Tropical Malady: Illness as Metaphor in Stefan Zweig's *Amok*

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Abstract

This paper attempts to examine how illness is employed as a metaphor for the trauma of colonial displacement and degeneration in Stefan Zweig's novella *Amok* (1922). The novella tells the story of a doctor from Leipzig who is encountered by the unnamed first person-narrator aboard an Ocean liner, Oceania, whilst they are returning to Europe from the Dutch East Indies and India respectively. The doctor, an unusually anxious and reclusive man, recounts the events that are responsible for his peculiar presence on the boat. As a physician assigned to a remote outpost of the Empire, he is deprived of the company of his fellow white colonialists, and suffers due to unmitigated isolation. Reduced to spending his time with indigenous women, who he qualifies as repulsively animalistic in their slavish devotion to him, he is struck by the unexpected appearance of a white woman at his rural clinic who secretly seeks to procure an illegal abortion. This consequential encounter results in a paroxysm of manic, obsessive desire in the doctor which he defines as 'amok': the Indonesian term fora psychological condition that results in the sudden eruption of violent and disruptive behaviour in an otherwise passive individual.

Zweig's decision to invoke the language of the indigenous subjects, rather than the language of Western science, in defining the doctor's emotional affliction helps situate the malady within the corrupt nexus of the colony. Meanwhile, the body of the white gentlewoman, who treats her illicit pregnancy as an unwanted disease, functions as a vector for the material and spiritual excesses of the colony. Both doctor and patient struggle to hide the metamorphosis of their diseased bodies from colonial society. Such deceptiveness serves as a metaphor for the greater chicanery that underlies the project of Western imperialism.

Keywords: Stefan Zweig, Tropical Disease, Medical Geography, Colonialism, Sexuality

Disease is the harbinger of modernity. This, potentially contentious, statement is predicated on the fact that colonial contact was primarily organised around epidemiological concerns. If the discovery of the New World, and the consequent emergence of a new model of colonisation, set the foundation for the development of the modern Western world then disease emerges as the unlikely prism through which modernity can be examined. A significant aspect of the Columbian exchange was biomedical in nature: the exchange of diseases. The introduction of diseases from the Old world to the New played a pivotal role in decimating the indigenous population of the Americas, that had not been hitherto exposed to such pathogens and lacked natural immunity to various viruses and infections, thus facilitating imperial conquest in that part of the world. Such pathological victories would prove quite influential in moulding the colonial psyche.

To suggest that Western medical science was imbricated in the project of modern imperialism would not be an overstatement. The Western conception of disease contributed to the reification of colonial prejudices. The mass death of the indigenous peoples in epidemics was invoked to naturalise the supposed biological, spiritual and technological superiority of the European colonisers. Alan Bewell quotes the early American settler William Bradwell, "by the marvellous goodnes and providens of God not one of the English was so much as sicke, or in the least measure tainted with this disease" (5).

With the advent of modern colonialism, the traffic of diseases moved at an unprecedented rate across geographical borders. Such a manifestly global phenomenon provoked Western society to rethink spatial and geographical boundaries and develop new ideas of relationality. It was not enough to qualify a disease as 'foreign' when it was a disease that could be easily transmitted to one's own body. Fears about emerging diseases and the increasing prospect of mortality were often mixed with anxieties over the Empire's existence. Thus, the framing of disease provides a useful vantage point into the socio-cultural processes that sustained colonialism as an institution. Literature has historically played a significant role in such framing through its reliance on illness as metaphor.

In *Illness as Metaphor*, Susan Sontag writes:

> Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place. (3)

The dialectical opposition of sickness and health lent itself not only to the literary imagination but the Western imagination, as a whole, which projected sickness onto the figure of the colonised Other.

The cultural construction of tropical disease is a pertinent example of this. The tropics proved to be immensely challenging for the Europeans who arrived there with the hopes of imitating their successful conquests in the more temperate regions of the world. In the tropics, they were ironically subject to the same fates that the indigenous Americans had suffered under their rule. Exposed to diseases that they hadn't acquired immunity to, they died in swathes across Asia. Such an epidemiological crisis showed that the logic of

colonisation, with its emphasis on movement across geographical and socio-cultural bounds, could prove dangerous to the coloniser as well.

The colonised Other emerges then as a dark double, portending the fate of the colonisers if their hubris wasn't regulated. Such commonalities were construed as dangerous as they could undermine the rationale of the civilising mission, with its overarching white supremacism, that posited an unbreachable schism between the coloniser and the colonised. The spread of infectious diseases suggested that at the very least the East and West could meet at a biomedical level. In this way, disease came to function almost as a contact zone. Mary Louise Pratt defines the contact zone as, " space of colonial encounters ... [where] peoples geographically and historically separated come into contact with each other and establish ongoing relations, usually involving conditions of coercion, radical inequality, and intractable conflict"(6). Whilst Pratt primarily employs it to examine the socio-cultural landscapes that formed the backdrops for such encounters, it is a concept that can be loosened from its cultural rubric to apply to the biomedical environments that materialised as a result of the same colonial operations. The ecologies of disease are significant in that, unlike other contact zones, they are explicitly conceptualised as negative or abject spaces inhabited by those who have been cast off from a putatively healthy society.

Stefan Zweig's *Amok* (1922) tells the story of a doctor who is encountered by the first-person narrator aboard an ocean liner, Oceania, that is heading back to Europe from Asia in 1912. The doctor, who remains unnamed throughout the narrative, is returning to his hometown of Leipzig after spending years working in the Dutch East Indies. The narrator, who is also an itinerant returning to Europe from India, has a chance encounter with him in the middle of the night when the decks of the ship have been emptied of their fellow travellers. Piqued by his unusual behaviour, the narrator hopes to interact with the doctor again. It is when he eventually meets him for the second time that the doctor recounts his life-story to him. The doctor, an unusually anxious and reclusive man, recounts the events that are responsible for his peculiar presence on the boat. As a physician assigned to a remote outpost of the Empire, he is deprived of the company of his fellow white colonialists, and suffers due to the unmitigated isolation. Reduced to spending his time with indigenous women, who he qualifies as repulsively animalistic in their slavish devotion to him, and leading a life of degeneracy, he is struck by the unexpected appearance of a white woman at his clinic who secretly seeks to procure an illegal abortion. This consequential encounter results in a paroxysm of manic, obsessive desire in the doctor which he defines as *amok*: the local term for a psychological condition that results in the sudden eruption of violent and disruptive behaviour in an otherwise passive individual.

Zweig's decision to invoke the language of the indigenous subjects, rather than the language of Western science, in defining the doctor's emotional affliction helps situate the malady within the corrupt nexus of the colony. Although it is now recognised by the *Diagnostic and Statistical Manual of Mental Disorders* as a behavioural disorder or a culture-bound syndrome, at the time of Zweig's writing it was not a phenomenon that was particularly well known outside of Indonesia or Malaysia.

Amok is defined as a culture-bound syndrome in psychiatric literature today. This has much to do with its supposed genesis in the primitive island tribes of South East Asia. As a cultural phenomenon it initially attracted the attention of explorers and

anthropologists rather than medical science. An early Western definition of the term comes from the noted British explorer James Cook in the year 1770. In his journal he writes that:

> To run amock is to get drunk with opium… to sally forth from the house, kill the person or persons supposed to have injured the Amock, and any other person that attempts to impede his passage. (qtd. in Hayot 134 n14)

The Malays, who were thought to exclusively exhibit such behaviour, believed that such an act was the result of involuntary possession by a malignant tiger spirit known as the *hantubelian*. This spirit would enter a person's body and force them to act with uncharacteristic violence (L Saint Martin). Typically, such episodes were only witnessed to occur in male individuals. A man would grab hold of a weapon with the intent of causing grievous harm to anyone that he encountered and would ensue on a frenzied killing spree that ultimately ended with the assailant either being killed or committing suicide. As the doctor in Amok defines it:

> A Malay, an ordinary, good-natured man, sits drinking his brew, impassive, indifferent, apathetic… when suddenly he leaps to his feet, snatches his dagger and runs out into the street, going straight ahead of him, always straight ahead, with no idea of any destination. With his *kris* he strikes down anything that crosses his path, man or beast, and this murderous frenzy makes him even more deranged…The people of the villages know that no power can halt a man running amok, so they shout warnings ahead when they see him coming—'Amok! Amok!'—and everyone flees … but he runs on without hearing, without seeing, striking down anything he meets … until he is either shot dead like a mad dog or collapses of his own accord, still frothing at the mouth. (Zweig)

Officially classified as a psychiatric condition in the year 1849, the imperialist attitudes of the 19th century fixated on the disease's putative racial and cultural origins. It was beneficial for the colonisers to attribute the violent instability and disorder that such a phenomenon signified to the 'savages' that they aimed to civilise. Bounding pathologies to a foreign (read: inferior) culture not only allowed them to distance themselves from a potentially dangerous and stigmatised affliction but also to proclaim the supremacy of their own milieu and tout the virtues of Western civilisation.

Walter William Skeat, a prominent English anthropologist who specialised in the study of Malay culture, writes, "the custom has now died out in the British possessions ... the offenders probably objecting to being caught and tried in cold blood" (qtd. in Burnell and Yule 19). Framing the condition in this way presents the superstitious natives as the beneficiaries of Western civilisation. It also suggests that an optimal way of preventing disease is by organising and ordering the world according to colonialist principles which was a significant talking point of colonial medicine.

Locating the pathogenesis of amok within pre-colonial Indonesia leans into the logic of medical geography and its construction of the tropics as a sick zone. Manuel L Saint Martin in writing about the medical construction of the condition of running amok points to psychiatry's racial and cultural biases in ignoring similar instances that have occurred in industrialised societies in the West:

> For a condition to truly be culture bound, it could not be found in other distinct cultures, and culture must be indispensable to its pathogenesis. This has never been the case with amok, or for that matter, with most other psychiatric conditions.

In Zweig's story, the doctor who claims that he has researched the condition suggests that its origins have to do with the tropical climate:

> I've studied several cases myself during my time in the East—it's easy to be very wise and objective about other people—but I was never able to uncover the terrible secret of its origin. It may have something to do with the climate, the sultry, oppressive atmosphere that weighs on the nervous system like a storm until it suddenly breaks. (Zweig)

The doctor's description recalls the miasma theory, a medical theory that became obsolete after the development of the germ theory in the Victorian period, which posited that diseases were caused by a miasma: a poisonous vapour that could envelop a location and induce sickness wherever it travelled. The miasmatic theory of disease focused on places as a cause of sickness and not people. This meant that contamination, and not contagion, was delineated as the arbiter of disease spread especially in the case of epidemics. The spatialisation of disease theorised under such a concept prefigures the establishment of medical geography.

As Bewell states:

> In a period of major colonial expansion, geography and medicine were thus fundamentally linked. Medical theory, pre-eminently concerned with the description and analysis of "pathogenic environments" of "healthy" and "unhealthy" places, shaped how the colonial world was perceived. (30)

Mapping diseases had become a scientific endeavour by the eighteenth century. The identification of pathogenic landscapes was seen as a critical step in public health. Climate, in the meteorologic sense of the term, was considered a significant attribute by medical geographers who were interested in scientifically charting the global spread of diseases. This had much to do with their preoccupation with the Tropics and its biomedical conception as an inherently diseased space in need of curing. Whilst dangerous diseases lurked in every corner of the earth, as evinced by the deaths of indigenous peoples due to diseases introduced by the Europeans, the colonial gaze projected the Tropics as disease ridden because they, and not the natives, constituted the predominant medical casualties in those parts of the world. Developments in medical science, such as the discovery of quinine as a cure for malaria, allowed more colonialists to settle down in the colonies. This influx gave way to a more elaborate conception of climate which involved taking into account social, biological, and topographical parameters thus moving beyond a strictly meteorological gloss of the term. Medical geography was now assisted by medical topography which honed in on microcosmic spaces. Ludwig Finke states that medical topography was interested in localising pathology with its focus on uncovering the disease engendering characteristics of "an individual locality." (qtd. in Barrett, "Medical Geographical Anniversary" 702). The emergence of medical topography is symptomatic of the paranoia that gripped the hearts and minds of Europeans as the Empire expanded to the farthest corners of the earth.

As they immigrated in greater numbers, the Europeans shifted their focus to spatially organising the colony in a way which they felt would provide them with ample protection from disease. This meant sequestering themselves away from anything or anyone that they qualified as physically or morally dubious. The disease 'biomes' that emerged therein articulate a distinct spatial politics that is emblematic of colonial modernity. Such a spatial politics is also present in Zweig's novella. The doctor resides on the margins of the colony in a remote outpost deep within the jungles of the Dutch East Indies. He is both physically and spiritually isolated from its metropolitan center. Having rejected the company of the few Europeans that he is acquainted with, he is forced to spend his time with the 'yellow' natives whose presence he abhors for he believes them to be inferior to him. To him they are akin to animals, "bear in mind that for seven years I've lived almost entirely with the local natives and with animals" (Zweig).

The doctor's patronising attitude towards the native subjects is reflective of his rigid embeddedness within the colonial loci despite his increasing marginality. The rationale of the civilising mission held sway during the age of neo-imperialism and it was not until the two World Wars and the onset of modernism that the idea began to be seriously critiqued. Kipling's white man was specifically burdened with the responsibility of civilising the so-called 'primitive' parts of South East Asia, as he wrote the poem with the Philippine-American war in mind. The doctor, who is presented as a voracious reader, fancies himself to be just such a man and it is this line of thinking that partly makes him accept a job in the colonies. Zweig is obviously critical of such an intellectually dishonest and idealised vision of imperial conquest. This is evident in the ironic tone that pervades the text:

> Yes, the tropics are magical when you're travelling through them by rail, road or rickshaw: I felt just the same when I first arrived seven years ago. I had so many dreams, I was going to learn the language and read the sacred texts in the original, I was going to study the diseases, do scientific work, explore the native psyche—as we would put it in European jargon—I was on a mission for humanity and civilisation. Everyone who comes here dreams the same dream. But then a man's strength ebbs away in this invisible hothouse, the fever strikes deep into him—and we all get the fever, however much quinine we take—he becomes listless, indolent, flabby as a jellyfish. As a European, he is cut off from his true nature, so to speak, when he leaves the big cities for some wretched swamp-ridden station. Sooner or later we all succumb to our weaknesses, some drink, others smoke opium, others again brawl and act like brutes—some kind of folly comes over us all. (Zweig)

The doctor is jaded by his experiences in the tropics and how they so vastly diverged from the abstract vision of benevolence and altruism envisioned in imperialist thought. The chicanery of Western imperialism is subsumed in "European jargon", as he terms it (Zweig). Rather than bringing enlightenment to the natives, he has regressed to a state of moral and intellectual decrepitude himself. One should note the medical metaphor that the doctor uses in describing such a state. It is akin to a "fever" that "strikes deep" and is seemingly unpreventable (Zweig). Even quinine cannot stop it from descending into the body of the desolate agent of the Empire. Zweig is deconstructing the European fixation on tropical disease and redirecting it to the rot that underlies the heart of the imperial conquest, which is more dangerous because its pathogenesis lies closer to home. All

advancements of Western science are for nought when dealing with the spiritual malaise that afflicts those who sustain the imperialist project. The disease may be triggered by the "hothouse" of the tropics but the germ has always resided within the colonialists. The doctor suggests that the European succumbs to weakness in the Tropics because he is "cut off from his true nature" (Zweig). But this is just one of the numerous self-deceptions that facilitate life in the colony. The doctor has always been morally impoverished. It is his sexual weakness for women that lands him in the colony in the first place when he is caught stealing from his workplace for the benefit of a paramour.

Zweig further uncovers the flimsiness of Western civilisation by bringing in the contentious figure of the white woman in the colony whose body was often employed as a pivotal site for the elaboration of a discourse of difference. The white woman of the story, who is the genteel wife of a rich American businessman, comes to the doctor's clinic to procure an abortion, an illegal act at that time, and sets into motion the chain of events that culminate in her death and the doctor's suicide. Fearing society gossip, she sets out of the city to find a doctor who can perform the operation for her in secret. Having heard of the doctor's expert skills from the "vice-resident", whose leg he once successfully operated on, and assured of his distance from polite society, she decides to visit him in the "wilderness" of the colony's margins (Zweig). The doctor is struck by the unexpected appearance of a white woman at his threshold for he has only held the company of native women over the years. In contrast to the proud European lady, who he is immediately attracted to, the native women are characterised as passive and slavish in their lack of resistance to his sexual overtures.

The doctor, who has always had a weakness for cold and haughty women, begins to obsess over her when she acts diffident in response to his rejection of her cushy financial offer. For the doctor, the body of this woman functions almost as a vector of sexual pathology. Her pregnancy signifies an unrestrained sexuality as the child belongs to her lover and not her husband. Her unrepressed sexuality compels him to step out of his own sexual mores. The sexual excess that such a pregnancy signified was often linked to the influence of the tropics. Western medicine encouraged self-regulation and the cultivation of a contradistinctive temperate zone within one's own body as it was believed that temperance, often guided by Christian principles, would make one less susceptible to moral or physical contamination or contagion. As Philippa Levine writes:

> Tropical sex, like tropical disease, was a cankerous entity unchecked by Western mores and malignant. Both—sex and disease—required the full power of medical, military, and judicial force to control the potential of contamination. (602)

The woman's willingness to undertake all the trouble to visit the doctor in his remote, rundown village suggests that she is desperate to hide her pregnancy. Her emphasis on secrecy indicates that she understands that her pregnancy is an aberration and fears the social exile that she may face if her condition comes to light.

It would have been easy for Zweig to fall into the misogynistic trappings of presenting the female body as fundamentally polluted, a narrative as old as the Biblical Eve. However, for him, moral corruption does not lie in the woman's body but in the body political of the colony which has turned its judgemental gaze inward to the point of pathologizing natural behaviours such as sexual desire. Although we never see the woman interact with her lover, his earnest reaction to her death arouses both the doctor's and the

readers' sympathies and suggests that their relationship was based on love and mutual desire.

The compulsive fear of foreignness, that was reflected in medical geography, soon turned its head on the colonialists who began to uncover and dissect elements of foreignness within themselves.

Bewell writes:

> Colonial disease darkly mirrored English social space. The "foreign" diseases that the British were encountering outside their island seemed to reflect a foreignness within. In a world where the boundaries of colonial contact had become fluid and in which commerce, travel, and pathogenic exchange were global, the destabilizing power of "hybridity" erupted within their representations of themselves. (51)

Anything that was in contradiction to the norms established within Western civilisation was regarded as dubious and alien and needed to be excised from the colony and from those within it. This was the inevitable consequence of the manic colonialist desire to circumscribe disease in order to maintain the illusion of the rationalist and stable Western self. The liminalities of disease, shifting identities from health to sickness, were considered potentially subversive within the ordered worlds of the European colonialists.

This was also in line with the emergence in this period of history of, what Foucault terms as, the disciplinary society which increasingly pathologized difference and standardised behaviour through surveillance with an aim to homogenise subjects. Sexual difference became one of the primary targets of the surveillant gaze. Zweig's preoccupation with surveillance might have to do with his own experiences as a Jewish man living in Europe in an age of rising antisemitism. He ultimately committed suicide in the year 1941 fearing a Nazi takeover of Europe. His name was posthumously found to be listed in the infamous 'Black Book' which contained a list of people the Nazis sought to arrest in Britain (where he had moved after the Nazis had come to power).

Both surveillance and suicide feature prominently in the novella. The woman and the doctor are dually vulnerable to surveillance, something which inevitably binds them in a kind of intimacy. He because he's a social outcast, and she because of her unexpected and odd connection to him. The pressure of the surveillant gaze is so intense that both of them kill themselves in an effort to supress the truth about the woman's pregnancy. According to Walter William Skeat, amok was considered the only socially acceptable way for Malayans to commit suicide (Burnell and Yule 19). If running amok connotes a death wish in those cultures where suicide is stigmatized then what do the deaths of the doctor and the woman represent? The doctor is explicitly suicidal in the text and climactically jumps off the boat, taking the woman's dead body with him, which was going to be autopsied, and preserving her honour. The woman ended up dying due to a botched operation conducted by a Chinese healer. She agrees to the operation despite knowing the increased risk of mortality in approaching such a place, suggesting a fatalistic attitude.

Although both the doctor, for refusing to perform an abortion in the first place, and the healer can be indicted in the woman's death, Zweig zeroes in on colonial society as the hidden killer. Women's choices were increasingly circumscribed in the early 20th

century especially within the parochial zone of the colony where the few white women who immigrated were burdened with the responsibility of functioning as repositories of Western traditions and values. This meant an explicit emphasis on their sexual purity as sexual activity on a woman's part was considered potentially disruptive to the colony's fragile social order. The only appropriate occupation for a woman in the colony was that of wife and mother. Thus, in exposing her illicit pregnancy, the woman risks losing not only her socio-economic standing but also her primary links to the outside world: her husband and her child. She would rather face physical death than commit such social suicide. Her behaviour needs to be understood in light of such unforgiving choices. Her subconscious decision to die then is not unlike that of the native subjects who run amok because of their intolerable circumstances: whether they be social, political or economic. In linking coloniser with colonised through tropes of illness, Zweig is subversively destabilising colonial hegemony, which ironically used to be sustained by similar biomedical constructions. He also overturns the racialised logic of medical geography by locating pathogenesis not within the pre-colonial locus of atavistic or primitive indigeneity but within the colonial operations of industrialised Europe.

In critiquing the methods of disseminating Western civilisation and the sophist networks that sustain colonialism, Zweig's writing is reminiscent of Joseph Conrad's anti-imperialist works such as *Heart of Darkness* (1899). Both narratives emphasise the un-redemptive nature of the imperialist project. They both feature a narrative framing device in the form of the narrator-interlocutor character. They also feature pivotal documents that have been falsified and thus derealise the horrors of colonialism. Whilst Kurtz writes a duplicitous report for the "International Society for the Suppression of Savage Customs", the doctor in *Amok* facilitates the falsification of the woman's death certificate. Zweig's anti-imperialist framework is thus laid bare in such narrative similarities. However, Zweig remains ambivalent about the prospect of change, as the two characters that appear to be privy to the subterfuge of imperialism die after having entrusted the narrator with their secrets.

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