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GERM 461/490

21 November 2019

Green fairies, Walking Skeletons, and Hysterias:

Public Policy Regarding and Hoffman's Literary Representations of Mental Illness in Nineteenth
Century Germany

INTRODUCTION

Regard for mental illness, attitudes about causation, and treatments have varied wildly throughout the ages. For much of written human history and even in some parts of the developing world today, mental illness was believed to be the result of possession, being cursed, spiritual or moral failing, or some other supernatural cause (Kemp and Williams 22). Treatments subsequently were spiritual in nature for most of human history, such as exorcisms or other ritual acts. Presently, we regard mental illness as a result of issues with the brain, although other physical issues may exacerbate mental conditions. Modern mental illness is typically treated with therapy and medication. The transition from old views of mental health to those of the present day began with the scientific revolution and the enlightenment. This continued during the long nineteenth century as medicine and science, among other fields, progressed forward. The long nineteenth century is the idea that the characteristics of the nineteenth century and that associated with it, including but not limited to art, medicine, fashion, and politics, began before and ended

after the actual nineteenth century. In this paper, the long nineteenth century is defined as approximately 1780-1914.

These revolutions in understandings of mental health were underway throughout the western world during this time, but the scope of this paper will primarily be works from the German-speaking lands of the time. German-speaking peoples regarding mental health and evidence of the differences in attitudes regarding mental health from German-speaking peoples in the long nineteenth century in comparison to the present day can be found in contemporary medical texts, popular nonfiction (such as newspapers and magazines), and literature.

BACKGROUND ON NINETEENTH CENTURY MEDICINE

In the long nineteenth century, medical science as we know it was gradually beginning to take hold. Bloodletting was still a widely-endorsed and popular practice, but physicians were beginning to have a more sophisticated understanding of disease.

Understandings of disease have evolved throughout history, but the nineteenth century and early twentieth century were a particularly tumultuous time in that evolution. In particular, the understandings surrounding mental health and disorders and women's health and diseases, were in serious but often bizarre flux in the western world. In Germany, much like the rest of Europe, old ideas, like those of Hippocrates, and new medical technology (as well as new possible vices, like absinthe, invented 1792) converged into the alleged creations of new disorders like absinthism and different permutations of old ones like hysteria.

Hysteria, which had been a part of medical discourse from the time of the ancient Greeks to the physicians of the early twentieth century as the cause for nearly all mental issues (Tasca et

al. 110), was understood in a new light in the long nineteenth century. Hysteria, which was a stand-in for most mental conditions and some physical ones, was thought to originate from the brain (not the uterus, as previously thought) and in the long nineteenth century, then understood to be a condition that could impact men as well as women.

Although the first records of hysteria-like symptoms and assertions of wandering wombs come from ancient Egypt, the general consensus is that the western understandings of hysteria were inherited from ancient Greece, particularly from the works of Melampus, Hippocrates, and Plato (Tasca et al. 110). The Egyptian documentation is older, but the Greek records are more prolific and had greater influence. Although in the latter half of the nineteenth century and the beginning of the twentieth century men were diagnosed with hysteria, primarily as a result of what we today would call psychological trauma (usually from war), it was still regarded and treated primarily as a women's disease. Eating disorders, particularly anorexia (the term came into use during the latter half of the nineteenth century) were often thought to be part of female hysteria and women thought to be suffering were known as "walking skeletons." Eating disorders were not typically associated with male hysteria.

Some leading figures in psychiatry at the time in Germany, including Sigmund Freud, Max Nonne, and Hermann Oppenheimer, studied male hysteria in the late nineteenth century most studies overwhelmingly focused on the female variety of hysteria (thought to originate from sexuality, emotional distress, and general delicate feminine constitution). Hysteria allegedly had a variety of symptoms that we today would diagnose as both mental health and general health issues, including fatigue, insomnia, anxiety, seizures, fainting, and much more. Absinthism was the alcoholics' hysteria: if someone drank absinthe (a common practice at the

time in Germany), especially in excess, any ailment physical or mental could be blamed on the drink. This catch-all diagnosis was more often but not exclusively given to men (especially before the conversations about mens' hysteria took off).

During this period, thought surrounding mental illness had an evolution: it was understood to originate from the brain, it could be treated with science (although scientific studies and medical procedures at the time were conducted with significantly less rigorous standards than today), and dietary issues were described medically and sometimes received institutionalized treatment. Studies were being conducted, but it should be noted that the studies in question were usually only a small group of people, control groups were scarce, and publication standards were much lower as well. It was, however, a start to the more modern views of mental illness.

Addiction, previously thought to be exclusively a moral failing, was beginning to be regarded as a physical as well as mental condition. Addiction was not discussed with the same nuance as the modern day in medical treatises or lectures, although there was a distinction between alcoholism and absinthism. The latter is no longer believed to exist. In the long nineteenth century, however, absinthism was taken so seriously that many countries banned it for decades, only relegalizing it in the twenty-first century in many places. Evidence of absinthism and hysteria misdiagnoses and how seriously it was taken in the long nineteenth century can be found in a variety of contemporary medical treatises, lectures, and studies.

Misdiagnosed and underdiagnosed conditions were also present in literature, which can be examined and analyzed to see the underlying conditions. In E.T.A. Hoffman's *Der Sandman*,

there is a case of what modern medicine would term PTSD and in Franz Kafka's *Die Verwandlung* there is a possible case of schizophrenia, as the main character is convinced he is a bug. In Goethe's *Die Wahlverwandtschaften*, there is a possible case of anorexia in the character of Otilie. During the time the works were written, the diseases would have been described differently, but the conditions are still present. In this paper, I will focus on hysteria, which was the catch-all term for a variety of mental and physical conditions, for both men and women.

Despite the misdiagnoses, underdiagnosed, and misunderstandings, the people living in nineteenth century Germany really did have conditions-just not the ones that they were diagnosed with. Alcoholism described as absinthism is still an addiction, epilepsy described as hysteria is still a disorder, and women starving themselves can still describe eating disorders, even if they aren't named. The words have changed and the distinctions between conditions have become clearer, but the suffering and impact on health was no less real in the nineteenth century than for people suffering ailments today. In the intervening century, our understanding of womens' health and mental illness has grown tremendously and with it our vocabulary and treatments have changed. The changes in attitude in the realm of medicine (particularly in regards to mental health) are obvious but less obvious is what the misdiagnosis of imaginary diseases like hysteria and absinthism were hiding. Analyzing contemporary medical treatises, "scientific" studies (standards were laxer but studies were done), and literature reveals that in the long nineteenth century individuals suffered largely from the same issues but were grossly misdiagnosed.

ABSINTHISM

Absinthism referred to the alleged long-term issues associated with absinthe, beyond those of alcoholism. Nineteenth century medical scholarship, such as an 1868 article, “Experiments and observations on absinth and absinthism” and *Lancet Medical Annotations*: “Absinthism” from 1873 discuss this issue in depth. Both, like the overwhelming majority of materials available from the time, operate with the presumption that absinthism exists as both a disease and as separate from alcoholism, as alcohol addiction was regarded and treated differently in the late nineteenth century from today but a recognized condition nonetheless (Amory). There was a struggle to differentiate to classify it as a separate condition, as a physical ailment (or rather a set of ailments) caused by drinking absinth rather than an addiction to the qualities of the plant (and its derived drinks) itself (*The Lancet*). Dizziness, tiredness, and headaches were all considered symptoms of absinthism, but those symptoms alone do not distinguish absinthism from alcoholism. The more serious side effects of the supposed condition ranged widely: hallucinations, paralysis, softening of the brain, possible death and more (*The Lancet*). The biggest distinction between absinthism and regular alcoholism was that absinthism supposedly had long-term effects that it caused, particularly in terms of brain damage and mental issues. The hallucinations, brain damage, and paralysis were the most common symptoms ascribed to the condition, but a hodgepodge of other symptoms were assigned to absinthism.

Absinthism has some parallels to another non-existent disease from the nineteenth century, hysteria. Both were used as a catch-all for a variety of both socially unacceptable behaviors and symptoms that could not be placed with other ailments, and the diagnosis was based off a fairly common trait in most western European and American populations: female

bodies for hysteria, consumption of absinthe for absinthism. It became an easy scapegoat for other ailments, which meant that other issues were often misdiagnosed.

In the nineteenth century in Germany (as well as the USA, UK, and France) there was a collective belief that absinthe was distinct from other liquors and that its consumption caused hallucinations (among other more serious and permanent symptoms) because of the presence of wormwood and other herbs in the mix. The belief was that it contained Thujone and that Thujone caused hallucinations (Amory). Although modern studies concede that there is very little Thujone in absinthe and that Thujone doesn't cause hallucinations, absinthe is very high-proof alcohol that has a herbal flavor (at least according to the internet). Absinthe can have between 110 and 144 proof (55 to 74 ABV), so hallucinations were likely caused by the high alcohol content. Once hallucinations were reported by some, it meant that other people might be influenced to think they have them or for that absinthe can cause other issues.

In the late nineteenth and early twentieth centuries there was an anti-absinthe movement in Germany, although not nearly as fervent as those in France, the United States, the United Kingdom, and Switzerland. Interestingly, there is no evidence of a absinthism in Germany (Padosh et. al), but a variety of cases in France and Switzerland pushed the prohibition movement. In my research, I was unable to find any literary representations of absinthe in German-language literature. They make exist, but if such German-language representation exists they are not as prevalent as English and French once. Interestingly though, despite a lack of representation in literature and not a single documented case, public concern soared. It was likely concern based off of cases in other countries, namely Switzerland and France, which had strong

anti-absinthe movements. In 1907 Switzerland banned absinthe, followed by the U.S. in 1912 and France in 1915. Germany banned the substance in 1923, influenced by its neighbors.

HYSTERIA

In the 21st century, we no longer classify hysteria as disease, although many people know about its influence on the nineteenth century. Hysteria was not quite a catch-all for all mental illness, but it came fairly close. Conditions that in the twenty-first century might be described as depression (especially of the postpartum variety), anxiety, insomnia, fainting disorders, loss of appetite, and fluid retention would frequently be diagnosed as hysteria. Additionally, some behaviors or traits that we no longer consider disordered, such as variation in sex drive, agency and self-assertation (in women), variation in appetite, and disregard for social minutiae were considered signs of hysteria. The list of potential symptoms varied, with one physician, George Beard, listing seventy-five pages of possible symptoms in 1880 (Briggs 247). Presently, it is commonly believed that hysteria was regarded as exclusively a women's disease. For most of human history, from the ancient Greeks to the late eighteenth century, hysteria was thought to originate from the uterus (Kemp and Williams 22). This changed in the nineteenth century, as science and medicine slowly but surely marched forward.

One of the shifts forward in medicine was the understanding that mental disorders (mostly) originated in the brain. Since hysteria was, by a wide margin, the predominant mental disorder diagnosed in women, the belief changed from it originating in the uterus (or "wandering womb") to the belief that it originated in the brain. In the nineteenth century there was an increased interest in medicine and an amplified sense of social scrutiny. Social expectations of

how to behave, at least among the upper and middle classes, were becoming more defined, particularly with regard to how men and women should behave. Gender roles had existed for millennia but intensified in both quantity and stritency during the industrial revolution and with the rise of the middle class. The expectations for appropriate social behavior also came with expectations of how not to behave, and violations of the social order were often believed to be a result of mental issue. Coupled with the idea that hysteria (and its sub-disorders neurasthenia and nervousness) originated in the brain, the conclusion many nineteenth century doctors came to was that hysteria could be present in men as well. Some of the symptoms were the same: an unpleasant disposition, anxiety, depression, deviation from social norms, masturbation, and unusual sexual appetites (low, high, or with tastes outside the accepted norm of time). Additionally, male hysteria was associated with anger and homosexuality, although not with disordered eating as the female variant was.

Male hysteria had established a presence in the medical discourse of the nineteenth century by the 1850s, although research on the topic and considerations became most prominent in the 1880s and 1890s. Additionally, beginning in the 1850s, there was consideration of prior underdiagnosis of male hysteria, as one French physician put it, Paul Bricket, “we saw little hysteria in men because we did not want to see it” (Micale 193). Intensely debated was the origin of male hysteria. Some considered it a result of childhood repression, others (including Freud) a result of sexual trauma or repression, but the most common view was that it was the result of a traumatic (non-sexual) experience (Micale). Freud, considered hysteria, like most things he studied, to be a result of sexuality and sexual trauma.

Generally, however, In the 1860s and 1870s, it was associated with and sometimes considered the same condition as “railway spine,” a variety of shock that happened after train accidents. There was also an association with trauma from battle, what we would now consider a form of PTSD. Whatever the origin was thought to be, male hysteria was an accepted part of medical canon, and both the male and female varieties were diagnosed in real life and depicted in literature.

An example of female hysteria is manifested in Marie, the protagonist of *Der Nussknacker und Der Mausekönig* written in 1816 by Prussian author E.T.A. Hoffman. In it, Marie has a series of experiences that are written off by her family. Marie is the good child, and because of this her parents allow her to stay up late on Christmas Eve after gifts have been distributed. She ends up having an experience where the toys come to life and she is attacked by an army mice, after they rise from the floor, “Sand und Kalk und zerbröckelte Mauersteine hervor und sieben Mäuseköpfe mit sieben hellfunkelnden Kronen erhoben sich recht gräßlich zischend und pfeifend aus dem Boden” (Hoffman 22). She normally doesn’t mind mice, so this is beyond a simple childhood fear, but rather a situational issue. There are many and they attack her, something which she is personally unable to stop. The floor breaks with “sand und kalk” as the seven heads of the mouse king rise up.

Marie’s experience is vivid and intense, with gory visuals of mice and the nutcracker fighting and descriptions of the noise of the horror of the hundreds of rodents. Mice burst through the floor (including one with seven heads). She is saved by one of the toys, the titular nutcracker. In the process she is hurt, and ends up contracting a fever. Her parents don’t believe her the next day, writing her experience off as a fever dream. She has another incident the next

night with the nutcracker and mice (different mice) and she is treated with the same level of active disbelief. She has a story about meeting the mouse king, the mouse queen, the princess, and intense mouse drama that is again solved by the nutcracker. Not only does Marie get told a story within a story about these characters, but she forms fairly complex opinions about the characters she interacts with as well as the story. She attempts to recount them this second morning but is again shut down and rebuked.

Although the book itself can be read as Marie imagined the events unfold or they actually happened (I personally prefer the latter interpretation), that is irrelevant to her treatment by her parents post-fact. The morning after she is a sick child and her experiences, real or not, are written off by her parents as such. She is treated as if she is making it up and as if what she remembers is just her young imagination (she's seven years old) mixed with the illness she contracted after getting cut by the glass.

Marie is treated in two very binary ways in regarding her reports of talking dolls and attacking mice. First, she is treated as someone not to be believed in any capacity. There's no consideration that even if the story shouldn't be taken at face value, as most rational adults today or in Marie's era would not, that some element of it may be true. When interacting with mentally ill patients today, or those with a physical and temporary condition that may induce hallucinations, like the presumed condition of Marie, the attitude is not to dismiss everything they say. Perhaps a modern parent or healthcare provider wouldn't believe that the mouse talked and that the nutcracker was a fighter, but perhaps she was attacked by rats and the parents should investigate that. The damage to the floor is described as extensive, could Marie have really done that or is there another force they need to investigate? A modern psychologist might also look

into possible reasons behind her specific “hallucinations” (why seven heads or why being saved by the nutcracker), but the early nineteenth century approach does not. Furthermore, the illness is treated in the home. If it escalated past a couple of nights perhaps they would have sought medical help, but a modern caretaker would likely have attempted more active treatment, like medicine (not available in the same capacity at the time) or consulting with an urgent care facility when the issue persisted (also not an option at the time).

The other binary that Marie is treated with is that whether she is okay or not is treated as a very yes-or-no question. When her fever passes the parents worry about it and the implications for Marie’s mental health about as much as the worry about Louise (that is to say they don’t mention it). They make no attempt to process it as a possible ongoing. Before Christmas Eve she was fine, there were a couple of weird days, now she’s fine again. In the moment of illness Marie was treated as completely not okay and completely unreliable and after the illness passes she is presumed to have returned to a completely normal state. There is no spectrum or consideration of ongoing monitoring for the potential issue, just an unquestioned binary of mentally okay or mentally not okay. This treatment manifests in parents regard for her female hysteria, and is present in examinations of male hysteria as well.

An example of male hysteria, characterized by a childhood trauma, shows up in another of Hoffman’s works, *Der Sandman* (1816). In it, male hysteria caused by a violent and non-sexual childhood experience is represented. Although the ill person is a grown man, Nathanael is treated with much of the same doubt that Marie is in her story.

Der Sandman, presents a case of a man's mental illness caused by a traumatic childhood experience. Presented as a series of letters with an epilogue and commentary, it discussing mental illness from the perspective of a mentally ill individual as part of the discussion. In the letters, it becomes clear that Nathanael, the focus of the story, is not well.

The first letter is from his perspective, and begins with a discussion of his childhood fear of the Sandman and he cites a series of encounters he had with a man he associated with the Sandman, Coppelius, and his own father. He explains that as a young boy, he would sit in his father's study with his siblings and mother after dinner. Sometimes his father would tell them stories, others he would just sit there quietly while smoking, and on those occasions, his mother was "sehr traurig" and the moment the clock struck nine, she would tell say "Nun Kinder! - zu Bette! zu Bette! der Sandmann kommt, ich merk es schon" (Hoffman 4). Her emotional state, "sehr traurig" can be translated as very sad or heavy-hearted. The fact his mother is "sehr traurig" indicates she knows that something is not right. The Sandman might not be real (according to her-Nathanael begs to differ), but there is someone that she doesn't want her children seeing or interacting with. Nathanael, before his traumatizing incident, questions her Sandman narrative, asking, "'Ei Mama! Wer ist denn der böse Sandmann, der uns immer von Papa fortreibt? - wie sieht er denn aus'" (Hoffman 4). He believes, at least to a degree, in the Sandman because he always hears thumping steps, but he has a further curiosity. He asks this of his mother after the steps are particularly disruptive, who the angry Sandman is, whose presence makes them leave their father. He also wants to know what the Sandman looks like. His curiosity is dismissed by his mother, who tells him that the Sandman is just something she tells him when it's time to sleep. The dismissal, coupled with the sounds on the stairs, further indicates that the

mother knows about the night visitor to his father and furthermore, implies that she knows it's not a good person. Her admission that the Sandman isn't real could be read as an attempt to quash the curiosity Nathanael has around him, because the mother might not know the whole story but knows it not something to expose her children to. He doesn't believe his mother, and consults with his younger sister's caretaker, who tells him the Sandman is real and paints a terrifying and visceral image of the Sandman, who throws sand in the eyes of children before ripping them out. Although Nathanael doesn't entirely believe the nurse, as he is too old to accept it wholesale, it still paints a vivid and lasting picture in his mind.

A few years later, when he is ten years old, Nathanael actually has an encounter with the man he comes to associate with the Sandman. It was one of those nights he and his siblings were sent off sharply at nine, but he sticks around and sees a man he believes to be the Sandman. It is actually Coppelius, an inventor acquaintance of his father. Coppelius has been coming for years to work on mysterious inventions with Nathanael's father. Nathanael interrupts out of curiosity and fright.

A terrified young Nathanael enrages Coppelius by interrupting an experiment. He almost took out his eyes, but instead twisted Nathanael's limbs, which in his young and frightened mind interpreted as the Sandman. In another encounter shortly thereafter, with the Sandman present, his father dies while conducting an experiment. Nathanael comes to associate Coppelius with the death of his father as well as with the Sandman.

The encounter traumatizes him and stays with him later in his life. As an adult Nathanael encounters a man new to town, Coppola, that he believes to be Coppelius again, and writes to

Lothar (although the letter goes to Clara accidentally) about it, and the anguish it brings him. Clara thinks it's just his imagination, dismissing his trauma. As the letters progress Nathanael processes that it is a different man (although he turns that he was right and Coppola is Coppelius), but Nathanael's mental health spirals into what we today might refer to as a psychotic break. Although he presumably was able to function as a normal adult before this incident, meeting someone who reminded him of this childhood incident was a trigger against Nathanael's mental health. His childhood issues with the Sandman, Coppelius, and the death of his father come back to haunt him. The presence of his childhood tormentor, Coppelius, drives Nathanael mad and he eventually almost kills his love interest, Clara. He damages his friendship with Lothar in the process. The incidents from his childhood and the presence of Coppelius-not-Coppelius--it's-Coppola-no-wait-Coppelius impact him ultimately damage his relationships with Lothar and Clara, despite his attempts to reconcile. He later, because of his untreated issues, jumps off a balcony, crushing his skull and dying. At the end of the story, after the letters there is a note that Clara was later seen happy with a couple of children, the kind of happiness that the "zerrissene Nathanael niemals hätte gewähren können" (the morose Nathanael could never give her) (Hoffman 42).

In this story, Nathanael was treated very differently than people in twenty-first century western countries with comparable experiences might be treated. Clara disregards his story as his imagination, but does not assume there is anything wrong other than some odd childhood experience or an active imagination. She doesn't tell him to seek professional help, but rather assures that there isn't an issue. When it becomes clear there is, he seems to get through it, and Clara rejoices that he is cured. There is no view of a need for ongoing treatment or a constant

battle, he is considered to be ill or not ill with no real in-between. When Nathanael has his penultimate mental break and nearly kills Clara in the process (her brother Lothar saves her), he is labeled as other, as broken, “zerrissene” and that he could never bring her a calm and happy life. There’s no talk of therapy, progress, or management. It’s a fairly black and white view of the world and mental health: he is either okay or he is not from the perspective of the other characters, a far cry from the spectrum of mental health conditions and qualities we describe today.

Although Nathanael dies at the end as he leaps from the balcony, there were a variety of opportunities for intervention before that. He is either not taken seriously enough as having an experience or dismissed as a madman. In postscript after the letters, it says that he couldn’t of brought Clara domestic happiness. This is an outright dismissal of his ability to grow or recover from his trauma, as well as an intense Othering of Nathanael in the process.

Nathanael’s treatment is also exemplary of the treatment that mentally ill individuals encountered at the beginning of the nineteenth century, as opposed to towards the end where he would likely receive some sort of treatment, be it bed rest, medical intervention, or in a case as extreme as his, institutionalization. Although his treatment in the late nineteenth century still would seem foreign to us in the twenty-first, it would have been something. His fate may still have been unfortunate and their may have still been a break and a series of escalations, but by the late nineteenth century, if not the mid-century, there would have been some attempt at intervention.

CONCLUSION

Examining contemporary medical works, popular works of nonfiction (i.e. newspapers and magazines), it becomes intensely evident that disease was treated and regarded quite different in the early modern period in Germany. The diagnose, discussion, treatment, and regard of different conditions can be seen through a variety of contemporary mediums. In literature, many varieties of mental illness, from anorexia to hallucinations to childhood trauma to addictions, can be observed and analyzed. They may not have used the same words or even used contemporary labels (instead just describing conditions), but mental health and the issues that can be associated with it have always been part of the human condition. A variety of examples of literature from the late 18th to the early 20th century demonstrate these conditions, and an examination of Hoffman's works specifically allow a focus on the hysteric from the early part of the century. Additionally, newspapers, books, magazines, and other works of nonfiction described symptoms, causes, and treatments of a variety of diseases. They weren't often right, but it was part of the public discourse and that's important. Additionally, space in (at least at the time) respectable journals was dedicated to a variety of conditions that modern doctors would diagnose and treat differently. Not only are conditions described, they are often labeled in ways a modern audience would not, using terms like "hysteria" or "absinthism," both of which are recognized in the 21st century as conditions that don't actually exist. The suffering, symptoms, and issues were very real, but the grouping, cause-and-effect, and underlying set of assumptions were wrong. Hysteria, in both men and women, was used as a catch-most term to describe a variety of mental and physical illnesses that today would be labeled as depression, anxiety, PTSD, schizophrenia, epilepsy, malnutrition, or a variety of other conditions. Additionally, attitudes regarding different illnesses can be gleaned by examining contemporary texts,

especially literature. Not all illness was treated equally-women's hysteria and men's hysteria caused by childhood trauma or other non-battle related issues was not taken as seriously and more intensely stigmatized than men's hysteria and mental illness related to battle. Disease could also be viewed as a moral failing, as was often the case with absinthism, much as alcoholism was viewed as a moral failing. Additionally, in many cases it seems that the authors, narrators, or characters of a text in question have an all-or-nothing view of illness, particularly mental illness. The attitude is generally akin to that of a physical wound that is either healed or not, although with physical illness more of a gradient was recognized. This is drastically different from the evolving modern view of spectrums, distinctions between illnesses, and maintenance of mental health. Hoffman's works were written in the early nineteenth century, and his literature reflects that. Had he been living and writing in a later time, he probably would have incorporated some form of treatment into his works. Ultimately though, his works are reflective of the time he lived in. In the nineteenth century, people living in Germany had very different views on disease and people with diseases were treated differently, both medically and socially and this is shown in literature like Hoffman's works.

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