



## CHAPTER 1

# PERFORMANCE OF THE BODY

Performance studies are interdisciplinary studies which incorporate theories of drama, dance, art, anthropology, folkloristics, philosophy, cultural studies, psychology, sociology, comparative literature, communication studies, and increasingly, music performance. The first academic department with the name “Performance Studies” started at NYU in 1980. Richard Schechner, one of the founding fathers of the discipline, faced with the question of whether performance studies were a “field”, an “area”, a “discipline”, remarked:

The sidewinder snake moves across the desert floor by contracting and extending itself in a sideways motion. Wherever this beautiful rattlesnake points, it is not going there. Such (in)direction is characteristic of performance studies. This area/field/discipline often plays at what it is not, tricking those who want to fix it, alarming some, amusing others, astounding a few as it side-winds its way across the deserts of academia.<sup>1</sup>

In the first chapter of Part I, “Performance of Romanticism. Chopin as a Suffering Melancholic Genius”, I will explore the notion of the performative quality of the body, notably the body which was declared sick. We are indeed talking about tropes for new attitudes toward the self, the Romantic self of a unique individual, a genius, melancholic and tubercular, whose short life created a new quality in the history of ideas. Both clothes – the outer garment of the body – and illness – which might be looked at as an interior decoration of the body – lead us to a widespread example of a distinctly modern activity, namely, performing and promoting the self as an image. TB, or consumption, was perceived as a manner of appearing, of performing oneself for others around you, and that appearance became a staple of nineteenth century manners, but also of ideas and beliefs about the self. In the case of Fryderyk Chopin, we can see his illness as Romantic attire and we will aim to recreate its performance. We will do so by taking a closer look at concepts and metaphors created by the romanticizing of TB, such as the suffering genius, romantic nature and the unnatural, madness, Gothicism, the uncanny, melancholia, and agony.

---

<sup>1</sup> Richard Schechner, *Performance Studies. An Introduction*, Routledge, New York, London, 2006, p. 28f.

Apollo, the Greek god of medicine, of music and poetry, of archery and of prophecy is a reminder of the ancient union of medicine and poetry<sup>2</sup> (understood more broadly as literature in general, or what has been written). He represents the orderly, light side of classical Greek civilization, in vivid contrast to his half brother Dionysus, who is the patron of wine, revelry, chaos and the dark side of human nature. Chopin's medical history is as convoluted and misleading as Apollo's identification with light and sun only. Apart from being the god of healing, he was also the god of sudden death through disease, which could be delivered very effectively by his arrow. One of these arrows reached Fryderyk Chopin. Bringing order onto the chaos of his illness and the metaphors it created during the last two centuries, is indeed serving the same god.

## Romantic Genius and the Divine Malady

*Nie mów ludziom, że chorowałem, bo zrobią bajkę.*<sup>3</sup>

[Don't tell people I have been ill or they will make a fantastic story out of it.<sup>4</sup>]

Tuberculosis in late modernity and throughout the whole of the nineteenth century is dressed in a spectacular costume of metaphor, and it is encumbered by its trappings. As every illness, it represents the nocturnal side of life, and in terms of Fryderyk Chopin, this onerous citizenship has become his quotidian identity and performative presence. However, it is not physical illness itself that I want to inquire into in this chapter, but the uses of tuberculosis as a figure or metaphor and the way it was "performed" in the case of Fryderyk Chopin.<sup>5</sup> It is my aim to investigate the notion of placing genius in the realm of this particular ailment, as its significance and position in the nineteenth century symbolic order is definitely huge.

Following the famous travesty, "Chopin is not an artist, he is an idea", and according to the performative creation of matter as established by Erika Fisher-Lichte in her aesthetics of performativity,<sup>6</sup> it is worth investigating how the notion of illness

<sup>2</sup> On the connections between literature and medicine, vide: *The Body and the Text: Comparative Essays in Literature and Medicine*, ed. Bruce Clarke, Wendell Aycock, Texas Tech University Press, Lubbock, 1990.

<sup>3</sup> *Korespondencja Fryderyka Chopina*, ed. Bronisław Edward Sydow, Warszawa, 1955, vol. I, p. 331 (further referred to as KFC, volume number and page number as in: KFC I 331). All primary sources are quoted in their original language, unless stated otherwise.

<sup>4</sup> *Selected Correspondence of Fryderyk Chopin*, ed. Bronisław Edward Sydow, trans. Arthur Hedley, Heinemann, London *et al.*, 1962, p. 164 (further referred to as SCFC and page number as in: SCFC 64).

<sup>5</sup> Vide: Dorota Sobstel (Mackenzie), "Chopin geniusz cierpiący. Gruźlica jako metafora epoki", in: *Zapisy cierpienia*, ed. Katarzyna Stańczak-Wiślicz, Chronicon, Wrocław, 2011.

<sup>6</sup> Erika Fischer-Lichte, *Estetyka performatywności*, trans. Mateusz Borowski, Małgorzata Sugiera, Księgarnia Akademicka, Kraków, 2008.

determined Chopin's artistic life and cultural afterlife. As Susan Sontag writes in her famous study *Illness as Metaphor*:

My point is that illness is not a metaphor, and that the most truthful way of regarding illness – and the healthiest way of being ill – is one most purified of, most resistant to, metaphoric thinking. Yet it is hardly possible to take up one's residence in the kingdom of the ill unprejudiced by the lurid metaphors with which it has been landscaped.<sup>7</sup>

In the case of Chopin's life, which can be viewed as a grand performance in all its aspects, one of the performances which constitute the spectacle of his existence can be that of genius. The illness, which led to his death at the early age of thirty-nine, has been mythologized and placed in a dimension of the history of ideas.

Cyprian Kamil Norwid wrote in the composer's obituary published in *Dziennik Polski* on October 25, 1849:

Rodem Warszawianin, sercem Polak, a talentem świata obywatel Fryderyk Chopin, zeszedł z tego świata. Choroba piersiowa przyspieszyła śmierć zawczesną artysty w trzydziestym dziewiątym roku życia – dnia siedemnastego miesiąca bieżącego.<sup>8</sup>

[Born a Varsovian, a Pole in his heart, and in his talent a citizen of the world, Fryderyk Chopin has departed this world. His chest disease has accelerated the premature death of the composer in his thirty-ninth year – on the seventeenth of the current month.<sup>9</sup>]

The illness which consumed him is referred to as “chest disease”, probably for fear that pronouncing “tuberculosis” would hasten the course of the malady, even in a possible afterlife, just like it was portrayed in many artistic and non-fiction testimonies of the period.

The *Revue et gazette musicale de Paris* in its October 21, 1849, issue placed an obituary which is a perfect opening for our investigation into the performance of Romantic genius and all the necessary cultural ingredients which establish it. Chopin was not a typical Romantic, not a typical genius and not a typical tuberculosis victim. The ailment is not even mentioned in the obituary. However, a certain compatibility of the physical and metaphysical is noted:

<sup>7</sup> Susan Sontag, *Illness as Metaphor; AIDS and Its Metaphors*, Penguin Classics, New York, 2002, p. 3. Sontag's *Illness as Metaphor* first appeared in a series of articles in *The New York Review of Books*: vol. XXIV, no. 21 & 22 (January 26, 1978); vol. XXV, no. 1 (February 9, 1978); vol. XXV, no. 2 (February 23, 1978).

<sup>8</sup> Fryderyk Chopin died on October 17, 1849, in Paris. Norwid wrote this laconic characteristic of the genius two days after he had passed. It is irrelevant for our studies whether the sickness which killed him was tuberculosis or mucoviscidosis (cystic fibrosis) – what interests me here is the cultural image of the sicknesses, which in both cases is similar and referred to as “the chest disease”. The obituary is quoted after: *Fryderyk Chopin. Dziennik par image*, ed. Bożena Weber, Arkady, Warszawa, 1990, p. 260.

<sup>9</sup> Unless otherwise stated, all translations are the author's.

He departed from us on the 17th of this month at two A.M. [sic], in the arms of one of his pupils and friends. Since the beginning of his career, this outstanding artist has ranked among the most eminent of his famous contemporaries and has distinguished himself by his unique talent [...]

During his apprenticeship, the young Chopin preferred to learn by listening to others rather than performing in public himself. Exiled from his native land by the misfortunes and suffering that followed the revolutions, he decided to make a living through his talent. In 1831, he played in public concerts in Vienna and Munich. Preceded by the reputation he gained through these successes, he arrived in Paris toward the end of that year and created a great sensation there [...]

Probably there has never been any artist whose physical appearance was so similar to his talent. He was as frail in body as his music was delicate in style, almost merging into the impalpable and imperceptible. At the piano he displayed a touch that was unique; in a large concert hall it was all but inaudible; in an intimate setting it was delicious. People came to call him the Aerial of the piano. If Queen Mab ever wanted a pianist for her court, she would surely have chosen Chopin. Only the divine pen that described the fantastic equipage of this Fairy Queen could analyze the infinitely complex web of those musical phrases, thick with notes and yet light as lace, into which the composer has woven his idea.

Chopin was aristocratic both as a man and as an artist. His genius was not subject to any law. Living apart in his own intimate and mysterious world, he [...] seldom played in public. A concert by him with a high-priced admission and limited to a scrupulously screened audience was regarded as an extraordinary favor. It was like being alone – or at the most, having an intimate tête-à-tête with the composer and virtuoso – in his solitary dream world. [...]

Chopin's personality reminds one of those people described by Pope who were so superhumanly sensitive that everything in this world became a torment to them; the least contact was like a wound, the least noise like a clap of thunder, and the slightest whiff of a rose like a fatal poison. For a long time, his thin, pale, sickly appearance made him seem near death until people began to think he could go on living that way forever. As it was, he departed this life ahead of his time, being only thirty-nine years old when the hour of death struck. His sister had hurried from the far reaches of Poland to ease his last moments with her presence and her prayers.

The mortal remains of the great artist will be embalmed. He had always expressed the wish that Mozart's Requiem be performed at his funeral, which is expected to take place at the church of the Madelaine.<sup>10</sup>

These words open different spaces in the intellectual biography of our protagonist – ideas which will be investigated in this book, such as the phenomenon of Chopin's identity: Classical versus Romantic, his public appearances, gender issues within the fabric of his work as well as his life, and the Romantic idea of being placed in between the real and the ideal worlds, enhanced by his illness.

At the beginning let us focus on the performance of the body, followed in the next chapters by the performance of the spirit and, finally, performance of action. Each

<sup>10</sup> Quoted in: William G. Atwood, *The Parisian Worlds of Frédéric Chopin*, Yale University Press, New Haven, London, 1999, p. 408–409.

of these Chopinian performances is a symbolic cultural act and deciphering it places us closer to understanding the philosophy of nineteenth century culture – both high and popular. According to Ernst Cassirer’s idea of dialectic unity – the co-existence of contradictory qualities within the human being – we can place Chopin’s substantiality in an overall performance of Romanticism, understood as a cultural current and concept in the history of ideas.

## Tuberculosis: Its Romantic Metaphors in Popular Culture versus Medical Etiology

Etymology indicates that tuberculosis was once considered a type of abnormal extrusion: the word “tuberculosis” (Polish *gruźlica*) – from Latin *tuberculum*, the diminutive of *tuber* (*gruzełek*), “bump”, “swelling” – means a morbid swelling, protuberance, projection or growth.<sup>11</sup> The other term to denote this illness, “consumption” (Polish *suchoty*), from the Greek *phthisis*, describes the progressive emaciation and the physical appearance of the person stricken by the disease.<sup>12</sup> *The Oxford English Dictionary* records “consumption” in use as a synonym for pulmonary tuberculosis as early as 1398. John of Trevisa writes: “Whan the blode is made thynne, so folowyth consumpcyon and wastyng”.<sup>13</sup>

In order to recognize the significance of the image of tuberculosis in the consciousness of the contemporaries of Chopin, one might consult ethnological sources. Żelazowa Wola, the place of his birth, as well as its Mazovian vicinities form a unique area. Chopin’s family moved to Warsaw when he was a child but he would come back for the summer as an adolescent; this made a lasting imprint, and even after leaving Poland was reflected in his oeuvre, which featured references to Mazovian folk music, even despite the distance in terms of social background. The entry on *suchoty* in Adam Paluch’s *Etnologiczny atlas ciała ludzkiego i chorób* (“An Ethnological Atlas of the Human Body and Disease”) lists: “dera, gruźlica, jaducha, Ślázok, nędza”.<sup>14</sup> All of these terms are somehow related to chest illnesses, specifically those of the lungs, which, however, not always lead to chronic weakness and attenuation. People with TB were very thin, pale, with no appetite and suffered from insomnia, coughing and

---

<sup>11</sup> Cited in Sontag: “The same etymology is given in the standard French dictionaries. ‘*La turbule*’ was introduced in the sixteenth century by Ambroise Paré from the Latin *tuberculum*, meaning ‘*petite bosse*’ (little lump). In Diderot’s *Encyclopédie*, the entry on tuberculosis (1765) cites the definition given by the English physician Richard Morton in his *Phthisiologia* (1689): ‘*des petits tumeurs qui paraissent sur la surface du corps*’. In French, all tiny surface tumors were once called ‘*tubercules*’; the word became limited to what we define as TB only after Koch’s discovery of the tubercle bacillus”. Susan Sontag, *Illness as Metaphor*, *op. cit.*, p. 11.

<sup>12</sup> *Ibidem*.

<sup>13</sup> Cited in: *ibidem*, p. 10.

<sup>14</sup> Adam Paluch, *Etnologiczny atlas ciała ludzkiego i chorób*, Wydawnictwo Uniwersytetu Wrocławskiego, Wrocław, 1995, p. 100–101.

spitting “green saliva”. According to Paluch, the “folk wisdom” differentiated ten, or even twelve types of consumption, among which the most popular were throat, inner, and chronic, or “galloping”, one. The reasons for the illness as stated were: “a hair or feather, which would stick to the lungs and dry them out” (hence the name *suchoty* “dry spells”), physical overwork and bad diet, sorrow or anger, a special charm or magic, dread, and sometimes even unrequited love.

The common folk considered consumption a serious disease, very difficult to cure, along the lines of a common and rather blunt saying “*suchoty i puchlina, to na doktora dupę wypina*” [“consumption and swelling stick their asses out at the doctor”]. The illness was hard to cure for an urban physician, as it was commonly thought, but not for the village quack or witch doctor, who had many tricks to perform upon this malady. Plants were used (the root of common comfrey, resin, pine sprouts, dandelion leaves) – and applied in liquid form. Animal fat, sand and soil (from the graveyard, or directly from a tomb) were added to baths. It was also advised to bathe with a black cat.

The means to cure the ill were often acquired from the graveyard or spaces associated with the religious cult (the church, chapel, or a cross at the crossroads) and the best time to do so was “just before dawn”. As prescribed by the divine number three of the Holy Trinity – three days in a row of such healing performances. There were also songs and chants delivered during the treatment to make sure the ailment left the body, such as this folk song from the Konecko region:

Święty Gabryjelu! Weź te suchości!  
 A w te kości nalej tłustości!  
 A nie masz wlać, to weź do swej Opatrzności!  
 [Saint Gabriel, take this dryness!  
 And pour some fat into these bone!  
 And if you cannot pour, then take me to your Providence!]

Or another one cited by Paluch – which originated from Moskorzewo in the Kielce region:

Wchodź słońeczko z za góry,  
 Wychodźcie suchoty z za skóry!  
 Jako Bóg na niebie,  
 Przywróci do ciebie!  
 O Maryjo z wysokości,  
 Dajże mięsa na te kości,  
 Boże prosimy się o przemienienie,  
 Lub na śmierć, lub na zdrowie.<sup>15</sup>  
 [Enter oh sun from behind the mountain,  
 Exit oh consumption from behind the skin!

<sup>15</sup> A. Paluch, *Etnologiczny atlas*, *op. cit.*, p. 101–102.

As God in heaven,  
 Will return you to your health!  
 Oh Mary from the Highness,  
 Give some flesh onto these bones,  
 God we plead for a metamorphosis,  
 Towards death, or towards health.]

Any analysis of tuberculosis from the perspective of the consciousness of Chopin's contemporaries, or from a historical perspective in general, needs to take into account its etiology. It is a chronic disease, which develops in "leaps" and the acute stages can be separated by long periods of remission, also known as latent TB. If the underlying cause is not treated, tuberculosis can be prone to external factors (like flu viruses, stress or poor living conditions), which induce it and at the same time supply a camouflage in the form of "masked tuberculosis", whereby the destructive relapses become more and more regular while being mistaken for a typical cold (or other respiratory tract infections, like bronchitis and pneumonia).<sup>16</sup>

It is interesting that TB became a disease so often linked with the arts and the theatre of social imagination only in the Romantic period, even though it was present in the very origins of the history of humanity. Perhaps one of the reasons is its ubiquity at that time. In the first half of the nineteenth century, every fourth or fifth person died of it.<sup>17</sup> After an effective cure was discovered, the artistic and cultural interest in the disease declined.

In ancient Chinese, Hindu and old Egyptian papyri as well as in the works of Hippocrates, there are descriptions which seem to match the symptoms of tuberculosis, as noted by Biruta Fąfrowicz. In the bones of preserved Egyptian and Peruvian mummies morphological changes have been traced which point to TB. Gallen (second century AD) recognized TB as a separate ailment and treated it with a specific diet. Francisco Frascatore claimed it was a contagious disease and therefore in sixteenth century Italy there was a decree ordering every object that was touched by a sick person to be burned. Robert Boyle and afterwards, in the nineteenth century, René Laennec and Rudolf Virchow wrote about TB cases based on postmortem examinations. In 1865 Jean-Antoine Villemin proved that TB is a contagious disease by injecting infected saliva or infected tissue to rabbits thus creating inflammatory tuberculosis centers. Wilhelm Roentgen's discovery of X-ray was a turning point, leading to Robert Koch's 1882 discovery of bacteria as the cause for TB in both humans and animals.<sup>18</sup>

A crucial aspect of tuberculosis was the abhorrence towards the disease, which was associated with lack of moral sophistication and the pollution of social margins.

<sup>16</sup> Czesław Sieluzycy, *Chopin. Geniusz cierpiący*, Aula, Podkowa Leśna, 1999, p. 35.

<sup>17</sup> *Ibidem*, p. 23.

<sup>18</sup> Biruta Fąfrowicz, "Historia walki z gruźlicą", in: *Między literaturą a medycyną*, vol. I: *Literackie i pozaliterackie działania środowisk medycznych a problemy egzystencji człowieka XIX i XX wieku*, ed. Eugeniusz Łoch, Grzegorz Wallner, Wydawnictwo UMCS, Lublin, 2005, p. 444.

In the light of the theory of Mary Douglas,<sup>19</sup> disease and the notion of abhorrence can be viewed as a derivative of a strong internalization of the concept of order and the rules of purity and dirt. During the socialization process, the sensation of revulsion can be suppressed and limited; therefore, it can be treated as a psychological reaction prone to tempering, like taste or decorum. However, anthropologists stress the evolutionary usefulness of repugnance as a pre-rational cognitive aspect, very close to intuition. Before its dangers became common knowledge, contacting the ill-stricken who suffered from a malady which was mysterious and sinister was considered as breaking a certain taboo, trespassing a boundary. One might conclude that even the mere name of tuberculosis was assigned a magical force, which is why, as we have seen, it was often replaced by the term “chest disease” – as if pronouncing the word could hasten the course of the malady.

In traditional cultures, sickness was perceived as a symptom of impurity of a human being; a consequence of being in touch with an object or a being which was considered obscene in the original meaning of the word: ill-omened, abominable, and repugnant to the senses. Sickness was also perceived a result of an aberration within the universal ontological patterns of communication between: man and man, man and community, and man and cosmos (God or irrational forces), which are concerned with the nature of reality, that is, what is “natural” in the grand scheme of things on the one hand, and what it means to be human on the other. Communication ontology draws attention to the role of the apparatus of human perception and the impact of media to strengthen its operation.

Therefore, a performative analysis of magical folklore and the symbolic value of words and gestures aimed at chasing the illness away can throw light on the wider ontological assumptions that informed life in Chopin’s times. In order to understand these relations, it is vital to include the three-step structure of rites of passage established by French ethnologist Arnold van Gennep.<sup>20</sup> It encompasses the rite of separation in the preliminal phase, the liminal, or transitional, stage “on the edge” (the most hazardous one), and the rite of reincorporation in the post-liminal stage. As such, it is well suited to explain not only the family and annual rituals, which have a repetitive structural pattern, but also other situations of change developing in accordance with this temporal metaphor, for instance an illness (the main opposition life/death; and the derivative opposition health/disease). Above all, the situation of change, of a border – the liminal “timeless period” disturbing the harmony in

<sup>19</sup> Mary Douglas, *Purity and Danger: An Analysis of Concept of Pollution and Taboo*, Routledge, Kegan Paul, London, New York, 1966.

<sup>20</sup> Arnold van Gennep, *Les rites de passage*, Émile Nourry, Paris, 1909. Translated by Monika B. Vizedom and Gabrielle L. Caffee as *The Rites of Passage*, University of Chicago Press, Chicago, 1960. It is the essential handbook on rites of passage. See also an insightful commentary on van Gennep’s work in: Max Gluckman, “Les Rites de Passage”, in: *Essays on the Ritual of Social Relations*, ed. Max Gluckman, Manchester University Press, Manchester, 1962. Gluckman, a social anthropologist, discusses the social roles and processes involved in such rites, also including the notion of illness.

an individual's life and introducing chaos into the acumen – revealed a characteristic type of relations serving the projection of a new status of the individual. The model of passage became the starting point of the liminality theory of American anthropologist Victor Turner,<sup>21</sup> according to which the transitional stage has been acknowledged as a crucial moment for maintaining cultural creativity, enabling the individual to reach a new status. It was, therefore, a boundary between symbolic death (the disease) and life (health) which each time demanded a re-creation with magic spells along the initial rhythm – creation (health), deconstruction (illness), re-creation (healing) – of the cultural matrix.

Chopin, who was ill his whole life, was thus constantly in the “timeless stage”, the Platonic *metaxa*, in between worlds, touching both simultaneously. There was disgrace implied, something of a taboo surrounding people afflicted with TB. The illness could be a result of demonic contact, as well as magic or sorcery. The disease meant a violation of the social order and the ordinary functioning of the organism, or the entire world in the case of an epidemic. The healing process meant bringing back this suspended order by chasing the demons of the illness outside the body towards places where they should be, beyond the border of the world of the living and into the realm of death.<sup>22</sup>

TB is understood as a disease of one organ, the lungs, and a condition of extreme contrasts: white pallor and red flush, hyperactivity alternating with languidness. Its prototypical symptom, coughing, illustrates its spasmodic course. TB patients are wracked by coughs, then sink back, recover breath, breathe normally, and finally the cough returns, and the cycle repeats itself. Visible symptoms, such as progressive emaciation and fever, can be dramatically revealed, like blood on the handkerchief.

In a way this odd ritual of the disease cycle is a performance of its own sort. The oxymorons of behavior – from febrile activity towards passionate resignation – are typical of TB and have shaped its myth. In the correspondence and diaries of Chopin's contemporaries, there are many descriptions of different kinds of cough. The composer was often identified by his cough and cough was used to describe him; and his friend Franz Liszt even improvised on the motif of cough.

TB makes the body transparent and is still thought to produce spells of euphoria, increased appetite, and exacerbated sexual desire – therefore having TB was

---

<sup>21</sup> Victor Turner, “Mukanda: The Rite of Circumcision”, in: Victor Turner, *The Forest of Symbols: Aspects of Ndembu Ritual*, chapter 7, Cornell University Press, Ithaca 1967 (a detailed account and anthropological analysis of boys' initiation among the Ndembu); Victor Turner, “Nkang'a”, in: Victor Turner, *The Drums of Affliction: A Study of Religious Processes among the Ndembu of Zambia*, chapters 7 and 8, Routledge, London, 1968 (a detailed account and anthropological analysis of the girls' initiation among the Ndembu); Victor Turner, *The Ritual Process: Structure and Anti-Structure*, Adline Publishing Company, Chicago, 1969. Turner goes beyond van Gennep in exploring the liminal domain found in rites of passage as it exists in a number of different cultures and periods of history.

<sup>22</sup> Vide: Piotr Kowalski, *Kultura magiczna. Omen, przesąd, znaczenie*, Wydawnictwo Naukowe PWN, Warszawa, 2007, p. 54.

imagined to be an aphrodisiac and to confer extraordinary powers of seduction.<sup>23</sup> Simultaneously, TB is a disease of time, it speeds up life, highlights and spiritualizes it. Consumption gallops, leaving the individual in constant desire: artistic, corporal, and emotional, and turning life into a race with death – which it is anyway, even if not in all cases as poignant. The semantic field of suffering is measured by the space which is “consumed”, literally devoured by the illness.<sup>24</sup> That is precisely why nineteenth century sources often referred to tuberculosis as consumption, which is precisely what the infection does – it slowly but surely consumes the lungs and other organs with a passionate and incisive energy.

There is another paradox attached to tuberculosis. On the one hand, it is imagined as the disease of spiritual richness, of the chosen ones, of unique and stupendous artists, rare geniuses – whose overwhelming spirit inhabits a frail body. On the other hand, it is a disease of poverty and deprivation – of thin garments, thin bodies, unheated rooms, poor hygiene, and inadequate nutrition. A similar contradiction seems to appear regarding pain. For over a hundred years, TB remained the preferred way of giving death a meaning – an edifying, refined disease. Nineteenth-century literature and history of ideas are full of examples of almost symptomless, unfrightened, beatific deaths from TB. Fryderyk Chopin, whose TB has been thought to expand his capacity for self-transcendence, is absolutely localized in the first category of geniuses, with transparent bodies and aristocratic features, as will be investigated thoroughly in this chapter.

Susan Sontag writes:

The Romantics moralized death in a new way: with the TB death, which dissolved the gross body, etherealized the personality, expanded consciousness. It was equally possible, through fantasies about TB, to aestheticize death. Thoreau, who had TB, wrote in 1852: “Death and disease are often beautiful, like [...] the hectic glow of consumption”.<sup>25</sup>

Before TB aesthesized death, it indexed life as a genteel, delicate, and sensitive practice with bouts of passion and mad desire. The capacity of TB in terms of the threads of concepts it opens is spectacular.

The short thirty-nine years of Chopin’s genius – given shelter on earth (as the image of him as an angel implies) – led to a “decorative”, lyrical romantic death, and the disease affected how the composer’s life was and is viewed. In the common consciousness he was thought of as too sensitive to bear the horrors of the vulgar, everyday world.

<sup>23</sup> One can cite several images of that sort from literature, notably Thomas Mann’s *The Magic Mountain* or Jarosław Iwaszkiewicz’s *Brzezina*, which show how many of these symptoms can be deceptive – liveliness that comes from enervation, rosy checks that look like a sign of health but come from fever, and the upsurge of sudden vitality that may be a deceptive sign of approaching death.

<sup>24</sup> Vide: Jarosław Sak, Rafał Patryn, Agnieszka Przygoda Dreher, Krzysztof Marczewski, “Jaki kolor ma cierpienie? Próba ‘przestrzennej’ analizy ludzkiego cierpienia”, in: *Między literaturą a medycyną*, vol. II: *Problemy psychologiczne ludzi cierpiących w badaniach interdyscyplinarnych*, ed. Eugenia Łoch, Grzegorz Wallner, Wydawnictwa UMCS, Lublin, 2005, p. 159ff.

<sup>25</sup> Susan Sontag, *Illness as Metaphor*, op. cit., p. 20.