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EROTICA

LOVESICKNESS IN THE RUSSIAN LITERARY IMAGINATION

VALERIA SOBOL

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VALERIA SOBOL

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To my parents, Tatyana and Yuriy Sobol

Contents

Preface ix

Acknowledgments xvii

Note on Translation, Transliteration, and Abbreviations xix

Introduction: Cases in History 3

PART I / ANATOMY

1 The Anatomy of Feeling and the Mind-Body Problem
in Russian Sentimentalism 23

PART II / DIAGNOSTICS

2 Diagnosing Love: Tradition 57

3 “Febris Erotica” in Herzen’s *Who Is to Blame?* 73

4 *An Ordinary Story*: Goncharov’s Romantic Patients 94

PART III / THERAPY

5 The “Question of the Soul” in the Age of Positivism 123

6 What Is to Be Done about a Lovesick Woman?

Chernyshevsky’s Treatment 134

7 From Lovesickness to Shamesickness: Tolstoy’s Solution 158

Afterword 189

Notes 201

Works Cited 269

Index 284

Preface

IN NIKOLAI CHERNYSHEVSKY'S NOVEL *WHAT IS TO BE DONE?* (1863) THE young but already acclaimed physiologist Kirsanov informs the millionaire Polozov that the cause of his daughter's mysterious, consuming illness is her secret love for a man whom her father considers unworthy of her. The old Polozov receives this news with both astonishment and disbelief: "How could she be dying of love for him? And can one really die of love?"¹ By expressing his skepticism, Chernyshevsky's character questions an age-long tradition that assumed the ability of unconsummated love to affect health. This book emerged, in part, as a result of my own resistance to taking the connection between love and a physical malady for granted. The question I posed is not, of course, Polozov's "Can one *really* die of love?" but, rather, what assumptions about human nature gave legitimacy to the topos, so it could be reproduced over the centuries? And, as a narrower project, how can we explain the ubiquitous presence of this topos in Russian literature, where lovesickness plagues literary heroes and heroines alike, from Savva Grudtsyn of the eponymous late medieval tale to Kitty Shcherbatskaia in Lev Tolstoy's renowned *Anna Karenina*? A stereotypical perception that Russian literature is always about "love and death," as reflected in the famous Woody Allen film title, might prevent one from probing further what actually underlies the cliché about romantic love's destructive power and why Russian writers so willingly used it, in spite of their often admitted awareness of its hackneyed nature.

My "defamiliarized" approach to lovesickness prompted me to investi-

gate the medical and cultural tradition that gave shape to this convention and attuned me particularly to the serious philosophical implications of this seemingly banal literary cliché. The idea that unconsummated or unreturned passion can cause a physical disorder and, more broadly, that bodily symptoms can serve as a means to read the life of the psyche presupposes medical and philosophical views of the human being. It assumes relationships between mind and body, between strong emotions and somatic ailments, and, at another level, between the exterior and the interior, the revealed and the concealed. This book argues that for various reasons the nature of these relationships deeply preoccupied Russian writers and therefore their persistent use of lovesickness was not an automatic deployment of a traditional theme but, rather, a way to address serious philosophical, ethical, and, in some cases, ideological concerns through a recognizable literary trope.

An English Romantic painting by John Opie (1761–1807) (frontispiece) portrays a diagnostic situation that will be enacted, with various modifications, in Russian fiction throughout the nineteenth century. The painting depicts a middle-aged physician who is taking the pulse of a melancholy young woman in the presence of two more characters—an older woman, probably the patient’s mother, and Cupid lurking in the background. The presence of Cupid leaves no doubt as to the nature of the “medical” condition in question. Opie’s painting, however, is more than an illustration of one single case of the love malady—it is an iconic representation of lovesickness as a medical-cultural paradigm, which, as this artwork demonstrates, had already been well established by the early nineteenth century and possessed its “required,” easily identifiable attributes.²

First of all, the painting points to the convergence of literary and medical traditions that shaped the concept of lovesickness in Western culture (as represented by the figures of Cupid and the physician, respectively), as well as to two rhetorical aspects of the topos: the metaphorical or poetic and the “literal” or scientific. More important for my project, however, Opie’s work captures vividly the major tensions underlying the traditional diagnostics of lovesickness: the gendered distribution of the doctor/patient roles; the opposition between professional and family authorities; and, finally, the interpretative challenge posed by this condition. The painting contrasts an outsider diagnostician—the doctor character—and two “insiders” who are clearly aware of the non-somatic nature of the condition in question—the patient and the god of love. The patient’s absent and alienated gaze and Cupid’s very presence in this “genre” painting expose the doctor’s method of phys-

ical examination as an inadequate interpretative operation. Even more than Cupid's presence in this composition, his position in the painting stresses the epistemological problem posed by the malady. The young god of love, as one can see, faces the viewer and points to his arrow as if suggesting to the audience that the true diagnosis should be sought not in the realm of medical science but in the domain of *his* competence—that of passionate love. Thus the description of the piece in the catalog of the collection to which it belongs, as well as the titles of prints made after the painting, takes the enigma of the girl's condition to the “puzzled” or “bewildered” doctor to be the central theme of the work.³

Opie's painting demonstrates that the medicalization of lovesickness often creates an epistemologically charged situation, in which the accessibility (and curability) of a hidden spiritual distress by scientific methods or medical procedures becomes problematic. Such a situation complicates further the tensions between the visible and the invisible, gaze and language, in medical perception, famously theorized by Michel Foucault, because of the psychogenic nature of the illness in question. These epistemological and semiotic valences of the lovesickness topos rendered it a fruitful literary device that enabled Russian writers to engage with some of the most pressing contemporary issues. As this book shows, late eighteenth-century to early nineteenth-century representations of passionate love and amorous suffering were often reflective of (and in some cases directly linked to) recent controversies over the seat of the soul and the nature of sensibility in both science and literature. Later on, literary lovesickness diagnostic scenes dramatized philosophical and scientific debates between idealists and empiricists in the 1840s and those between “spiritualists” and materialists in the 1860s and 1870s. In nineteenth-century Russian novels, each camp's ideological and philosophical premises were frequently tested at the lovesick patient's bedside.

Febris Erotica contributes to the study of interactions between literature and medicine in the Russian cultural context—a field that has emerged only recently and belatedly.⁴ What makes my study different is that it focuses on a particular literary topos as a point of intersection for various cultural concerns and, by following the topos's historical transformation through interdisciplinary lenses, reexamines the dynamics of Russia's cultural development in the late eighteenth to nineteenth centuries.

The book is organized by both chronological and thematic principles. The introduction offers a brief historical excursus on the formation of the concept of lovesickness in Western literature and medicine and the appropria-

tion of this tradition in early modern Russia. The remainder of the book is divided into three parts: anatomy, diagnostics, and therapy—themes that dominate the topos's function in successive periods of its Russian history. Part 1 (“Anatomy”) situates the lovesickness paradigm in the context of the larger problem of the mind-body interaction. Here I examine the Sentimentalist discourse of emotions against the background of contemporary scientific and philosophical debates concerning the anatomical seat of the soul, the physiological mechanism of sensibility, and their philosophical and religious implications. This part of the book demonstrates this period's intense preoccupation with not just feelings but also their localization in particular anatomical organs. I argue that the Sentimentalists' tendency to root emotions firmly in the body stems from the eighteenth century's preoccupation with the nature of the body-soul interaction—a heritage of seventeenth-century Cartesian dualism. The phenomenon of lovesickness—a bodily response to an emotional distress—is so widespread in both the fictional and the medical literature of the period precisely because it could be used to demonstrate the close interconnectedness between the human physical and psychic realms and thus to overcome the tragic split postulated by René Descartes.

Part 2 (“Diagnostics”) examines the interpretative challenge traditionally posed by the love malady, where the diagnostician has to rely on external bodily symptoms in order to access the inner emotional distress. Chapter 2 establishes two models of diagnosing lovesickness—“medical” and “psychological”—represented, respectively, by lovesickness stories in two ancient texts—Plutarch's *Life of Demetrius* and Heliodorus's *An Ethiopian Story*. While Romantic diagnostic scenes favor, predictably, the psychological model—a view of lovesickness as an exclusive “malady of the soul” that denies either a medicalized or a “naively” literal interpretation—the situation becomes more complicated in the Russian novel of the 1840s, a period when Romantic idealism gives way to a more materialist and empirical approach to reality. The interplay between the medical and psychological models of lovesickness in Aleksandr Herzen's *Who Is to Blame?* (chapter 3) and Ivan Goncharov's *An Ordinary Story* (chapter 4) is emblematic of the transitional period in which the works were created: in spite of their overt anti-Romantic agendas, in both novels a more “spiritual” and psychological version of lovesickness triumphs over the medicalizing and materialist view of passions.

Part 3 (“Therapy”), while it continues to analyze diagnostic methods, focuses on alternative cures for lovesickness suggested in the novels of the 1860s and 1870s (Chernyshevsky's *What Is to Be Done?* and Tolstoy's *Anna*

Karenina) and their strategic implications. Chapter 5 situates these works in contemporary debates on the nature of human psychic life and specifically the rivalry between medicine/physiology and psychology over the authority of their respective methods and discourses. Chapter 6 analyzes Chernyshevsky's reliance on the lovesickness convention in his subversive novel *What Is to Be Done?* and demonstrates how Chernyshevsky incorporates this ancient topos into his social program for the equality of the sexes and the liberation of women. The therapeutic method his novel offers—a psychological experiment constructed and controlled by a politically radical positivist scientist—is later challenged by Tolstoy. Chapter 7 interprets Kitty Shcherbatskaia's case of lovesickness in *Anna Karenina* as polemically aimed against Chernyshevsky's solution. In Tolstoy's novel this “malady of the soul” is healed through the process of life and an intense process of self-searching, rather than through medical therapies or psychological manipulation. I discuss the deeper implications of this polemical gesture for Tolstoy and show that, in fact, Tolstoy reacts not only against Chernyshevsky's take on the lovesickness tradition but also against the tradition itself. Tolstoy dismantles the concept of lovesickness by introducing shame, rather than love, as the cause of his heroine's malady, which enables him to void the topos of its romantic content and thereby to challenge Western romantic culture and values. A brief concluding chapter examines the fragmentation of the lovesickness topos into several distinct traditions in fin de siècle Russia and outlines the main trajectories of its development in the twentieth century.

My analyses take into account two groups of forces, “internal” and “external,” that shape the historical dynamics of the lovesickness topos in Russia. On the one hand, we are dealing with a stable set of characters, motifs, and patterns whose history of combinations has its own inertia and momentum. New configurations of the topos develop in a way that preserves their readability as belonging to that convention. On the other hand, this book examines more explicitly the external, sociocultural contexts that refresh this convention, create potential new meanings, and renew its relevance at various points of Russian cultural history. *Febris Erotica*, however, does not claim to be a comprehensive history of lovesickness in Russian literature throughout the late eighteenth and nineteenth centuries but focuses instead on selected critical transitional moments during this time span: the Sentimentalist era, when “sensibility” in general and emotions in particular moved to the foreground of literary practices; the 1840s, when, in an attempt to overcome the Romantic worldview and aesthetics, Russian literature turned to physiology

and medicine for epistemological and artistic models; and the 1860s and 1870s, which witnessed a struggle between radically materialist and deterministic models of the human being, on the one hand, and the moral and spiritual view, on the other—a struggle that unfolded in works of fiction as well. In other words, I examine in greater detail those periods that favor the medicalization of the love malady and tend to explore philosophical aspects of the lovesickness topos (primarily, its relevance to the problem of the body-soul interaction) more fully. Therefore I am more interested in movements such as Sentimentalism or Realism, rather than Romanticism, that is, movements that because of their monist orientation emphasize the link between the physical and spiritual realms rather than the split between them. While the topos of lovesickness, in one or another manifestation, can be found in virtually every nineteenth-century Russian novel, I chose for my analysis those works that are most representative of the polemical and philosophical potential of this topos and that are particularly “conscious” of participating in a well-established tradition.

A few qualifications concern terminology and the scope of my material. In this study, “lovesickness” refers not to a psychiatric condition but to a physical disorder (insofar as it is possible to draw a clear-cut line between the two, given the topos’s emphasis on the mind-body interaction), presumably resulting from emotions related to thwarted love. Lovesickness, moreover, is not *my* label or metaphor used to characterize certain characters’ reactions or emotions connected to unfulfilled love but a textual self-constructed “reality.” *Febris Erotica* thus examines specific literary “cases” when the experience of passionate love, especially unrequited or unconsummated love, exercises a destructive physical effect. This “physiological” perspective demarcates my study from another very important but quite separate subject, namely, madness and love, as well as from various metaphoric constructions of love-as-illness.

The terminology used in nineteenth-century Russian discussions of the mind-body interaction, crucial to my analysis of lovesickness, also needs to be commented on. Not only does Russian consistently use the word “soul” (*dusha*) in the sense of the English “mind”—as the realm opposed to the body—but also the adjectives describing this realm are associated with the concept of the soul rather than with the more intellectual or rational sphere of the mind: *dushhevnyi* (that of the soul); *dukhovnyi* (that of the spirit); or *psikhicheskii* (psychic, with a more scientific flavor) are used consistently where “mental” would have been used in English.⁵ Another term that recurs in the descriptions of the love malady is “moral” (*nnavstvennyi*), which in nineteenth-

century Russian not only referred to the ethical realm but was also understood more broadly, as “opposite to the carnal; spiritual, relating to the soul.”⁶

Throughout the book I consistently use the term “topos” to address lovesickness as a recurrent and standardized association. The choice of texts for my analysis is determined by my focus on the medical and physiological aspect of lovesickness. My study, I would like to stress, does not concern itself with the treatment of the lovesickness theme in folk culture, which would be a fascinating project on its own. Along with literary works, I examine relevant medical texts, as well as philosophical and scientific works that discuss the problem of the soul’s relation to the body, the physiology of emotions, and the mechanisms of lovesickness. In selecting literary texts, I have given preference to narrative genres, since they generally offer more material on the physiological mechanisms, diagnostics, and epistemological assessment of lovesickness (and indeed simply allow more space for the illness to “progress”). This book does not purport to offer exhaustive analyses of the literary works it examines but, rather, discusses their different takes on the lovesickness tradition as related both to individual works as a whole and to the history of the topos’s development. The word “different” is key here: far from attempting to present a complete “catalog” of the cases of lovesickness in Russian literature of a given period, my study shows how each new author and new cultural period treats the same topos uniquely, depending on the period’s preoccupations or the author’s individual concerns.

It is my hope that to a literature specialist this study will not only present a reconstructed *historia morbi* for lovesickness but also offer a fresh perspective on the dynamics of transition between canonically established “periods” of Russian literature, such as Sentimentalism and Romanticism, as well as new ways of reading classical literary works. A cultural historian or a reader interested in the history of medicine will find a useful discussion of how some major developments in Western culture and science in the late eighteenth and nineteenth centuries were echoed and responded to in Russia, with its distinct historical situation and cultural tradition. I hope, finally, that a more general reader who is used to thinking of Russian literature and culture as concerned primarily with transcendental philosophical issues will discover this culture’s intense preoccupation with the body as a locus and a vehicle of spirituality and emotionality, as well as a site of epistemological inquiry. Readers who are looking for practical advice on lovesickness, however, will find little here beyond a distraction from their woes.

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Note on Translation, Transliteration, and Abbreviations

IN TRANSLITERATING RUSSIAN TITLES, NAMES, AND QUOTATIONS, I HAVE used the Library of Congress system, except for last names ending in *-skii*, which I, within the text of the book, transliterate as *-sky* to comply with the tradition of rendering such names in English (e.g., “Chernyshevsky” instead of “Chernyshevskii”). I have also kept some authors’ names in the form more familiar to the English-speaking reader: for example, Tolstoy, rather than Tolstoi, and Herzen, rather than Gertsen.

For English quotations from Russian works, I have used existing English-language translations (when available) that I have modified occasionally when a more literal rendition was crucial to my argument. When citing these sources, I have preserved their transliteration of proper names. When no English source is cited, all translations from the Russian are mine.

In bibliographical notes, I have used the following abbreviations for the titles of Russian journals, collections of works, and anthologies:

- NV Nevrologicheskii vestnik
- OZ Otechestvennye zapiski
- PPPV Priiatnoe i poleznoe preprovohzhdenie vremeni
- PSS Polnoe sobranie sochinenii
- PSSP Polnoe sobranie sochinenii i pisem
- RSP P. Orlov, ed. and comp. Russkaia sentimental’naia povest’.
Moscow: Izdatel’stvo Moskovskogo universiteta, 1979.
- SVV Sanktpeterburgskie vrachebnye vedomosti

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INTRODUCTION: CASES IN HISTORY

The Western Tradition

THE ASSOCIATION BETWEEN PASSIONATE LOVE AND ILLNESS HAS A LONG history, in both medicine and literature, and is not unique to Western civilization.¹ Western literature and medicine, however, through a long process of interaction and mutual enrichment, have developed a distinct tradition of theorizing and representing lovesickness. Scholars have traced this concept's scientific roots to Greek medical and philosophical thought of the late fifth and fourth centuries B.C.E.: the Hippocratic theory of humors; the Platonic philosophy of Eros, as well as his doctrine of the tripartite structure of the soul; and the Aristotelian psychology and physiology of passion.²

The works of the Hippocratic corpus do not specifically articulate a medical doctrine of lovesickness, but they lay a scientific foundation for its future development. The well-known humoral theory explains the working of the human organism in terms of the interaction between the four bodily liquids, or "humors": blood, phlegm, yellow bile, and black bile. The harmonious balance among the four humors is a guarantee of health, both physical and mental, while the predominance of one of the humors can lead to a serious illness.³ While any of the humors, when produced in excess, can be detrimental to the human organism, only two of them are relevant to the future doctrine of lovesickness. Blood, believed to be especially active in the spring and possessing the qualities of warmth and moisture, is later interpreted as the humor responsible for erotic desire.⁴ By comparison, an overflow of black bile, associated in the Hippocratic writings with the fall and the qualities of

dryness and cold, produces symptoms typical of love suffering. Melancholy—a mental illness, resulting from the excess of this humor—was characterized in the later tradition by the desiccation of the body, general sadness, emaciation, and eventually madness. Medieval and Renaissance authors perceived lovesickness as either a variety of melancholy (termed “love-melancholy”) or a related but distinct illness.⁵

In the fourth century B.C.E., the medical doctrine of humors interacts with Platonic and Aristotelian philosophy. In Plato’s *Phaedrus*, for example, the sublime love that arises from the contemplation of ideal beauty is accompanied by a concrete physical reaction easily translatable into the Hippocratic language of warmth and moisture.⁶ He who “beholds a godlike face or bodily form that truly expresses beauty” experiences sweating, fever, warmth, painful irritation, and “a flood of particles.”⁷ These symptoms, commonly known as “the flood of passion,” Socrates explains to Phaedrus, in fact signify the growth of the soul’s wings. The encounter with true beauty, in Plato’s myth of anamnesis, reminds the soul of the experience of the absolute truth it was granted in its preexistent, winged state. The absence of the beautiful object, however, causes desiccation, sleeplessness, and even madness. Notably, Plato describes the soul’s suffering in terms of lovesickness: “All the rules of conduct, all the graces of life, of which aforetime she [the soul] was proud, she now disdains, welcoming a slave’s estate and any couch where she may be suffered to lie down close beside her darling, for besides her reverence for the possessor of beauty she has found in him the only physician for her grievous suffering.”⁸

It is Aristotle, however, who played a critical role in the development of the scientific theory of lovesickness.⁹ According to Aristotle, lovesickness develops when a pleasing object first affects one’s senses, above all the sight, and then the imaginative faculty where a visual image of the object is formed and preserved. This image eventually reaches the reason, to which it presents the actual object as extremely desirable. The desire to possess the object causes an overheating of blood around the heart, which changes the internal temperature throughout the body and eventually disturbs the individual’s physiological and psychological balance.¹⁰ The physiological mechanism of the love malady offered by Aristotle proved to be extremely influential and long-lived. His theory, with some modifications, would be developed by Galen in the second century C.E. and later penetrate the Arab world.¹¹ Eventually, through medieval Latin translations of Arabic treatises, the Hippocratic, Aristotelian, and Galenic scientific views, enriched by Haly Abbas,

Avicenna, and Rhazes, make their reentry into the Western world in the late Middle Ages.¹²

. . .

These theories constitute the philosophical-scientific trend in the development of the notion of lovesickness. At the same time, Greek literature explored the destructive effect of passionate love independently from medicine. Sappho's famous fragment II (early sixth century B.C.E.), cited in Longinus's treatise *On the Sublime*, describes the physical symptoms of love, such as heart palpitation, sweating, trembling, and pallor, long before the Hippocratic tradition takes shape:

*He is a god in my eyes—
the man who is allowed to sit beside you—he
who listens intimately
to the sweet murmur of
your voice, the enticing
laughter that makes my own
heart beat fast. If I meet
you suddenly, I can't
speak—my tongue is broken,
a thin flame runs under
my skin; seeing nothing,
hearing only my own ears
drumming, I drip with sweat;
trembling shakes my body
and I turn paler than
dry grass. At such times
death isn't far from me.*¹³

Later periods witness a flourishing of literature addressing the theme of lovesickness. Euripides' tragedies, the Hellenistic lyric (Theocritus) and epic (Apollonius of Rhodes), and, of course, the Latin elegiac poets, as well as Virgil (cf. Dido's case in his *Aeneid*) and Ovid—all treat this subject with a lesser or greater degree of concrete pathological detail. By Ovid's time, apparently, the set of the symptoms associated with lovesickness becomes sufficiently conventionalized to enable the narrator of *The Art of Love* to recommend to his audience a strategy of acting out this condition:

*Let every lover be pale; here's the proper complexion
 For lovers; this gambit, please note,
 Has worked on every occasion. Pale was Orion, roaming
 The woodlands, pining for Side; pale
 Daphnis (ah, unkind Naiad!). Look lean and haggard
 As proof of your passion, don't baulk
 At hooding your lustrous curls. Sleepless nights, the pangs
 and worry
 Of consuming love—these will reduce young men
 To a thin nothing. If you mean to achieve your purpose
 Be an object of pity, so that the passers-by
 Will say at once, "He's in love."¹⁴*

What is noteworthy about this passage is Ovid's reliance on the literary tradition in his description of the typical symptoms of love. He validates his "prescription" of these symptoms not by a medical observation but by a literary precedent. In other words, a lover should be pale not because in real life people in love tend to be pale but because this is the case in the poetic tradition (Sappho, Theocritus) known to the author and his audience.¹⁵ These purely literary symptoms are, however, easily identifiable "in reality," by any onlooker. This blurring of the boundaries between fiction and reality, as well as between literature and medicine, is not only a generic property of Ovid's work that nods to both the genre of practical manual and, in the case of the *Remedies for Love*, the medical prescription; it is symptomatic of the closer interaction between the literary and medical traditions of lovesickness—the process whose beginnings have been traced precisely to the first century B.C.E.¹⁶

This new, medicalized approach to lovesickness in literature manifests itself above all in the appearance of the doctor figure (distinct from the writer-doctor image developed by Ovid), who attempts to diagnose and treat the lovesick patient, as in the tale of Antiochus and Stratonice. This ancient tale known since the fourth century B.C.E. features an amorous episode in the history of the post-Alexandrian period: Antiochus, the son of the Syrian ruler Seleucus, secretly falls in love with his young stepmother, Stratonice, and, as a result of this illicit and suppressed passion, becomes seriously ill.¹⁷ A doctor, who is called to diagnose and treat the sick young man, begins to suspect that the cause of his patient's malady is unconsummated love. In order to determine the object of Antiochus's love, he stays in the patient's chamber during the visits paid by the various beauties of the court and

observes his reaction. When Stratonice enters the room, the young man exhibits a number of typical symptoms of passion, including an increase in pulse rate, which enables the doctor to deduce the love object and to suggest a cure—the love’s consummation.¹⁸

In Plutarch’s version of this story narrated in his *Life of Demetrius*, this diagnostic procedure receives a new twist. Here the physician, Erasistratus, diagnosing Antiochus “observed in him all Sappho’s familiar symptoms,—his voice faltered, his face flushed up, his eyes glanced stealthily, a sudden sweat broke out on his skin, and, unable to support the excess of his passion, he would sink into a state of faintness, prostration, and pallor.”¹⁹ The crucial difference between Plutarch’s approach and that of his predecessors is his reference to Sappho’s ode as an authoritative source—a gesture that emblemizes the fusion of the medical and literary traditions of lovesickness.²⁰ Significantly, the diagnostic procedure described in the story of Antiochus and Stratonice gradually acquired professional validity and was used in medical practice, as is evident from the following passage by Avicenna: “Knowing the object of the patient’s love is one of the ways of curing him. The trick in learning this is to take his pulse while naming many names and repeating them over and over. Whenever there is a great variation in pulse rate on account of this recital of names, and the patient acts as if he has been slain by the mention of the names, then test that name by saying it repeatedly, and it will become evident whether or not it is the name of the one he loves.”²¹

The conflation of medical views on lovesickness with literary tropes continues throughout the Middle Ages.²² Although medieval medicine depended largely on Hippocrato-Galenic science, which it inherited through the Arabs, it did articulate a distinct doctrine of lovesickness (partly under the influence of Arabic medical works on love). This disease, termed *amor hereos* in the medieval medical treatises, manifests itself in a pathological fixation on the object of love, whose image, retained in the lover’s brain, affects its judgmental faculty. Furthermore, the pleasure associated with the image of the beloved causes a multiplication and overheating of bodily humors and “spirits,” which disturbs the person’s psychological and physiological equilibrium.²³ Significantly, this condition does not disappear with the removal of the desired object, since the affected parts of the brain include the faculty of imagination and memory where the image of the beloved remains imprinted as in warm wax.

This disease is accompanied by symptoms such as a change in pulse rate;

sleeplessness; hollow eyes, either teary or too dry; paleness; and anorexia. In especially grave cases, an overflow of black bile can damage the brain and lead to madness and eventually death.²⁴ As for the cures suggested to alleviate this condition, these vary widely from bloodletting, healthy diet, and exercise to more psychological therapies, such as separation from the object of love; listening to music; walking in a pleasant, soothing environment; and conversation with friends. In the most desperate cases, the consummation of love is recommended, to use Robert Burton's later formulation, as "the last refuge and surest remedy."²⁵ Although many of these symptoms and therapeutic methods have already been a part of the traditional love discourse, medieval medicine attempts to provide a scientific basis for these conventional signs of love suffering.

At the same time, contemporary love poetry tended to accurately reproduce the medical doctrine.²⁶ As many medievalists have shown, Chaucer, the troubadours, and the poets of the *dolce stil nuovo* are often surprisingly precise in using the scientific terminology of lovesickness developed by the medical science of their time.²⁷ This symbiosis between medicine and literature, in their views on lovesickness, was relatively short-lived. William Harvey's discovery of blood circulation, published in 1628, as well as the subsequent development of physiology, undermined the doctrine of humors and the scientific theory of lovesickness on which it was based.²⁸ However, these early attempts to establish a scientific foundation of love suffering were apparently instrumental in enriching and corroborating literature's own psychological and physiological apparatus of lovesickness. Greco-Roman literature and medicine, as well as their later development and active interaction in the Middle Ages, thus bequeathed to the Western literary tradition an elaborate and rich topos that outlived the medical theory that initially provided its scientific basis.

The Russian Reception

The situation was different in Russia, where the secular tradition of love was virtually absent because of the strictly didactic and religious nature of medieval Russian culture.²⁹ What Russian culture did share with the West was the negative interpretation of passionate love characteristic of early Christian thought. The patristic tradition inherited the fundamental principles of Greco-Roman psychology and physiology and along with them the idea of passionate love as capable of both physical and spiritual destruction.³⁰ These

scientific ideas merged with the Christian rejection of physicality and the notion of passions as the heritage of the original sin.³¹ However, as students of sexuality in pre-eighteenth-century Russia have pointed out, the attitude of the Orthodox Church to sex and erotic love was even more negative than that of its Western counterpart.³² The theologians who became especially influential in the Eastern Orthodox Church, such as Origen and John Chrysostom, developed Gnostic ideas on human sexuality as an imprisonment to mortality and evil.³³ The tendency to eroticize religious and mystical experience, characteristic of medieval Western culture, remained alien to the Russian tradition. As A. M. Panchenko explains, “Old Russian literature recognized only familial, legitimized love, rejecting both passionate love and the ideal admiration of the fair lady. One of the reasons for that . . . should be sought in the fact that the Orthodox doctrine did not develop a hypertrophied cult of the Virgin, ‘Madonna’ (‘my lady’), which evolves in the West from the late eleventh century.”³⁴

In medieval Russian culture then, love, in its positive sense, became a notion incompatible with the idea of passion or desire. Unlike St. Augustine, whose doctrine of “conjugal debt” to a certain degree justified marital sex, Eastern Christian writers considered sexual relationships of any kind as a manifestation of fallen human nature, and “sexual desire and love were viewed as antithetical emotions, even within the domain of Christian marriage.”³⁵ The linguistic expression of this distinction, however, posed certain difficulties. The Russian language did not possess such an elaborate and differentiated vocabulary of various kinds of love as did Greek, which distinguished between *eros*, *agape*, and *philia*: in Russian one word had to carry all the implications of this notion.³⁶ As a result, in the context of love as sexual desire, as Eve Levin has pointed out, Russian medieval authors tried to avoid the use of the word “love” altogether, using instead such terms as *blud* (fornication) or *liubodeianie* (literally, lovemaking).³⁷

The semantic range of the word “love” (*liuby*), as recorded in dictionaries of medieval Russian, reflects this tendency. In the dictionary examples, all the occurrences of the word “love” in a positive context correspond to or translate the Greek word *agape* and sometimes *philia*.³⁸ Most of the examples are taken from religious texts and express the Christian notion of love. By contrast, love as passion is consistently characterized negatively as “profane love” and “blind love.”³⁹ Such “blind” love can be physically destructive: “If blind love fixes itself in someone’s heart, it will either cripple him or blind him.”⁴⁰

This negative attitude towards physical love is manifested in one of the earliest (if not the earliest) original Russian works to introduce the topos of lovesickness. The seventeenth-century *The Tale of Savva Grudtsyn* (*Povest' o Savve Grudtsyne*) explores, among other themes, the lamentable physical, as well as moral, effects of passionate erotic desire.⁴¹ In this story, the young merchant Savva Grudtsyn stays in the house of his father's friend—the virtuous Bazhen the Second, recently remarried to a younger woman. Here our hero falls victim to the devil's malicious intrigues: desiring to disturb the peace of Bazhen's household, “the enemy of the human race” incites Bazhen's wife to seduce her young guest. When, on a church holiday, Savva rejects her advances, she resorts to magic in order to arouse Savva's passion. The effect of the magic love potion is immediate. First Savva experiences the major sign of passionate love already familiar to us from Sappho's poem: “And here as if some fire began burning in his heart.”⁴² Then other, more general, symptoms of lovesickness make their appearance: “Having drunk that potion, he began to long and suffer for that woman in his heart.” The vindictive woman, however, not only ignores Savva's sufferings but also slanders him to her husband. Banished from Bazhen's house, Savva becomes seriously ill on account of his unreturned passion: “And from the great grief, the beauty of his face began to wither and his flesh was becoming thinner.”⁴³ At this point the devil reappears on the scene to offer Savva a reliable cure—the consummation of his desire—in exchange for his soul. The rest of the story describes the consequences of Savva's pact with the devil: following the consummation of his love and a series of military successes assisted by the devil, the hero finds himself dangerously ill, repents, and becomes a monk. Savva's cure from his physical illness, as well as his moral conversion (spiritual healing) at the end of the tale, is foreshadowed by an epiphany of the Virgin Mary. The vision of the beautiful woman, full of light, creates a dramatic contrast to the image of the sinful earthly woman, Savva's mistress. One can suggest that these two female images embody two opposing concepts of love inherited by Russian culture from the patristic tradition.⁴⁴

Despite its archaic language, abundant with Church Slavonicisms, and its traditional Christian value system condemning earthly passions and carnal desires, *The Tale of Savva Grudtsyn* has been repeatedly praised by scholars as a prototypical text of modern Russian literature. The relatively complex hero who faces dilemmas and makes independent choices and the historical and social concreteness of the story's setting—these and other features of the text inspired some critics even to label *The Tale of Savva Grud-*

tsyn the first Russian novel.⁴⁵ We might add that the romance element, including the lovesickness topos, unprecedented in original Russian literature, contributes to the “modern” (and possibly “Western”) flavor of the text.⁴⁶

The anonymous author’s attempt to medicalize passionate love and its consequences, however, reveals the same tension between its modern and traditional elements, as do other aspects of the text.⁴⁷ While the tale accurately describes such basic symptoms of lovesickness as anorexia and pallor (implied in the reference to his “withering beauty”) and stresses the diagnostic problem that Savva’s condition poses (to be discussed in more detail in chapter 2), the main agents of lovesickness in this story belong to the non-medical realm. The origins of erotic passion in *The Tale of Savva Grudtsyn* are, characteristically, the devil’s intervention (in the case of Bazhen’s wife) and the magic love potion (in Savva’s case). The choice of supernatural intervention as a source of love automatically eliminates the need for creating a physiological mechanism of lovesickness. Indeed, if lovesickness is not the result of the organism’s complex reaction to the sight of a pleasing object but an already existing condition instilled inside the human being by a magic force, the description of its physiological basis becomes irrelevant. This diminishment of the medical aspect of lovesickness can also be observed in the way the tale confronts the diagnostic problem posed by this illness. While in the Latin tale of Antiochus and Stratonice the enigma of the hero’s illness is resolved by a doctor, in *The Tale of Savva Grudtsyn* the diagnostic operation is carried out by professionals of a different kind: a local seer (*volkhv*) and the devil himself.

The Tale of Savva Grudtsyn thus can be seen as a transitional work, still deeply rooted in the medieval Russian worldview and values. It is not until Peter the Great’s reforms that the Western love code—and with it the concept of lovesickness—breaks into Russian culture and literature. Peter’s introduction of assemblies—social gatherings that included women for the first time in Russian history—contributed enormously to the development of amorous culture in Russia. As viewed by some later memoirists, these new institutions not merely created new forms of life; they gave birth to new experiences and, among them, to the “hitherto unknown” passionate love.⁴⁸ In such an interpretation of Petrine reforms, secular, romantic love emerges as a cultural construct, as something altogether absent in Russian life (and not just literature) before the Petrine period.

Early Russian memoirs confirm this view of romantic experience as markedly foreign. One of the earliest private journals in Russian culture, Prince

Kurakin's *The Life of the Prince Boris Ivanovich Kurakin, Which He Himself Wrote* (*Zhizn' kniazia Borisa Ivanovicha Kurakina, im samim napisannaia*) records the following amorous episode from the author's sojourn in Europe:

And during my stay there I was inamorat with a chitadinka [city dweller], famous for her beauty, her name was signora Francesca Rota, whom I had for a medresa [mistress] for my entire stay. And I was so inomarato [*sic*] that I could not spend even an hour without her who kostet [cost] me 1000 chervonnys during those two months. And I parted with her with great lament and sorrow, and even now that amor cannot leave my heart and, I believe, will not. I took her persona in my memoria and promised to come back to her again.⁴⁹

It can hardly escape the reader's attention that every word related to the prince's love experience is Italian, sometimes transliterated, sometimes not: "inamorat," with its broken version "inomarato," "medresa," and, significantly, "amor." Obviously, the "translation" of Western love vocabulary presented a linguistic, as well as a cultural, difficulty for the author. Kurakin's refusal to do so reflects not so much his incompetence in the Russian language, as some critics have suggested, as a more universal cultural problem of describing a romantic experience in Russian without evoking religious or moralist connotations.⁵⁰

Notably, a later memoir—Mikhail Danilov's *Diary* (*Zapiski*, 1771)—also records its author's infatuation with a foreign woman but does not face the same terminological challenge. While Danilov admits that the love passion was an entirely new experience to him at the time (he repeatedly calls it "hitherto unknown passion"), he does not lack the vocabulary or even the formulaic language to describe his feelings, using such terms as *strast'* (passion), *liubovnaia strast'* (amorous passion), *liubimyi predmet* (the object of love), *liubovnitsa* (mistress), and others. The author, moreover, manifests his familiarity with the language of lovesickness and the traditional imagery of the "flame of passion," in his account of his vain attempts to suppress this overwhelming desire: "Finally I took upon myself to fast and be continent in every way, and by doing so I hoped to achieve a reliable method of escaping her who infected me with the love passion; nothing, however, went according to my plan, but, on the contrary, with every day the intense flame of this hitherto unknown passion was burning more and more in me. It seemed that my continence, as if to mock me, was intensifying this passion."⁵¹ This