



## Hermann Hesse and L: Two narratives of sciatica

Martijn C. Briët<sup>a</sup>, Joost Haan<sup>b,c</sup>, Ad A. Kaptein<sup>a,\*</sup>

<sup>a</sup> Medical Psychology, Leiden University Medical Centre, Leiden, The Netherlands

<sup>b</sup> Neurology, Leiden University Medical Centre, Leiden, The Netherlands

<sup>c</sup> Neurology, Rijnland Hospital, Leiderdorp, The Netherlands

### ARTICLE INFO

#### Article history:

Received 16 December 2010

Accepted 10 July 2011

Available online 10 August 2011

#### Keywords:

Sciatica

Narration

Medical humanities

Literature in medicine

Hermann Hesse

### ABSTRACT

**Background:** In the literary novel *Kurgast* (1925), translated in English as *A guest at the spa*, the Nobel laureate Hermann Hesse describes the treatment of his own sciatica.

**Methods:** We compare Hesse's description of 85 years ago with a transcript of an interview with a contemporary patient with sciatica. The narratives of both texts were analyzed.

**Results:** Both narratives start with hope on full recovery. Later this changes into the realization that one needs to accept that some symptoms are irreversible and will be permanent.

**Conclusions:** Although there currently is better understanding, diagnostic imaging and treatment of sciatica, a strong similarity in narrative type between the two stories was observed. Literary narratives can reflect every day practice, and probably can also be used to give better insight in dealing with diseases.

© 2011 Elsevier B.V. All rights reserved.

### 1. Introduction

The term sciatica is mainly used for sciatic neuralgia, of which the definition is “pain in the distribution of the sciatic nerve due to pathology of the nerve itself” [1]. In earlier days, however, it had a much broader use. Sciatica was a description for any pain felt in the leg, including non-neural referred pain. As the capability to differentiate in aetiology has much increased since the time when the term was coined, this broader usage is nowadays considered an anachronism and rendered obsolete [2]. Deriving from the Greek word *ischios*, meaning hip, it was allegedly Hippocrates who first used the term [3].

Herniated disc related sciatica can be treated with either surgery or medication [4]. In the end, both are equally effective, but surgery will achieve that effect faster than conservative therapy. Most symptoms usually resolve within 12 weeks without surgery, but residual symptoms may remain.

The knowledge and treatment of sciatica have changed immensely over the years. In 1925 the Nobel Laureate in Literature and sciatic patient Hermann Hesse published an autobiographical novel (*Kurgast* [5] translated as *A guest at the spa*) in which he describes his experiences in a Swiss spa in *Baden*. At the spa, sciatic patients underwent a regime of mineral baths, diathermy, quartz lamp treatment and exercises.

Even though this treatment is hardly comparable to the modern treatment, it may still be useful to take a closer look at Hesse's words. Hermann Hesse (1877–1962) was a distinguished writer, famous for novels such as *Der Steppenwolf*, *Siddharta* and *Narziss und Goldmund*. His literary thoughts on a common problem such as sciatica might bring us to a better understanding of the way a patient experiences his/her disease and the functional limitations that come with it. In addition, examining such a story may illustrate the differences and similarities between a literary work and an everyday narrative. Studying narrative in medicine should in general be considered useful, for it encourages a more holistic approach to a patient's problems, may supply analytical clues in the diagnostic encounter and is intrinsically therapeutic for the patient [6].

### 2. Methods

In this article the narratives of a literary *novel* and that of a current patient will be analyzed and compared.

The selected novel *Kurgast* [5] was written by Hermann Hesse in 1925. For this article we used the English version, *A guest at the spa*, translated by Denver Lindley. In this book Hesse described his stay in a spa for the treatment of sciatica. The book may be autobiographical, but it remains fiction, and therefore it is not an ego-document. Passages that describe his observations, feelings and social interactions concerning his disease were selected and analyzed.

L., a patient with sciatica, was contacted and asked for consent by one of the authors (JH). The interview took place at the patient's home to make him feel comfortable as much as possible.

\* Corresponding author at: Leiden University Medical Centre, Medical Psychology LUMC, Postzone J9, PO Box 9600, 2300 RC Leiden, The Netherlands.  
Tel.: +31 71 5262905.

E-mail address: [a.a.kaptein@lumc.nl](mailto:a.a.kaptein@lumc.nl) (A.A. Kaptein).

The interviewer (MCB) did not interrupt the story with questions, but merely encouraged the patient to continue his narrative. More in depth questions were asked after the spontaneous narrative of the patient. The interview was recorded and a transcript of this recording was made. L is a 49-year-old male. He is married and has two children. In May 2008 he developed pain in the lower back with irradiation in the right leg after manual labour in the garden, and he was diagnosed with a herniated disc related sciatica. Initially a surgery was planned, but on recommendation of the surgeon a conservative treatment was chosen. Currently he is not on any medication, but he still experiences pain and a tingling sensation during physical exertion.

The analyses made for both the novel and the interview focus on the aspects of the narratives [7]. Passages of narratives are categorised as described by Frank [8].

### 3. Results

#### 3.1. First narrative: L

Patient L indicates that in the first months after he was diagnosed he was expecting a full recovery: *“Yes, I absolutely had the idea that when it’s over, it’s over, and then you don’t have any problems anymore. I didn’t think that my foot wouldn’t regain function and that I would regularly keep having pain in my leg.”* The idea that despite treatment symptoms would continue to exist did not occur. All his attention was focused on returning to his previously healthy existence. The current state was just a temporary one. The fact that the surgery was cancelled in favour of a conservative treatment came as a surprise: *“In my perception, illness is usually something that needs surgery: they have to take the ‘bad’ part out in order for you to get better.”* In L’s perception the surgery was closely related to the process of healing. More than with conservative therapy, surgery would entail the promise of a full recovery.

After L had realised that some of the symptoms were permanent, he developed a different attitude towards the disease. He no longer saw his situation as a temporary one, but accepted it as permanent. So, the focus in his narrative shifted from healing to living with his condition as comfortable and unlimited as possible and with as few limitations in daily activities as possible.

At present, L can function well in his job as airport security agent and in everyday life, but there are some moments that he has to take a break due to backache. Although his situation is known among family and friends he is not inclined to mention any pain or discomfort until he cannot cope with it any more. *“Only when I really can’t take it anymore I say: ‘We’re stopping because I can’t take it anymore.’ So yes, I pull myself together for a while, because I don’t want to whine: ‘Ouch, ouch, my poor back.’”*

#### 3.2. Second narrative: HH

When Hermann Hesse arrived at the Baden train station to commence his treatment at the village spa he was very optimistic. He instantly found comfort in seeing other patients whose condition was far worse than his. When walking with a fellow patient whose movements Hesse describes as those of a sea lion he writes: *“Yes, if these half lame, limping folk still hoped for a cure, these people with rubber-shod canes, if Baden could even now help them, then my small incipient trouble would disappear here like snow before the south wind, then the doctor most surely find in me a fine specimen, a highly rewarding phenomenon, a small miracle of curability.”* It is clear that he expects a full recovery. He also attaches great value to looking vital. Although he walks with a cane, his is made from malacca and without the typical rubber knob on the end, and thus merely intended for looking fashionable. He could do without it, he claims.



Fig. 1. Photo of Hermann Hesse taken by Gret Widmann. By permission of Suhrkamp Verlag.

Later this optimism disappears. Under the strain of the therapy his physical condition deteriorates. He loses all hope of recovery and slips into a depressive mood. During this period he lets the daily routine of the spa, which he so furiously detests, dictate his life. He abandons the habit of keeping a healthy appearance. His own movements are now those of a sea lion.

The period of depression ends suddenly when he gains great insight during an out-of-body experience. He now accepts the sciatica as an essential part of his life. *“And so I have not become ‘well’. I am better, the doctor is satisfied, but I am not cured, it can return at any time. Aside from the actual improvement, I have Baden to thank, too, for the fact that I have now stopped persecuting my sciatica so grimly. I can see that it belongs to me, that it was well earned like the beginning of grey in my hair and that it is unwise to try simply to blot it out or remove it by magic. Let us be accommodating, we will win through conciliation!”*

### 4. Discussion

When comparing the narratives of Herman Hesse and L, we were surprised by the degree of similarity. At first, both had an optimistic look on their prospects on recovery. Frank classifies this kind of narrative as ‘restitution narrative’ [7–9]. The basic plot of the restitution story is that “yesterday I was healthy, today I am sick but tomorrow I will be better” [8]. Later on, both describe that they have accepted the fact that their disease has caused permanent symptoms. This closely resembles what Frank calls the ‘quest narrative’ [7–9]: a type of narration in which individuals accept illness and seek to use this, believing that something is to be gained through the experience [9].

A third narrative recognized by Frank is the ‘chaos narrative’ [8]. Of all three narratives this one is least seen [8]. The teller of the chaos narrative feels overwhelmed by the disruption the sickness has brought into his life [7]. The plot is that life will never get better; no one is in control [9]. Although this episode does not assume the chaotic form it does in most occasions [7]. Between the restitution and quest narrative Hesse describes an episode that, if categorised, would best be called a chaos narrative. He loses all hope of recovery and slips into a depressive mood. It is interesting to see his story shift through all three types of narrative. In the narrative of L no

similar episode can be recognized, although this can be due to the methods used (Fig. 1).

Hermann Hesse and L both are not inclined to show any sign of weakness to the ones around them. They seem, however, to have a different motivation to do so. L wishes to assume a ‘good sick-role’, to not be a burden to his family [7]. For Hermann Hesse however, this is not an issue. It is merely a coping mechanism during his restitution period. The fact that he appears fitter than his fellow patients helps him to maintain his hope on full recovery.

Of course, the limitations of our study lie in the selection of the novel, the patient, and the interviewer. However, the clinical implications of the use of narrative theory pertain to a better understanding of the subjective experience of illness [9]. Moreover they encourage empathy and provide a framework for approaching the patient’s problems holistically. In combination with expressive writing, knowledge of a sciatic patient’s narrative and categorizing the type of narrative may be a valuable tool for optimizing therapy outcomes [10].

### Conflicts of interest

Martijn C. Briët, Joost Haan and Ad A. Kaptein declare no potential conflict of interest.

### Acknowledgement

The authors would like to thank Anne Floor Heitz for correcting any spelling errors and Lizz van der Heijden for providing ideas for this paper.

### References

- [1] Merskey H, Bokduk N. Classification of chronic pain. 2nd ed. Seattle: IASP Press; 1994.
- [2] Stafford MA, Peng P, Hill DA. Sciatica: a review of history, epidemiology, pathogenesis, and the role of epidural steroid injection in management. *Br J Anaesth* 2007;99:461–73.
- [3] Pearce JM. A brief history of sciatica. *Spinal Cord* 2007;45:592–6.
- [4] Peul WC, van Houwelingen HC, van den Hout WB, Brand R, Eekhof JA, Tans JT, et al. Surgery versus prolonged conservative treatment for sciatica. *N Engl J Med* 2007;356:2245–56.
- [5] Hesse H. A guest at the spa. In: Lindley D, Ziolkowski Th, editors. *Autobiographical writings*. New ed. London: Triad/Panther Books; 1985. p. 76–146.
- [6] Greenhalgh T, Hurwitz B. Narrative based medicine: why study narrative? *BMJ* 1999;318:48–50.
- [7] Brody H. *Stories of sickness*. 2nd ed. Oxford: Oxford University Press; 2002.
- [8] Frank AW. *The Wounded Storyteller*. Chicago/London: The University of Chicago Press; 1995.
- [9] Whitehead LC. Quest, chaos and restitution: living with chronic fatigue syndrome/myalgic encephalomyelitis. *Soc Sci Med* 2006;62:2236–45.
- [10] Smyth JM, Nazarian D, Arigo D. Expressive writing in the clinical context. In: Vingerhoets AJJM, Nyklíček I, Denollet J, editors. *Emotion regulation: conceptual and clinical issues*. New York: Springer; 2008. p. 215–33.