

Visions as Illness and Inspiration: Young Estelle L'Hardy and Sister Anne-Catherine Emmerich in works of Doctor Antoine Despine and Poet Clemens Brentano

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Abstract

The paper explores parallels between the literary legacies of Doctor Antoine Despine (1777–1852) and Poet Clemens Brentano (1778–1842). Despine's account of a magnetic cure, De L'Emploi du magnétisme animal et des eaux minérales dans le traitement des maladies nerveuses, suivi d'une observation très curieuse de guérison de névropathie (A Study of the Use of Animal Magnetism and Mineral Waters in the Treatment of Disorders of the Nervous System Followed by a Case of a Highly Unusual Cure of Neuropathy) (Paris: Germer, Baillière, 1840), and Brentano's biography and transcribed visions of Sister Anne-Catherine Emmerich, The Dolorous Passion of Our Lord Jesus Christ, widen our understanding of the consequences of trauma, and of inspiring visions in the midst of illness and physical and emotional pain.

Beloved, do not be surprised that a trial by fire is occurring among you, as if something strange were happening to you. But rejoice to the extent that you share in the sufferings of Christ, so that when his glory is revealed you may also rejoice exultantly. (1 Pet. 4:12–13)

Introduction

When Dr. Charles-Humbert-*Antoine* Despine (1777–1852) set out to write the story of the cure of Louise-*Estelle* L’Hardy (1825–1862), he knew that many readers would not consider his treatment methods for the cure of a “spoiled” child or his explanations for that treatment credible. Estelle’s paraplegia, a neurological disorder for which there was no organic cause, he diagnosed as a symptom of hysteria, a psychosomatic condition not uncommon in upper-class women in nineteenth-century Europe and considered by many to be an imagined illness.¹ Animal magnetism (mesmerism), the treatment Despine used to heal Estelle’s partial paralysis in Aix-les-Bains, where he was a practicing physician and the medical director,² had been controversial—particularly amongst men of science and religion—since Mesmer (1734–1815) had begun using it to heal patients with neurological disorders in the second half of the eighteenth century.³

Although Despine was keenly aware of the controversial nature of his work with several patients, including Estelle, he was intensely curious about their condition and knew it merited serious consideration, study, and care. For these reasons, he meticulously documented the account of Estelle’s life and cure in a monograph entitled *De L’Emploi du magnétisme animal et des eaux minérales dans le traitement des maladies nerveuses, suivi d’une observation très curieuse de guérison de névropathie* (*A Study of the Use of Animal Magnetism and Mineral Waters in the Treatment of Disorders of the Nervous System Followed by a Case of a Highly Unusual Cure of Neuropathy*) (Paris: Germer, Baillière, 1840) (All translations are mine). He noted periods of trauma preceding Estelle’s illness, including almost dying in a measles epidemic in 1830 and losing her father two years later in the cholera epidemic, in which Estelle’s mother and sister also become violently ill. Henri Ellenberger, in his landmark 1970 text, *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry*, calls Despine’s story the first “truly objective study of multiple personality” (129). Today the name of the illness has been changed to dissociative identity disorder.

Despine believed in the curative power of mesmerism for cases like Estelle’s. He had found it a useful therapeutic modality in the healing of psychosomatic symptoms in patients who, like Estelle, also had ecstatic episodes, or trance-like periods during which they lost consciousness of self and experienced visions. Unbelievers and skeptics believed the visions were a function of illness, and that mesmerism was a hoax by means of which doctors could take advantage of vulnerable, semi-conscious female

patients. A practicing Catholic who believed human nature to be composed of “body, Spiritual Soul and an Instinctive Force,” Despigne attempted to understand and to explain his patients’ visions and his use of mesmerism within a Christian framework (xxxii. All references to Despigne and Estelle are from Despigne’s monograph, unless otherwise noted.). He was deeply intrigued by some mystics, presumably because of their own ecstatic visionary episodes.⁴ He had a particular interest in a contemporary, the German stigmatic Sister Anne-Catherine Emmerich (1774–1824).

Emmerich’s visions were transcribed by the German romantic writer, Clemens Brentano (1778–1842). An adult convert to Catholicism and an ardent believer in Christ, Brentano published *The Dolorous Passion of our Lord Jesus Christ* in 1833 with an account of Emmerich’s life. In an 1841 travel journal Despigne writes that he and his family are reading Emmerich’s biography each evening. Despigne was apparently fascinated with this obscure Augustinian nun from Westphalia, Germany. Indeed, some of Emmerich’s paranormal phenomena, including ecstasy, generally paralleled Estelle’s; Emmerich also had a spiritual nature and had suffered physically since childhood. Other phenomena experienced by Emmerich, including stigmata, moved the Catholic Church to begin a process for her beatification in 1892. These proceedings were stopped in 1928 by Rome, however, when it was suspected that Brentano may have fabricated material. Ecclesiastical authorities studying her case believed that Brentano’s romantic literary tendencies made him an unreliable scribe.

We will see that there is much more to the connection between Estelle and Emmerich than an isolated record of a physician’s medical and religious curiosity. The narratives of these two women have other important, curious likenesses, all of which relate to the nature of the visions central to Despigne’s and Brentano’s publications. My thesis maintains that the physician Despigne and the poet Brentano had an uncommonly acute understanding of the rich value in certain ecstatic experiences. Each Roman Catholic writer records and produces an important literary legacy, for, in various ways, each text widens our understanding of the consequences of trauma, and of inspiring visions in the midst of illness and of physical and emotional pain.

Despigne and Estelle L’Hardy

Despigne identified Estelle as an ecstatic patient when her mother mentioned casually to Despigne that Estelle had been hearing voices.⁵ This

happened just before Estelle and her mother were to leave Aix-les-Bains for the winter months and after a series of conventional treatments of hydrotherapy and electrotherapy had had only a small measure of success with Estelle. With this report, Despine knew that she could be magnetized, and was, therefore, a candidate for treatment with mesmerism. In general, these treatments consisted of artificially inducing the trance state with long strokes or passes administered with the hands very near the body. Then, by power of suggestion, a patient could gradually heal. For Estelle, the sleeping or magnetized state was the healthy one. In other words, she could walk and eat normally when in a trance. As she gradually healed, her condition in the waking state fused with that of the sleeping state. This fusion constituted a cure, or integrated mental health. Estelle left Aix-les-Bains in late June, 1837. In anticipation of her return, a newspaper in Neuchâtel, Switzerland referred to her as “la petite ressuscitée,” the little resurrected one (qtd. in Despine 79).⁶

Although Estelle’s illness manifested no organic abnormalities, she suffered great physical pain. She experienced “suffocating, acute pain in the bowels and throughout the chest, intense headaches, . . . convulsive coughs and difficult breathing” (5). At times she would lay immobile in bed for long periods, so much did any movement cause her excruciating pain. She told her mother, “For a while now God, touched by my suffering and wanting to console me in this long trial, allows me to hear the singing of celestial spirits. . . . They are so beautiful, Momma, these hymns of angels, that no expression can describe them. I have never been able to understand a single word but they speak to the heart, and I am very sure that Papa sings with them” (18). On 25 December 1836, the fourth day of magnetic treatments, Estelle had another comforting vision Despine called “a new vision which filled her with joy and hope. . . . It was a celestial figure which, from that instant on, became her guardian divinity, her protecting spirit” (35). Estelle called her “Angeline” and her “Angel of Consolation,” and provided a physical description of her as seen during an ecstatic episode. The description corresponds in many respects to conventional representations of heavenly beings:

I see columns and steps surrounded by clouds. Angeline is coming down the steps. She wears a veil as white as snow that falls such that her face can be easily seen. Her long hair is blowing in the wind. A gown as white as her veil flows to her feet, leaving her arms bare. Her face is

lightly colored. Her wide blue eyes are full of sweetness and goodness. She has a pretty nose and mouth, small feet and beautiful hands. All in all, a celestial figure, ever so beautiful----so beautiful and so good that no one has ever—even in the most resplendent dreams—imagined anything like this. Everything about her exudes what she is: An Angel of Consolation. (110)

But not all of the visions were so sublime. Among Estelle's disturbing visions are "snakes, beasts, and robbers" (27), a "horrible figure that filled her with fright" (34), "numerous hallucinations [after which] she was irrational for several days" (50, clarification mine), and a "skeleton" (108).

Almost 130 years *before* Ellenberger grouped Estelle L'Hardy with the mystic Anne-Catherine Emmerich as "great exemplary cases of magnetic illness in the first half of the nineteenth century" (484), Estelle's Dr. Despine had noted in his 1841 travel journal that his cured patient Estelle, as well as other ecstatic patients, and Emmerich have "an infinite number of points in common." Despine's travel journal makes clear that he understands this point to apply as well to other ecstatic mystics (8 November 1841). He notes that the visionary Sister Benoîte Rencurel (1647-1718) manifested "many things that correspond to phenomena exhibited by my cataleptics, my ecstasies and Sister Catherine Emmerich" (7 December 1841). (St. Catherine of Siena, St. Catherine of Genoa, St. John of the Cross and St. Theresa of Avila were other widely known mystics who, like Estelle, experienced fully exhilarating visions as well as profoundly disturbing ones. They considered the former type to be of God, and the latter to be of the devil. In her writings on the subject, St. Theresa calls the dark episodes, "Raptures of Feminine Weakness" [in Underhill 361]).

The Catholic Church assumed the right to determine the authenticity of visions experienced during ecstatic episodes and questioned the appropriateness of mesmerism as a therapy to treat ecstasies. In an effort to address questions raised by the practice of mesmerism, which involved someone (usually male) suspending the conscious will of someone else (usually female) and then interacting with that person, the Church had condemned several individual cases of its use by 1841 and issued an encyclical in 1856. In this letter the Holy Roman Universal Inquisition stated that the Church forbade the use of mesmerism, deemed unnatural and potentially immoral because it compromised one's ability to make conscious choices about personal behavior. Mesmerism was considered condemnable

and heretical, particularly “when performed with the mediation of weakened, mentally deficient women engaging in less than modest, proper behaviors” (in Binet and Féré 38–39).

Evidence strongly suggests that Despine did not want his work to conflict with Catholic teaching or authority. Among several examples of personal close association with Catholicism in his 1841 travel journal, Despine writes about attending Mass and participating in pilgrimages. At the time, he was reading *The Holy Bible* and *The History of Jerusalem*. We have already seen that he points to similarities in Estelle’s experience of enjoying ecstatic visions in trance and some mystics’ ecstatic experiences. The physician also notes that Estelle “seemed to be very interested” in the early summer solemnities of Corpus Christi, an important medieval processional feast commemorating the institution of the Holy Eucharist as a Catholic sacrament (60). (That Estelle enjoyed a uniquely Catholic festival is all the more interesting because the idea to establish one had come in a vision to Juliana of Cornillon, a 13th century Augustinian nun, while she contemplated the Holy Eucharist. Juliana would later be canonized.) In a published letter to one of the directors of the “Revue d’Anthropologie Catholique” Despine stated that “magnetism, when practiced correctly, was harmful neither to the heart nor soul of the magnetizer or the magnetized.” In a journal reflection about Sister Emmerich, his patients and their ecstatic phenomena he writes, “these phenomena can be talked about from a physiological point of view; that view, however, does not destroy the remarkable part that love of God and religious attachment play here” (7 December 1841).

Despine suspected that Estelle’s ecstatic episodes were somehow related to her childhood traumas. While the ecstasies may have originated in distress, however, some of them had the power to console her. For this reason and others, Despine was “determined to publish this case” (xxix), believing that “all of science and humanity will benefit” (ix) from the events of Estelle’s life leading up to and including her cure. He proceeded, therefore, despite doubt and criticism.

Brentano and Anne-Catherine Emmerich

Despine’s concern for the physical, emotional, and spiritual manifestations of illness in children likely explains his interest in Anne-Catherine Emmerich. An intensely spiritual child, Emmerich experienced visions from a very young age. After unsuccessful attempts to enter convents because of

frail health and an insufficient dowry, she finally entered on her novitiate at the convent of Agnetenberg with the financial support of a former employer; she was twenty-seven years old. Once there, her ill health worsened. Sisters resented Emmerich for her chronic weak state, which made moving her with the order impossible when the convent closed in 1811. A priest friend found near-by lodgings for Emmerich with an elderly widow. While there, from 1813 until her death, Brentano writes that Emmerich became “a full-time patient. Her ecstasies in prayer and her spiritual intercourse with the invisible world became more and more frequent” (17). Emmerich described her ecstasies as “an extraordinary state” (9) when she was “absorbed in meditation” (8) and “ravished in spirit” (10). During them, Emmerich received the marks of the stigmata; sometimes they bled, exhausting her and causing her great suffering. She had first developed stigmata at the age of twenty-five when painful impressions resembling a crown of thorns appeared on her forehead; these marks bled on Fridays. Later, wounds on her wrists and feet appeared. A cross was seen on her chest beginning in 1812; its form doubled at Christmas-time. In the story of her life Brentano observed that all of these marks were a source of “indescribable suffering” (23) and that Emmerich was an “awful living representation of suffering” (28). Social and political repercussions of the French Revolution may have been an additional source of trauma in Emmerich’s life. In 1811, the convent where she was living was secularized by the anti-Catholic Prussian government, and she may have witnessed the public execution of an innocent soldier. In the years before her death Emmerich had symptoms of consumption and often was too ill to move from her bed. Brentano notes, however, that she saw a reason for all her sufferings and accepted them willingly: “I only desire that the hidden designs of God may be accomplished in me. . . . I have consolations in my sufferings” (50). Emmerich believed she could suffer in place of others, and that suffering brought her closer to Christ, whose life and Passion she saw vividly in her elaborate ecstatic visions, along with the life of Christ’s mother, Mary.⁷

In 1818 Brentano began acting as Sister Emmerich’s amanuensis. He altered his original intention of writing only her biography when he met the forty-four year-old nun. She immediately recognized him as “the Pilgrim,” the one God had promised would record what was revealed to her. Winfried Humpfner explains that this work became “the providential task of his life.”⁸ In *Making Saints: How the Catholic Church Determines Who Becomes a Saint, Who Doesn’t, and Why*, Kenneth Woodward writes that

Brentano spent the last six years of Emmerich's life transcribing the contents of her visions, believing her to be a mystic "whose knowledge of the passion and death of Jesus was imparted directly by the Holy Spirit for the edification of the faithful" (180). Brentano published the text in 1833, nine years after Emmerich's death and four years before Estelle's cure.

Ecclesiastical authorities visited Emmerich numerous times after the appearance of wounds to see them, test claims to prophecy, and verify if she was living for years on water and consecrated hosts. They also wanted to ascertain the nature of her visions. Was she experiencing spiritual ecstasies and phenomena of divine origin? Was she hallucinating because of chronic severe pain? Bishops found no evidence of trickery or falsehood, but acknowledged that sections of the visions diverged significantly from scriptural tradition. Humpfner contends that the visions "add facts, dialogue and attitudes which seem to come from the imagination, apocrypha, hagiographic legends or commentaries lacking in authority." Studies conducted by Bernhard Gajek into possible sources have found numerous textual borrowings, including some baroque and medieval iconography.

Brentano's role in the composition was ambiguous, at best. Despite his intention to transcribe Emmerich's words faithfully, those studying her case argued that it was likely he had embellished and otherwise refashioned Sister Emmerich's accounts, approaching them as he would a fictional or poetic work.⁹ Many of Brentano's contemporaries considered him representative of the romantic literary climate and of German mysticism. In 1912–13 Charles Schuddekopf, the editor of Brentano's *Oeuvres Complètes*, presented the first two books of the visions as personal works of the poet. Brentano actually admitted to consulting *Das Leben Christi* (1677), a baroque devotional writing by Martin von Cochem. Gajek showed that Brentano "consulted Hebrew calendars, travelers' reports, and maps of Jerusalem and the Holy Land," all of which may explain the elaborate accurate geographical description of the visions (qtd. in Weeks 3). Humpfner called Brentano's influence "significant in this fantastical and vivid masquerade" and noted that Clemens's brother Christian found his brother "not critical enough" and "too fanatical" to be objective in his accounts. Additionally, Weeks contends that "even what the poet heard and wrote down from Emmerich herself was triggered and influenced by the questions he put to her or by sources such as Tauler that he read to her at her bedside" (3). Woodward calls the visions "bogus" (184) and claims that *The Dolor-*

ous Passion resulted from “the conscious elaboration of an overwrought romantic poet” (389).

Today Brentano scholars, only recently able to consult papers that for decades had been held by the Catholic Church, agree that he was incapable of objective reporting and, as Charles Fetzner explains, of containing “the dictates of his unbridled fantasy,” even when this became his explicit intention (35). To this poetic tendency was added what some biographers have described as Brentano’s impassioned embrace of Catholicism as an adult and then his life-changing relationship with the mystical Emmerich. It is not surprising, then, that the perception of Emmerich as a mystic through whom divine realities might be disseminated was undermined by concern that the visions might be nothing more than the handiwork of a sickly young woman and a captivated poet.

Despite this impasse, Anne-Catherine Emmerich was beatified in October 2004. The justification set forth by the Vatican was that the stigmata, her long-term survival on the Holy Eucharist and water, and other marks of holiness including one miracle, were sufficient testimony. The visions, while historically inaccurate in parts and occurring with illness, were sanctioned by the Church since Emmerich’s life was marked by many additional indications of piety. The Holy See concluded that her visions were not—on their own—justification for sainthood, but clearly constituted an important part of the faith life of believers.¹⁰

Conclusion

That elaborate visions came within Emmerich’s suffering was probably what captured Despine’s interest in her life story. Several of his patients, including Estelle, had analogous symptoms; Despine must have wondered whether any of the visions would have occurred in the absence of illness and trauma. Without a conclusive answer to that question, Despine affirmed divine power and its remarkable part in the ecstasies. While his belief in science moved him to therapeutically treat the related disorders, he acknowledged the power of visions to console and to eventually contribute to holistic health. Despine’s sympathetic presentation of Estelle as a sickly child with some mystical qualities constitutes his personal interpretation of her illness and treatment within a Christian framework and serves, in his words, “to teach about the physical and metaphysical story of mankind” (xxiv). Despine’s legacy—though not widely appreciated today—is substantial.¹¹ In his *La médecine psychologique* Pierre Janet (1849–1957), French

psychologist and neurologist, called Despine's account "the most striking one about this particular phenomenon" (25).

Like Despine, Brentano did not think illness precluded the role of the divine in paranormal phenomena. Concerning inflammation of Emmerich's hands, which "bore testimony to the symbolic uprooting of nettles" about which she had had a vision, he wrote, "similar reactions of the spirit upon the body are often found in the lives of persons subject to ecstasies, and are by no means contrary to faith" (33). The physical pain associated with this inflammation was insignificant compared to the important spiritual symbolism of the swollen hands, injured destroying evil and building God's Kingdom on earth. The same was true for Emmerich's ecstasies which, while often happening during periods of intense physical suffering, conveyed expansive spiritual insights. Cazalès wrote, "It is our [Cazalès's and Brentano's] hope that it [reading of the visions] will make a strong impression even upon worldlings, and that in many hearts it will prepare the way for better ideas—perhaps even for a lasting change of life" (xv, clarifications mine). When Emmerich was beatified, Brentano's legacy was finally affirmed.

It is unlikely that Despine and Brentano ever met. Had they done so it is probable that they would have found in each other a sympathetic ally. Both men had pushed beyond their conventional roles in medicine and letters to a place where visions occurring in the context of illness raised difficult questions about mental health and spirituality. Their controversial work, showing that physical and emotional suffering may lead to mystical experiences, included phenomena the physician and poet found mysterious, but deeply compelling and enormously valuable. Writing copiously and fearlessly, Despine and Brentano made sense of painful, often misunderstood experiences as important lessons for humanity. The legacies of Estelle L'Hardy and Sister Anne-Catherine Emmerich take their place as narratives of inspiration during suffering in the evolving understanding of the intertwined life of mind, body, and spirit.

We even boast of our afflictions, knowing that affliction produces endurance, and endurance, proven character, and proven character; hope, and hope does not disappoint. (Rom. 5:3–5)

NOTES

¹ In *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era*, Edward Shorter argues that hysterical paralysis, among other nervous symptoms, was primarily specific to the eighteenth and nineteenth centuries and was a function of patients' ideas of what constituted illness in that time period. Accordingly, these symptoms were a function of culture, and were psychosomatic. Despine, on the other hand, believed that there was more to hysterical symptoms than this "climate of suggestion" and approached his patients and treatments accordingly.

² Antoine took over as Medical Director of the Baths in Aix-les-Bains (or Aix-en-Savoie), the largest bathing establishment in the Savoy, upon the death of his 95-year-old father, Joseph, who had held that position from 1787 to 1830.

³ Mesmer believed that invisible gravitational forces connected living things to the planets and were the basis for physical health. When the "magnetic fluid" accounting for this harmonious interconnectedness present in all living beings flowed as it should, a person was healthy. The badly distributed fluid in an ill person could be redistributed when he/she experienced a mesmeric "crise salutaire," or therapeutic crisis, the onset of which Mesmer facilitated with his "baquet," or tub filled with magnetized water, and his own healthy magnetic fluid. Similarly, Despine believed his own healthy fluid could heal through mesmerism or animal magnetism.

⁴ See Chapter 7, "Hysteria and Dual Personality," of Thurston's *The Physical Phenomena of Mysticism* for a discussion of dissociative symptoms found in mystics.

⁵ People suffering from certain nervous illnesses, also called magnetic or hysterical (hysteria), can fall into a cataleptic state during which they exhibit the following symptoms: semi-consciousness or unconsciousness, arrested breathing, lowered pulse rate, and some coldness in the extremities. Some patients experience immobility or limpness in the limbs; others become more mobile than normal, moving while unconscious of those around them. While in this trance or sleeping state the individual may hear and see things that others do not. Since normal distractions of the material world go unnoticed, he/she can enjoy heightened awareness and even insight. This state, which takes different forms depending on who experiences it, is often referred to as ecstasy, and the patient as being an ecstatic. Richard P. Kluft—psychiatrist, PhD, psychologist, and psychoanalyst—addresses the overlap between symptoms of dissociation and schizophrenia in "First Rank Symptoms as a Diagnostic Clue to Multiple Personality Disorder" writing, "It is clear that a high percentage of multiple personality disorder patients endorse first-rank symptoms. It is reasonable to infer that some multiple personality disorder patients with these symptoms have been given an erroneous diagnosis of schizophrenia" (296).

⁶ Kluft writes, “Despine’s treatment embodies many of the principles being rediscovered today. . . . Despine approached Estelle gradually and carefully. He utilized her assets, showed respect and non-judgmental attention to her difficulties, and recognized the role of the family in her situation” (*Multiple* 123).

⁷ Mel Gibson used Brentano’s transcriptions of Sister Emmerich’s visions as a source of inspiration in addition to the canonical gospels for his recent movie, “The Passion of the Christ.”

⁸ “Emmerich,” in *Dictionnaire de spiritualité ascétique et mystique, doctrine, et histoire*, 1937–1995.

⁹ In 1928 the Holy See issued a *reponatur* which halted the case for Sister Emmerich’s beatification. It was not until the 1970s that Pope Paul VI publicly explained that the *reponatur* had been issued because of concerns about Sister Emmerich’s chastity and Brentano’s writings (www.petersnet.net/browse/3586.htm). The chastity concern was rejected by Pope Paul VI as slander.

¹⁰ In the story of her life Brentano clarifies, “She regarded all her visions not as mere spiritual enjoyments, but as being, so to speak, fertile fields, plentifully strewn with the merits of Christ and which had not as yet been cultivated. . . . She never considered her visions . . . as being of any historical value” (35).

¹¹ Kluft, who has been studying dissociative disorders for over thirty years and is widely published (over 225 scientific articles and book chapters and four edited books) in that field, wrote a letter in January 2003 in support of the translation of Despine’s monograph currently under revision. In addition to pointing to Despine as one of his own professional mentors, he wrote, “Despine was the first known physician to successfully treat . . . dissociative identity disorder. . . . He managed to invent and/or discover most of the hypnotic techniques for its treatment . . . now in current use. He was the first to describe a series of such patients. . . . His clinical studies . . . are what might be called ‘silent bedrocks’ of contemporary efforts to treat the dissociative disorders.” The fact that Despine attempted to understand the role family history plays in hysterical illness means for Kluft that Despine was “practicing psychotherapy almost three generations before Freud.”

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