

## Chapter Three

### **‘Connoisseurship... of Disease’ and Thomas Mann’s *Death in Venice***

What were art and virtue to him given the advantages of *chaos*?

-Mann

Gustav von Aschenbach’s struggle to remain an artist and his search for new artistic avenues overlap with his biological decay, dying and subsequent death in Venice. The narrative captures his dilemma between the Apollonian and Dionysian impulses, his repressed homoerotic desires, his suffering from writer’s block and cholera, and treating them single-handedly and locating them on a singular yet variedly symptomatic body. Thomas Mann’s interest in disease which, sometimes, was often at the brink of obsession hindered him to portray illness and disease in his works as mere metaphorical usage. Hence, we should not read cholera’s victimisation of Aschenbach in this novella as

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merely an allegory of the protagonist’s spiritual decay. The metaphysical understanding of disease will rather be kept at bay in our analysis of Mann’s *Death in Venice* (1912). While discussing about the harrowing effects of cholera on human body William H. McNeill in his *Plagues and Peoples* points out:

The speed with which cholera killed was profoundly alarming, since perfectly healthy people could never feel safe from sudden death when infection was anywhere near. In addition, the symptoms were particularly horrible: radical dehydration meant that a victim shrank into a wizened caricature of his former self within a few hours, while ruptured capillaries discoloured the skin, turning it black and blue. The effect was to make mortality uniquely visible: patterns of bodily decay were exacerbated and accelerated, as in a time-lapse motion picture, to remind all who saw it of death’s ugly horror and utter inevitability.<sup>1</sup>

In Mann’s *Death in Venice* Aschenbach’s body juxtaposes biological decay, repressed desire and *dépaysement*— the state of being in a foreign, unfamiliar country. Our bodies are as much ours’ as they belong to others. They are *ek-statically* with the world. Unlike other objects our bodies are never elemental and singular; they are plural and are continuously influenced by multiple external factors. The body is as much into the environment as the environment is into the body and yet, it is not an airy nothing. It never loses its essential characteristics. As we travel the body undergoes changes also and gets influenced by various factors— geographical, clinical, gastronomical, cultural etcetera— and yet does not undergo complete transformation. In its efforts at becoming-other it never forgets its being. Aschenbach’s travel to Venice and his efforts of

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<sup>1</sup> McNeill 261

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becoming Venetian will never be complete as he will never be able to erase the imprints of the past. He will never be able to *reach* Venice. He will always be a traveler (the word travel derives from the French ‘travail’ meaning work) working *on* the body as much as *with* the body<sup>2</sup>.

This sense of (non)ending is what haunts our protagonist from the very beginning but, at the same time, enables him to understand his *true* self. Also, Aschenbach’s sense of non-ending, his knowledge of *unreachability*, meets his sense of ending and *ability* later in the work. It was his awareness of death as a way to be and not as a way to end that brings him closer to truth and what it means to *be*. Death, here, reveals itself not as negative or as antithetical to life but as something that entails meaningful possibilities. It was his awareness of death that finally helps him to overcome his fear of (non)ending and exist *authentically*.

Mann’s treatment of Tadzio, Venice and death are on the same plane. We see the metaphor of death used over and over again in the context of describing Tadzio and Venice. The necropolis of Venice has been represented no differently from the morbid Tadzio. Aschenbach while reflecting on Tadzio says, “He is delicate, he is sickly” and again, “He will most likely not live to grow old” (27). Initially, Tadzio, Venice and death were all covered with the cloak of mystery and Aschenbach was alienated from all of them equidistantly. But it was his realization of mortality and death that finally revealed the actuality before him. The endeavour of knowing one’s self finally culminated into one’s death. For Aschenbach the moment of ultimate truth conflates with his moment of

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<sup>2</sup> Jonathan Gill Harris’s *The First Firangis* (India: Aleph Books, 2015)

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death. This transformation from concealment to revelation, from someone who feared death to a ‘being-towards-death’ is what constitutes *Death in Venice*. Instead of considering death as an end or an incident that happens in future, Mann sees death as an existential awareness of the possible not-being. Death here becomes a phenomenon of life that reveals the way in which a human being exists and what it means to be. It was his alienation from death during the course of the narrative that made Aschenbach *foreign* to Tadzio, to Venice and, most importantly, to himself.

Living and dying are two sides of the same coin. They are not antithetical to each other depending upon how we see; concealing one would be equivalent to alienating a part of your self. In his effort to conceal his physical signs of ageing and look young Aschenbach started visiting a salon. Going to the barber was his attempt to highlight only the *living* side of his existence while concealing the *dying* side. But as long as he did that he always remained something not-yet. He failed to realize the *end* as an indelible part of one’s own being and led a self- alienating life— it was Aschenbach’s death in Venice that finally revealed to him the other side, the side from which he was alienated for most part of his life. His attempt to look young was a mere façade. Mann in his essay ‘Goethe and Tolstoy’ writes, that “[t]he human form can never be grasped merely through the observation of its surface; one must uncover its inner being, separate its parts, note the connections between them”<sup>3</sup>. His *Death in Venice*, thus, is a journey that a writer undertakes towards the unknown— the ultimate— and the infinite resulting in his *Erziehung*: writing is but life in disguise and life is but death in disguise. The narrative

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<sup>3</sup> See Koelb 205

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juxtaposes art, life, dying and death in a way that they all become a part of a ‘zone of indistinction’.

Aschenbach’s love and death wish for Tadzio and his love and death wish for himself establish a very uncanny relation which he shares with both life and death. His expressions of love and life were never free from thanatological signifiers. Moreover, instead of fleeing from the site he embraces plague as the last resort to be with the boy.

The narrator points out,

...and it seemed at times to Ashenbach, in his obsessed state, that death and fear together might clear the island of all other souls and leave him there along with him he coveted.

The fear of oblivion mingled with the wish for oblivion make the entire trajectory an ambiguous one. This tête-a-tête with the other is both loathed and desired at the same time and it is a disease that enables this encounter. In the novella cholera becomes the borderline between Aschenbach’s self and not-self. It brings him close to the other— understanding of which is pivotal to the understanding one’s own existence. “Surrendering”, as Arthur W. Frank notes while referring to Audrey Lorde’s *The Cancer Journal*, “the superficial control of health yields control of a higher order. Lorde expresses this paradox when she writes that only by facing death can she become

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someone over whom no one has power.”<sup>4</sup> The same can be said about that of Gustav von Aschenbach.

Mann’s emphasis on the Dionysian impulses of the disordered body and its effect on the psychosomatic condition of Aschenbach are conveyed through cholera:

There he sat, the master; this was he who had found a way to reconcile art and honours; who had written *The Subject*, in a style of classic purity renounced bohemianism and all its works, all sympathy with the abyss and the troubled depths of the outcast human soul. This was he who had put knowledge underfoot to climb so high; who had outgrown the ironic pose and adjusted himself to the burdens and obligations of fame; whose renown had been officially recognized and his name ennobled, whose style was set for a model in the schools. There he sat. His eyelids were closed, there was only a swift, sidelong glint of the eyeballs now and again, something between a question and a leer; while the rouged and flabby mouth uttered single words of the sentences shaped in his disordered brain by the fantastic logic that governs our dreams.

It is through the plagued body of Aschenbach that Mann raises some fundamental issues pertinent to both human existence and aesthetics. He notes that “disease makes men more physical, it leaves them nothing but body”<sup>5</sup>. He writes further that “And now his body has come into the foreground in another sense and made itself important and independent of the rest of him, namely— through illness”<sup>6</sup>. The significance that he attributes to the

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<sup>4</sup> *The Wounded Storyteller* 126

<sup>5</sup> *The Magic Mountain* 178

<sup>6</sup> *Ibid* 184

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diseased body is grounded in Schopenhauer’s paradoxical appreciation of the body as a seat of ‘pain and deficiency’ and as ‘the ground of our knowledge’. The disordered and diseased body then becomes a mechanism to know the self. Schopenhauer was cynical of the perception of disease as an ‘accidental error’ within the ‘manageable machine’ that the body has become.<sup>7</sup>

Aschenbach as a foreigner (one who is “not familiar”), and his *foreignness* becomes the very symptom of the kind of alienation that he was suffering from. His journey from *homelike* status quo to a strange *un-homelike* foreign space is a metaphor of the kind of transition his body was going through— from the state of healthy being-in-the-world to the state of illness. Though this was not his first visit to Venice, his unfamiliarity of the place can be seen as a *de-worldling* and, as Rebecca Saunders points out, “requires a thematization that is not necessary for the native, orientation must be learned and considered, belongingness takes deliberation”. His phenomenological unfamiliarity with Venice is evident from the fact that it was always an exotic, distant and uncanny place to him. He could never involve himself with the place and the people. Now, the kind of *de-worldling* from which he was afflicted involves two things: Saunders points out that, “first, it likens foreigners to entities not characterized by *Dasein*, associates them with non-being, animals, instrumental objects, and material goods. Second, it evinces the degree to which foreignness is commensurate with physical pain; for Elaine Scarry has argued, ‘the absence of pain is a presence of world; the presence of

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pain is the absence of world’.”<sup>8</sup> The body which is supposed to act as a bridge between the self and the world, in case of Aschenbach was acting as a hindrance. He was finding it difficult to get involved with the world *bodily* (which is an important criterion for *Dasein*). He was completely out of place. His entire world was infested and subsumed by cholera. Lisa Sanders in her *Every Patient Tells a Story* makes an important point in this regard, “[t]he experience of being ill can be like waking up in a foreign country. Life, as you formerly knew it, is on hold while you travel through this other world as unknown as it is unexpected.”<sup>9</sup>

The process of *de-worldling* also, paradoxically, enabled Aschenbach to understand reality in greater degree as he started reflecting on things more clearly and objectively. This ‘breakdown’ enabled a dialogue, eradicating “the automatism of perception” and helping him to overcome the kind of estrangement and alienation that he was suffering from. The kind of *anxiety* that this uncanny situation led can be grasped with the help of the German word *ungeheur*<sup>10</sup>. “It is” as Hans-Georg Gadamer points out, “people’s disposition of anxiety that the question of the meaning of being and the meaning of nothingness visible in a new way”<sup>11</sup>. He was no more oblivious and unaware; he was no more “pre-reflectively” involved with the world. Instead of being only the reason for his suffering and death cholera was also instrumental in his emancipation for it absorbed and intensified life meanings and facilitated a better understanding of both life

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<sup>8</sup> *The Body in Pain* 37

<sup>9</sup> Sanders

<sup>10</sup> Gadamer defines *ungeheur* as “a highly effective expression for the incomprehensible vastness, for the emptiness, remoteness and strangeness which takes our breath away even while we struggle to sustain our lives and to make ourselves at home in this world.” *The Enigma of Health* 154

<sup>11</sup> *Ibid* 153

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and death. It worked as an *anagnorisis*. Susan Sontag in her *Illness as Metaphor* points out that “Cholera is the kind of fatality that, in retrospect, has simplified a complex self”<sup>12</sup>. As long as he was alive, he was always something “not-yet”. The existential mood of anxiety that death brought helped him to appreciate life holistically. His life was complete by death. It brought possibility to impossibility, it brought infinitude to his finite existence.

Instead of considering *Death in Venice* as “Mann’s attempt to recapturing the classical explanation for disease, which allows Aschenbach to be absolved of his sins through disease”, cholera in this novella should be considered as a mode of emancipation towards knowledge. Nicola Von Bodman-Hensler points out that “[w]ithin Mann’s thinking falling ill thus means in a first instance the immersion in nature, whilst also granting the possibility of emancipation from nature through this experience of immersion. This stance hints at the valourisation of defect as the sign of a successful process of immersion”. The way the diseased body has been seen in the novella marks the transition from medical to aesthetic gaze. The aesthetic transformation— from Apollonian to Dionysian—through which Aschenbach undergoes, then, becomes a metaphor for the paradigmatic shift from science to art and, the way the former and the latter look at the body and its disorderliness.

Illness is the night side of Aschenbach’s life. It brought the much needed *chaos* to his apparently structured and ordered social life. Mann himself says: “what were art and

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<sup>12</sup> Sontag 37

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virtue to him given the advantages of *chaos*?”<sup>13</sup> Health is, on the other hand often associated with wholeness and harmony. The Dionysian illness to which he succumbs and the Apollonian aesthetics in which he believed makes Aschenbach’s heart cleave in twain. Ritchie Robertson points out in his ‘Classicism and its Pitfalls: *Death in Venice*’:

[The] two aspects of Aschenbach, the classical and the Romantic, are apparent in the biographical sketch provided by the narrator in Chapter 2. For Goethe, Schiller and their like-minded contemporaries, classicism included the physical health and harmony, the sense of being happily at home in the world, that they ascribed to the Greeks. Aschenbach is far removed from such an ideal. His health is poor. His substantial oeuvre is the product of determined self-discipline which enabled him to use all his available strength for literary work. Evidently Aschenbach’s frail physical powers, including his creative energies, are controlled by an iron will. His feminine, intuitive abilities, his maternal inheritance, are under the firm guidance of his masculine, rational character: at least until the experience of homosexual love dissolves the rigid antitheses which frame his life.<sup>14</sup>

Philosophically, order and disorder, cosmos and chaos, *arch* and *anarch* are not indifferent from each other. The classical limitation and the romantic transgression made Aschenbach a dual citizen of the life-world. Hence, Aschenbach’s romantic yearning for the Mediterranean is a result of his illness. The Northerners finally succumbing to the sexual impulses in the South is a very common phenomenon in literature, of which E.M. Forster and Oscar Wilde, as Robertson points out, are best examples.<sup>15</sup>

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<sup>13</sup> *Thomas Mann’s ‘Goethe and Tolstoy’: Notes and Sources*

<sup>14</sup> *The Cambridge Companion to Thomas Mann* 98

<sup>15</sup> *Ibid* 96

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Mann’s philosophy is not that of *melete thanatou* (a ‘practice of death’). He does not consider the ‘soul’ to be a prisoner of the body; for him the body is not a site of pain, desire, anguish, suffering and estrangement. Unlike Plato, he does not believe that “the supreme gnosis of being is only possible in a state of complete freedom from the body and its distractions and constraints”<sup>16</sup>. Rather, his notion of freedom is always already embodied. He is not of the view that one should detach “his or her psyche from what Bergson called ‘the plane of life’”. Aschenbach’s moment of death for Mann thus, is not the moment when the mind/soul severs all ties from the body but, a moment of truth and consummation— a moment when life becomes complete. Aschenbach, while dying had a renewed sense of perception and wonder of the world, a feeling heightened by the prospect of an ending. Mann’s idea of body, illness and death was thus more romantic. Like Keats’ “at the foundation” of Mann’s work “is the paradox that life accrues value precisely to the extent that one intensely experiences its fragility and transience. Or, as the twentieth-century American poet Wallace Stevens put it in his most Keatsian poem: ‘Death is the mother of beauty’.”<sup>17</sup> The following statement by Mann is more romantic than anything: “Symptoms of disease are nothing but a disguised manifestation of the power of love; and all disease is only love transformed” (*The Magic Mountain*). And again: “Solitude gives birth to the original in us, to beauty unfamiliar and perilous - to poetry. But also, it gives birth to the opposite: to the perverse, the illicit, the absurd” (*Death in Venice*). Like Romantics, he regards death as both an end and a mode of

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<sup>16</sup>

<sup>17</sup> Quoted from ‘Sorrow More Beautiful than Beauty’s Self’: John Keats and the Music of Self by Ronald A. Sharp in *Death and Dying*, ed. By Sudhir Kakkar ( India: Penguin Books, 2014), 72-92

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emancipation. In him we see both denial and acceptance of death. The “perverse, the illicit, the absurd” here is the Dionysian to which our protagonist finally succumbs.

Aschenbach transforms his denial of death into a denial of rage against death. He refuses to rage against ‘the dying of the light’ and finally, accepts death with peace and equanimity:

He rested his head against the chair-back and followed the movements of the figure out there, then lifted it, as it were in answer to Tadzio's gaze. It sank on his breast, the eyes looked out beneath their lids, while his whole face took on the relaxed and brooding expression of deep slumber. It seemed to him the pale and lovely Summoner out there smiled at him and beckoned; as though, with the hand he lifted from his hip, he pointed outward as he hovered on before into an immensity of richest expectation. And, as so often before, he rose to follow.

Some minutes passed before anyone hastened to the aid of the elderly man sitting there collapsed in his chair....

Tadzio and Venice were mere catalysts in this transformation. They first heightened and, finally, resolved all the conflicts. “One does this by” as Michael Grosso points out “pursuing a path of dialectic that leads from dianoia (conceptual understanding) to direct mystical illumination or nous”<sup>18</sup>. He now really thinks it is a *good* night. Marie de Hennezel, a French psychologist, believes and her belief can be related to Aschenbach

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<sup>18</sup> From Plato’s ‘Phaedo and Near-Death Experience: Survival Research and Self- Transformation’ in *Death and Dying* ed. by Sudhir Kakkar (India: Penguin Books, 2012), 44-69

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and that is: “the person who says to someone else ‘I am going to die’ does not become the *victim* of death but, rather, the *protagonist* in his or her own dying”<sup>19</sup>.

His quest for peace brings him to Venice. But contrary to his expectation Venice catapults Aschenbach more towards his hidden and tabooed desires— his not yet acknowledged self. He is suddenly dragged out of his comfort zone (read, the pre-reflective lived-space) and made to encounter his own other, the part which was hitherto latent. Aschenbach’s mourning at the end should be seen as a way of laying things to rest. His acceptance of death is nothing more than a way of mourning the loss of whatever he used to cherish— his health, his writings, his apollonian stature et al. The pathological condition of melancholia here is remitted by the recognition of his relation with death and dying. The sense of mortality, sharpened by the radical nature of illness, provides him with new perspectives and dislodging the natural attitude and habit. In such circumstances one does not try to evade death as a futural event but regard it as a mode of existential attitude and a source of *anxiety* essential for one’s *becoming*, of one’s fullest realization. Taking a cue from Kierkegaard, Gosetti-Ferencei notes in her article ‘Death and Authenticity’, “Anxiety, in a call from nowhere that seems to be inescapable, catches up with Dasein, and shakes up Dasein with a call of conscience such that facing death, or facing mortality and the most extreme possibility, becomes possible”<sup>20</sup>. It was his anxiety of death and not fear that finally unbinds Aschenbach and makes him encounter his utmost potentialities. The possibility of death is one of the prerequisites of *potentiality-*

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<sup>19</sup> Hennezel, Marie de. *Seize the Day: How the Dying teach us to live*. Trans. Carol Brown Janeway. London: Pan Macmillan, 2012.

<sup>20</sup> Gosetti-Ferencei 55

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*for-Being*<sup>21</sup>. She observes further that “In anxiety I do not know when or how I will die, but I do know only that I will die”<sup>22</sup>. Becoming estranged life then appears in a novel way.

Aschenbach’s *ars moriendi* (“art of dying”) is a critique of modernity’s understanding of dying and death, and its project of prolonging dying instead of prolonging life. His death is unlike “medical death”— “the technological prolongation of life at the expense of any real sense of the quality of life”<sup>23</sup>. His idea of “where” to die and “for whom” to die is quite apparent, unlike his “how” to die; the poetics of “how” to die in Aschenbach’s case has its own logic very different from that of conventional model. Anne Hunsaker Hawkins in her *Reconstructing Illness* refers to such pathographical and thanatographical accounts where the *Moriens* (“the dying person”) device their own plot of dying and refuse to succumb to kafkaesque medical trials. In one such account Eric Robinson writes that, “Death is a personal experience and each one of us should be allowed to die his or her death and not to be expected to conform to some general pattern”<sup>24</sup>. The illness, dying and death of Aschenbach, thus, does not conform to the ‘general pattern’ of modern health care system and re-evaluates the notion of “medical death”. His illness and dying put forward of what I call “the death of clinic”<sup>25</sup>—

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<sup>21</sup> Heidegger writes in *Being and Time* “As potentiality-for-Being, Dasein cannot outstrip the possibility of death. Death is the possibility of the absolute impossibility of Dasein.” 294

<sup>22</sup> Gosetti-Ferencei 55

<sup>23</sup> Hawkins 91

<sup>24</sup> Hawkins 92

<sup>25</sup> I am here referring to ‘the death of the clinic’ as opposed to Foucauldian ‘the birth of the clinic’; the latter entails institutionalized and disciplined medical narrative.

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a process of de-medicalisation— a process to resist and subvert medical modernity and reclaim what, Henri Bergson in his *Creative Evolution* calls élan vital.

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