Nostalgia: a conceptual history

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Abstract
The term nostalgia was first proposed in 1688 by Johannes Hofer as equivalent to the German term Heimweh. It referred to a state of moral pain associated with the forced separation from family and social environment. Consecutive clinical descriptions from the seventeenth century up to the present day have been subjected to the aetiopathogenic and clinical paradigms of each period. Golden-age descriptions of nostalgia that are of particular interest were derived from the observation of conscript soldiers in Napoleonic campaigns by authors such as Gerbois and Larrey. In 1909 Jaspers devoted his doctoral thesis to this topic (Nostalgia und Verbrechen). From a cultural history point of view, it could be considered today as an example of ‘transient illness’. The nosological relay has taken place through clinical pictures such as the pathology associated with exile, forced displacements and psychosis of captivity.

Keywords
Conscript soldiers, Heimweh, Jaspers, nostalgia, transient illness

nec caelum nec aquae faciunt nec terra nec aurae;
ei mihi, perpetuus corpora languor habet!
seu vitiunt artus aegrae contagia mentis,
sive mei causa est in regione mali,
ut tetigi Pontum, vexant insomnia, vixque
ossa tegit macies nec iuvat ora cibus.¹

It is Ovid, exiled by the Emperor Augustus to the Pontus, who is complaining.

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**Introduction**

As Starobinski (1961) states, the term nostalgia was used for the first time in Johannes Hofer’s *Dissertatio Medica de Nostalgia oder Heimweh*, presented in Basel on the 22 June 1688. At the time, a Greek alternative to the German term *Heimweh* was needed, so Hofer gave a new name to the state of moral decay arising from a forced separation, when an individual is torn from the social and geographic environment of his childhood and youth.

Nostalgia was the successful option, ousting other proposed words such as pothopatridalgia, nostomania and philopatridomania. Hofer’s dissertation was translated into English in 1934 by Carolyn Kiser Anspach for the *Bulletin of the Institute of History of Medicine*. His text explores an often fatal illness that had not been previously written about by doctors. The Swiss already had a term, *das Heimweh*, to describe the pain (*Weh*) that a patient feels from not being in his native country, or from fear that he will never return. Hofer says that the Swiss in Gaul (France) were often affected by this humour, which the French call *maladie du pays*. He continues: ‘deliberating over the most convenient name that occurred to me for its definition, was the word Nostalgia, Greek in origin and made up of two compounds: *Nosos*, return to the native land; and *Algos*, suffering or affliction. In this way, Nostalgia describes the melancholy that originates from the desire to return to one’s homeland.’ (Hofer, 1934: 381). Hofer describes the main symptoms of the illness, which occurs predominantly in young people who have led an isolated life with few social relationships; although the Swiss could be more vulnerable, the illness also affects those of other nationalities. Its somatic base lies in deep cerebral fibres, where traces of the idea of a homeland reside, and animal spirits speed in a whirl of continuous awareness and images representing the homeland. A fixed idea captures the nervous fluid and holds it in a confined area of the brain, creating an imbalance manifested by a general suffering of the body. Obsession for the homeland focuses the attention on one idea, and is deaf and blind to any other stimulus.

Clinical assessment would be characterized by a prodrome: aversion to foreign customs, propensity to isolation, a notable sensitivity to injustice, frustration and excessive tendency to praise the native country and denigrate other cultures or countries. Once the clinical symptoms are established, a series of psychological signs such as sadness, obsession with the idea of home and anguish are noted, as well as more physical signs: sleep deprivation, loss of appetite, palpitations, weakness and fever. These symptoms might lead to a stupor, which could end in death.

Rosen (1975) points out that, although Hofer said the condition had not been acknowledged by doctors, there is evidence of such attention as early as the beginning of the seventeenth century. Towards the end of the Thirty Years War, a sickness called *mal de corazón* (heart sickness) was diagnosed in Spanish soldiers based in Flanders. The illness was characterized by a state of deep desperation, and was common among conscript soldiers, or those forced to serve in the Netherlands with no prospect of returning to Spain.

However, Hofer’s thesis was discussed in many medical faculties – including Vienna, Rostock and Paris – and in 1710 it was republished by Theodore Zwinger, a doctor, who proposed the term pothopatridalgia, instead of nostalgia, but with little success (Bolzinger, 1989). The reprint formed a part of the *Fasciculus Dissertationum Medicarum Selectiorum*, and the original title was changed to *De Pothopatridalgia vom Heimwehe*. The text is almost identical with the original, except that the term nostalgia is replaced by pothopatridalgia. Zwinger also introduces a clinical case and in chapter 12 mentions a Swiss song, *Kühe-Reyen*, which tends to produce nostalgia in those who hear it. He says the tune plays an important role in the onset of nostalgia and will be called *Ranz des vaches*, ‘the musical melodies that accompanied herds as they grazed in the mountains, and which had unfortunate effects when heard in the Swiss regiments in the service of the French King’, to such extent that officials forbade anyone in the camps to sing or even whistle this tune (Bolzinger, 1989).
Eighteenth and nineteenth centuries

Jean-Jacques Rousseau had this in mind when he wrote the following in his *Dictionnaire de Musique* in 1764: ‘le célèbre Ranz des vaches, cet air si chéri des Suisses qu’il fut défendu sous peine de mort de le jouer dans leurs troupes, parce qu’il faisait fondre en larmes, désérer ou mourir ceux qui l’entendaient, tant il excitaient en eux l’ardent désir de voir leur pays’ (cited by Bolzinger, 1989: 311). According to Rousseau, the music owes its emotional effect to a specific context; it does not have any intrinsic meaning. It only has meaning to those who, due to a network of subjective memories, are attached to both the music and what it represents. He concludes ‘la Musique alors n’agit point précisément comme Musique mais comme signe mémoratif’.

With this last sentence Rousseau profoundly changed the interpretation of the word nostalgia. To Hofer, it was a disturbance of the imagination, a flow of mental images tied up in a whirl of animal spirits. Rousseau, on the other hand, recognized nostalgia as a suffering attached to a memory and, in *Ranz des vaches*, a collection of associated memories. Through this innovation, the clinical image of nostalgia broke with the classical references to the imagination, such as *la loca de la casa* (the mad lady of the house) opposing healthy reasoning, and took on hues of modernity, registering itself in the relationships of all men with their past and with places in their personal stories (Bolzinger, 1989).

Pinel (1821), in his revision for the *Encyclopédie Méthodique*, defines nostalgia as the imperative desire to return to one’s home country, to see the places of one’s childhood again. If this is denied, the patient becomes overwhelmed with sadness, illness, anorexia and other grave symptoms. Pinel follows with an aetiological comparison between this human need and that of animals, dividing it between straightforward and complicated. His entry is complemented by that of Boisseau.

As Rauchs (1985) points out, nostalgia’s true golden age was during France’s First Republic and First Empire, at the end of the eighteenth century. The young republic was under siege and the military’s material possessions were rapidly declining. Armies in the Rhine, Alps, Egypt and elsewhere saw epidemics of nostalgia, followed by near mass desertion. Jordeuil, the Minister of War, attempted to contain the outbreak by implementing draconian measures, suspending all convalescence leave, ‘excepté les cas où le soldat souffre de nostalgie ou mal du pays’ (Rauchs, 1985). The Napoleonic Wars transformed the concept of nostalgia from a condition suffered primarily by the Swiss, to one suffered by conscript soldiers or military officers on campaign; as a result, battlefield medics of the *santé militaire* became experts on the disease (Bolzinger, 1989). Bolzinger gives the following examples: Percy, chief surgeon of the armies in Moselle and Rhine; Des Genettes, of Egypt; and Larrey, of the Rhine and Egypt.

According to Bolzinger and Bouillault (1990), between 1820 and 1830 the concept of nostalgia reached its peak. Clinical cases had multiplied among immigrants and conscript soldiers throughout the wars and continued during the French revolution and the Napoleonic Empire. Clinical studies made during the Napoleonic campaigns are described in the *Dictionaire des Sciences Médicales* in 1819 by the Baron of Percy, who introduces the new clinical view of nostalgia based on his battlefield experience (Percy and Laurent, 1819). In addition, Boisseau (1821) published his experience as a military doctor in the *Encyclopédie Méthodique* to correct and complete Pinel’s vague definitions. The importance given to a governing nervous system is evident: the obsessive idea caused by nostalgia creates a cerebral injury or irritation which results in a series of visceral damage. When the brain concentrates all its effort on one unique order of ideas, one unique thought pattern, the epigastrium becomes the seat of uncomfortable symptoms through a spasmodic narrowing; the viscera of man are *sympathiquement affectés*.

The authors mentioned above show that medicine had a marked interest in nostalgia as a thesis subject during this period. In the 1820s, 14 theses were written on the subject: 10 in Paris, three in Montpellier and one in Strasbourg. Bolzinger (2003) mentions the first doctoral thesis in French on
nostalgia, written by Denis Guerbois (1775–1838) and presented in 1803. Guerbois had spent seven years as a field surgeon in battleground hospitals in the Rhine and Italy, where he studied nostalgia among young conscripts called up to defend the national territory in 1793. At the age of 27, he left the army and took up a position at Laincourt Hospital. Around that time, the First Consul university reform allowed ‘les officiers de santé’ who were returning to civil life to present a thesis and earn a doctoral degree. In the spring of 1803 Guerbois submitted to the Paris Faculty of Medicine a doctoral thesis entitled *Essai sur la nostalgie, appelée vulgairement maladie du pays*. He wrote that the symptoms of nostalgia combine moral asthenia with lethargy and nosocomial fevers; the cure is to revive hope in the patient that he will see his loved ones again, and to allow him to return home. He explains, ‘I call nostalgia the illness that follows a sensitive person once he leaves everything he holds most dear to him …’ (cited by Bolzinger, 2003: 100). He mentions the symptoms: sadness, melancholy, a dazed and stupefied look, a discouraged posture, indifference, sobbing during sleep, emotional outbreaks, and lack of appetite, all of which lead to final stagnation.

Bachet (1950) says that Ducrest de Lorgerie, another French army surgeon who had served in Germany and Spain and then wrote a thesis, divided the progression into three phases. The first brought weakness, laxity, an upset stomach, repetition of the family name and highly idealized memories of the home country. In the second there was a clear melancholic spell, with single-themed thoughts based on being far from home, and the onset of physical symptoms such as insomnia, nightmares, anorexia, digestive problems, weight loss, bradycardia, and so on. Finally, death arrived in the third stage, after the ‘délire nostalgique’ through the ‘épuisement nerveux’ and over the course of the ‘phtisie sèche des mélancoliques’.

According to Rosen (1975), of all the military doctors of the time, Larrey probably had the most experience with nostalgia. Before the Revolution, he had served as a naval surgeon in various Napoleonic campaigns, including the important one in Russia which resulted in a disastrous retreat from Moscow. In 1821 Larrey published a collection of surgical studies, one of which was on nostalgia. He thought of the condition as a mental disorder, a form of melancholic insanity resulting from several factors: a particular lymphatic constitution, residence in a cold and wet climate, and slavery. Moreover, Larrey divides the illness into three stages. The mental state presented an exaggeration of the imaginative faculty, making the patients believe that the lands they came from were wonderful, despite their poverty before leaving. Physical symptoms included fever, tachycardia and stereotypical movements; this state was then followed by an intensification of the fever and severe digestive symptoms. The third and final stage culminated in severe asthenia, mental depression, and rejection of food and water to end with death by suicide or by exhaustion. Larrey saw many comrades die in this way during the retreat from Moscow.

The physiological paradigms of the cited authors are known as the ‘solidistes’ theories, in which the nervous system rules the body. The obsessive nostalgic idea produces a cerebral irritation which subsequently generates a range of visceral injuries: ‘The brain and the epigastrium are simultaneously affected. The first concentrates all its efforts on one unique order of ideas, one solitary thought; the second becomes the place of uncomfortable impressions, and a spasmodic narrowing.’ (Percy and Laurent, 1819: 273).

Distinguishing between true sufferers of nostalgia and pretenders became a point of great interest throughout military campaigns. Specific and objective symptoms allowed the medics of the Grande Armée to make differential diagnoses on patients. Authentic symptoms of the illness included glazed eyes, severe weight loss and an unchanging pulse rate.

**Nostalgia and Zeitgeist**

The core of nostalgia’s stronghold within culture underlies a physiological notion that gave a face to what could be called the *Zeitgeist* of the period. This notion is none other than the idea of
sensitivity, which, with time, brought about the emergence of concepts such as self-awareness and subjectivity. The psychological, moral, aesthetic and religious points of view started to move evermore towards to the first person, or the ‘I’. From a temporal perspective, this change in popular thought had its origin in Romanticism when, as Gusdorf (1984: 17) suggests, ‘the human experience is organised around this concern that determines the happiness or misfortune, the health or illness; to give oneself control over one’s personal life, significance, and natural and supernatural values’. It is unlikely that earlier narratives about personal identity did not include a first person component. The literature and philosophy always emphasized the importance of *nosce te ipsum* – knowing yourself – and the consciousness of self, as a beginning and end. However, man in ages past had hesitated to place himself at the beginning, and was happy with second place, allowing divinity the central role in life.

The emergence of Romanticism in Germany at the end of the eighteenth century cements the concept of self in a central role within the culture. To understand this process it is necessary to understand the sociocultural context in which the notion of sensitivity emerged. Several authors such as Rousseau (1976) and Moravia (1978) have traced the origins of the ‘Science of Man’, centring them in Locke’s *Essay*. In this work, the fundamental argument for knowing lies in the concept of sensation. This notion together with the concepts of sensitivity and feeling would become crucial aspects in the new anthropology’s definition.

Frye (1956) understood English literature, as perceived by Samuel Richardson and William Wordsworth, as the product of an ‘Age of Sensibility’. According to Rousseau (1976), this concept emerged in the late seventeenth century in the work of authors such as Thomas Willis (1621–75) on the anatomy and pathology of the brain, as well as a number of medical texts that locate the soul’s place in the brain. Only then is it possible to understand why the nerves, as the brain’s messengers, concede and bestow man with an essentially nervous nature.

Mullan (1984) pointed out that a phenomenon like the ‘English malady’ went from being an anecdotal curiosity in eighteenth-century social and historical literature to a seriously investigated phenomenon. The group of medical conditions included under the term comprised melancholy, hypochondria, hysteria – we could add nostalgia – and the concept of a state of sensitivity is central. The latter notion is presented in the literary works of this period and also reflected in medical texts, in which the manifestations of nervous sensibility and sensitivity are omnipresent. In the words of Mullan (1984: 141): ‘an examination of the function of sensibility in eighteenth-century writings on hypochondria, hysteria and nervous disorder will illuminate the literary cult of sensibility’. In novels and literary narratives, as well as medical texts, sensibility is a special ability that is appreciated and desirable, but its excess can lead to a range of psychological disorders.

The parallel between characters and literary figures with the theories of medical and philosophical thought is obvious. The novels of eighteenth-century England offer a host of characters that are immersed in an aura of sensibility that will become mainstream, such as in Jane Austen’s *Sense and Sensibility*. From the psychological point of view, the notion of the sensation, and the control it has on human consciousness and its pathological consequences, give rise to a novel anthropology that, as Moravia (1978) correctly deduces, can be classified as the move from *homme machine* to *homme sensible*.

Throughout the nineteenth century nostalgia was seen as another variety of melancholy. According to Huber (1981) this was for two reasons: the first, the triumph of the organismic model of the ‘philosopher’ Pinel, conceding less value to the influence of exogenous factors on the occurrence of the disease; and the second is due to metaphorical investment in the sense of travel. It stops being a traumatic event, but becomes an escape from an alienating culture: perhaps the best paradigm for this is the ‘Grand Tour’ of Italy and Greece to mitigate the ‘spleen’ of ladies and gentlemen of quality.
Jaspers’ thesis

Jaspers presented his doctoral thesis, *Heimweh und Verbrechen* (Nostalgia and Crime) at the Heidelberg School of Medicine in 1909. In it, he analysed a score of cases of young females in nineteenth-century criminological literature, who, suffering from intense nostalgia, had become killers or arsonists. The young criminals had offended violently in the hope of returning to their homes. The thesis includes a short historical review of nostalgia, but focuses mainly on forensic aspects of the subject. Jaspers recalls that the term *Heimweh* was born in seventeenth-century Swiss dialect, and came into general use in the German language during the age of Romanticism.

It was in the seventeenth century when the discovery of a disease of longing, known as nostalgia (Nostalgie) took place. It soon became a favourite subject of countless works, particularly dissertations. The theory of disease apparently acquired a huge popularity. Wherever it is mentioned as a serious condition, it is often fatal. Even Auenbrugger, the discoverer of percussion, reports a special trait for nostalgia. (Jaspers, 1963: 2)

Furthermore, Jaspers recognizes two schools of thought in the concept’s evolution. While the French school redefined nostalgia, paying attention to ethnographic details, the climate’s significance, physical symptoms, the patients’ role in the military and so on, in Germany the focus was primarily on research relating to forensic significance of the crimes committed as a result of the illness. German literature discussed the context of crises experienced by adolescents, the manifestation of which often took the form of a rapture, or short-circuit. It attached great importance to several factors: the severity of external coercion, the subject’s psychological defects (i.e. mental deficiency, epilepsy) and the specific characteristics of the original environment from which the subject is separated.

Jaspers’ 20 case studies stretch over a long period, and concern girls and young women aged 6–16 years. They came from a poor social environment, and their families sent them to serve and look after other children. The separation resulted in a depression, a severe state of nostalgia expressed through anguish, silence, crying fits and attempts to escape and return home. Being sent back to serve in the same houses increased their desperation and ended in a nostalgic fit, in which they murdered the children entrusted to their care. Jaspers concludes by suggesting that nostalgia was a disease of puberty and adolescence. The linking of a pathological rubric to a certain age group (Bolzinger, 1989) consolidated the thesis of Kahlbaum and Hecker, who described hebephrenia as a mental illness specifically related to youth, in a different clinical setting.

The twentieth century and the aftermath

The transition from the twentieth to the twenty-first century saw the gradual disappearance of the nostalgia of psychiatric nosography (Rosen, 1975). However, World War I and the turbulent years that followed saw the focus move towards the psychological problems of refugees, displaced persons, exiles, prisoners-of-war and survivors of concentration camps; Rosen proposed that the common psychopathological root of all forced migrants is similar to that which physicians in the eighteenth and nineteenth centuries had categorized as nostalgia.

The cases of psychosis associated with captivity reported from the Val-de-Grâce Hospital (Carrot and Bachet, 1946) seem to be the last important publications on nostalgia in the twentieth century. In a remarkable work of historical and clinical breadth on French prisoners-of-war in World War II, Bachet (1950) emphasizes the notable similarity between the onset of mental disorders over the course of the captivity in 1940–1945 and the clinical description of nostalgia a century before; he also points out the clear similarity between nostalgia and psychoses of captivity in regards to ethnological and predisposing factors and clinical identity.
Porcher’s 1979 thesis, which examined 78 cases of nostalgia in a military hospital, is interesting in that it highlights the way in which medical discourse on nostalgia reflects the changes in paradigms over time: while at the beginning of the eighteenth century the climate theory proposed an ethological interpretation, at the turn of the century the nostalgic theories of Broussais’ physiologists gave priority to the anatomical alterations of the nervous system. By the end of the nineteenth century, the failure of this argument led to nostalgia being considered as a form of melancholy or an imaginary neurosis (Bolzinger, 1989).

Conclusions

The vicissitudes of the trans-historical diachrony we have traced lead us to think about the cultural processes that are involved in the ‘creation’ of a disease, introducing subjective suffering into medical nostalgia’s vocabulary. As Starobinski (1966: 95) recalls: ‘Tant que le patient ne songe pas à requérir l’aide du médecin, et tant que le langage médical ne comporte aucun vocable qui puisse désigner ces troubles, leur existente est nulle.’ Or, as in the conceptualization of the Cambridge psychopathological school (Berrios, 2011), it is the convergence of a term, a type of behaviour and a concept that is responsible for the emergence a new medical discourse and epistemology.

From a complementary sociological perspective pertaining to cultural history, this development could well be analysed according to the paradigm established by Hacking (1998), concerning the social construction of mental illness. He proposed a socio-cultural view of the disease with particular attention to what he called ‘transient’ mental illness, such as dissociative fugue or multiple personalities. These mental illnesses appear in a particular place and time and ‘either disappear without trace or reappear in another place and circumstances, always for reasons having to do with the cultural atmosphere of the time and the country or socio-geographical context in which the disease appears as such’ (Huertas, 2011: 440). To locate and identify these transient diseases, Hacking uses the metaphor ‘ecological niche’, understood as a place large enough and in which environmental conditions are suitable for the disease to develop. Inside this niche a series of vectors or dimensions stretch out in various directions, thus making possible the onset of mental illness. For example, ‘la dimensión descriptiva’ allows for the disorders in question to occupy a place in nosographic classifications; and the dimension of cultural polarity allows for the collocation of the disorder in a social context and hence for its visibility to caregivers (Huertas, 2011).

We conclude with one of Starobinski’s reflections on nostalgia in 1966. In a brilliant study, he analysed the academic and social construction of the disease, and summarized: ‘We know that there are diseases, particularly nervous and moral … that are transmitted because they are talked about. Words induce them and act as a contaminant agent.’ (Starobinski, 1966: 96). This could well be the case: that once nostalgia was medicalized it gained a foothold which has been carried on through the centuries in medical lexicon and literature to this day. The desiderium patriae is an excellent example of the medicalization of displacement of the voyage pathologique.

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Note

1. ‘Neither climate nor water suit me, nor land nor air – ah me! a constant weakness possesses my frame. Whether the contagion of a sick mind affects my limbs or the cause of my ills is this region, since I
reached the Pontus, I am harassed by sleeplessness, scarce does the lean flesh cover my bones, food
pleases not my lips’. (Ovid, 1975: 133)

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