were discussed in light of one another.³ Like other instances of medicalized literary

criticism, they were widely read when published, to later become part of 'the great unread' (Cohen, 1999), the large mass of texts that were not canonized and were thus forgotten by literary historians. While Nordau's and Collin's works have been rediscovered in recent years, the tradition they were part of still requires examination. Another reason why medicalized criticism has seldom been studied in its own right may lie in the discourse itself. The above examples are similar in that they make use of biological theories and medical imageries in a blend of (pseudo)scientific language and metaphor that is difficult to detangle. Nordau is the extreme example of this but other contributions make use of similar rhetoric: authors are varyingly assigned the roles of patient, doctor, or scientist, while their texts are treated interchangeably as bodies, symptoms, experiments, sources of infection, and potential cures. While they come to different conclusions, these critics all tend to identify the effect of literature on society with that of disease and degeneration on its patient. Authors, readers, literature, and society variably become the patient in what constitutes a grand narrative of decline on both an individual and a societal scale.

While these medicalized critical practices and discourses are muddled at best, they are also highly productive in the sense that they explore the borderlines between knowledge, text, society, and individual. They also provide a corrective to the ideal of aesthetic autonomy within the literary field by insisting on literature's agency and responsibility as an important factor in shaping society—in other words, on the varied *uses* of literature (cf. Felski, 2008). Not least, they play important roles in establishing the boundaries of the many new professions of the era, such as psychiatry, sociology, and criminology, assigning them roles within the cultural sphere. This becomes particularly clear if we look to the contributions of actual medical professionals acting as 'medics-as-critics' in this period. Johan Scharffenberg and Henrik Dedichen are two examples of asylum doctors with cultural interests who sometimes operated as literary critics in the public domain. Their interest in the literature concerns individual authors as well as literature's role in society, not unlike Ferrero, Nordau, and Collin. As asylum doctors with medical educations, Scharffenberg and Dedichen are also interesting examples of professionals operating at the intersection of several emerging sciences.

Literary tinkerings – Johan Scharffenberg and Henrik Dedichen as ‘medics-as-critics’

Johan Scharffenberg served as a physician and psychiatrist at various psychiatric institutions and prisons in Norway throughout his career. He was also a historian, politician, speaker, and writer, having published a collection of poems under the *nom de plume* Kai Lykke in 1889. In 1893, he began writing for the leftist newspaper *Dagbladet* under the pseudonym J. B. de Montaigu, primarily agitating against Norway’s union with Sweden. His column was entitled “Politiske Kandestøberier” (Political Tinkerings), referencing Ludvig Holberg’s satirical play from 1722. Several of Scharffenberg’s articles from the 1890s also commented on the illness narratives of literary works and the practice of reading them in light of biomedical theories.

In 1894, Scharffenberg temporarily changed the title of his column to “Literære Kandestøberier” (Literary Tinkerings) and wrote an extended three-part literary criticism of Jonas Lie’s novel *Niobe* (1893). The scope of the criticism was unusual, as the daily press seldom published literary criticism across several issues (Furu-seth, 2016: 76). The fact that Scharffenberg changed his political column to make room for his review adds to the significance of this instance of medicalized criticism. His choice of novel, *Niobe*, served to heighten the actuality of his literary and disciplinary reflections. This long-awaited novel by a highly popular author was published right before Christmas in 1893. In February 1894 it was, in Scharffenberg’s own words, “talked about almost wherever you go” (*Dagbladet* 1894.02.11). *Niobe* was widely perceived as a critique of modernity and generational decline. In it, a mother kills herself and three of her six children in response to her children’s failure to become responsible adults in a new and modernized society and her own failure to prevent the family’s decline (Midbøe, 1966). Unlike many realist and naturalist works of the period, the novel did not seem to blame the parents but modernity itself for the youths’ decline.

Scharffenberg’s review is ‘scientific’ insofar as it strives to treat the novel with objective distance and empirical methods. He made an impressive work of mapping what we would call the narrative’s story level by ordering events chronologically and placing them in specific years. He also makes an inventory of the fictional family’s probable income and economic status. Based on this analysis, he evaluates the novel’s realism and identifies inconsistencies and implausibilities in the plot. This protostructural analysis is noteworthy, but it is the article’s discus-

sion of realist and naturalist narratives of decline that is most interesting within our context.

Scharffenberg praises Lie for not giving heritage a central role in *Niobe*. This is a sensible choice, he writes, given that “*inheritance of acquired traits is a largely contested dogma*” (1894b). That Lie avoids speculations on the heritable causes of the family’s decline, is, to Scharffenberg, a sign of Lie’s “*happy freedom from scholarly theoreticism*” (ibid.). The many literary genealogies and pathographies in contemporary literature are “*scientifically pure nonsense*” (ibid.), Scharffenberg claims, whether they stem from authors or from literary historians and critics:

“*It is Zola’s great mistake that he quasi-scientifically wants to explain his persons by their inheritance, which he NB. has bestowed on them himself. The value of the attempts by literary historians are not much greater (...) when they explain an author’s personality from heredity and environment by Taine’s method.*” (Scharffenberg, 1894b, my translation)

While Scharffenberg disagrees with the literary uses of biomedicine, he does not doubt the reality of hereditary and environmental influences. Like Ferrero, Nordau, and Collin, Scharffenberg saw human life, cultural life, and society as organic life-forms following the laws of nature (Scharffenberg, 1894b; Søybye, 2010: 126; 130-31). Unlike the examples we have seen so far, however, Scharffenberg’s reading of *Niobe* does not perform a ‘diagnostic’ interpretation of the text. Instead, he explores the differences between fiction and reality, story and narrative through a detailed and methodological reading.

That said, Scharffenberg’s later comments on art and literature come much closer to a diagnostic criticism of the kind practised by Collin and others. In a lecture in *Studentersamfundet* (The Student’s Society) in 1895, he took the opportunity to diagnose Edvard Munch’s art as “*diseased*” and the Norwegian youth as decadent (Søybye, 2010: 137). The lecture led to a short debate on the influence of decadence in the newspaper *Den 17 mai*, started by its editor, Rasmus Steinsvik. This debate repeats the most prominent stances of the decadence debate instigated by Collin the year before, echoing the discussion between him and author Arne Garborg, another editorial member of *Den 17. mai*. Scharffenberg repeats the main conclusions of his lecture on Munch and argues, like Collin, that literature may influence its readers and society. Steinsvik, on the other hand, concludes along the lines of Ferrero’s “*Er vi syge?*” from 1893: literature may contain many a story about illness, but society, and the younger generation, in particular, is as healthy as can be.

The medicalized criticism of Henrik Dedichen takes place in a different context, by integrating literature into popularized scientific texts on medicine and psychiatry. Dedichen published widely on cultural topics as well as medicine in books and the daily press. His book *Paa begge sider af sindssygdommens grænse* (On Both Sides of the Border of Mental Illness) (1898) discusses the complicated borderland between mental health and illness. Dedichen makes extensive use of case studies from his practice as an asylum doctor at the state-owned psychiatric hospitals Gaustad and Rotvold, and an entire chapter is devoted to patients' literary productions. A manifesto written by the anonymous patient A.A., outlining his worldview in over 200 pages, is thoroughly analyzed. Dedichen calls attention to how the work oscillates between reasonable logic and paranoid confusion: A. A. copied or paraphrased text from journal articles and mixed them with his life story, poetry, and philosophical and cosmogenic conclusions. Interestingly, Dedichen compares the manifest to contemporary literature, stating that

“such a mixture of a still not entirely insane, although twisted, thinking and pretty natural reasoning is not seldom found in modern literature and is, in my opinion, undoubtedly evidence for spiritual abnormality” (1898: 169, my translation).

In this manner, patient text (A.A.s manifest), patient story (Dedichen's narrative of A.A.'s life and illness), and literary text are confounded.

Dedichen goes on to comment on particular authors. While conceding that an author's mental health cannot be judged by reading his or her books alone, he still finds that many contemporary authors show worrying tendencies. He finds the depictions of mental illness in their books to be too vivid, too authentic, not to be have been experienced and thus connects lived experience with fictional representation (1898: 169). He exemplifies this by commenting on the works of the Swedish author August Strindberg. Strindberg describes mental illness in such a way that he must have suffered from it himself. Dedichen concludes, if Strindberg's depictions are based on observation and not on experience, he is a man of science and not an author (ibid. 170). In a postscript, Dedichen notes that Strindberg has since been committed to an asylum, proof that Dedichen's textual diagnosis was precise.

Dedichen was familiar with the works of Max Nordau and criticized his analysis of literary degeneration in several of his own texts. As late as in 1906, in the article “Geniet en nevrose” (Genius as Neurosis), Dedichen laments that the concept of degeneration is widely misunderstood and misused. Echoing Scharffenberg, Dedichen argues that the exaggerated notions of quick generational decline “will

never be science, even if the theory is ever so popular and can be found both with Max Nordau and in the newspapers" (1906: 108, my translation). Again, it is not the reality of the phenomenon that is being questioned: Dedichen admits that genius may be related to disease and deviancy. He contests, however, that all art is therefore caused by degeneration, and that literature and art may be understood as symptoms of cultural decay (Dedichen, 1906: 113).

Both Scharffenberg and Dedichen used textual strategies aligning them with an already established medicalized literary criticism. Their critical practices contributed to an illness narrative connected with the *fin de siècle*, in which both individuals and society were understood through medical analogies. Like Collin and Scharffenberg, Dedichen practices a 'medicalized' or 'scientific' literary criticism differing from that of Nordau in conclusion but not in principle. They all perform variants of literary diagnostics and use medicalized language to examine the influence of literature on society. As intellectuals with one leg in their professional field and one in the public sphere (cf. Bourdieu 1992), Scharffenberg and Dedichen participated in the public debate from a point of authority. As we have seen, these 'medics-as-critics' often bring nuance to the established debate on literature and illness, but they never challenge the principles on which the broader medicalized literary criticism was built. Their critical practices must have contributed to the understanding of the many literary illness narratives and pathographies published in this period, as well as to the prevalence of illness narratives and a medicalized language in the critical domain itself.

These are only a few examples of what was a widespread critical practice in the decades surrounding the year 1900, which, being largely forgotten today, merits closer study. Within the medicalized literary criticism, literature and science became part of the metanarratives on illness in society and culture, often echoing the narratives of the literary works they departed from and criticized. Connected to these metanarratives are particular methods of reading literature and assessing the value of literature and medical science in a cultural context. This includes the establishment of a medicalized language in which to speak about the connections and influences surrounding the categories of author, text, reader, and context. Medicalized forms of criticism influenced both the literary and the medical fields. Scharffenberg and Dedichen develop and perform methodological readings that may have served to explore ways of reading and interpreting signs in a 'professional' or 'scientific' manner within emerging professions, notably psychiatry. The field of criticism, in its fusion of reading, interpreting, evaluating, and writing, partly overlapped with the institutional discourses and practices within the rising

medical profession—anamneses and psychiatric notes, reports and evaluations. Within the practices of medicalized criticism, we see the contours of interdisciplinary questions we revisit even today: where and in what ways do literature and medicine meet, and with what consequence?

Notes

1. All translations from Norwegian to English are mine unless otherwise stated.
2. Guglielmo Ferrero's article was paraphrased and commented on in *Aftenpostens* regular column "Dagens Spørgsmaal i Udlandet," where it was named "Er verden et Daarehus?" (*Aftenposten* 1893.09.10) shortly after its original publication in the French *Revue des Revues* in 1893. Ferrero also became a regular contributor to the journal *Samtiden* after his text was published there.
3. *Aftenposten* 1893.09.10 and 1895.03.31.

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