

## Thomas Mann's Doctor Faustus and the Flight of the Soul

The myth of Doctor Faustus has taken on many incarnations since its first appearance as a folk tale in medieval Germany. The cautionary tale of an individual who makes a pact with the devil to exchange his soul for personal fulfilment appears in different guises throughout the world, and has embedded itself in the language of today. One of the most heinous crimes an artist can be accused of is “selling your soul” i.e. the loss of some individual or esoteric element contained within an artistic form in order to satisfy mass appeal and thus reap personal reward.

The contemporary retelling of this story, *Doctor Faustus* (1947) by Thomas Mann, subverts this idea, somewhat, in that its protagonist, the composer Adrian Leverkühn, makes a pact with the devil in order to gain a mastery of contemporary musical forms. Mann's book is a complex and dark work that places the myth of Faustus within a 20th century setting. The story of Leverkühn's pact with the devil is set against a backdrop of Germany coming to terms with the First World War and its aftermath, fermenting the social and political environment that led to the rise of Nazism. Mann left Germany in 1933 and did not return until 1949. During this period he wrote *Doctor Faustus* (as well as *The Holy Sinner*), and there are clearly analogies between the ominous undercurrents present in the book and the development of certain elements of German society in the years leading up to the Second World War.

Along with its historical, religious and political dimensions, *Doctor Faustus* uses different neurological illnesses as devices to develop the story in a modernist sense. The existence of a real, physical devil, for example, cannot be utilised in the way that it could be for an earlier audience.

The syphilis, which is contracted from a prostitute in Leverkühn's early life, may be used, through the development of neurosyphilis, to explain the delusions that he experiences and which, perhaps, underlie his artistic genius. His meeting with the devil, when it comes, is described as a prolonged hallucination, with the devil adopting various different physical forms and speech patterns through the encounter, as he persuades Leverkühn that by forgoing love he will overcome his artistic stagnation. There is a suggestion that Leverkühn is aware that the “devil” he is conversing with is a creation of his own mind;

*“..name to me yourself the place in my brain, the fever hearth, that makes me imagine you.”*

Following this encounter, Leverkühn's fame and reputation grow as his work becomes more challenging. But, as he must, he begins to pay the price for this success. He develops headaches which are recognisable as having a migrainous flavour (associated with visual phenomena, worsened by bright light and noise). His behaviour becomes increasingly unstable, and his musical compositions become more rarefied and grandiose. The development of Leverkühn's illness can, certainly, be framed within the pathological manifestations of neurosyphilis, right until the devil claims what is finally his and Leverkühn pays with his soul, through an acute event at the climax of the book, described as a “paralytic stroke”.

The use of neurological disease as “punishment” both to Leverkühn (through his syphilis, migraines and stroke) as well as his beloved nephew, Nepomuk, whose death from meningitis in the pre-antibiotic era is gruesomely recounted in almost sadistic detail, has been previously explored in terms of the clinical manifestations of these

illnesses.<sup>1,2</sup> The use of physical disease of the brain as a metaphor for the loss of the soul is, perhaps, of greater interest to those of us who work with the survivors of brain injury. The book ends with a six page epilogue which describes Leverkühn's decline and death. It is fascinating to see how he is described sans soul;

*..not to himself did he come; rather he found himself as a stranger, who was only the burnt out husk of his personality, having at bottom nothing to do with him who had been called 'Adrian Leverkühn'.*

The Leverkühn that we are left with at the close of the book is a terrifying figure. Robbed of his independence and ability to communicate, he reverts into a state of isolation and dependency and is cared for by his mother for the rest of his days;

*..a helpless infant, who had no longer any memory of his manhood's proud flight, or at most some very dark and obscure vision buried in his depths.*

He makes a failed attempt at suicide by trying to drown himself in a pond, which suggests some insight into his condition and its consequences, but we are left in no illusions that

*..the spirit has fled.*

The idea of a “soul” as an entity arising from the physical substance of the central nervous system and the consequent belief that this soul can be damaged or extinguished in some way is, perhaps, why dealing with neurological disease and its consequences can be so challenging. Whereas now we can describe “deficits” in terms of neuroanatomical lesions rather than symptoms per se, this is only a relatively recent development in the nature of human understanding and it is easy to see why sufferers of neurological disease in the past may have been viewed as being “possessed” or “cursed”. The range of problems that may arise following damage to the brain, from almost imperceptible cognitive changes to persistent vegetative state may change an individual's whole place in the normal social and emotional fabric of the world. While physical damage to other parts of the body may have grave physiological consequences, one cannot imagine the spiritual decay of Leverkühn becoming manifest through kidney failure or respiratory disease, for example. The metaphor of loss of central neurological function as loss of the soul is immediate and effective. The enduring strength of this metaphor underlines the responsibilities we have in treating the sufferers of diseases of the nervous system and their loved ones.

Can the essence of an individual really be surrendered through physical changes to the brain? Although it is possible to quantify cognitive and functional changes through a battery of tests and ratings scales it is impossible to elucidate fully an individual's “nature”. The friends and family of those able to leave hospital following severe head trauma will often report that “he's not the man he was”. The terror evoked by Leverkühn's twilight state is enhanced by the mystery surrounding his condition. While we are never going to be able to point to an area on MRI or PET scans and identify it as “the soul”, our ability to be explicit about the consequences of and possible recovery patterns from specific neurological events may rob Mann's central metaphor of some of its power.



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### References

1. Rot U. *Thomas Mann: Neurological Cases from Dr Faustus*. *Practical Neurology* 2004;4:180-3.
2. Kierulf H. *Neurology in Thomas Mann's Novels*. *Acta Neurol Scand* 2003;107:430.