ORIGINAL ARTICLE

Giselle, madness & death
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In this paper the Romantic ballet Giselle (1841) is used as a case study through which to examine the themes of madness and death. Giselle is a heartrending story of the intertwining of love and death. It is argued that Giselle is an evocative example of narratives of hysteria and suicide, and literature in the field of medical history is drawn upon to demonstrate the relations between the cultural fields of ballet, medicine, and the wider social world at the time of Giselle. Finally, it is suggested that the notion of the embodiment of vulnerability provides a fruitful way to meld our understandings of the interconnections between the arts, society, and medicine.

Narratives provide a powerful intersection for work in a variety of areas including literature, music, opera, dance, social sciences, natural sciences, and medicine. In his overview of the reciprocal relationships between the narratives of art and medicine, Downie argues that although the arts can be entertaining, they also provide a rich source of emotional insights. The arts can also enrich our awareness of the world in which we live, developing our imagination and strengthening our empathy. Across the diverse fields of medicine, society, and the arts, concepts such as suffering, redemption, loss, death, and love are frequently present, thereby enabling us to better understand ourselves while at the same time, serving to illuminate our common humanity.

In this paper we argue that the ballet Giselle is a useful lens through which to view these interconnections between medicine, society, and the arts. First performed in Paris in 1841, Giselle can be seen as the masterpiece of Romantic ballet, being a marvellously evocative example of the romantic theme of redemption through suffering. Although Giselle can be read as having six intertwining key themes—hysteria, suicide, sexuality, love, risk, and class—in this paper we focus on hysteria and suicide. Firstly, we highlight aspects of the relations between the cultural fields of medicine and ballet in France at the time of Giselle was written, through a discussion of narratives of hysteria. Secondly, we contend that Giselle is also a poignant story of love, death, and suicide. Finally, we propose that a focus on the embodiment of vulnerability is a fruitful approach to interdisciplinary research on medicine, society, and the humanities.

BACKGROUND: THE STORY OF GISSELLE

Giselle is often called “the Hamlet of dance”—partly due to its themes of madness and death, and also because of the difficulties of giving a bravura performance of the eponymous role. As one ballerina puts it: “Giselle gives you that chance to explore all your capacities: you have to be a complete dancer and a complete person”. Theophile Gautier wrote the libretto for Giselle, and Jean Coralli and Jules Perrot choreographed the ballet to the music commissioned from Adolf Adam. Consisting of two acts, it is a ballet packed with narrative detail, so what follows is no more than a précis. Heinrich Heine popularised the German legend of the Wilis, the spirits of betrothed maidens who have been jilted and died before their wedding day. To avenge themselves they arise from their woodland graves at night, dressed in flowing bridal gowns, to indulge their passion for dancing. Men who happen across them find their unattainable ethereal beauty so irresistible that the Wilis, who never tire, are able to dance them to death.

Act one is set outside Giselle’s cottage in the daytime. Giselle loves to dance but her mother (Berthe) warns her that she has a weak heart and if she dies before she marries she will become a Wili. In this first act Giselle is a peasant maid who loves the young Loys, unaware that he is in fact Prince Albrecht in disguise. Hilarion, a jealous forester who exposes this deception, also loves Giselle. Moreover, Albrecht is engaged to the Princess Bathilde. When Bathilde shows Giselle her engagement ring Giselle is driven to madness. In a tour de force of deranged pathos in which Giselle relives her love for Loys, she seizes Albrecht’s sword and, heartbroken, falls dead at his feet. The anguished Albrecht is overwhelmed by grief.

Act two is set beside Giselle’s woodland grave at night. Both Albrecht and Hilarion are looking for Giselle’s burial place. The Wilis capture Hilarion and dance him to exhaustion, before throwing him in a lake to drown. Myrthe, Queen of the Wilis, then summons Giselle from her grave and orders her to dance, thereby luring the repentant Albrecht to his death. Although torn between her nature as a Wili, eager for his death, and her enduring love for him, Giselle ultimately becomes the shield protecting Albrecht from the vengeance of Myrthe. Giselle tries to sustain Albrecht, dancing both with and for him in a union of spiritual consumption. Just as Albrecht reaches exhaustion dawn breaks, and the Wilis return to their earthy tombs. The solitary Albrecht collapses on Giselle’s grave in a despondent swoon of profound remorse.

Through its manifestation of the intensity and allure of everlasting love, and by its exploration of the duality of the body and the spirit, Giselle is the quintessential Romantic ballet. It provides a wonderful contrast between the earthly and the
Giselle’s love has survived the grave and has saved the man she loved, even though his love proved fatal to her... The ballerina must reconcile the peasant girl and the wraith, she must suggest the quality of Giselle’s love in the first act and show it transformed and transmuted into something unearthly and pure in the second act.  

In the following sections we explore some of the ways in which Giselle can be read as narratives of hysteria and suicide.

**GISELLE AND HYSTERIA**

Giselle’s madness distils the history of hysteria— theories that link hysteria to sex and the womb, to locomotor ataxia, and to the tertiary stages of syphilis 14—into the few minutes of “the mad scene”. Narratives of hysteria also highlight some of the links between the cultural fields of medicine and ballet in France at the time Giselle was written. 15 It has been argued that Giselle is the paradigm case of the interconnections between dancing and ill health, poetry and performance, and illness and madness. 15 In the nineteenth century the choreas, any disorder that involves involuntary movements or spasms, ranging from St Vitus’s dance to Huntington’s chorea and Sydenham’s chorea, were seen as types of silent madness, where the performing body functioned as the bearer of the expression of the symptoms of hysteria. 16 For the clinician and medical teacher Charcot (1825–1893), the body became the site of meaning and his clinic at Salpêtrière “became the neurologists’ Mecca”. 17 The Salpêtrière was a notoriously famous Parisian asylum for women diagnosed as “incurably insane”. Crowds gathered to witness Charcot’s “Tuesday lectures”, and to watch the “virtuoso performances” of hysterias by his patients, such as Augustine, which were captured in extraordinary photographs of ecstasy, pain, and silent cries. 18

Furthermore, hysteria can be seen as a profoundly dance-like form of madness. Chorea is the Greek word for dance and in medicine a chorea refers to an uncontrollable dance-like motion of twisting and turning that is a characteristic—for example, of Huntington’s Disease. For Charcot hysteria was literally a performance that could be treated by hypnosis and electroshock therapy. 17 Sigmund Freud spent a formative year at Charcot’s clinic. Subsequently, two of Freud’s most famous patients (Anna O and Dora) were diagnosed as cases of hysteria. 19 In contrast to Charcot, however, for Freud hysteria was a sexual narrative that could only be understood through the psychological tools of Freudian psychoanalysis. 20

It is also argued that when it was written, Giselle could be seen as a commentary on contemporary relations between dancing, sex, syphilis, and madness. McCaren states that:

‘The Wilis’ mythic power to dance men to their deaths identifies their vengeance with the sexual revenge of the pox [syphilis]. Syphilis forges the missing link between sex and death in Giselle’ (McCareen, 13 p 70).

The spectre of syphilis terrorised people in nineteenth century Europe (Qétel, 11 p 3). At that time, dancers were openly prostituted by the Paris Opéra administration, and this unregulated prostitution outside of brothels was deemed to be a key factor in the spread of syphilis. Neither dancers nor courtesans belonged to the group of prostitutes who had to register with the police, as they served a relatively small and wealthy clientele. At the Paris Opéra of the 1840s the typical dancer was invariably a lower class woman, who was dancing for a largely male upper class audience. The men of the aristocratic Jockey Club would watch the ballet, and then go backstage after the performance to choose a mistress in the foyer de la danse, an exclusive salon where dancers were shown off to the rich patrons of the opera house. Two of the greatest female ballet stars of the Romantic era, Maria Taglioni and Fanny Elssler, both married into wealthy aristocratic families. For some male ballet aficionados of the Jockey Club à la voir (seeing her) became l’avoir (having her). These factors lead McCaren to argue that:

“Giselle is a ballet not simply about dancing but also about its own dancers. It is an allegory that stages the social and sexual issues surrounding the Paris Opéra of 1841” (McCareen, 13 p 69).

From this perspective, Albrecht, the aristocratic Lothario, symbolises a typical rakish member of the Jockey Club.

**GISELLE AND SUICIDE**

Giselle is acknowledged to be a heartrending fable of love and death, or, of what has been called, “the sweet violence of the tragic”. 22 There are, however, debates as to whether the death of Giselle was the result of a broken heart, or whether she committed suicide. Gautier’s libretto for Giselle has her dying of “a broken heart”, but in a letter to Reine he also has her dying on the point of Albrecht’s sword (Smith, 12 p 245) (McCaren, 13 p 72). Giselle’s woodland grave is not in consecrated ground, however, providing a strong argument that she must have died from a self inflicted wound rather than from a weakened and broken heart. 23 One resulting benefit of the debate is that this freedom in interpretation allows ballerinas to stamp their individuality on the role, so that in some modern productions Giselle’s death appears to be natural, whilst in others it is a deeply moving suicide. 24

In his social history of suicide, Minois argues that:

In suicide, individual moral and mental failings play a role along with the insufficiencies and injustices of the social structure... Suicide inspires horror, but it remains the supreme solution to life’s problems (Minois, 21 pp 315, 321).

Minois distinguishes three main types of suicide: popular, a result of simple suffering; philosophical, a dispassionate taste for non-existence, and Romantic, suicide for love. Goethe’s bestselling novel, The Sorrows of Young Werther, 25 in which Werther’s despair at his unrequited love for a married woman leads him to shoot himself, is said to have inspired the notion of Romantic suicide. 26 Giselle’s Romantic suicide happens during a paroxysm of searing emotion, when she realises that the man she loves is an unattainable nobleman. Similarly, Albrecht can only openly declare his love for Giselle once she has become an unattainable spectre. The overwhelming throbbing of Albrecht’s heart for Giselle obliterates the aristocratic ties of the princess that he is betrothed to, and he gladly risks his life for a few final hours of rapture with Giselle in “an attempt to sublimate the melancholy that

*This is brought out in two videos of Giselle. In the 1977 American Ballet Theatre production (with Mikhail Baryshnikov as Albrecht and Natalia Makarova as Giselle) Giselle dies of a broken heart—the sword is taken from her before she harms herself with it. In contrast, in the 1979 Bavarian State Opera Ballet production (with Rudolf Nureyev as Albrecht and Lynn Seymour as Giselle) Giselle clearly stabs herself with the sword.*
haunts him’.25 Alas, both Giselle and Albrecht only realise the true depth of their love once ‘the other’ becomes beyond their reach. The intimate connection between love and death is a feature of Foucault’s writings on sexuality: for instance, he writes:

Sex is worth dying for... When a long while ago the West discovered love, it bestowed on it a value high enough to make death acceptable.26

**DISCUSSION AND CONCLUSION**

The focus of this paper has been on the interpretation of *Giselle* as narratives of hysteria and of suicide. We propose, however, that both these narratives can usefully be seen as exemplars of embodied vulnerability.27–28 Vulnerability is derived from the Latin for wound (*vitium*). In its modern usage, however, it seems that the concept of vulnerability signifies an individual’s capacity to be open to a variety of wounds, to succumb to physical, psychological, social, and moral injury. To be vulnerable as a human person is to reflect sensitively on our existential state as we find our way through the complexities of the social and natural world.

Csordas states that ‘*embodiment provides the existential ground of culture and self*’29 and it is argued that our embodied vulnerability is fundamental to our existence as persons. By drawing on the narratives of hysteria and suicide, we hope we have shown how both Giselle and Albrecht can be seen to embody vulnerability in a variety of ways: for instance, through the precariousness of falling in love; in Giselle’s weak heart; via her descent into madness; in her subsequent (probable) suicide, and in Albrecht’s tormented mourning. In sum, the ballet *Giselle* is a manifestation of the embodiment of vulnerability.

In this paper we have argued that focusing on two of the key narratives within *Giselle* provides a useful means by which to explore some of the interconnections between medicine, society, and the arts. In conclusion, we believe the embodiment of vulnerability20 to be a productive catalyst for research on the intimate connections between self and society, biology and culture, and reason and emotion that should be the hallmark of interdisciplinary medical humanities research.31–33 We hope our paper contributes to the literature on the vulnerable body in society and culture.34

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