For six years, Friedrich Schlegel kept a diary of the magnetism therapy of his friend the Countess Franziska Lesniowska. The Countess’s illness was marked by repetitive symptoms often related to memories of past events; she experienced phenomena similar to what Freud later called the uncanny return of repressed content. However, Schlegel believed she was clairvoyant and that her symptoms were incomplete expressions of a beautiful future. An examination of the diary reveals that the esoteric interests that marked Schlegel’s late phase were more significant than generally acknowledged and that his interest in magnetism illuminates an aesthetic aspect of the history of psychoanalysis. (LJ)

Schlegel’s Fascination with Magnetism as an Aesthetic and Scientific Practice

In 1818, Friedrich Schlegel expressed his excitement about the contemporary revival of the psychiatric practice of “animal magnetism,” which promised to bridge the chasm between philosophy and psychology, and idealism and empiricism for good. In a series of fragments that never coalesced into a planned systematic study of magnetism, Schlegel wrote the following:

This so-called animal magnetism [. . .] announces itself as an epoch-making event in inner esoteric world history. Until now we had only material knowledge [physical-mathematical—or philological-historical] and dialectical, or ideal knowledge. But now a new magnetic and magical knowledge appears, a knowledge of the spirit; but it is not conceived of as ideal, rather as completely factual. With
regard to the truth or falsehood of its character, it still has a completely undecided, or rather ambivalent and double nature; it can be demonically abused and can serve religion in a godly manner. But as a preliminary word of the spirit, it is the first stirring of the new age, and the actual turning point of the present development. (35: xxxvii)¹

Undoubtedly, Schlegel’s fascination with magnetism in the later part of his career went hand in hand with his idealization of a resurgent Catholic church as the locus of a new, beautiful body politic. He envisioned the patient’s body as a site where inexplicable, transcendent phenomena became, if only briefly, visible and palpable; in his later fragments, the church becomes a place where aesthetic forms are conduits for otherwise abstract political expressions.

Schlegel’s interest in magnetic treatments came primarily neither from a desire to actually heal the sick nor from his wish to unify the goals and claims of philosophy and psychology. Rather, he was intrigued, particularly after converting to Catholicism in 1808 (but also already as early as the seminal Early Romantic years in Jena in the 1790s), with the fluid boundary between science and art, and with how the knowledge gained from empirical observation could be transformed into metaphor. That metaphorical knowledge ideally would continue to shape the “inner esoteric world history” that, for Schlegel as for his earlier Romantic contemporary Novalis, was the truest history—not the mere retelling of events, but expressing the course and flow of ideas that emanated from not entirely explicable sources. The fine fluid of “animal spirit” had been posited by Galen in the second century² and revised by Franz Anton Mesmer at the end of the eighteenth century into the material at the basis of the theory of animal magnetism. It was not only analogical to this ideational flow, but also would help to construct it. Properly directed magnetic fluid would lead not only to the correct functioning of the individual human body but of the body politic as well.³

In this essay, I argue that magnetic therapy was a practice both romantic and modern that foreshadowed a significant aspect of psychoanalysis: specifically, Freud’s understanding of uncanny repetition. The uncanny aspects of animal magnetism form a bridge between archaic and modern medicine, but also offer a way of thinking about social relations. The following section of the essay elucidates some of the historical aspects of animal magnetism and ties Schlegel’s interest in it to Freud’s uncanny repetition as a site of repressed material. The remaining sections examine Schlegel’s later career and interest in magnetism, and the case of the Countess Franziska Lesniowska, Schlegel’s good friend and the patient whose magnetic treatments he recorded in protocols over a six-
year period, from 1820 to 1826. Finally, I note some of the crucial differences between Romantic thinking about clairvoyance and psychoanalytic views of neurosis.

Significantly, in Schlegel's time, magnetists did not strive to heal their patients' original problems by examining symptoms, as did Freud. Rather, magnetists and observers like Schlegel were preoccupied with eliciting visions, convulsions, and other symptoms from their usually female patients. This preoccupation with symptoms arising during treatment does, however, also underscore Freud's focus on the present moment of psychotherapy, on the therapeutic interaction between doctor and patient. Therefore, this essay will not read psychoanalysis back into the early nineteenth century, but instead use documents from that time—specifically documents written by the most prominent philosopher of German Romanticism, Friedrich Schlegel—to illuminate an esoteric and aesthetic aspect from psychoanalysis' pre-history.

Magnetism in the Early Nineteenth Century

Practicing the laying on of hands—and sometimes also literally of magnets, whose shape should be "convenient...for application" to the body (Mesmer 9)—began in earnest in Mesmer's Paris practice in 1778 (Bell 173). The goal was to manipulate the flow of a patient's "magnetic fluid," thereby relieving symptoms ranging from weakness to hallucinations, primarily in female patients. Treatments usually involved inducing a hypnotic-like state of "magnetic sleep," a "twilight" condition in which the subject was most open to what Gotthilf Heinrich von Schubert in 1808 called "the intervention of the future, higher existence in our present less complete existence" (qtd. in Bell 173). In the state of magnetic sleep, the patient could essentially travel through time and thus temporarily be freed from physical entrapment.

Magnetic and mesmeristic therapies were used only when symptoms recurred frequently, and the therapies themselves were often repeated. Mesmer's account of the case that helped him found the practice of magnetism typifies the repetitive nature of symptoms and treatment alike:

In the years 1773 and 1774, I undertook the treatment of a young lady. She was twenty-nine at the time and was named Oesterline. For several years, she had been subject to a convulsive malady, the most troublesome symptoms being that the blood rushed to her head and brought about a most cruel toothache as well as an extreme pain in the ears. This was followed by delirium, rage, vomiting and fainting. This offered a highly favorable circumstance to me for
observing accurately the ebb and flow to which *Animal Magnetism* subjects the human body. The patient often had beneficial periods, followed by a remarkable degree of alleviation; however, the comfort was always momentary and imperfect. The desire to ascertain the cause of this imperfection and my own uninterrupted observations brought me again and again to the point of recognizing Nature's handiwork and of penetrating it sufficiently to forecast and affirm, without hesitation, the different stages of the illness. (9)

The symptoms of the woman named Oesterline are classic signs of "epilepsy," understood at the time as a catch-all disorder whose breadth and lack of clear cause in part garnered the title of "the uncanny disease." Epileptics traditionally have been distinguished from shamans and other visionaries in that epileptic episodes are not intentional. The point of Mesmer's magnetic treatments was in part not to make the disorder disappear, but to elicit the convulsions and other symptoms repeatedly and deliberately, and to reduce their spontaneous, unpredictable appearances. The controlled eliciting of symptoms made it possible for Mesmer to observe the patient and her recurring distress nearly constantly so that he could "again and again" penetrate "Nature's handiwork." The "convulsive malady" that plagued Miss Oesterline for years was for Mesmer a "highly favorable circumstance" for his own ability to understand nature as well as for the scientific development of medical treatment.

In the early part of the nineteenth century, as magnetism turned increasingly from accepted medical practice into a parlor game, certain new elements, such as chamomile or milk baths and breathing exercises, were introduced. But the basic characteristic of repetition remained in the treatment's ritualistic deployment, whether it involved the laying on of hands, bathing, deep breathing, or actual magnets, as well as in the symptoms intended to be treated. Repeatedly, doctors, patients, and observers attempted to use the practice to bring the self outside of itself as a form of communication with nature and with other people. In the 1890s, Freud addressed this communicative aspect of magnetism when he, together with Josef Breuer, asserted that the practice has "communicative powers," and that the unconscious forces revealed by magnetism or hypnotism prove the existence of a world in which ideas circulate in a completely different manner than in the conscious mind (Strachey 2: 12). The "communicative powers" of magnetism do not force reason upon the unconscious mind, but rather render the unconscious knowable by bringing therapist and patient closer together precisely in the realm of illness. In the practice of magnetism, the therapist enters, or penetrates, a disordered psyche and simultaneously deploys and gains, as Schlegel put
it decades before Freud, “magical knowledge...a knowledge of the spirit” (35: xxxviii). For Mesmer as well as for Schlegel, one of the primary characteristics of this knowledge gained through doctor-patient communication was its repetitive and ritualistic nature.

While German and Viennese psychiatrists did revive magnetic practice briefly in the 1820s, magnetism nevertheless was acknowledged widely before and during that time to be of dubious scientific value. Discussions about whether natural or supernatural explanations of phenomena should be given more weight did reach a peak in the late eighteenth and early nineteenth centuries, although it was widely agreed that the supernatural did not exist. In the years between the rise of empirical psychology (in the 1770s in particular) and that of psychiatry (which was established firmly as a discipline in the German-speaking territories by 1820), animal magnetism changed from an experimental but somewhat accepted medical practice to a source of esoteric fascination. However, by continuing to focus on animal magnetism into the mid-nineteenth century, Schlegel and Romantic psychiatrists such as Gotthilf Heinrich von Schubert accomplished something more complex than might first appear.

Even if an unabashedly esoteric and even fantastic agenda lay on the surface of Schlegel’s writings on magnetism, science, and philosophy during these years, his compulsive returning to and re-eliciting of psychosomatic symptoms in magnetic treatment reveals persistent empirical principles within Romanticism. Magnetism and materializations (or séances) were ways of accessing these forces. In a sense this “play” was very real, with experiments in an unconventional setting carried out in a highly conventionalized and stylized way. The social fascination with psychological disorders and their mysteries brought psychological problems out into the world and helped to normalize psychosomatic disease. A fascination with the paranormal or parapsychological extended beyond parlors and literature into the “high” science of empirical faculty psychology of the late eighteenth century (for instance in Karl Philipp Moritz’s *Magazin zur Erfahrungsseelenkunde* [Journal of Empirical Psychology], 1783–93) as well as in Schlegel’s Romantic-era protocols forty years later.

Romantic medicine was an heir to Enlightenment thinking about psychology in several ways. What came to be called “Romantic medicine” during the nineteenth century was indebted directly to the “dynamic-vitalistic wing of Enlightenment medicine” (Lesky 31). Romantic medicine united rationalist and esoteric traits, especially when it turned to the study of psychiatric disorders. Psychologists of the late Enlightenment had already espoused “mental physicalism,” which included the notion that the mind was itself organic. Emotions, then, were
seen "increasingly...as natural states of the psyche" (Bell 59). Working at
the transition between Enlightenment and Romanticism, magnetists saw
their patients' problems as natural and organically based, but also as
capable of producing visionary abilities. These problems thus proved to
them the existence of something beyond materialism and rational
empiricism.

The fascination with observing psychosomatic symptoms was preva-
 lent in both the empirical psychology of the eighteenth century and the
Romantic medicine of the nineteenth century, extending into the twentieth
century and psychoanalysis. All of these modern movements exhibit
uncanny traits in their focus on compulsively repetitive symptoms, which
point to something not fully explicable. The symptoms that magnetists
studied, as well as their own re-eliciting of those symptoms, belong to
what Freud eventually called the uncanny, "that class of the frightening
which leads back to what is known of old and long familiar" (Strachey 17:
220). Uncanny symptoms lead the therapist to material submerged in the
patient's unconscious.

Freud did not base his theory of the unconscious on Mesmer's mag-
netism, but magnetism does help reveal what might be called an aesthetic
aspect of the Freudian unconscious, and of psychoanalysis in general.
Freud not only represented the return of Enlightenment after the long
nineteenth century of Romanticism, he also inherited the Romantic
tendency to aestheticize illness. In writings ranging from studies of
"neurotic" religious ceremonials to descriptions of demonic possession in
the modern age to investigations of patients' fantasies about children
being beaten, Freud drew out the sensual and aesthetic components of
each experience. These aspects involve judgments of taste as well as
"aesthetics" in its earliest incarnation, the study of sense perception. Such
experiential components, in his patients and in himself, were part of his
data. This data was generally compiled and re-presented in order to
understand what a present sensation revealed about the patient's ability to
live with his past. Most interesting for Freud, as for Mesmer and Schlegel,
were those present sensations that indicated a clear dissociation within the
mind or between mind and body. The neurotic symptoms observed in
analysis, like the visions and convulsions elicited by magnetism,
connected past to present, but symptoms were no longer bound explicitly
and strictly to that past. Understanding the uncanny (compulsively
repetitive, animistic, strangely familiar) aspects of animal magnetism
helps explain why magnetism persisted, even if largely as a symbolic
ritual, well into the modern era when the unconscious was discovered.

Magnetism is also uncanny in that it relates to what Freud called "the
old, animistic conception of the universe" of which the uncanny reminds
us (Strachey 17: 240). The "animal" of animal magnetism refers to the
soul, the *anima*. Magnetists literally "animated" their patients into convulsions and confessions of hallucinations (usually interpreted as clairvoyant visions). Like Kant’s use of the term "melancholy juice" in his precritical psychological writings of the 1760s, the theory and practice of animal magnetism re-invoked convictions from the Galenic past of traditional biomedicine. They reflected beliefs that resurfaced in uncanny repetitions in a world not quite able to synthesize mechanistic with metaphysical explanations of mental processes.12

In his fragments on magnetism, Schlegel does relativize the practice’s status and potential: its character is still unclear, and it can be deployed for purposes demonic or godly. Such a description is not limited to Schlegel’s late philosophy; liminality and ambiguity characterize magnetism from its beginnings. Mesmer was a thinker indebted neither fully to mechanistic nor to hermetic, magical traditions. As renewed interest in Mesmer since the 1980s indicates, overlapping mechanistic and esoteric thinking typifies some of the most progressive science of the modern era. Magnetism inhabits a liminal zone because it is no longer archaic medicine, but also not yet a fully realized modern practice. As Schlegel said, it represents the "first stirring" of a "new age" rather than a culmination.

Animal magnetism is a repetitive, corporeal practice that binds doctor, patient, and observer in the process of manipulating symptoms (such as convulsions, fainting, babbling), which have been long detached from past perceptions or sensations. Those past perceptions are thus "lost," and this loss re-emerges whenever the magnetist re-elicits the patient’s nervous symptoms. In the process, the uncanny symptoms of this free-floating anxiety become freed from the individual patients who experience them as symbolizing much larger events. They predict the future and prompt a "reading" by the entire therapeutic community.

Magnetism is one form of early psychiatry that, when used to treat symptoms of psychosomatic illness revealing uncanny qualities, tends to enhance and exaggerate those qualities. In eliciting the patient’s continual recollection of certain facts from her own fantasy life, animal magnetism participates in the aestheticization of illness by converting disease into metaphor. Magnetism lifts disease out of the realm of contingent, historically located suffering, determined in part by the sufferer’s gender and class, and transfers it into the realm of the modern Romantic subject, who turns history into memory and narrative into fragment.

Schlegel’s "Esoteric" Late Phase

Although Schlegel’s fragments on magnetism were composed late in
his career, the prevalence therein of reciprocally related concepts (such as material and real, magnetic and magical) recalls the tone of many of his philosophical and historical writings, including those written before his conversion to Catholicism in 1808. But for six years (1820–26) Schlegel turned metaphorical musings into real-life practice when he recorded in minute detail the magnetic treatment of the Viennese countess Franziska Lesniowska. In turn, these treatments in effect transformed a real woman into a representation of Schlegel’s view of the future: the Countess’s attacks intensified, and she ultimately became a nun, thus joining what Schlegel envisioned as the “new age” of the Church on earth.13

Schlegel’s protocols of the Countess’s treatments have been almost completely ignored; the notes were not discovered until 1967 when they were found in the private collection of the painter Ludwig Schnorr, who also attended the treatments and about whom I say more below. However, these records of the therapy and of its consequences for Lesniowska’s mental and physical state constitute significant documentation of an important phase of Romanticism and a vital moment in cultural history as well. The Romantic fascination with mesmerism, magnetism, the occult, and parapsychology has long been acknowledged as influential for later depth psychology and the development of psychotherapy, but that fascination also reveals much about intersections between psychiatric treatment and aesthetics. Specifically, Schlegel’s Romantic preoccupation with esoteric psychiatry and the connections he attempted to make between psychiatry and aesthetic theory demonstrate that, well before Freud, a symptom of an illness also could be understood as an uncanny signifier of a returning memory.

This preoccupation is most evident in the late phase of Schlegel’s career (lasting from roughly 1818 until his death in 1829), which was generally ignored by philosophers and literary critics. Their lack of interest arose partly from the fact that Schlegel spent much of his time during these years in government service as a liaison between Metternich’s administration and the Catholic Church in Vienna, and partly from his more pronounced turn to the right and esoteric thought. Between 1820 and 1823 he worked for the reactionary Late Romantic journal Concor-dia, and in 1825 decided to remove his Early Romantic novel Lucinde, an erotic piece with progressive tendencies, from his collected works. He also alienated friends during this same period, including Ludwig Tieck, whose baffled response to Schlegel’s revelation of apocalyptic visions was “Man, do you really believe all of that?” (Guratzsch IV).14

However, Tieck offered a more ambiguous view of his friend’s convictions after hearing Schlegel’s final lectures in Dresden:

He found no satisfaction in science or in art, also not in faith, in his
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Christianity. He had to build up something incomprehensible here as well, where no one would understand him, and he dismissed every layperson almost scornfully. He was more rebellious than any apostle. (Guratzsch IV)\(^\text{15}\)

According to Ursula Behler, who edited the volume of the *Kritische Ausgabe* (Critical Edition) containing Schlegel’s protocols of the Countess Lesniowska’s magnetic treatments, much of *Zur Geschichte und Politik* (About History and Politics, 1820–28) is “driven by an esoteric hypothesis...that, among other things, is based on an interpretation of the new ‘magnetic and magic knowledge.’” (Schlegel 35: vii–viii).\(^\text{16}\) Similarly, Norbert Miller has pointed out that Schlegel’s late writings replace his earlier emphasis on reflexivity with a much more monolithic belief: what was a dialogue between individuals becomes stylized as a relationship between “Prophet und Gemeinde” (“prophet and congregation”; 138). At the same time, however, Miller resists seeing Schlegel’s esoteric turn as negating the aims of Early Romantic philosophy with its ironically self-aware and inherently skeptical attitude toward its own “Sehnsucht nach dem Unendlichen” (“desire for infinity”). Rather, in the decade before his death in 1829, Schlegel melded his philosophies of the self and history into a new objectivity, a “wahrer Realismus” (“true realism”) in which the individual’s relationship to God provides an alternative to empiricism as well as the ultimately unsatisfying constructions of idealism.

To several people who had contact with Schlegel during these years, however, he simply was becoming harder to understand, and his religiosity stunned them. Some blamed Schlegel’s wife, Dorothea Veit, with whom he was no longer actually living but whose influence was presumed to be profound. In just one example, Friedrich von Gentz, a propagandist for the Austrian Army, wrote in a letter to the Austrian politician Johann Philipp Freiherr von Wessenberg on 18 May 1816, “Schlegel was never suited for practical activities, and for several years a religious, or better yet, churchly fervor has made him a complete fool; his wife has a large part in this” (Schlegel VII: cxviii).\(^\text{17}\) While Dorothea indeed played a role in Schlegel’s conversion to Catholicism in the very early years of the nineteenth century, by the time he was living in Vienna other women were inspiring him and serving as concrete representations of his philosophical constructs. During his Vienna years, Schlegel studied at least three other women, in addition to the countess Franziska Lesniowska, who combined clairvoyant abilities with nervous symptoms and who all underwent lengthy magnetic treatments.\(^\text{18}\) He saw these women as modern embodiments of medieval mystics; like the revived practice of magnetism itself, they represented what he referred to in the fragments on magnetism as the “stirring of the new age.” In order to
fulfill this role, each of these women, with their malfunctioning but prophetic bodies, needed one thing in particular: “Männer von Geist” (“men of intellect”; Schlegel 35: xvi).19

For Schlegel, magnetism was a practice that presented rich possibilities for deploying his philosophical agenda, whose search for a “true realism” created an alternative to an overly instrumental materialism or an unworkable idealism. The “christliche Magnetotherapie” (“Christian magnetic therapy”; Schlegel 35: xxxvii) that Schlegel favored involved the use of a small wooden box resembling an altar (Scheuerbrandt 235). Magnetic treatments simulated the performance of Christian rituals in more ways than one. Sessions often evoked the same language and aesthetic staging of suffering, redemption, illness, and erotic desire prevalent in Catholic services. As Cristina Mazzoni has noted, understanding a sufferer’s hysterica passio (“hysteric passion”) as reenacting the Passio Christi (“Passion of the Christ”) persisted throughout the nineteenth century into decadent and symbolist literature, movements influenced strongly by Romanticism (81).

Countess Lesniowska’s Magnetic Treatments

The real Franziska Lesniowska (1781–1853) suffered from an enormous litany of psychosomatic symptoms, some of which may have been related to past psychic trauma. Countess Lesniowska’s husband committed suicide in 1810, about ten years before she fell ill, and when her children were very small. Her sister killed herself in 1817. Both husband and sister jumped out of windows and died young. In early 1820, the somewhat sick Lesniowska had her first clairvoyant vision. By late 1820, she was gravely ill with what her doctor diagnosed as “Geschwächenheit und Heftigkeit ihrer Nerven” (“weakness and intensity of her nerves”; Schlegel 35: xvii). Her symptoms included overwhelming sleepiness, joint pain, anxiety, gastrointestinal distress, nightmares, and visions often involving large male figures. No explanation was ever found for why she became so sick at this particular time and remained so, with periods of remission, until her death in 1853.

However, when Schlegel and Lesniowska first met via family connections in Frankfurt in 1818, her symptoms were not yet evident to him. He did feel strongly attracted to her, as he reported to his wife Dorothea:

The countess pleases me very much, and I think I will see much of her in Vienna. [...] She appears to sacrifice herself very much for her children, but other than that she seems to have filled her soul completely with religion and to live within it. You can easily imag-
ine that I am already in my way counting her as one of my own: we got to know one another very quickly. [ ... ] ...she seeks and needs men of intellect.... (35: xvi)²⁰

When he returned to Vienna, Schlegel moved into a room in the same street as the Countess's city residence. She helped Schlegel edit his philosophical notebooks, he was a regular visitor at her country estate, and he even eventually assumed co-guardianship of her two young sons. In 1819, in another letter to Dorothea, Schlegel described his growing relationship with Lesniowska in terms of relations with women in general:

For myself, I always derive the most life experience from contact with women. With men, on the other hand, I always repay it and give what I can right and left without paying attention to what I will get in return, if only that which is mine arrives at the right place and takes root. (35: xviii)²¹

Schlegel was about to spend several years, at times on a daily basis, gaining a more intimate and illuminating “life experience” with this particular woman.

Lesniowska’s appeal to Schlegel only grew once her symptoms became apparent and she began magnetic therapy under the supervision of Dr. Franz Röhrig in 1820. Her attractiveness stemmed not from the possibility that she could be healed, but rather in her potential to deliver a particular kind of experience. Schlegel’s observations of her lengthy therapy reveal his view of experience as partly, if not primarily, aesthetic. The fact that he invited a painter, Ludwig Schnorr, to be the customary second observer at Lesniowska’s treatments suggests that Schlegel saw her visions as artistic performances, something to be experienced rather than cured.

In her early clairvoyant visions in 1820, Lesniowska repeatedly saw an image of a man whom Schlegel determined was Schnorr. Although Schlegel did not know the artist personally, he was familiar with Schnorr’s belief that magnetic treatments simultaneously could alleviate symptoms and inspire prophetic visions. Schnorr gladly accepted Schlegel’s invitation to meet the Countess and ultimately to view her treatments at the hands of Dr. Röhrig. He also intended to help out with the magnetic therapy, and after his first meeting with Schlegel and Lesniowska, Schnorr wrote excitedly the following:

[A] prophetic vein appears powerfully bound up in my body and soul, which has already saved a person from the most awful cramps
and from death through mere laying on of hands; I have [the meeting with Countess Lesniowska] to thank for the discovery of this immeasurable treasure, or at least the fact that I possess it in such a high degree. (Schlegel 35: xxii)²²

Schnorr’s passionate belief in his own healing powers and his eager desire to begin fulfilling Lesniowska’s vision of him may have had some connection to tragedies in his own past. His two children, aged two years and three months, both died in 1815, and his brother died in 1819. Unlike the Countess, however, Schnorr did not become ill after grieving; rather, his nascent interest in mesmerism and magnetism coalesced with an increasingly fervent Catholicism to make him both a more prolific painter and a sort of lay pseudo-psychiatrist.

During Lesniowska’s magnetic treatment sessions, the three men interrogated her nearly constantly about her feelings and perceptions, and they noted down the appearance of virtually every known symptom of her condition as well as details like the temperatures of her milk baths. Dr. Röhrig subscribed to the “Strasbourg School” of mesmerism, according to which the doctor and the two attending observers all participated in transmitting their healthy, “universal” animal fluid to the patient via the laying on of hands. Again, that fluid supposedly existed in the entire cosmos as a binding, life-giving force. The patient also followed a strict course of rest, milk baths, and chamomile tea intake.

Mesmer himself, as well as the followers of the magnetic practice recommended by the Strasbourg School, believed that the treatment’s success depended on the psychic health of the therapist. Ursula Behler writes that

a lively belief in the success of the enterprise and a strong will during the treatments were necessary. In the magnetizer...a healthy and strong soul was demanded: firmness of character, mastery of affects and of passions, patience and stamina. (Schlegel 35: xxxii)²³

While surely Röhrig, Schnorr, and Schlegel displayed these characteristics during the six years of treatments, no one addressed the fact that the patient might have also needed a considerable amount of “patience and stamina.” Despite the attention paid to Lesniowska’s moods and symptoms, it is clear from the protocols that Schlegel’s primary concern was not to understand the symptoms per se, but rather his interest in the Countess’s ability to be a clairvoyant (Hellseher or Geisterseher), and in his own function as manager of this “Seelengeschäft” (“soul business”; 35: 35). He strongly encouraged Lesniowska to enter a convent, where she could devote herself to her visions full-time, and shortly before her
death she did so.

In his descriptive diary of Lesniowska’s six-year treatment, Schlegel demonstrates an explicit interest only in the content of visions occurring in the present. These visions are provoked in part by the magnetic treatments themselves, which Schlegel calls “seances.” Visions did not take place in every session, however. Often, Lesniowska fell into what her observers characterized as a “magnetic sleep,” and this happened occasionally and quite suddenly during other times of the day as well. While asleep, Lesniowska had dreams that Schlegel did not distinguish explicitly from the clairvoyant visions she experienced during treatments. The content of her dreams as well as of her visions could be pleasant, but was more often frightening:

She told me a dream, [in which] she [received] a package, which was given her in a very friendly [deceitful] way, as a memento... It contained a small sack, a brush, and a sulfur thread; she was supposed to just [light] the sack with the sulfur. She did this, the brush was coated with tar, the sack was full of powder. There was a violent explosion, when it was ignited, from which she awoke in horror. (35: 101)

Two days before this frightening dream of violent discharge, Lesniowska had attended mass. Schlegel testified that while there, she “had [... ] those intimate prayers and conversations with God, as often before, which she cannot later relate” (35: 101). Ineffable experiences were common among women undergoing magnetic treatment and they inevitably required the magnetizer to articulate the patient’s “inner voice of nature” (Scheuerbrandt 236). Schlegel apparently drew no conclusions about the source of Lesniowska’s dream or the content of her conversations with God, but he did consider both events as evidence that she had access to a world “jenseits des Ichs” (“on the other side of the self”), at once real and immaterial. Lesniowska’s dreams and visions were modern-day versions of the ancient hieroglyphs that fascinated Schlegel. In a letter to his brother August Wilhelm of 06 June 1826, he wrote, “I feel very attracted to this symbolic riddle-world, which touches many mysteries of the soul and of the spirit” (Walzel 647).

Schlegel made no effort in the treatment protocols to explore why the Countess is able to re-represent memories of her nightmares and visions but not of her conversations with God. In other words, although Schlegel noted often that Lesniowska “spricht aus der Erinnerung” (“speaks from memory”), his descriptions often seem focused solely on the present. Nevertheless, the protocols do reflect a general understanding among nineteenth-century psychologists and artists of the mind-body relationship
as of the mind translating the body’s apprehension of past and present phenomena. The health or sickness of the body was considered by Schlegel and by the Strasbourg School of mesmerism as partly dependent upon the mind’s ability to translate bodily perceptions into culturally decodable representations. In Lesniowska’s case, the visions emerging from her “magnetic sleep” depict her memories of past perceptions in a compulsively repetitive way that Schlegel described as repulsive and frightening (Schlegel 35: 114, et al).

Schlegel’s diary teemed with tedious recollections of Lesniowska in sleep, prayer, and minor physical pain, all the while observed by three men who alternately lay hands on her and discuss church history. He wrote,

> From 7–9 she fell asleep numerous times...somewhat later she fell into a deeper sleep...when Schn[orr] was impatient and unwilling, she got a strong cramp in the foot, which in any event stopped immediately when I prayed...She told me three or four times, that I should pray...She fell asleep again...In the following period she slept little...In the afternoon, she fell asleep during the discussion about the Armenian Archimadrites and the Greek church. (35: 100–115)

But Lesniowska’s magnetic sessions were often designed explicitly to elicit trances that reproduced prior, often nightmarish visions or additional repetitions of her psychosomata. In the psychoanalytic context, these recurrences of symptoms, which ranged from merely disorienting to horrifying, would be understood as the return of repressed mental content. The psychoanalyst Graziella Magherini has observed that a person who experiences anxiety when viewing a given artwork nearly always focuses on a “selected fact” in the piece, such as a leg or knee in a portrait. This image offers a condensed representation of the viewer’s own memories, and yet it is something new chosen actively by the viewer, not necessarily emphasized by the artist. The selected fact reprises a repressed affect, one now no longer attached to the emotion that produced it (Magherini 4). In the nightmare that Lesniowska recounted to Schlegel, the brush that ignites a sack filled with explosive powder functions as an anxiety-inducing selected fact. In addition to its resonance as a sexual metaphor, the overly potent brush could represent one aspect of a memory. Instead of paint, the brush is dipped in tar, making it a catalyst for catastrophe rather than a tool to produce art, but the reference to art is not arbitrary. Much like her magnetic treatment sessions, Lesniowska’s dreams manifested an aesthetic interruption, a highly stylized intervention in a
daily life that was otherwise often filled with ennui and what we now would almost certainly call depression.

I do not mean to suggest that it was only Lesniowska’s experience of personal tragedy, combined with the fact that her children were grown and she had little to do, that led to her extended outbreak of what was then called “nerves.” She did, after all, participate industriously in editing Schlegel’s notebooks and devoted considerable effort to religious studies, also during her years of illness. Schlegel’s understanding of her symptoms departed in many respects from a contemporary view. The early nineteenth-century concept of “nerves” included organic diseases. Nervous disorders were considered potentially, if not necessarily, contagious. Symptoms that today would be considered psychiatric were interpreted as a result of tissue disorder or, again, of simply breathing air contaminated with unhealthy “fluid.”

And—in a conceptual move particularly difficult for us to grasp today—for the Romantics, restoring health did not necessarily demand the elimination of illness.

David Farrell Krell has pointed out that for Schlegel and his Romantic contemporaries, “ease and disease are discomfitingly close; illness is a myopic word for the good health of a spiriting and spirited life” (66). Here he refers in particular to the Romantic notion of an “absolute spirit” that manifests itself in nature and in bodily symptoms and functions, whether healthy or ill (67). In this manner, Schlegel’s late thought resembles a conviction grounded in his early Romantic years. In the “Preliminary Studies” for his encyclopedia project of 1798, Novalis posited illness as the way to health, or in fact as a form of health—of illness as cure. Freud’s insistence in the essay on “The Uncanny” that the terms “unheimlich” (“uncanny”) and “heimlich” (“canny”) are not opposites but instead closely related emerged previously in Novalis’s theory that a “local illness often cannot be cured except by means of a general illness, and vice-versa” (qtd. in Krell 49). Krell reminds us that Novalis found the proximity between life and death and between health and illness potentially beautiful and pleasurable, and not just in his written works; the young philosopher-poet loved his ailing child fiancée Sophie, in his own words, “more almost on account of her illness” (Schriften 4: 156). Schlegel visited the sick Sophie shortly before her death and remarked that she was “sehr schön und sehr anziehend” (“very beautiful and very attractive”; qtd. in Preitz 29); Goethe also stopped at her home and remarked that Sophie’s intense pain was a sign of “gesund Fleisch” (“healthy flesh”; Novalis, Schriften 4: 159). Each of these “men of intellect,” as Schlegel characterized himself in his letter to Dorothea quoted above, discern beauty in a girl’s sick body. By 1820, Schlegel took the Early Romantic philosophy of proximity between ease and disease to
a logical conclusion when he participated in “healing” treatments that immobilized female patients in a somnambulistic, hallucinatory haze.

Schlegel’s conviction that Lesniowska’s visions essentially expressed a virtuous spirit, one that manifested itself most fully when housed in an ill body, is also apparent throughout the protocols. In other words, Schlegel concerned himself less with whether or not Lesniowska felt better in the conventional sense; instead he focused on the magnetizer’s ability to enhance her often beautiful and sometimes shocking visions. It is intriguing that Schlegel only explored this interest through the uncanny exemplification of uncanny symptoms. In a sense, Lesniowska becomes in Schlegel’s diary an uncanny repetition of Clara, the clairvoyant heroine of Friedrich Schelling’s little-known fragment of 1810-11 entitled Clara: Or on Nature’s Connection to the Spirit World (Clara, oder Zusammenhang der Natur mit der Geisterwelt). Schelling drew Clara as a completely spiritual, contemplative, and relatively simple woman whose name probably alluded to Clara of Assisi, a real nun and eventually a saint. But Schelling’s portrayal of Clara’s visions and musings contributed to his philosophy of nature, while Schlegel’s record of Lesniowska’s mutterings, dizziness, and cramps never transcended the context of pseudo-psychiatry.

Nevertheless, the real Franziska Lesniowska was a widow and mother who fled the claustrophobic “private” domestic space in which all of her eerily public treatments took place. She did so by turning both outward and inward—by bringing the outside world of doctors and painters and philosophers into her home and into contact with her body, while at the same time “retreating” into nervous illness. Nicholas Royle argues that “a sense of homelessness uprooted, the revelation of something unhomely at the heart of hearth and home,” often characterizes the phenomenon of the uncanny (1). Lesniowska’s uncanny form of grieving, her melancholic symptoms, together with the repetitive magnetic treatments, may have been a way of living with unbearable memories. This understanding of Lesniowska’s symptoms enables post-psychoanalytic readers to adopt Freud’s view of psychosomatic illness, while at the same time acknowledging Romanticism’s influence on Freud’s thinking. Romanticism and, more narrowly, animal magnetism focused the moment of the symptom’s appearance and reappearance. For the magnetist, as for the psychoanalyst, a symptom’s repetition during an extended course of treatments makes it worthy of therapeutic attention. As Mesmer enthusiastically noted, it was the “uninterrupted observation” of his patient’s “delirium, rage, vomiting and fainting” that allowed him to fully describe her illness. But Mesmer attributed these symptoms to “Nature,” and Schlegel ascribed Lesniowska’s visions and ailments to “history,” believing that she represented a modern form of medieval mysticism that would help usher
in a new age of a Catholic monarchy and beautiful rituals. For Freud, the source of uncanny psychosomatic symptoms is a part of the mind itself and its unconscious. And the unconscious mind is perhaps the ultimate example of a retreat into the interior that nevertheless always draws the outside in.

The Countess as an Obsessional Neurotic? The Gap between Romanticism and Psychoanalysis

Although it is tempting to diagnose Lesniowska and her apparently willing participation in years of repetitive magnetic treatments as neurotic, Schlegel's diary of the Countess's therapy also illuminates the psychoanalytic literature on this topic. In 1907, Freud described obsessive patients compelled to perform rituals that take the form of "neurotic ceremonials," which resembled religious performances in "...the qualms of conscience brought on by their neglect, in their complete isolation from all other actions [ ... ] and in the conscientiousness with which they are carried out in every detail" (Strachey 9: 119). Unlike religious rituals, neurotic ceremonials take place in private and vary from individual to individual. Additionally, "while the minutiae of religious ceremonial are full of significance and have a symbolic meaning, those of neurotics seem foolish and senseless. In this respect an obsessional neurosis presents a travesty, half comic and half tragic, of a private religion" (Strachey 9: 119). Lesniowska's treatments, which took place in her home but were observed by three men, and which were esoteric yet symbolic, fall into a liminal zone between religious ritual and neurotic ceremonial.

The uncanny depersonalization and derealization that characterized Lesniowska's clairvoyant hallucinatory experiences characterize what the post-Freudian universe sees as symptomatic of an "altered ego state," whose victims have "difficulty in assessing and evaluating perceptions of the external world, together with disturbances of the sense of self." In the essay on "The Uncanny," Freud attributed "presentiments" with these characteristics to the obsessional neurotic in particular:

...every obsessional neurotic I have observed has been able to relate analogous experiences. They are never surprised at their invariably running up against someone they have just been thinking of, perhaps for the first time for a long while. If they say one day "I haven't had any news of so-and-so for a long time," they will be sure to get a letter from him the next morning, and an accident or a death will rarely take place without having passed through their mind a little while before. They are in the habit of referring to this state of affairs
Lesniowska’s visions may have been grander than the obsessional neurotic’s near-constant sense of coincidences and predictions that come true, but for Schlegel, they coalesced into a mystical message about at least one possible future: that of the new age of the Church on earth, and the conversion of “inner esoteric world history” into external reality (Schlegel 35: xxxvii).

Lesniowska doubtlessly did suffer from a kind of psychosomatic distress that can be understood in psychoanalytic terms, and magnetism was a real forerunner of the hypnotic practices of the later nineteenth century that influenced the early phase of Freud’s career. However, Schlegel’s focus on the future, whether of world history or in his obsession with clairvoyant women, underscored one significant difference between Romantic psychology and Freudian psychoanalysis. The psychosomatic symptoms that Freud likely would have interpreted as signs of the past returning Schlegel saw as evidence of clairvoyant ability, as the future revealing itself. The same disordered mental states that scholars since Freud read as an inability to integrate memory into present reality, possibly as a form of melancholic yearning, were understood by Schlegel as an extraordinary but natural power to see the future.

Whether we read the Countess’s dreams as testimony to the past or future, we only have Schlegel’s account of treatments attended by a philosopher-author and an artist, both of whom interpreted a peculiarly aesthetically charged psychological state. Schlegel and Schnorr saw magnetic treatment not as a cure, but as part of an entire aesthetic experience. Schlegel was fascinated by the laying on of hands, done by an artist as well as a doctor, and his re-telling of that magnetic treatment, as well as Lesniowska’s uncanny symptoms, re-enacted what could be termed her “performance of illness.” In explaining his use of that phrase, Alan Radley has argued that “we find the aesthetic where we least expect to find it—grounded in matters reported as horrific by the sick and feared by the healthy” (780). But it is also Schlegel’s ceaselessly repetitive re-representation of Lesniowska’s sick performance in his treatment diary that aestheticized her illness.

Magnetic therapy, as well as Schlegel’s representations of it in the protocols, uncannily magnified the patient’s problems. Psychoanalytic treatment resembles in this sense the magnetic treatments intended to elicit more and stronger hallucinatory visions in the process of “magnetic sleep,” since psychoanalytic therapy aims to make the patient relive earlier conflicts and replay earlier anxiety. Schlegel’s magnetism missed the component, essential to psychoanalysis, of using the analyst’s office
to work through and hence move beyond past experiences and present symptoms. And yet Schlegel and the Countess felt that her clairvoyant episodes and feelings of illness and frailty were indeed stages along the way to a better and more beautiful future.

Despite Schlegel's frame, we can perceive how the Countess was used at the time and partially corrected that misuse by enacting yet another re-representation of the symptoms she repeatedly experienced for such a long time. Hélène Cixous explained and mirrored this simultaneously positive and negative domination of the Other inherent in the act of representation when she described the hysteric:

The hysteric is a divine spirit that is always at the edge, the turning point, of making. She is one who does not make herself...she does not make herself but she does make the other. It is said that the hysteric "makes-believe" the father, plays the father, "makes-believe" the master. Plays, makes up, makes-believe: she makes-believe she is a woman, unmakes-believe too...plays at desire, plays the father...turns herself into him, unmake him at the same time. Anyway, without the hysteric, there's no father...without the hysteric, no master, no analyst, no analysis! She's the unorganizable feminine construct, whose power of producing the other is a power that never returns to her. She is really a wellspring nourishing the other for eternity, yet not drawing back from the other...not recognizing herself in the images the other may or may not give her. She is given images that don't belong to her, and she forces herself, as we've all done, to resemble them. (548)

By representing her traumatic past and melancholy present in physical symptoms and nightmares, Lesniowska produced and nourished the men around her and "played at desire" in one of the acceptable ways available to her. By re-representing her dreams as clairvoyant and her psychosomatic as mystical, Schlegel produced images that indeed did not really belong to Lesniowska herself. However, he also depended on her continued participation in the treatments: "without the hysteric, no master, no analyst, no analysis!" But like the master or the analyst Cixous envisions, Schlegel was unable to "organize" Lesniowska or her symptoms into anything like a unified whole. His protocols of her treatments, like his fragments on magnetism, remained partial and jumbled. When we read and thus represent to ourselves those incomplete re-representations then, we are to a certain extent free to resist an authoritarian and paternal assessment of a sick woman. This freedom, however, comes with a price—we will never know, and thus never master, Franziska Lesniowska. Making and unmaking herself and her
masters, Lesniowska remains an unfixable point far back on the historical horizon.

Notes

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2 Galen follows Aristotle’s argument (from De anima) that the soul has a biological basis, as well as his doctrine that form and matter are separate but interdependent.

3 Darnton asserts that in 1780s France, “although it originally had no relevance whatsoever to politics, [magnetism] became, in the hands of radical mesmerists like Nicolas Bergasse and Jacques-Pierre Brissot, a camouflaged political theory very much like Rousseau’s, [ ... ] providing radical writers with a cause that would hold their readers’ attention without awakening that of the censors” (3). While this is part of a “prerevolutionary radical mentality” (3), it bears some similarities to Schlegel’s later German Romantic postrevolutionary reactionism and his deployment of magnetism as part of a plea to reconstruct a beautiful simulation of a medieval Catholic monarchy.

4 Mesmer lived from 1734–1815.

5 More on the uncanny characteristics of epilepsy can be found in Görres and in Eliade. Slater presents a rich view of epilepsy as a liminal phenomenon in her memoir, informed by contemporary psychiatry and psychopharmacology.
See Scheuerbrandt 238–43.

For the German original, see Freud 1: 13.

“magisches Wissen...ein Geisteswissen”

Lesky documents the work of the practitioners who continued to use magnetism in the early nineteenth century and states that the “activities of Anton Mesmer had never been completely forgotten in Vienna” (31).

See also Freud 12: 231.

See also Freud 12: 253.

Porter addresses such interminglings of mechanism and esotericism; see 60.

More details of Schlegel’s “eschatalogical philosophy of history” can be found in the section on “Late Mysticism” (“Späte Mystik”) in E. Behler, Friedrich Schlegel 141–49.

“Mensch, glaubst du denn wirklich das alles?” My translation.

“Genüge fand er in keiner Wissenschaft und in keinem Kunstwerk, auch im Glauben, in seinem Christentum nicht. Er mußte auch hier etwas Unbegreifliches aufbauen, wo keiner ihn verstand, und wo er jeden Laien fast höhnisch abwies. Dreister als irgendein Apostel.” My translation.

“...von einer esoterischen Hypothese getragen...die u.a. auf einer Interpretation des neuen ‘magnetischen und magischen Wissens’ basiert.”

“Zu praktischen Geschäften war [Schlegel] nie tauglich; und seit einigen Jahren hat ihn die religiöse, oder besser kirchliche Wut vollends zum Narren gemacht, woran seine Frau großen Anteil hat.”

Two of these women are denoted in Schlegel’s very fragmentary notebooks from this period as “Cäcilia P.” and “Marie A.”; see Schlegel 35.

This statement is in a letter from Friedrich to Dorothea Schlegel dated 28 September 1818.


“Für mich selbst schöpfe ich nun einmal immer die meiste Lebenserfahrung aus dem Umgange mit Weibern. Bey den Männern dagegen vergelte ichs wieder und gebe, was ich vermag, rechts und links, ohne viel auf das zu sehen, was ich zurück empfange, wenn nur das Meine am rechten Ort trifft und Wurzel fasst.” From a letter of 16 January 1819. “[Eine] prophetische Ader scheint nun mit einer Kraft in meinem Körper und der Seele zusammenzuhängen, die durch bloßes Händeau- flegen schon eine Person vom furchtbarsten Krampfe und vom Tode
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gerettet hat, und die Entdeckung dieses unermeßlichen Schatzes habe ich eben, wenigstens daß ich ihn in einem so hohen Grade besitze, [der Begegnung mit Gräfin Lesniowska] zu danken." These writings were found in Schnorr’s estate.

23 “der lebendige Glaube an das Gelingen des Unternehmens und der feste Wille beim Agieren notwendig waren. Vom Magnetiseur wurde…eine gesunde und starke Seele gefordert: Charakterfestigkeit, Beherrschung der Affekte und Leidenschaften, Geduld und Ausdauer.”


25 “jene innerlichen Gebete und Gespräche mit Gott, wie schon oft, von denen sie nichts wieder erzählen kann”

26 “innere Stimme der Natur”


28 “Ich fühle mich sehr von dieser symbolischen Rätselwelt angezogen, die mit vielen Geheimnissen der Seele und des Geistes in Berührung steht.”


30 More on these issues can be found in the entries on “Contagion/Germ Theory/Specificity,” “Fevers,” and “Mental Diseases” in Bynum and Porter, vol. 1.

31 This view is influenced in turn by the Scottish physician John Brown and his intentional obscuring of the distinction between health and disease, as elaborated most fully in his Elementa medicinae of 1780.

32 For the original, see Novalis, Werke 706.

33 “Ich liebe sie fast mehr ihrer Krankheit wegen.”

34 See Grau 596.

35 See also Freud 7: 131.

36 See also Freud 7: 132.

37 See also Freud 12: 252.
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