

Assisted Dying in Swiss Literature: Power and Agency in Max Frisch's *Jürg Reinhart* and Lukas Bärfuss' *Alices Reise in die Schweiz*

Sterbehilfe in der Schweizer Literatur: Macht und Handlungskompetenz in Max Frischs *Jürg Reinhart* und Lukas Bärfuss' *Alices Reise in die Schweiz*

by

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Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

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Abstract

The following thesis deals with the representation of themes of assisted dying in Max Frisch's 1933/34 novel *Jürg Reinhart* and Lukas Bärfuss' 2005 play *Alices Reise in die Schweiz (Alice's Trip to Switzerland)*, and discusses these representations in the context of institutional power and personal agency. I argue that the prewar representation of assisted dying has changed significantly this period, in that the institutional powers at work have shifted and that portrayals of characters' agencies have become more compelling, seeing an overall increase in narrative importance.

Utilizing a post-structural theoretical framework, based primarily on work by Michel Foucault and Judith Butler, I examine the texts in terms of their presentations of assisted dying by considering the discursive frameworks within which those representations find themselves. I do this by first examining the different institutional influences at work in the texts, such as the juridical and the medical, in order to determine the extent and nature of this influence, as it pertains to questions of assisted dying. Then, owing to the importance of humanist discourses of self-determination to the assisted dying debate, I examine the role and extent of agency as portrayed in the texts, within the context of the aforementioned discursive influences. Through this analysis, this thesis seeks to address the role of literature in the assisted dying debate by examining the various representations of discursive influence, and resistance against it, within the texts, in a bid to reach further understandings of how these institutions, such as the medical institution, work in reference to assisted dying.

In chapter two, I provide an introduction to the research context within which these texts exist, examining secondary scholarship on the works and addressing the social

context that grounds discussions of assisted dying. In the next chapter, I place this thesis in its theoretical context, establishing a methodological approach for the examination of power and agency in the texts. Then, in the two chapters that form the bulk of my analysis, I approach the works in turn, each time considering the institutional powers at work in the text, before moving to an examination of the portrayals of agency.

I conclude that my chosen texts suggest that the discourses around assisted dying have changed, with the influence of religious discourse giving way, at least partially, to a more general public discourse, while the regulating effects of the juridical and medical spheres remain constant. Additionally, the role of agency in conversations around assisted dying, as reflected in the texts, seems to have become more important, as evidenced by the differences in representation between the works. These findings show that, owing to the discursive relationship between literature and public discourse, similar developments have occurred outside of the literary sphere.

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Chapter 1: Introduction

As a topic of historical and contemporary discussion, assisted dying is a sensitive topic; given existing connotations of eugenics and associations with the euthanasia program of the Third Reich, as well as persistent questions of agency and self-determination, this is perhaps unsurprising. Indeed, in recent years, this potentially volatile, and undoubtedly polarizing, topic is again a subject of discussion, as a host of persistent questions, ethical and otherwise, have come up again in the public discourse. Accordingly, governments increasingly find themselves confronted with difficult decisions to make on behalf of their citizens; for example, in February 2015, the Canadian Supreme Court struck down the ban on assisted suicide (McLeod), and in 2011 Swiss citizens voted against restricting assisted suicide services to Swiss patients, leaving the services legal for use by foreign nationals (*The Telegraph*). This progression is reflected in the themes handled by German-language literature over the last century, with an increasing number of authors, such as Daniel Kehlmann and Wolfgang Prossinger, becoming willing to engage with this topic in their work in recent years. The inspiration for this thesis grew out of a personal interest in bioethics, the value and importance of subjective experience to contemporary ethical debates, and the role of narratives in the discussion of these questions. I believe it is becoming increasingly important to discuss topics around death, such as assisted suicide, and that, owing to the uniquely personal nature of dying, one ought to do so in a manner sensitive to the experiences of the dying individual and those around them.

Through this thesis project, I investigate how the topic of assisted dying is represented in Max Frisch's *Jürg Reinhart* (1933/34) and Lukas Bärfuss' *Alices Reise in*

die Schweiz (2007), with the aim of determining how the works frame the discourse about assisted dying. I focus this examination on two aspects of the works, the portrayals of institutional power and personal agency, with the aim of exploring the power relations present in the works. Additionally, I examine how the representations of institutional power and personal agency differ between the works, in order to locate commonalities in the works' framing of the discourses surrounding assisted dying.

Accordingly, the research questions I consider focus on the changes undergone in Swiss literature that handles the theme of assisted dying between the prewar and contemporary time periods. I aim to answer two main questions: firstly, how has, in light of the historical taboo surrounding assisted dying, the contemporary discourse about assisted dying changed since prior to the Second World War? And secondly, although there may or may not have been significant changes to the discourse about assisted dying, has there been a shift in the representation of personal agency and the role of institutional power?

Before I continue, I would first like to provide a brief explanation of terms relevant to this thesis project and the broader assisted dying debate. Beginning with the older, oft-maligned, term "euthanasia," euthanasia, in contemporary usage, refers to "the action of directly causing the quick and painless death of a person, or omitting to prevent it when intervention was within the agent's powers" (Blackburn). Accordingly, euthanasia is a blanket term, encompassing "active" and "passive" varieties; active euthanasia is "acting to bring death about," for example, administering a lethal injection, while passive euthanasia means "not preventing [death]," by, for example, withholding medical treatment (Blackburn).

Following these categorizations, the terms “assisted dying” and “assisted suicide,” then, refer specifically to a form of active euthanasia in which a person is helped to die by their own request (Humphrey 2006). Even more specifically, “physician-assisted suicide,” or “PAS,” refers to this process as performed by a physician, where the physician helps a patient to die by prescribing a lethal overdose, which the patient then chooses to drink (Humphrey 2006). With these definitions in mind, I favour the use of the terms “assisted dying” and “assisted suicide” over euthanasia throughout this thesis for reasons of clarity; this being said, I use the term “euthanasia” a number of times in reference to texts that utilize the term themselves.

Despite the fact that texts handling themes of assisted dying are relatively rare, as opposed to broader themes of suicide or illness, since the turn of the twenty-first century an increasing number of authors have turned their attention to this issue; fewer in number still are pre-World War Two texts that approach assisted dying in a way distinct from discussions of suicide. As contemporary and prewar examples of the literary treatment of the theme of assisted dying, respectively, *Alices Reise in die Schweiz* and *Jürg Reinhart* are particularly well-suited to my purposes primarily because these texts not only engage with the topic, but they do so by foregrounding the experiences and actions of individuals within the systems of institutional power that frame the assisted dying debate. In doing so, the texts not only provide a fictional representation of the dominant social and cultural discourses about assisted dying and free choice, but they also allow for an analysis of the problematic concept of agency within institutional power structures. In choosing these texts, I am able to conduct an analysis focused on issues of power and agency that permits deeper insights on the characters, their actions, and experiences within the power

structures that are prescribed by social, cultural and medical discourses, while being rooted in the discourse about assisted dying.

Although the selection of German-language fictional texts in this area is relatively limited, the aforementioned texts are by no means the only options for study; alternatives could include *Tanner geht* by Wolfgang Prossinger (2008) or *Heute sterben immer nur die andern* by Charlotte Worgitzky (1986). However, what sets *Alices Reise in die Schweiz* and *Jürg Reinhart* apart is their origin: these texts were written by Swiss authors. The question then becomes, why select Swiss texts over works of German or Austrian origin when focusing on German-language literature? As Switzerland remains the only country in the world to extend the ability to be assisted in suicide to non-citizens, a “one-way trip to Switzerland” remains the only viable option for many who wish to end their lives legally and with dignity; thus, Swiss discourses on assisted dying are relevant for discussions in other countries as well. By focusing my analysis on texts that form a part of the Swiss literary discourse, and as such engage with Swiss public discourse, I broaden the possible applications of my analysis beyond the realm of Swiss literature. As Swiss clinics are, for many people, the only means of accessing legal assisted suicide services, foreign clients and their families are subject to the uniquely Swiss discourses which frame the service, despite not being Swiss themselves. Additionally, as Switzerland is one of only three nations that have legalized assisted suicide, next to Belgium and the Netherlands, these discourses also affect those who would use the Swiss model as guidance for developing a similar model in their home countries, such as Canada in light of the recent decriminalization of assisted suicide (McLeod). Thus, by choosing Swiss

texts and engaging with Swiss discourses about assisted dying, my analysis can produce insights applicable to a broader spectrum of discussions on assisted dying than otherwise.

In order to answer the above-described research questions, I conduct an analysis of how institutional power and agency are depicted and how they are shown as being constitutive of subjecthood, what limits are placed on agency, and what areas of resistance are shown in *Alices Reise in die Schweiz* and *Jürg Reinhart*. Through this comparative analysis, I aim to contribute to a greater understanding of the public discourse surrounding the topic of assisted dying, produced in part as it is by literary representations. Ultimately, I argue that the prewar representation of assisted dying has changed considerably, in that the institutional powers at work have shifted and that portrayals of characters' agencies have become more significant, seeing an overall increase in narrative importance.

Before moving on to this analysis, I will first present an overview of the research context within which this thesis is situated, as well as an explanation of the theoretical approach I use for my analysis. Following this, I will consider the representations of institutional power and agency in the context of assisted dying in my chosen texts, beginning with *Jürg Reinhart* before moving on to *Alices Reise in die Schweiz*. Then, to conclude my thesis, I will distill and present my findings, synthesizing what I have uncovered from the two texts in order to provide answers to my research questions.

Chapter 2: Research Context

In order to situate this thesis project, the following chapter will present an overview of the relevant historical, social, political, and literary contexts surrounding the theme of assisted suicide. Beginning by outlining the legal state of assisted suicide in Switzerland and Canada, the chapter will then conduct an examination of current scholarly approaches to the issue of assisted dying, followed by a presentation of the available literary scholarship on assisted dying in German-language literature. Lastly, the chapter will consider the available literature on Max Frisch's *Jürg Reinhart* and Lukas Bärfuss' *Alices Reise in die Schweiz* and the intended direction of the project, given its research context.

The subject of assisted dying has historically been a sensitive topic; given the connotations of eugenics and associations with the euthanasia program of the Third Reich, alongside the difficult questions that accompany the process of a loved one dying, this comes as no surprise. However, in recent years this subject has again been thrust into the spotlight as individuals and organizations appeal for, or reaffirm their commitments to, the right to die with dignity.

Recent developments in the debate surrounding assisted dying include a decision by the Canadian Supreme Court, as the long-standing ban on assisted suicide was struck down (McLeod 2015, Fine 2015), and the 2011 referendum in Switzerland, where Swiss citizens voted against restricting assisted suicide services to Swiss patients, leaving the services legal for use by foreign nationals (*The Telegraph*). Despite these developments and the generally favourable attitude towards legal assisted suicide in both Canada and Switzerland, the topic remains a subject of much debate; for example, in light of the

recent legalization of physician-assisted suicide in Canada, issues of elder abuse and concern for the increasingly complex situation faced by the families of ill persons were recently addressed in an article in the *Montreal Gazette* (Miedema 2015).

Just as the decriminalization of assisted suicide in Belgium (Lewy 69), the Netherlands in 2002 (18), and in the American state of Oregon in 1997 (126), with Washington, Vermont, Montana, and New Mexico following suit over the years (Cessou et. al.), the recent legal developments in Canada are indicative of this gradual shift towards the broader legalization of assisted suicide. With the exception of Switzerland, which I will discuss below, and Canada, where the decision to lift the ban on assisted suicide is set to come into effect in February 2016 (Fine), the above jurisdictions have a number of commonalities between them. In each of these states, only a physician may assist in a person's suicide, although without personally administering the lethal dose of medication required, and none of them legally allow for foreign nationals to access these services (Humphrey 2010).

In Switzerland, the process has been legal since 1918 (Appel 21), pursuant to articles 114 and 115 of the Swiss Criminal Code (*Schweizerisches Strafgesetzbuch* 52). Owing at least in part to its much earlier legalization, the Swiss approach to assisted suicide can be said to have served as a model for other nations; however, the Swiss approach is distinct in a number of ways. One of these differences is that the actual assistance in ending one's life can be, and often is, provided by non-physicians (Lewy 88); since 1982, this has been done primarily by the advocacy organizations Exit – German Switzerland (89), Exit – ADMD (102) and Dignitas (105). This is not to say that instances of physician-assisted suicide do not occur; although the Swiss Academy of

Medical Sciences regards assisted suicide as not being part of a physician's mandate, physicians are legally left with the same discretion as any citizen as to whether or not they wish to aid in a patient's suicide (Hurst and Mauron 271).

Additionally, Switzerland remains to this day the only jurisdiction that legally allows non-residents to access assisted suicide services (Appel 21), resulting in the phenomenon of "suicide tourism," when foreign nationals travel to Switzerland for the express purpose of ending their lives legally. The public opinion on the openness of these services is quite positive, so much that multiple referenda, resulting from challenges to "suicide tourism" in the courts beginning in 2008 and 2009 (Lewy 124), have been roundly rejected by Swiss voters (*The Telegraph*). Lastly, not only are Swiss assisted dying services open for use by foreigners, they are further distinguished by their availability to persons suffering from mental illnesses (Appel 21). Taken together, the unique characteristics of the Swiss approach to assisted dying, particularly its availability to foreigners, ensure that Swiss discourses around assisted dying are relevant for and affect discussions in other countries. Thus, by focusing on Swiss representations of assisted dying, this project engages with assisted dying discourses in a broader, transnational sense.

The recent progression towards a broader legalization of assisted suicide in the western world, as discussed above, is reflected in the themes that German-language literature has engaged with over the last century, with an increasing number of authors becoming willing to engage with this topic in their work. Since the turn of the twenty-first century, approximately thirty relevant works have been published in German, French, and English (Keller). Despite this renewed interest in the subject of assisted

dying, there is a rather noticeable dearth of scholarship addressing my chosen texts in this context. Interestingly, both texts under consideration here appear to be, not only in the context of scholarship concerned with assisted dying, but generally, rather under-researched. This could be because of the former's status as a stage play and the latter's virtual lack of reprintings, perhaps due to the author's discontent with the novel, referring to his debut as he did "als einen 'sehr jugendlichen Roman'" (Kilcher 85).

That Frisch was displeased with this novel is clearly shown in his (ultimately temporary) choice to leave the writer's profession shortly after its release and in his active attempts to shape the public criticism of his work (Unser 97), including his intention to prevent its reprinting in the *Gesammelte Werke* (1976) (Kilchner 86). Additionally, despite the fact that literary works featuring assisted suicide in the 20th century were relatively common (Engelhart 14), there is a curious lack of scholarly literature engaging with texts addressing the topic of assisted suicide; this seems to point at a significant gap in the literature as far as my chosen texts are concerned.

However, this is not to say that there is a complete lack of literature within which to situate my own research; while there is little secondary literature concerning assisted dying in my chosen texts, there has been some interest in the social sciences in applying post-structuralist frameworks, based largely on Foucauldian notions, to the broader question of assisted dying, providing a conceptual framework of much interest for this project. This is likely in light of the post-structuralist approach's view of the individual as existing within a system, which provides a unique method for approaching personal questions, such of those around dying, in a manner attentive to discursive influence. Specifically, some recent articles have theorized assisted dying within the context of

Foucault's concept of biopower, which also forms a large part of the theoretical basis for this thesis project. Two articles and a conference paper, which I consider below, focus on the application of Foucauldian genealogical analysis and the concept of biopower to address different facets of assisted dying: "Exploring Death and Dying through Discourse" (2010) by Al Whitney and André Smith; "The Problem with Death: Towards a Genealogy of Euthanasia" (2011) by Anne Ryan, Mandy Morgan and Antonia Lyons; and "Assisted Dying in the Context of Biopower" (2013) by Anna Kubiak.

However, before discussing the aforementioned texts, I would like to provide a short explanation of a pair of Foucauldian concepts of special importance to all three articles: biopower and genealogical inquiry. I will discuss these concepts further in the following chapter, as they are of particular use for this thesis project, underpinning the theoretical framework of my analysis as they do. Beginning with the former, biopower is "the set of mechanisms through which the basic features of the human species [are] the object of [...] a general strategy of power" (Foucault, *Security* 16). Biopower refers then to all the technologies, discourses, and other mechanisms that regulate the human body in society, including setting acceptable codes of behaviour for that body, up to and including determining the "correct" modes and methods of dying. Accordingly, the concept of biopower carries much theoretical importance for scholarly work around assisted dying, concerned as it is with alternative modes of dying.

Moving on, genealogical inquiry, or simply genealogy, is Foucault's term for his "process of analysing and uncovering the historical relationship between knowledge and power" (Danaher xi). As stated by Foucault, the purpose of genealogical inquiry "as an analysis [...] situated at the point of articulation of the body and history [...] is to show a

body totally imprinted with history, and history destroying the body” (*Nietzsche* 83).

Simply, the goal of genealogical analysis is to approach the body as a locus for discourses, i.e. power relations, in order to consider the historical development of those relations independently of the body. The following articles take similar approaches to their analyses within the context of biopower and assisted suicide.

The relationship between assisted dying and biopower has also been discussed recently by Whitney and Smith in their 2010 paper. In their article, the authors investigate contemporary practices of death and dying through an analysis of the discourses which structure them, focusing primarily on the practice of palliative or hospice care. The authors reach several conclusions, most significantly that the institutional circumstances of death and dying are regulated by discourses that act on those who are themselves dying. Thus, although dying is a personal experience, it is heavily regulated by the institutions of law, medicine, and the discursive practices that structure institutional spaces, such as hospitals (76-77).

Continuing with Ryan, Morgan, and Lyons’ 2011 article, the authors attempt to address how euthanasia emerged as a possible solution to terminal illness. In presenting their genealogy of assisted dying, that is their historical consideration of the discursive power relations acting on the body in the context of assisted dying, the authors reach an interesting, perhaps counter-intuitive, conclusion. Although assisted dying can be conceived of as providing choice and independence to the terminally ill, the actual legalization or implementation of assisted dying services could in fact result in a strengthening of governmental power. This is owing to discourses of medicalization and

personal autonomy, which endorse the practice of assisted suicide while simultaneously allowing for the exercising of power over all people through the medical institution (47).

The third paper in this vein is Kubiak's 2013 conference paper focusing on the establishment of the assisted dying debate in the context of biopower. Although the debate is undoubtedly part of the biopower structure, Kubiak protests against the "loss" of the subject to the system; as advocates of assisted dying utilize personal narratives and a "rhetoric of choice," they "speak from the subject point of view" (13-14). In doing so, Kubiak points out, despite the undeniable normalizing influence of the various regulating discourses of the biopower system on death and dying, the focus of the debate itself on the quality of life and dignity of the individual ensures a degree of preserved subjecthood that, going forward, is important to observe.

While each paper utilizes a Foucauldian approach, their goals differ somewhat, with one addressing the contemporary practices of death and dying in palliative medicine (Whitney and Smith 2010); another the emergence of euthanasia as a possible solution to terminal illness (Ryan, Morgan, and Lyons 2011); and the third seeking to frame the assisted dying debate (Kubiak 2013). Despite the differences in specific topic, these authors each focus their investigations on the relationship between the *personal experience of death* in reference to assisted dying and the *regulatory powers* that influence the process of death. In this project, I take a very similar view, in that I approach assisted dying from a perspective that seeks to explore the regulatory powers and discourses surrounding it, focusing on manifestations of agency and institutional power in literary works about assisted suicide.

Likely due in part to the relative lack of secondary work approaching the topic of assisted dying in literature, the above-described school of thought appears to be the dominant theoretical framework for contemporary theoretical discussions of assisted dying. Despite the authors' academic origins lying in the social sciences, these discussions of assisted dying within a Foucauldian perspective are particularly useful for my project in that they approach the same subject from a theoretical perspective congruent with my own; I will utilize ideas from these social science perspectives on assisted dying for the purpose of literary analysis. This approach considers assisted dying from a framework that takes into account the discourses involved in framing it, such as those of agency and institutional power.

Just as a post-structuralist approach helps to reveal the influence of discourse on and connection to the individual's experience of death, in this case in matters of assisted dying, in sociological or psychological contexts, I believe it can highlight those influences in literary representations of assisted dying. Additionally, narratives, non-fiction pieces and literary works alike, approaching assisted dying can provide insight on areas unreachable through analyses in the social sciences. For example, non-fictional personal narratives can allow a reader to immerse themselves in the lived experiences of another, affording them insights on a topic they could not otherwise attain. Just as non-fiction narratives, literary works can also give voice to individual experience; however, these experiences need not be "actual" experiences – they can be fictional. By presenting the experiences of fictional characters with difficult topics, such as assisted dying, literature can present perspectives that can be easier to engage with than "real" personal narratives by virtue of their "distance" from reality. In providing these kinds of access to

experience, narratives can both highlight personal experience, and facilitate conversation about difficult experiences and topics; herein lies the advantage to working with narrative works when considering assisted dying. Accordingly, I will return to this point in the following chapter in the course of developing my methodological approach.

Moving from the theoretical context, I turn now to an examination of secondary work on representations of assisted dying in German-language literature. Gerd Grübler, in his 2011 work *Euthanasie und Krankenmord in der deutschen Literatur 1885-1936*, investigates how the themes of euthanasia and the killing of the sick were approached in German literature of that time period. Grübler does this by considering a broad spectrum of texts from an inter-discursive theoretical perspective (196), with the aim of addressing the role of these themes in the texts. Additionally, the text assesses the potential for literature to join in on the contemporary discussion of assisted dying (9).

Through this investigation, Grübler finds that the representations of euthanasia within his selected texts vary widely in terms of the manner of presentation and nature of the act, with some texts presenting cases of active euthanasia, while others lean more towards a characterization of killing by request, killing of the sick, or assisted suicides (193). These representations vary just as widely in terms of their associated questions or themes, such as ideas of utilitarianism and social Darwinism (192). Interestingly, in nineteen of the twenty-nine examined texts, “ist derjenige, der [...] Euthanasie leistet [...] ein Arzt” (194); this underscores the importance of questions of the role of the medical profession in modern discussions around assisted suicide, as in every jurisdiction where the practice is legal, apart from Switzerland, a doctor must be the one who either prescribes or administers the required lethal medication (cf. Cessou et al).

Although, as evidenced above, these themes have been examined before in the literary discourse, the social taboo surrounding assisted suicide, due in part to associations with eugenics and the euthanasia program of the Third Reich, is important to be aware of if one wishes to examine assisted dying in more contemporary literary works – particularly those works written in German. In a bid to further understand this taboo, Dietrich Engelhardt sought to explore the processes of taboo-making and –breaking in his 1964 paper “Euthanasie zwischen Lebensverkürzung und Sterbebeistand als Tabu in der Literatur des 20. Jahrhunderts.” Through a consideration of a range of texts from a variety of European literary traditions, incorporating a wide variety of representations of euthanasia, both active and passive, Engelhardt concludes that these representations can be understood not only as breaking the taboo around assisted dying, but also as legitimizations thereof (14). Additionally, Engelhardt finds that, in these works, assisted suicide “wird meist durch Ärzte [...] aber auch durch Pflegepersonen, Angehörige und Freunde durchgeführt” (14), and that it is frequently described as a “Begleitung des Sterbenden in der Perspektive eines ‘schönen und guten Sterbens’,” (16) and a “Zustimmung zur eigenen Endlichkeit” (17). Interestingly, these designations appear to be very much in line with the modern Swiss legal perspective on assisted dying.

A more contemporary perspective on the role of assisted dying in literature comes in the form of the most recently published volume of the *Zeitschrift für Germanistik*, in which the themes of death and assisted dying in German-language literature are considered from a multitude of perspectives. The collection is prefaced by an introduction from Anna Neufeld and Ulrike Vedder, who provide context on the issue from the German perspective, referencing two issues of rising importance that are due to

come before the Bundestag for discussion in November 2015; firstly, the implementation of improved regulations around palliative care, and secondly, the legitimacy of the designation of organized assisted dying services, as well as doctor-assisted suicide, as punishable offences (Neufeld and Vedder 495). The authors then move to discuss the broader role of literature in the discussions around death and assisted dying by first giving an overview of the subjects to be considered in the volume, proclaiming, “die Fähigkeit der Literatur besteht ja nicht zuletzt darin, dasjenige Darstellung zu bringen, was in den großen Sterbenarrativen [...] unsichtbar gemacht wird: Ängste, Imaginationen, Nachwissen, Unabgegoltene” (497). In closing, the authors further define their thoughts on the role of literature, stating that it is not literature’s place to provide programmatic answers to the questions plaguing the issue of assisted suicide; rather, literature aims to be “eine Intervention in virulente Debatten um Sterben und Tod: mit dem Durchspielen alternativer Entwürfe und offensive imaginärer Möglichkeiten, mit historischem Erinnerungsvermögen und scharfen Einsichten in alte Bilder und neue Normen” (497).

This defining of the broader role of literature in discussions of death and dying, assisted or otherwise, segues into a discussion of assisted dying in contemporary literature in the 2015 article “Sterbehilfe und Sterbebegleitung in gegenwärtiger Literatur und Medizin” by Caroline Welsh. Welsh addresses the specific representations of assisted dying and palliative or end of life care by examining in turn the specific aestheticizations of dying in “Sterbenarrativen,” then considers existing connections between selected contemporary works, and the question of suicide tourism, in the context of human rights abuses during end of life care (501). Welsh focuses much of her inquiry on BärFUSS’

Alices Reise in die Schweiz and Daniel Kehlmann's story "Rosalie geht Sterben," from his episodic novel *Ruhm* (2009), using the pieces as representative of contemporary literature around the subject of assisted dying. After considering these works in context, the author reaches the conclusion that the texts, despite their many differences, are bound up in contemporary cultural and medical practices and discourses around death.

Accordingly, states Welsh,

Sowohl Bärffuss als auch Kehlmann decken in ihren Texten die Ängste und Verdrängungen auf, die dem Wunsch nach Kontrolle und Verkürzung des Sterbeprozesses zugrunde liegen. Ihre Texte hinterfragen das Narrativ vom assistierten Suizid als selbstbestimmtes, würdevolles Sterben und zeigen, dass seine Attraktivität darin besteht, den kulturellen Verdrängungen und Verleugnungen der eigenen Sterblichkeit entgegenzukommen. (510)

Having utilized Bärffuss' and Kehlmann's texts as examples of a broader movement within contemporary narratives on the subject of death and dying, as well as Björn Kern's novel *Die Erlöser AG* (2007), Welsh reaches a final conclusion about the nature of literature's role in the discussion. She concludes that, in response to the cultures and discourses surrounding death and illness, in this situation it is the role of literature to expand and explain the relationships between them; as stated at the end of the article, "die vorgestellten literarischen Texten erkunden die Zusammenhänge zwischen medizinischen Versprechen, kulturellen Verdrängungen und gesellschaftlichen Erwartungen" (511).

Having introduced the above works on assisted dying's role in literature, I turn now to the authors of the texts with which this thesis concerns itself; as previously stated, this project focuses on the portrayals of agency and institutional power in reference to

assisted dying in *Alices Reise in die Schweiz* from Lukas Bärfuss and *Jürg Reinhart* by Max Frisch. Beginning with the chronologically earlier and decidedly more canonical of the two authors, Frisch is known for exploring the politically-charged themes of the postwar era in his work, particularly the writing he produced during his middle period from 1950-70 (Kilcher 78). Despite the extremely robust scholarship on his body of work and the widespread uptake many of his pieces experience, with his plays and novels, such as *Stiller* (1954) and *Homo Faber* (1957), regularly appearing on best-seller lists, in school curricula, and in foreign markets as methods for the introduction to the German-language literary canon (Stephan 1), “even today, little research has been done on Frisch’s literary debut,” *Jürg Reinhart* (Unser 96). Indeed, aside from a single article discussing the racist and anti-Semitic stereotypes present in the Istanbul chapter, even the problematic aspects of the novel seem to have gone uninvestigated by the academic community (96).

This lack of scholarly attention is quite interesting, as despite Frisch’s negative feelings about the novel, *Jürg Reinhart* was generally well-received in its time, with it being praised as “außergewöhnlich frisch” in its style by Hellmut Schlien in *Die Literatur* (44). Additionally, Robert Faesi, Eduard Korrodi and Hugo Marti, writing in the *Basler Zeitung*, the *Neue Zürcher Zeitung* and *Der Bund*, respectively, each published favourable reviews of the novel (cf. Schütt 147, 174; Unser 96). Furthermore, the novel was awarded the Swiss Schiller Foundation’s prize, given in support of talented Swiss authors, in 1935 (Schweizerische Schillerstiftung). However, despite the novel’s overall positive reception and his own positive assessment of the work, Eduard Korrodi, as the

then-literary editor of the *Neue Zürcher Zeitung*, refused to serialize it, as he was convinced the novel would not succeed among the younger generation (Schütt 150).

Coming from a more aesthetic perspective on the text, the genre of the novel remains an interesting point. The story, ostensibly centred on the eponymous main character's quest to grow up and "become a man," suggests a classification as an *Entwicklungsroman*, or perhaps a *Bildungsroman*; certainly, the novel's focus on Jürg's personal development is much in line with the definition of the *Entwicklungsroman*, in that it, "in [einer] sehr bewußter und sinnvoller Komposition und [chronologischen] Aufbau den inneren und äußeren Werdegang [eines] jungen Menschen von den Anfängen bis zu [einer] gewissen Reifung [...] darstellt" (Wilpert 215). However, this being said, the novel does not quite fit the model of the typical *Entwicklungsroman*. As Jürgen Petersen notes in his book on the author, one could categorize *Jürg Reinhart* as an *Entwicklungsroman* on the basis of the subject of its main narrative, despite the fact that the novel takes place over only approximately half a year, the protagonist is not always accompanied by the narrator, and the middle part of the novel focuses on the illness of a secondary character rather than the development of the protagonist (23).

The aforementioned apparent lack of scholarly interest aside, the novel's engagement "in philosophical speculation about a controversial topic" (Unser 94), that is, assisted dying, is primarily why I wish to examine *Jürg Reinhart* in this project. Engaging with a prewar text, written at a time when the concept of assisted suicide was not associated with the euthanasia program of the Third Reich, will, in comparing it with contemporary representations burdened by history, allow me to gain some insight into the

differences and similarities in the Swiss literary treatment of assisted suicide between these periods.

Moving to the more contemporary of our two authors, Lukas Bärfuss is the author of the second text I wish to consider in this project, *Alices Reise in die Schweiz*. Bärfuss' work has, over the years, taken on increasingly volatile and sensitive subjects, with the previously-named theatre piece tackling the theme of assisted suicide and two of his novels, *Hundert Tage* (2008) and *Öl* (2009), engaging with the themes of genocide and the exploitation of poor countries, respectively (Behrens 1). As Bärfuss is a relatively new author, currently emerging in the German-language literary consciousness, his body of work is neither especially canonical nor extensively researched. Exceptions to this would be, in addition to an article by Thomas Bühler on *Alices Reise in die Schweiz* that I discuss below and the use of the play as a representative piece of contemporary literature on its subject by Caroline Welsh in her above-discussed article, the work done by Paul Michael Lützeler (2009) and Heinrich Placke (2011) on *Hundert Tage* and by Sinéad Crowe (2013) and Peter Kelting (2009) on *Der Bus* (2005) (Forschungsliteratur [Auswahl]). *Alices Reise in die Schweiz*, however, also received significant attention in the German-language press, which I move to discuss in the next paragraphs.

As Bärfuss' work is a stage play, critics have assessed it primarily in terms of its stage productions. Reviews in the Feuilleton sections of the *Frankfurter Allgemeine Zeitung*, the *Süddeutsche Zeitung*, and the *Neue Zürcher Zeitung* examined the premiere performance of the piece in Basel, Switzerland, in March 2005 (Halter; Müller; Schlienger), and a later piece in the *Ärzte Zeitung* evaluated the premiere in Kiel, Germany, one year later (Frohnmeier). These reviews follow much the same vein, in that

they view *Alices Reise in die Schweiz* as a piece that helps the theatre to function once more as a forum for the intelligent discussion of an issue of contemporary importance – complex though the assisted dying debate may be, complicated as it is by issues of autonomy and morality. These sentiments were echoed years later, as the play received further attention in the newspaper *L’Echo*, this time on the occasion of its 2014 premiere in Brussels, Belgium (Roisin). Having been translated into French for this series of showings, the continued interest shown in Bärffuss’ work underscores the importance and continued relevance of conversations around assisted dying.

Although the staging of the work, varying as it has between the various productions of the play, is undoubtedly important to its treatment and reception, it is the text, the dialogue, which this project will consider; as the text is constant, it serves as the vehicle for the discussions presented within (and without) the theatre. One could of course argue that it is through staging that the text can truly engage with the cultural discourse. However, as each staging is in itself an interpretation of the text, I wish to restrict my focus to the text, so as to engage with that which forms the basis for a particular staging and its impact.

Additionally, to approach the play from a more theoretical angle, Thomas Bühler chose *Alices Reise in die Schweiz* as the focus for his 2007 article, “Die Praxis schlägt zurück.” He argues for Bärffuss’ work being an example of a play that straddles the boundary between traditional and contemporary drama, one that takes the problem of this dichotomy to heart and “in der Theaterpraxis zur Entwicklung neuer Formen führt, die sich einer dichotomen Klassifikation Tradition/Innovation verweigern [will]” (Bühler 45). Just as the drama seeks “in paradoxer Situation weder die Antwort noch eine

endzeitspielgemäße Lösung” to the question of assisted dying (48), it fits neither within the confines of traditional theatre nor modern drama; the play could in fact, argues Bühler, be “weniger als Neuerung im Sinne eine Ablösung von alten Formen, sondern mehr als eine Variante im Nebeneinander verschiedener Formen” (50).

Having discussed the social and political contexts around assisted dying, the dominant theoretical approach to the theme, and the research and literary contexts surrounding my chosen texts, it can be seen that there is a relatively small body of research and otherwise on this topic. However, what exists remains significant for this project, in that it grounds the project within a constantly evolving socio-cultural discourse; accordingly, I now wish to position this thesis project in reference to several key factors. Firstly, while work on the dominant theoretical approach to assisted dying and on assisted dying in German-language literature until 1935 has been done, my chosen texts, *Jürg Reinhart* and *Alices Reise in die Schweiz*, have not been considered in this context. Additionally, in applying a Foucauldian approach that emphasizes the influence of discourse to a subject-focused topic, in this case assisted dying, one is able to determine the role and influence of discourse on the topic, despite the typical focus on the individual in discussions about assisted dying. This results in a deeper understanding of the topic, and in the case of assisted dying, provides insights on the difficulties facing the practice and its implementation. Accordingly, in this thesis project I seek to combine the aforementioned texts with a methodological approach that is rooted in Foucauldian genealogy, which I will develop and advocate for in the following chapter.

I do this firstly with the intent of providing a unique approach to the analysis of literary works concerned with a topic of particular contemporary significance, and

secondly to highlight the importance of discussing literature that takes on themes of social significance. Due to literature's dialectical relationship with public discourse, in that literature is both informed by and informs the public discourse, studying literature that approaches these topics, here assisted dying, affords a greater understanding of how they shape and are shaped by discourse.

Chapter 3: Theory and Methodology

In the name of establishing the methods used in the analysis chapters of this thesis, this chapter focuses on presenting my methodology in its theoretical context. After a brief reiteration of the research questions guiding my analysis, I will present the theoretical background upon which my methodology is built, followed by a discussion of my methods of analysis. Lastly, I will touch upon the strengths and limitations of my approach.

As discussed in the introductory chapter, I will compare and contrast how the topic of assisted dying is represented in Max Frisch's *Jürg Reinhart* and Lukas Bärfuss' *Alices Reise in die Schweiz*. This inquiry will focus on two particular aspects of the works: the portrayals of institutional power and agency. As such, my analysis will consider the following research questions: Firstly, how do the works, in light of the historical taboo around assisted dying and in reference to portrayals of institutional power and agency, explore and represent the discourses around assisted dying? And, what are the roles of institutional power and agency in the discourses about assisted dying in the texts? Secondly, what similarities and differences are present in these representations? And, considering that there may or may not be significant changes in how the discourses around assisted dying are represented in the works, what differences are there in the manner of representation, i.e. how institutional power and agency are represented in the texts?

In order to consider these questions of power and agency, one must first determine a suitable methodological approach for such an undertaking. Accordingly, I now move to a consideration of the theoretical texts that inform my methodology. I begin

here by addressing Michel Foucault's concepts of the institution and biopower, as explored in his works *Discipline and Punish: The Birth of the Prison* (1975) and *The History of Sexuality: An Introduction* (1978), which I will primarily use to investigate the representations of institutional power as found within my chosen texts. In connection with this, I will then address contributions from J. L. Austin, Louis Althusser, and Judith Butler. In the latter part of this discussion, I will again turn to the work of Judith Butler, whose idea of performativity informs my methodology for the examination of instances of agency in the texts. By utilizing a theoretical framework informed by the above texts for my examination of the representations of power and agency in the works, I will distill the similarities and differences between these representations. Additionally, as this analysis will rely on examinations in relation to the discourses around assisted dying, use of this framework promises to produce insights on how these discourses are presented in the works and their interactions.

As suggested by the discussion of the relationship between Foucauldian concepts and the broader assisted suicide debate in the previous chapter, Foucault's ideas form a central part of the theoretical background that informs my methodological approach. To begin, biopower, as Foucault named "the set of mechanisms through which the basic biological features of the human species became the object of [...] a general strategy of power" in his 1977-78 lecture series, *Security, Territory, Population* (1), refers to all of the technologies, knowledges, and discourses that are used to regulate and manage the state's human resources; "biopower analyzes, regulates, controls, explains, and defines the human subject, its body and behaviour" (Danaher ix). This control is effectively a re-interpretation or extension of the sovereign's power over life and death; "the right of

sovereignty was the right to take life or let live [...] this new right is [...] the right to make live and to let die” (Foucault, *Society Must Be Defended* 241). As stated in *The History of Sexuality: An Introduction*, Foucault considered the evolution of various “disciplines,” such as universities and public health, that in one manner or another focused on “the subjugation of bodies and the control of populations” as indicative of an “era of ‘bio-power’” (140). Essentially, the aim of biopower is to control bodies through the regulation of life, in that it manages the reproduction, illnesses, and deaths of a population.

Institutional power, on the other hand, can be understood as the regulatory, normalizing power of the institution, defined as “a relatively enduring and stable set of relationships between different people, and between people and objects” (36), on the individual. In the context of biopower, institutions concerned with individuals’ bodies and their manner of life and death, such as hospitals or prisons, exercise this power. This (institutional) power “disciplines” the individual, forcing upon them a normalizing influence that serves to form their subjectivities to the benefit of existing power structures; as Foucault notes in *Discipline and Punish*, “discipline ‘makes’ individuals; it is the specific technique of a power that regards individuals as both objects and as instruments” (170). By accepting the normalizing influence of the institution, the individual, in acting according to set norms, reiterates the discourse and empowers the institution; however, resistance to this power is possible, and has subversive potential, but is nonetheless inherent in the discursive system. Naturally, when one considers questions of assisted dying, this discursive influence becomes all too apparent. In this context, the health care

institution becomes not only a regulator of health and continued life, but also one of death, determining the correct or acceptable methods and modes of dying.

As my analysis will be based on a close textual reading, I will be focusing primarily on the activities and dialogues of the characters in the works, highlighting those utterances or actions that are productive of subjecthood within the healthcare framework. Additionally, in examining these productions, I will pay special consideration to accompanying instances of resistance to this productive power. This resistance could, for example, be found in a protagonist's choice to seek assistance in ending their life in the face of incurable illness, resisting the institutional norms of entering into the healthcare system for extensive, perhaps ineffective, treatment or end-of-life care. However, it is important to remember that this resistance also constitutes the acceptance of or subscription to another, albeit subversive, discourse: in this case, the discourse around assisted dying.

The theoretical works of J. L. Austin, Louis Althusser, and Judith Butler provide a fitting framework to examine the actions and dialogues of the characters in my chosen texts. Utterances or actions that create particular subjectivities, or, phrased otherwise, "acts of construction," follow Austin's definition of performative utterances (Austin 5) and Althusser's concept of the interpellation of the subject (Althusser 163). Austin categorizes performative utterances, or simply performatives, as lacking a truth-value and as utterances that, in the appropriate circumstances, not only *say* something, but *do* it as well (5), exercising a degree of power. An example of this would be the exchange of vows during a wedding; upon saying "I do," one not only verbally states one's intention to be married to another, one also becomes married.

Butler builds on this idea with her concept of performativity, understood as “the reiterative and citational practice by which discourse produces the effects that it names” (*Bodies That Matter* 2), in so far as the actions, including speech acts, performed by an agent serve as simultaneous production and regulation of their identities, in connection with regulatory discourses. According to Butler, there is no preexisting identity for the individual; rather, “identity is performatively constituted by the very ‘expressions’ that are said to be its results” (*Gender Trouble* 25). Accordingly, actions performed within a regulatory framework of norms both carry out an immediate function and serve to construct an individual’s identity; the subject is, in effect, “doing” their identity.

Speech acts can also be directed towards another person, resulting in what Althusser calls interpellation of the subject (174). In explaining his ideas concerning the relationship between ideology and the subject, Althusser utilizes the example of a police officer calling to a passerby. In hearing the officer shout, “Hey you there!”, the person responds by acknowledging the call and turning around. In doing this, this person becomes a subject, in that they recognize themselves as being the subject of the officer’s (speech) act (163). It follows, then, that subjecthood can be, at least in part, thrust upon one individual by another through language, along with all of the assumed characteristics of that subject. Accordingly, as literature can be understood as a system of language, it follows that the dialogue present in a text is not only representative of speech, but also of speech *acts*; in speaking with one another, characters in a text are in fact performing speech acts, constructing themselves and one another as certain kinds of subjects. Through this evidently productive power, speech acts can also be seen as an expression of compliance with or resistance to established norms.

Considering these observations, I will compare the discourses present in *Jürg Reinhart* with those in *Alices Reise in die Schweiz* in order to determine how institutional power is presented in the texts, and the similarities and differences in these representations. I will do this by first analyzing and contrasting the individual representations of power relations in each text, formed as they are through the process that is the text. Then, I will compare the representations in general from the first text with those of the second, focusing on the representations of these discourses as they are shown by the utterances and actions of the characters.

My methodology will allow for a text-based, character-focused analysis that nonetheless takes into account the discourses at work in the texts. This is particularly valuable when one considers the topic of assisted dying, in so far as the assisted suicide debate is intensely personal and focused on the well being of the individual, all the while being located at the intersection of discourses that inform and construct not only an individual's experience of the issue, but create certain forms of subjecthood within the regulatory frameworks. Thus, by focusing primarily on the acts of the individuals in these works, as seen through the discourses that surround assisted dying, this project can reach conclusions about the representations of these discourses in the text, which take into account the experience of the individual in the context of discursive frameworks.

The second part of my methodology is derived from Butler's idea of performativity, introduced in her 1993 work as "the reiterative power of discourse to produce the phenomena that it regulates" (2). After using Foucault's concept of biopower to distill how and what forms of institutional power are present in the texts, I will use the concept of performativity to assess the representations of agency in the texts. Holding

that performativity is, in essence, the idea that the iterative performance of actions, dictated by a regulatory framework produces subjecthood, I will conduct an analysis focusing on instances in the texts that show the characters' actions in relation to regulating discourses, represented as they are in the text. These actions could be in accordance with discourse, i.e. as prescribed by discursive norms, or function as resistance/subversion to those norms in some way, itself produced by discourse.

In order to meaningfully categorize these actions and dialogues, I will be using a specific definition of 'agency', built on Butler's aforementioned concept of performativity. For the purposes of my analysis, an 'agent' will be a character that is constructed in a certain way by the regulatory and productive discourses present in the text, but acts against this construction; in essence, performs an act of resistance. If a character is portrayed in the text in this way, this character can be said to have a degree of 'agency'. Accordingly, throughout this project, 'agency' is considered to be when a subject consciously acts against the discourses constructing it, performing an act of resistance to the discursive norms that govern its conduct. It is important to note that this resistance is not an act independent from discursive influence; just as discourse prescribes norms, it is also productive of the resistance to those norms.

Additionally, speech act theory, as introduced above in the context of work by Althusser, Austin, and Butler, plays a role in my examination of agency in my chosen texts. As speech acts can have the effect of constructing an individual as a certain kind of subject, as indicated in the discussion of the theoretical underpinnings for my analysis of the representations of institutional power, this act of construction may well be an act of resistance in itself. Accordingly, I wish to extend my criteria for the determination of

agency. For the purposes of this analysis, the characters that can be seen to perform acts of resistance, including speech acts, that either construct other characters or the acting character as being other than the prevailing discourse dictates, can be said to possess a degree of agency. By considering agency in this way, this analysis will lead to a fuller understanding of what it means for one to have a kind of agency within a discursive framework. These understandings can then give rise to a greater knowledge of the role of agency in conversations about assisted dying in general.

Having considered the theoretical grounding and intended usage of my methodological approach, I now wish to discuss the possible limitations of these methods; chiefly, what sort of insights the methodology is equipped to produce. My methodology, geared as it is to an analysis of literary works, is firmly rooted in textual analysis. Accordingly, when I write about discourse, I am referring to the discourses as they are presented or represented in the texts; in this case, the literary discourse around assisted dying, as shown in *Alices Reise in die Schweiz* and *Jürg Reinhart*. Although literary discourse influences public discourse, and vice versa, the two should not be conflated. Owing to this, the project does not claim to produce insights on the social discourses around assisted dying; rather, this work is limited to an analysis of the representations of the discourses around assisted dying and the production of deeper understandings thereof.

This chapter has, in considering the theoretical background of my methodological approach and discussing the use, appropriateness, and limitations of said approach, sought to present and establish the methods with which the analysis of my chosen texts was conducted. I utilize a text-analysis approach that attempts to examine both

representations of agency and of institutional power in the works, while attempting to maintain the importance of normalizing discourses in the existence of those representations. I argue that, in doing this, my methodological approach produces fuller understandings of these phenomena as they exist in the texts, leading to further insight into the function of the discourses around assisted dying in general.

Accordingly, the next chapter of this thesis project opens the analysis portion, where I begin with Max Frisch's *Jürg Reinhart*, examining the portrayals of agency and institutional power involved in the latter half of the novel, where Frisch describes the events surrounding Jürg and his terminally ill beloved, Inge.

Chapter 4.1: *Jürg Reinhart*

Introduction

Frisch's debut novel tells the story of Jürg Reinhart, a young man from Switzerland who embarks on a somewhat aimless journey of self-discovery as he seeks to become a man and find his purpose in life; as described at the beginning of the novel, "was man sonst von Jürg Reinhart wußte, nachdem er die dritte Woche in Ragusa geweilt hatte, war ungefähr nichts. Das heißt: daß er jung war und sich auf einer Reise befand. Aber unklar, woher er kam und wohin er wollte" (Frisch, 227-28). As mentioned here, his travels eventually take him to a guesthouse in Ragusa, modern-day Dubrovnik, where he stays for a period, meeting and becoming enmeshed in the lives of the impoverished Baroness von Woerlach, the manager of the guesthouse, her chronically ill daughter Inge, and a number of other guests.

After a number of less than successful attempts at pursuing romantic engagements with other women at the guesthouse, Jürg becomes closer with Inge, the *femme fragile*, falling in love with her. In one of their conversations, Jürg expresses his uncertainty with life, declaring that "dieses Erwachsenwerden ist ein Verblöden. [...] manchmal habe ich so irrsinnige Angst vor dem Erwachsenwerden. Begreifen Sie das? Ich möchte endlich reifer werden, zugleich aber ein Kind bleiben" (275). His uncertain feelings aside, Jürg eventually decides to leave the guesthouse to continue his travels, and in spite of Inge's request that he stay, leaves for Athens. Shortly after departing, Jürg reaches the realization that,

Man wird nicht Mann durch die Frau. [...] nun muß [er] einen weiten Umweg machen, um richtig zur Frau zurückzukommen, einen Umweg durchs Alleinsein

und eine menschliche Bewährung, die man durch den Geist erringt und nicht im leiblichen Mannsein sucht. [...] Und erst, wenn ich mir dies bewiesen habe, nämlich durch eine männliche Tat [...] Dann werde ich diese Hemmung besiegt haben, [...] als man seine Reife durch die Frau suchte, zugleich wissend, daß man sie in der Frau nicht finden wird. (305)

With this realization guiding him, Jürg travels on, through Istanbul to Greece, searching for his “männliche Tat” (305). However, while in Greece, Jürg receives word from Ragusa of Inge’s deteriorating health. Hearing of her plight, Jürg changes his plans, heading back to the guesthouse, where he is faced with the “männliche Tat” (305) he had sought, as he is forced to make the most difficult decision of his young life: whether or not to help Inge end her suffering.

Jürg Reinhart presents a narrative that, while being at the same time very much focused on the personal development of the eponymous main character and reminiscent of the prototypical *Entwicklungsroman*, provides an extremely intimate look at a topic of contemporary importance: assisted dying. The novel offers a close look at the moral and emotional challenges that characterize interactions with processes of (assisted) dying, and owing to its date of publication, does so in a manner unfettered by negative associations with the Third Reich’s euthanasia program. Accordingly, the novel explores not only the personal experiences of the characters as they grapple with the implications of helping someone to die, but also lays open the discursive frameworks within which the process occurs, such as those constructed by juridical and religious discourses.

Despite the discursive frameworks within which assisted dying exists, individual agency remains a guiding principle in present-day discussion around the topic; as such, in

examining the portrayal of assisted dying in *Jürg Reinhart*, this chapter will also seek to explore how the novel portrays the individual's ability to make autonomous decisions. Accordingly, in the following pages I will consider the regulatory frameworks that govern assisted dying as they are presented in *Jürg Reinhart* by analyzing the text's depictions of agency and institutional power, as well as the interaction of these frameworks with the characters. Consequently, I argue that the novel presents assisted dying as existing in a regulatory framework that intersects with manifestations of biopower, while foregrounding the potential for personal agency within this context. To do this, I will show how discourses of institutional power are reflected in the text and investigate the sort of agency characters are depicted as having within these frameworks.

Accordingly, my analysis of the novel is largely concentrated on the second and third books of the text, as the subject of assisted dying does not become a focus of the novel until Inge's health deteriorates midway through the narrative. With this concentration in mind, a large portion of the following analysis concerns itself with the character of the Baroness, who, while certainly being a major character in the novel, can be seen as secondary to the eponymous protagonist. However, despite her status as a "secondary" character, I argue that her proximity to the question of assisted dying in the novel, achieved through her extensive advocacy for her daughter, which I address below, constitutes her as a character of particularly high importance for this analysis.

The Institution – Medicine

To begin with my analysis, I turn now to the depiction of institutional power in the text. In *Jürg Reinhart*, there are several dominant institutional discourses at work, primarily the juridical, the medical, and the clerical, in addition to the underlying

humanist discourses of personal choice and autonomy. These discourses, taken together, form the framework within which the novel poses questions of assisted dying.

In Frisch's novel, this institutional framework is particularly evident in the character Inge's categorization by the medical institution. Throughout the novel, Inge, known alternately as *die Kranke*, is, to varying degrees, constructed as an ill person, lacking in personal autonomy. Specifically, Inge is conceptualized as a sick person who does not have authority over her own life in many respects; she has no authority over her own treatment, and by extension her continued life and eventual death.

Early in the novel, living with her mother the Baroness in the guesthouse, Inge is in many respects portrayed as a fairly "normal," even unremarkable character, with Jürg's initial attentions being directed towards Hilde, the guesthouse maid. Eventually, however, the characters begin to spend more time with one another, becoming quite close by the time Jürg leaves to continue on his journey. In fact, as he says his goodbyes, Jürg and Inge kiss, a rather significant event in the young man's life, as "es war das erstmal gewesen, daß er einer Frau, außer seiner Mutter, einen Kuß gegeben hatte" (301).

Despite the not immediately threatening nature of Inge's illness and the relatively mundane nature of her existence at her mother's guesthouse, Inge clearly conceptualizes herself as being fragile and lacking full capacity for physical activity, based on her status as an ill person. During one of their interactions, prior to Jürg's departure, Inge goes to fetch the two of them glasses of punch, "und als Inge ein neues Glas füllte, dachte sie: Nun geht er nach Stambul und Griechenland, aber sie war meistens krank gewesen, wenn sie hätte reisen mögen" (259). Although she is not explicitly designated as being chronically or seriously ill by a physician at this point in the text, rather being referred to

and referring to herself as *die Kranke* or *eine Kranke*, Inge nonetheless conceptualizes her previous illness as a limiting factor on her actions; simply, her status as an ill person, a status afforded to her by, at minimum, common understandings of what the medical institution prescribes as “ill,” has the effect of regulating her behaviour.

This regulatory influence is again seen as Jürg seeks to leave the guesthouse to continue on his journey. Inge, having become quite attached to Jürg, asks if he will instead stay with them:

Seien Sie unser Gast. Wissen Sie: ohne Fremdheiten. So wie wir Gäste hatten, als wir unser Gut noch besaßen. [...] Auch wenn ich Ihnen kein Reitpferd geben kann, nicht einmal Hunde: Ich bitte Sie darum, Jürg, seien Sie trotzdem unser Gast.” [...] Endlich legte [Jürg] diese Platte nieder, um näherzutreten, als ihm Inge schon die voraussichtliche Dankrede aus dem Mund nahm: “Ich bin krank und kann Ihnen keine Rechnung schreiben.” (290)

Inge’s last comment serves only to emphasize her status as an ill person; she, being chronically ill, does not have the authority to write Jürg his bill to allow him to leave the guesthouse. Although it is perhaps not unusual for an unmarried young woman to be unable to write a bill of sale, Inge places this deficiency squarely on the shoulders of her illness; due to her status as an ill person, she conceptualizes herself as being unable to do certain things. So strong is her perception of her illness categorizing her as less-than, she even makes a point of saying to Jürg how little she can offer him; she is not the owner of the guesthouse who has the authority to write bills, just “*eine Kranke*.” Indeed, Inge even sees her illness as constructing her as being character-deficient; as she states shortly after offering Jürg permanent residence at the guesthouse, ““wie gemein man wird, Jürg, wenn

man krank ist: nun gebe ich Ihnen Kuchen, damit Sie nachher nicht schwimmen können und hierbleiben müssen. [...] oh doch, Jürg, so sind die Kranken” (290). Effectively, the medical institution categorizes persons with illnesses as “sick,” and accordingly, in a category apart from “well” or “normal.” This leads Inge to conceptualize herself as “abnormal.” She sees herself not merely as a “normal” person with an illness, but as someone who is fundamentally “other” than a person who is “well.” Accordingly, Inge acts out the part of the “other” by conceptualizing herself as unable to offer the man she loves that which a “well” person could, on the grounds of her illness.

Naturally, Inge’s regulation by the medical institution extends to and beyond the point at which she falls gravely ill. After Inge’s health deteriorates and she is brought to the hospital for treatment, her categorization by the medical institution as an ill person results in a near-stripping of her personal autonomy, as nearly all decisions pertaining to her treatment are taken out of her hands, an example of this being when she refuses an injection, but it is administered regardless of her wishes (340-41). As the institution categorizes Inge’s body as unwell, her mind is considered suspect as well, and her wishes are not heeded. As Hilde, the guesthouse maid, comes to the hospital to visit Inge, she wonders to herself, “vielleicht weiß es die Kranke nicht, daß jemand im Zimmer steht” (317), questioning the mental state of her sick employer.

Additionally, shortly after being brought to the hospital, the doctors come to the conclusion that Inge will need an operation to have a chance at surviving her illness; however, Inge is not consulted about this course of action, the decision being left to her mother and the attending physicians (320). Due to her physical illness, Inge is simply not

considered mentally well enough to be involved in her own treatment plan, or even the specifics of her diagnosis. As Hilde asks Inge during her visit,

“Was haben Sie eigentlich, gnädiges Fräulein?”

“Man sagt mir nichts.” (318)

Inge is continuously reminded of her state as the pitiable sick woman by her treatment as a patient, yet is so disconnected from the specifics of her treatment that she simply does not know what is going to happen, or what has happened to her already. Continuing their conversation, Inge asks Hilde,

“Sagen Sie es aufrichtig, Hilde.”

“Ja?”

“Hat man mich eigentlich schon operiert?”

Und Hilde schüttelt heftig den Kopf, lange, damit man ihre Augen nicht sehe, die wieder feucht geworden sind; denn nun begreift sie etwas, plötzlich, sie weiß ein Geheimnis. (318)

Inge is so strongly regulated by the medical institution that her illness becomes her only defining characteristic. She is physically ill, and so cannot handle the mental burden of knowledge about her own situation; she is produced in a separate category that strips her of her personal autonomy.

Perhaps the most dramatic instance of this categorization of Inge as sick and therefore incompetent by the medical institution takes place following the operation her survival depended on. While the operation was, as Dr. Svilos thinks, “die schlimmste Operation gewesen, die er erlebt hat” (336), Inge survives. Despite this success, Inge remains ill, eventually developing acutely painful blood poisoning (365), and naturally

continues to be regulated by the medical institution as a sick individual, without the ability to make choices about her treatment. This continued regulation is perhaps most clearly seen following Inge's assignment to a new hospital room, a room that Drs. Heller and Svilos, her attending physicians, thought would have a positive psychological effect on their patient (337). Inge flies into a sudden rage, railing against the physicians and her family alike for failing to help her:

“Nicht mitzittern, Freundin, warum helfen Sie nicht? Niemand hat Kraft!

Niemand? [...]"

“Aber liebes Kind, du hast doch mich.”

Auf den Bettrand hat sich die Mutter gesetzt.

“Ich brauche dich nicht, Mutti. Du hast auch keine Kraft. Du kannst mir auch nicht helfen, Mutti. Du läßt mich sterben wie einen Hund.” (339)

Inge eventually breaks down, frustrated and crying, wishing only for her beloved, Jürg, to be by her side; Svilos takes this opportunity to do what he has determined is best for his patient, that is, sedate her:

Jetzt, als sich Svilos nähert, bittet die Kranke mit stummen und entsetzten Augen:

Keine Einspritzungen machen! Aber [die Krankenschwester] reicht das

Instrument. Und Inges aufgerissener Blick sinkt auf die Mutter: Schlage sie, Mutti, schlage sie! Aber es nützt nichts: die Nadel berührt den bloßgelegten Arm. Und

dann weint Inge: Warum läßt du mich im Stich, Mutti, warum rufst du nicht Jürg?

Inzwischen drückt Svilos langsam und bis zur zweiten Marke, die man am

Glasröhrchen sieht. (340-41)

Inge is categorized as physically ill and therefore, as a mental invalid; she has neither authority over her medical treatment, or even over her own body, as her mother and the attending physicians make all decisions pertaining to her treatment, even sedating her against her will. In fact, Svilos not only makes Inge's healthcare decisions for her, he violates her body in carrying those decisions out, compromising Inge's basic authority over her own body. Thusly, Inge finds herself regulated by the medical institution, to the point that her course of action in dealing with her illness is fully in the hands of those around her, who subscribe to the norms set out by medical discourse.

The Institution – Religion

Although the medical institution's regulation of Inge as a patient can be found throughout the novel, and its resulting influence on the situation is nothing short of pervasive, it is of course not the only source of discursive influence. Continuing my analysis of the institutional influence present in *Jürg Reinhart*, I now turn to the treatment of religious authority; while by no means as ubiquitous as evidence of Inge's regulation by the medical institution, religious discourse plays a vital role in shaping how the characters approach Inge's treatment.

Later in the novel, after it has become clear that Inge will die from her illness, her mother, the Baroness, confronted with the imminent death of her daughter, finds herself faced with the reality of the situation in that neither she, nor the doctors, can do anything to save Inge. She is, however, not content to merely sit idly by, demanding of Svilos,

“Aber wir müssen einfach helfen. Auch wenn wir uns nicht vorstellen können, was wir tun: Liebe war niemals ein Irrtum [...] Warum schweigt ihr alle? Ihr

wollt mich nicht verstehen [...] muß ich es selber aussprechen? Ich: die Mutter?

Lassen Sie mein Kind sterben. Heute.” (343)

Svilos, however, does not take this suggestion kindly, flatly refusing the Baroness’ request:

“Möge Sie Gott überhört haben, und wir wollen es Ihrer Verzweiflung verzeihen und vergessen; denn Sie werden sich darauf besinnen, daß es Ihr eigenes Kind ist.”

“Und deswegen bitte ich Sie darum.”

“Sie versündigen sich [...] Baronin: ich bin Slawe und treuer Katholik.”

“Sie erlösen mein Kind nicht?”

“Ich töte nicht.”

“Töten, wenn man hilft, töten, wenn man erlöst?”

“Es ist bloß einer, dem das Recht des Erlösens gehört, und das ist unser Gott.”

“Und er hilft nicht!”

“Baronin: ich achte Ihren Schmerz, da Sie Ihr letztes Kind wegsterben sehen, aber ich teile nicht die Lästerungen einer deutschen Ketzerin.” (344)

This exchange reveals the underlying influence of Judeo-Christian creed in respect to Inge’s treatment, as the religious institution’s normative influence, manifested in Svilos’ adamant refusal to help Inge die and his resultant shaming, or disciplining, of the Baroness. The text presents Svilos as a “treuer Katholik” (344), and thus as a subscriber to and representative of the norms prescribed by the church, and in so being, as a subject to the regulating effects of the dominant religious institution. The norms set out by the church, then, fundamentally limit and regulate Svilos’ conduct; simply, if he is to be a

“true Catholic,” he must act according to the Catholic Church’s statutes, including refusing to condone assisting in another’s suicide.

Naturally, in responding to the Baroness’ request to help her daughter die, Svilos acts according to the church’s mandate that one shall not kill, and refuses to entertain the idea of killing Inge. The Baroness, however, challenges this norm by reconceptualizing the act of ending her daughter’s life as deliverance from her pain, rather than as an immoral act. When Svilos maintains that deliverance is the province of God, again cementing himself firmly within the discursive influence of the church, the Baroness continues to challenge the authority of the church in this realm, criticizing God’s seeming absence; in response, Svilos brands her a heretic and leaves the Baroness without his help. By refusing to help the Baroness on religious grounds, Svilos makes clear the discursive influence of the religious institution on the situation; he raises neither ethical nor legal grounds for refusing to help Inge die, seemingly basing his decision purely on his religious beliefs. Thusly, the text presents the influence of the religious institution as a regulating force in relation to Inge’s plight.

This is of course not the only instance of religious discourses influencing interactions in relation to the question of whether or not to help Inge end her life. After the Baroness’ request is rejected by Svilos, she turns to Helen, a friend of the family, for help:

“Helen: ist es Töten, wenn man es aus Liebe tut? Wir sind Menschen, die zusehen und ein Gefühl haben: und nicht die Kraft? [...] mein Kind ruft nach Kraft, und das ist Liebe [...] und heute ist dieser Tag, da wir sie einlösen sollen [...] wir werden es erfahren, ob es ein Gott der Liebe ist. Ob es ein Töten war oder ein

Helfen. Dann dürfen wir trauern, Helen, weil wir einen Menschen geliebt haben.”

(345)

Helen, however, is unconvinced by the Baroness' words; she rebuffs the Baroness, criticizing her lack of hope and apparent misunderstanding of Inge's situation:

“Warum sind Sie so grausam, Baronin, so alle Hoffnung leugnend? Und sich ausdenken, daß Inge hinausgestoßen wird aus diesem Leben, das ihr vielleicht noch so lange zgedacht ist: Mord!”

“Mord?”

“Verzeihen Sie mir, liebste Baronin, aber denken Sie an alles, was Inge noch verlangen darf vom Dasein, und ich glaube nicht, daß soviel Schmerzen ohne Sinn sind!” (346)

Helen's reasoning for her actions being based on the belief that suffering happening for a reason reveals a worldview that is, minimally, influenced by traditional Judeo-Christian understandings of suffering as a trial or punishment from God. In rejecting the Baroness' reasons for wanting to help her daughter end her life, and showing her own understanding of Inge's suffering to be based on “truths” about suffering claimed by Christian discourse, in that killing is immoral, Helen reveals an undercurrent of discursive influence from the institution of religion – and the degree to which her own behaviour is regulated by that influence. Thus, the text's presentation of the Baroness' interactions with Helen serves to portray the religious institution as a source of discursive influence on questions of assisted dying.

The Institution – Juridical Discourse

As seen in the previous sections, involvement with questions of death, illness, and assisted dying necessitates exposure to a myriad of regulating discourses. Perhaps unsurprisingly, one of the most apparent sources of discursive influence, particularly when one examines these questions from a contemporary perspective, is that of the legal sphere. Indeed, the justice system maintains a high degree of authority over the truths, in a Foucauldian sense, of assisted dying, as any legalization or regulation efforts must officially be conducted through the legal system. It follows then, that characters in the novel look to the legal system to legitimize their own actions in respect to assisted dying, as they act either in accordance with or against established norms; accordingly, the last facet of institutional influence I now move to consider is that of the juridical.

Following the Baroness' decidedly unsuccessful attempts to solicit help from Svilos and Helen, she turns to the second of Inge's attending physicians, Dr. Heller. The Baroness' thoughts on her daughter's situation have, despite the resistance shown to her ideas by Svilos and Helen, remained much the same; as she tells Heller in asking for his assistance, "“Ich bitte Sie: welchen Sinn hat es, daß wir meinem Kind nicht helfen? [...] Gott, ich sehe nur diesen einzigen Sinn: daß wir helfen müssen!”" (348). Heller, however, does not immediately react to the Baroness' pleas, prompting her to take a more direct tack, which in turn forces Heller to reveal his thoughts on the matter:

“Heller: Sie tun es.”

“Ich?!” [...]

“Sie wissen, Baronin, daß wir nicht das Recht dazu haben. Ich meine: nicht das

staatliche Recht. Und schon einmal stand ich vor dieser Lage. [...] Aber nun ist es das zweite Mal, Baronin: wir wollen nicht streiten über das staatliche Gesetz, das wir in dieser Stunde nicht ändern können.” (348)

In responding to the Baroness’ request for help in this way, Heller firmly conceptualizes his actions as a physician as being governed under the law; despite any personal feelings he may have about the situation, his experience dealing with situations like Inge’s tells him that the juridical is the governing discourse in events such as this. As such, Heller’s actions in respect to the Baroness’ request are regulated by this discourse.

Interestingly, despite this regulatory influence, Heller does in fact decide to help the Baroness. However, his help comes in a form that the Baroness does not quite expect:

“Ich werde mithelfen, Baronin. Ja. vielleicht wissen Sie, daß nachher unbedingt eine Untersuchung gemacht werden muß über die eigentliche Todesursache. [...] Ich gebe Ihnen das Versprechen, daß ich schweige, wenn ich einen Tod feststellen sollte, der eine strafbare Verletzung des Gesetzes verrät, und daß ich gegebenenfalls leugne, wenn andere diese Vermutung aufbringen.”

“Sie helfen nicht selber?!”

“Meine Hand, Baronin: es wird niemand, der helfen mag, eine staatliche Strafe befürchten müssen.” (349)

Heller’s act of resistance against the juridical discourse, which I will discuss later in my analysis, aside, the form his willingness to help takes suggests the extent to which the juridical discourse influences his conduct. He wishes to help, but will do so only in a “safer,” less easily punished manner; he will lie about the results of Inge’s autopsy, and even goes so far as to provide the Baroness with the tools she needs to aid Inge in her

death (“Ich stelle meine Morphiumspritze auf dieses Tischchen, Baronin; meine Mithilfe habe ich versprochen, und mein Versprechen werde ich halten” (349)), but he will not risk performing the deed himself; the threat of discipline simply cannot be ignored.

In the next scene of the novel, after Heller has taken his leave of the Baroness, she enters a side room to find the nurse Jovanka. Picking up the syringe Heller left in his wake, the Baroness asks Jovanka how to use the device, and eventually asks her to help in releasing Inge from her pain. Much as with the other people the Baroness has asked for help, this does not go as planned:

“Sie sind eine Frau, Jovanka, Sie haben ein Herz.”

“Ich bin keine Verbrecherin!”

“Sie wissen, was eine Mutter ist. Sie sind Schwester. Sie wissen, wie man es macht.” (351)

Much as Heller’s initial reaction to the Baroness’ plea, Jovanka’s response underscores the ever-present influence of the law on the conduct of persons involved with life and death situations; her immediate reaction to the Baroness’ request references the power of the juridical discourse that disciplines and regulates the behaviours of citizens of a state, prescribing certain behaviours as acceptable and others as not, disciplining those who deviate and branding them criminals. Furthermore, what is evident in these conversations is not just the regulatory influence of the institution, but also the establishment of certain “truths” about what a person is or is not, based on their conduct in respect to established norms.

Interestingly, the exchange between Jovanka and the Baroness references not only the regulatory influence of the juridical, but the medical and religious discourses as well.

In response to the Baroness' appeal to Jovanka's skills as a nurse, Jovanka continues the conversation:

“Glauben Sie, ich will ausgestoßen werden aus der Krankenpflegerinnenvereinigung?”

“Es bleibt ein Geheimnis.”

“Gott sieht alles!”

“Jetzt kommt wieder der liebe Gott, alle kommen und keiner hilft!” (351)

In refusing to help the Baroness, not only does Jovanka reference the possible legal consequences of such an action, but also disciplining actions she would likely face from her professional organization, the nurse's union, representative of the medical discourse as it is. Additionally, she acknowledges the possible religious consequences of aiding in the death of another; God knows everything, and sins do not go unpunished. Should she help the Baroness, Jovanka knows that she risks discipline at the hands of the juridical, religious, and medical institutions; this knowledge regulates her response to the Baroness' cry for aid, showing the overarching discursive influence of these spheres on situations involving assisted dying.

Agency – The Baroness

To begin the second half of my analysis of *Jürg Reinhart*, I now turn to the concept of agency in the novel. I will approach the concept of agency from a post-structuralist perspective, utilizing the Butlerian idea of performativity to conceptualize agency as an iterative performance within the above-referenced regulatory frameworks. Accordingly, it is through performative acts that characters are able to display a degree of agency. This reliance on the individual's act places the discourse around assisted dying in

direct relation to discourses of self-determination; however, looking at these actions in respect to regulatory discursive frameworks allows for a concept of agency that takes into account the resulting discursive influence on the individual's actions. This performance of agency figures heavily into the novel, with a number of characters displaying their agencies in meaningful ways. As is appropriate to the subject of my investigation, I will limit my considerations here to the characters that perform their agencies in respect to Inge's plight.

Accordingly, I will first examine the performance of agency carried out by Inge's mother, the Baroness. The Baroness, in her role as her daughter's advocate, repeatedly reconceptualizes the role of the caregiver, including but not limited to the physician, in relation to a patient with a terminal illness. Through her repeated requests that those around her help her daughter to die, rather than to simply suffer and waste away, the Baroness subverts the traditional role of the caretaker by reconceptualizing the act of assisting in another's suicide as a merciful action, an action whose primary purpose is the alleviation of suffering, as opposed to ending a life. This is shown throughout the text, as each time the Baroness makes a request of another character, she emphasizes that aiding Inge in her suicide is *helping* her daughter, rather than merely ending her life; for example, this can be seen in her conversations with Svilos ("Töten, wenn man hilft?" [344]) and Heller ("Ich bitte Sie: welchen Sinn hat es, daß wir meinem Kind nicht helfen?" [347-48]). As in her other conversations on the subject, her dialogue with Heller is prefaced with her conceptualizing the act of assisting in Inge's death as one based in love, and that she "[sieht] nur diesen einzigen Sinn: daß wir *helfen* müssen!" (348).

By framing her requests in terms of their value as “helping actions,” the Baroness’ repeated requests conceptualize assisting in a suicide as an action that is grounded in discourses of helping one’s fellow man, and as such, an action that ought to be performed by those whose role it is to prevent or alleviate the suffering of the severely ill. This reconceptualization of assisting in another’s suicide fundamentally alters the mandate of a caregiver or physician in these cases, and as such has the effect of subverting the older discourses around caring for the dying. Effectively, the Baroness performs her agency by subverting the older discourses around caring for the terminally ill and subscribing to a different discursive norm, in that she portrays assisting Inge in her death as an act of mercy, and categorizes that act, as well as advocating for it, as belonging to the mandates of her daughter’s caretakers, herself, as Inge’s mother, included.

Although the Baroness repeatedly advocates for her daughter, trying again and again to solicit help from her daughter’s caretakers, and in so doing reconceptualizes the act of aiding in a patient’s suicide, affecting a subversive shift in the roles of those self-same caretakers, the Baroness shows little desire to engage in this act herself. Despite her strong desire to find someone who will help her daughter, she seems unable to conceive of herself as being that person; she does not subscribe to the subversive norm she purports to support.

After attempting to solicit help from Svilos, Heller, and Helen, each time being refused, she turns to Jovanka, her daughter’s nurse. As discussed in the preceding pages, Jovanka refuses to help the Baroness for a number of reasons – but it is the solution she offers the Baroness that is especially intriguing. Upon refusing to aid Inge in her suicide, Jovanka suggests to the Baroness,

“Baronin: warum tun Sie es denn nicht selber?”

“Ich?!”

“Langsam drücken. Bis zuletzt.”

Und die Mutter bleibt stehen, hält das Instrument und hört, wie hinter ihr eine Tür ins Schloß gezogen wird, und ist allein. Endgültig und ganz.

Ich --? (351)

Jovanka provides the Baroness with an opportunity to help Inge, even giving her the professional guidance her position as a nurse allows, but the Baroness cannot find the strength to help her daughter herself. This inability to commit to the action she so strongly supported represents an unwillingness to identify herself with the subversive activities that she, in extolling the act of assisting in a person’s suicide as helping that person more than merely ending their life, prescribes as part of the mandate of caretakers of the terminally ill. The Baroness does not appear to view, at least in this sense, the roles of caretaker and parent as equivalent; she conceptualizes the act of assisting in an ill person’s suicide as belonging to the province of the caregiver and not that of the parent, despite their commonalities. Thus, while the Baroness performs a kind of agency in promoting this action, she never moves from the dominant conception of what it means to be a mother of an ill person to the new, subversive conception she proposes; as she mentions to Jürg following Inge’s death, “Ich hatte diese Kraft nicht. Und hundertmal wiederhole ich ihre drei letzten Tage: diesen Donnerstag und Freitag und Samstag. Ich erinnere mich: vorher wünschte ich es einmal und bat die Ärzte darum. Aber sie versagten, wie wir alle versagten” (367).

Despite the Baroness' initial display of agency, shown through her advocacy for Inge's right to be helped by her caretakers, the Baroness could not conceptualize herself in those same terms; therefore, despite the level of agency she may have shown in the subversive promotion of assisted dying as she sought help for her daughter, she never transcends the traditional role of the mother of the sick person by taking the responsibility for helping her daughter into her own hands, and thus does not continue to perform her agency in a meaningful manner, relapsing into dominant behavioural norms.

Agency – Jürg and Inge

Having discussed the manner of agency performed by the Baroness, I turn now to the eponymous main character of the novel, Jürg Reinhart, and the woman he loves, Inge. Much like the Baroness, Jürg's performance of agency in respect to Inge's impending death takes an unlikely form; however, his performance takes a completely different form than that of Inge's mother. Jürg spends a large part of the novel at the Baroness' guesthouse, where he eventually forms a strong emotional attachment to Inge, before moving on, continuing his journey to "find a purpose in life" and "become a man." Eventually, after reaching Greece and spending a night in Delphi, he sets out to return to Ragusa, only to be confronted with his beloved, Inge, bedridden and suffering the effects of blood poisoning; the next day, Inge is dead. Jürg stays at the guesthouse a while longer to help with administrative matters related to Inge's passing, before it is eventually revealed that it was he who took the young woman's life.

This act of compassion represents one of the most striking examples of a character's performance of agency in the novel, in that aiding Inge in ending her life is neither something Jürg wished to do, nor truly felt he could; regardless of his feelings

about the action, he nevertheless performs it, and in doing so aligns himself with the subversive understandings of the caregiver's role endorsed by the Baroness as she sought someone to alleviate her daughter's suffering. This is shown in the scene prior to when Jürg admits to the Baroness that it was he who helped Inge to die. First, Jürg appears to be in denial that it was in fact he who ended Inge's life:

Es war ihm, als hörte er sie sagen:

- Nicht die Nerven verlieren, Jürg [...]. Aber ich wußte, daß Sie kommen werden, und ich schulde Ihnen noch immer meinen Dank, daß Sie mir die Spritze herüberreichten vom Nachttisch. -

- Ich? Ich habe es nicht getan!! -

- Warum erschrecken Sie, da Sie nicht sehen, Jürg, warum lügen Sie mir gegenüber? -

[...] Aber jetzt hatte sich Jürg hingeworfen und verbarg sein Gesicht, als hätte er es erst in diesem Augenblick begriffen, daß er es gewesen war. (378)

Jürg is clearly uncomfortable with the truth of his actions; indeed, it is his unwillingness and guilt that shows how strong the regulatory influence of dominant discourses is here; the source of his unease lies in the designation of the actions he contemplates being traditionally seen as wrong. In fact, Jürg even believes that he cannot deal with the burden of his guilt, as seen when he begs his fantasy of Inge to let him come with her into death:

- Inge, ich habe es getan, und ich mag dieses Leben nicht, wenn es nun alles häßlich macht! Warum erlauben Sie mir nicht, daß ich mitkomme? Ich habe nicht

das Recht, weiterzuleben unter den Augen Ihrer Mutter! Ich bitte Sie darum:
gehen wir. - (380)

Despite his apprehensiveness and unwillingness to let Inge go, Jürg eventually does help her to die. In his fantasy, this is ultimately portrayed as an act of great love, and represents a subversive shift in the designated role of the caretaker of the terminally ill, as shown through the reaction of the Baroness to Jürg's confession:

Und da stand Jürg vor [der Baronin] und sagte ruhig:

“Baronin -- ich.”

Es wuchs eine Stille um dieses Wort [...] und beide verweilten im Blick des anderen und warteten. Und endlich [...] bewegte sich die greise Hand der Mutter und glitt der Tischkante entlang, während sie sagte:

“Wie müssen Sie mein Kind geliebt haben.” (383-84)

Not only does the Baroness wish to leave the manner and circumstances of her daughter's death “unter der Erde” (383), having as she does no interest in putting the doer of this deed before the courts, she conceptualizes the action as one originating in love, absolving, at least partially, Jürg of his guilt and legitimizing the new discourse around the care of the terminally ill endorsed by Jürg's actions.

Although Jürg's performance of agency constitutes a shift from one set of discursive norms to another, specifically from older understandings of how one ought to care for the terminally ill to newer, subversive understandings thereof, Jürg's actions rely on his fantasy of Inge's encouragement and reassurance. Despite Jürg's discomfort and despair in having to help Inge end the “irrsinnige Schmerzen, [die waren] als hätte [sie] brennende Kohlen im Leib getragen” (378), Jürg manages to conceptualize his aiding

Inge as equivalent to “eine männliche Tat” (305), that deed that Jürg had sought throughout his journey to help him become a man. As Inge tells Jürg in his fantasy,

- [...] Aber ich habe gewußt, daß Jürg kommen würde und daß Sie ein Mensch sind, der sich sehnte nach einer Tat. Erinnern Sie sich an jenen Abend auf der Pergola? [...] Und an Ihren innigsten Wunsch, daß Sie einmal sagen könnten: Dies oder das habe ich getan! -

- Und ist das es nun, was ich getan habe? -

- Und als Sie endlich eintraten, Jürg, als ich sah, daß Sie die Kraft hatten und daß es Sterben war, was Sie mir geben würden: - (378-79)

Later in their conversation, Inge drives her point home with her last words in the fantasy:

- [...] Sie werden nicht nachkommen in den Tod, Jürg, Sie werden leben, und was es Ihnen bringen mag, Jürg: sie werden stehn zu Ihrer Tat. Sie werden es nicht leugnen, [...] daß Sie ein Mann geworden sind. -

[...] Er spürte ein plötzliches Würgen im Hals, ein Wimmern durch alle Adern, und sie würde lachen:

- Nicht weinen, Liebster, da Sie nun ein Mann sind. - (381-82)

It is in this encouragement, this conceptualization of helping her to die as a “männliche Tat” (305), that Inge, long portrayed as merely an ill body, lacking in personal agency and ability to specify her own treatment or, more generally, to choose her own path, is ascribed agency by Jürg. In being reconceptualized as not only competent, but as having the awareness that she needs help to act out her will, Jürg’s fantasy of Inge represents a challenge to the discursive norms that have categorized her as a sick, and therefore helpless, invalid throughout the novel, even though the masculinist discourse that

bestows the ability to act onto men only (“männliche Tat”) remains unquestioned. Nevertheless, through the imaginary conversation, Jürg’s fantasy of Inge can be understood as a new conceptualization of what an ill person’s abilities are, and accordingly, what their role is in the determination of their treatment; thereby, in leaving the older concept of “patienthood” and moving towards this new set of discursive norms behind, Jürg ascribes a degree of agency to Inge.

Through Inge’s role as the suffering patient, she helps Jürg to perform his agency by being the one who becomes her saviour by helping her to die. Jürg performs acts of resistance against the dominant discourses that define the roles of the caregiver to the terminally ill and, through his bestowal of agency on the fantasy-Inge, of the patient themselves. Despite Jürg’s initial unwillingness to aid Inge in her death, he ultimately does set her free from her suffering, reconceptualizing the role of the caretaker to the terminally ill and subverting older discourses around that role. This is, of course, due to his ascription of agency to Inge, as he conceptualizes her as rejecting the traditional conception of the severely ill as weak and unable to look out for their own interests, imagining that she convinced Jürg to help her end her life by reconceptualizing that action as a “männliche Tat” (305), an action of positive value. Through these actions the two characters perform, or are conceptualized as performing a kind of agency that, despite it being enmeshed in options for compliance and resistance inherent in the discursive model, is a product of particular actions that result in movement between discursive norms.

Conclusion

Through a consideration of the characters and institutions portrayed in *Jürg Reinhart*, I have attempted to show that the topic of assisted dying exists in a network of institutional discourses, and through a consideration of how the characters in the novel interact with these discourses, what sort of discursive influence is evident in the text. Accordingly, I have also sought to expose acts of resistance against discursive norms by the characters, showing their potential as expressions or performances of agency, in order to conceptualize assisted dying within a framework that, while acknowledging the influence of institutional powers, remains firmly based in humanist discourses of self-determination.

Through this examination, I have not only shown the state of the representation of assisted dying in *Jürg Reinhart*, but also exposed the position the novel takes on the subject. Despite, though perhaps in part due to, the novel's concept of assisted dying being rooted in pre-World War Two ideas of compassionate euthanasia, the text comes out strongly in favour of assisted dying in the context of humanist discourses of self-determination. Throughout the novel, assisted suicide is conceptualized as being in conflict with a variety of discourses, chiefly the medical, juridical, and religious; this is shown, for example, in the Baroness' interactions with her daughter's caregivers as she asks for their help in aiding Inge to die. Through these interactions, the text positions assisted dying as a concept apart from and in opposition to established societal norms. In doing this, the novel takes on a difficult question: who has authority over the "truth" of ending one's life? The medical, juridical, or religious institutions, or the suffering person herself? By way of providing an answer to this question, the novel consistently presents

assisted dying in terms of its potential to aid suffering persons, thus conceptualizing it as something necessary, ultimately positive, and belonging to the province of the sufferer, rather than the institution.

In the following chapter, I will apply the same process of analysis I have used in my consideration of *Jürg Reinhart* to Lukas Bärfuss' play *Alices Reise in die Schweiz*. I will, much as in the preceding pages, examine the role of normalizing institutional discourse on the characters, and their subsequent reactions to this influence, in order to examine more closely possible acts of resistance, and the resulting performances of agency within this discursive framework by the characters. Following this, I will synthesize my findings, as I aim to reach further conclusions about the portrayal of assisted dying in my chosen texts.

Chapter 4.2: *Alices Reise in die Schweiz*

Introduction

Lukas Bärfuss' play *Alices Reise in die Schweiz* (2007) relates a series of events in the life of the physician Dr. Gustav Strom, as he seeks to perform what he sees as the noble and necessary work of the Sterbehelfer in helping those who wish to die do so. The play weaves together several storylines around Strom, focusing on two of Strom's patients, Alice and John, Alice's mother Lotte, his assistant Eva, and his landlord Walter, constructing a narrative that neither expounds nor derides the practice of assisted suicide, but rather offers a perspective on the moral and emotional complexities inherent in processes of illness and death. Accordingly, the work explores not only personal experiences of the characters with assisted dying, but also the institutional, legal and discursive frameworks within which the practice of assisted dying must operate.

As assisted dying is a topic that emphasizes the importance of individual agency, this chapter seeks to explore how the play approaches the idea of autonomous decision-making. Accordingly, in the following pages I will examine the regulatory frameworks that govern assisted dying in *Alices Reise in die Schweiz* by analyzing how agency and institutional power are constructed in the texts, with particular attention paid to how these frameworks interact with the characters. I argue that, in *Alices Reise in die Schweiz*, assisted dying exists in a regulatory framework that intersects with manifestations of biopower, and foregrounds the potential for personal agency in the context of the institutional powers at play. I will show how discourses of institutional power are reflected in the text, and then investigate the kinds of agency characters can have within existing regulatory frameworks.

The Institution – Medicine

In *Alices Reise in die Schweiz*, there are several dominant discourses at work, chiefly those of the medical, the juridical, and the public forum, as well as underlying humanist discourses of personal choice. These discourses, taken together, form a major part of the context in which all discussions around assisted dying take place, the events in *Alices Reise in die Schweiz* being of course no exception.

In Bärffuss' play, this institutional framework is particularly evident in the actions and events surrounding the physician and *Sterbehelfer* Dr. Gustav Strom. Although the Swiss juridical discourses around assisted suicide are portrayed as being ultimately dominant, as evidenced by the legality of the procedure, resistance to this state-sanctioned legal framework occurs throughout the text, as different institutional bodies attempt to enforce alternate regulatory norms by disciplining characters for their actions.

Strom becomes the target of such disciplinary actions several times throughout the play, as his legally protected desire to aid in the suicide of ill persons conflicts with the medical association. Partway through the play, Dr. Strom is contacted by the medical board in a letter, which is then read to him by his assistant Eva:

“Ihre Ansichten” schreibt die Ärztekammer, “sind mit den Landesregeln nicht vereinbar. Der durchaus notwendigen Diskussion um Sterbehilfe bei Gemütskranken, wird mit diesen extremen Ansichten bloß geschadet. Eine Arztpraxis darf kein Ort des Todes werden. Sie muss, im Gegenteil, ein Hort der Hoffnung und des Lebens bleiben. Der Vorstand, mit Datum dieses Schreibens, hat deshalb beschlossen, sein Mitglied Gustav Strom, gemäß den Statuten auszuschließen und ihm die Zulassung zu entziehen.” (Bärffuss 32)

Thus, in light of Strom's legally sanctioned activities as a *Sterbehelfer*, in this case, helping the mentally ill to die, the medical board has elected to strip him of his certification as a physician; this disciplining act attempts to establish a norm around assisted dying that differs starkly from pre-existing juridical precepts. By punishing Strom for his actions, in effect, for not conforming to the proper notion of a physician as set out by the medical board, the medical discourse attempts to govern assisted dying by restricting who may assist in another's death, despite this already being determined by the law; any Swiss citizen may aid another person in their suicide, independent of profession. Interestingly, the conflict here arises not merely out of the question of who may assist another in dying, but whose death may be assisted; quite simply, is one allowed to assist in the death of those with mental illnesses, as opposed to physical ones?

What is occurring here is a conflict over the "correct" interpretation of what it means to be a physician; in other words, a contest of who can claim the power of the "truth," in a Foucauldian sense, of the function of medicine. As Strom explains at the beginning of the play, he has a different interpretation of the Hippocratic oath than most would expect: "die Frage kommt immer: Sie haben doch den Hippokratischen Eid geleistet. Ja, habe ich. Wie können Sie also Menschen in den Tod begleiten. Gerade weil ich ihn geleistet habe. Gesundheit ist verhandelbar, die Würde des menschlichen Lebens nicht" (12).

Strom's interpretation of the Hippocratic oath, while being consistent with his legal right to aid in others' suicides, compels him to do so in direct opposition to the role of the physician according to the medical board. Additionally, Strom's humanistic interpretation of the oath is a contestation of different "truths" about the control of or

over life. Strom values the individual's right to control their own lives, regardless of their state of health, in direct opposition to the existing controls of the medical institution, which seek to restrict the individual's right of control over their own life by deeming certain people with certain (mental) illnesses as being unfit to have this control.

Concerning mental illness, an established hierarchy of illness can be seen throughout the play; specifically, a "truth" about the nature of illness that, in relation to assisted dying, privileges the physically ill over the mentally ill. As Strom was disbarred specifically in response to his helping those with mental illness die, but not in reference to those with physical illnesses, these disciplining actions seek to regulate not only Strom, but also the position of mental illness relative to assisted dying. In doing so, medical discourse positions patients with mental illnesses as having less authority to decide whether or not to commit suicide than those with physical, easily verifiable terminal illnesses. As Strom explains;

“Wenn [du] an einer Krankheit im terminalen Stadium leidest und deine Leiden keine Aussicht auf Besserung last [...] dann wirst du noch heute zehn Organisationen finden [...] die eine Spritze in deinen dürren Arm setzen, dir den erlösenden Tod schenken [...] und andernfalls. Wenn du [...] zur festen Überzeugung gekommen bist, dass deine Existenz keinen Sinn hat [...] wenn du alle paar Monate ein paar Monate auf der Abteilung G verbringst [...] vollgestopft mit Leponex, aufgeschwemmt von Thorazin.¹ [...] Wer wird dir dann helfen. Nur einer, ich, Gustav Strom.” (37-39)

¹ Leponex and Thorazin are trade names for clozapine and chlorpromazine, two antipsychotic medications.

Accordingly, in providing mentally ill persons with assistance in their suicides, Strom's conduct is in direct opposition to the precepts established by the medical discourses around mental and physical illness in respect to assisted dying, and as such he finds himself the subject of the aforementioned disciplining actions.

Naturally, the influence of the medical community does not end with the regulation of the conduct of the physician, rather also extending to the physician's patients. Towards the beginning of the play, after Alice has contacted him with her request for help in ending her life, Strom travels to Germany to visit Alice's mother, Lotte, to explain to her what her daughter intends to do and, on Alice's behalf, to ask for her blessing to proceed. Lotte remains unconvinced, however, that her daughter will end her life with the help of Dr. Strom, maintaining that she has tried before to end her life and that it is simply "ein Spiel. Es gibt sogar ein Wort dafür. Appellativer Suizid. Haben mir die Ärzte gesagt" (29).

This evidences an act of discipline on Alice as a patient by the medical institution. The doctors referenced by Lotte have, upon interacting with the historically suicidal Alice, diagnosed her as attempting parasuicide, which, in contrast to suicide attempts in earnest, is defined as "suicide attempts and deliberate self-harm inflicted with no intent to die" (Welch 368). Thus, according to her German physicians, Alice's previous attempts on her own life were merely out of a desire for attention, rather than from rational desire to end her suffering at the hands of her illness, and by extension, these self-same medical professionals. Rather than being taken seriously in her desire to end her life, she is diagnosed as simply attention-seeking, through which it is implied that she is mentally ill, because she is seen as having acted irrationally in wishing to end her life; apparently, as

seen by the medical institution, only a mentally ill person would seek to end her own life. This has the effect of stripping Alice of her rationality and, in so doing, undermining the institution of assisted dying; if assisted dying services can only be accessed by those sound of mind, and those who wish to end their lives are rendered fundamentally unsound of mind through that desire, no one can legally access the service.

However, Alice's choice to seek assistance in ending her life can be seen as a resistive act against this definition of the suicide-seeker as mentally ill or attention seeking, as her desire to end her life is validated by the doctor to whom she goes for help. In taking her seriously, Strom both flaunts Alice's previous diagnosis, resisting the authority of the medical institution over the "truth" of their categorization of the suicidal as ill, and re-categorizes her as a rational person, which re-legitimizes her claim to accessing assisted dying services; this in turn has the effect of re-legitimizing the service itself. In effect, what Alice's actions accomplish is a subversion of the established, medicalized truth of the mindset of the suicidal person, and the categorization of wilful assisted suicide as the province of the sane, rather than the (mentally) ill.

Once again, this represents a contestation of discourses about the "truth" of who may maintain control of their body, life, and death; on one hand there are the humanistic discourses of the autonomous self, and on the other the regulatory system of biopower, represented by the medical institution. This struggle comes up again in a conversation between Alice and Eva prior to Alice's death, as Strom wishes Eva to check "ob [Alice ihren] Entschluss bei klarem Verstand getroffen [hat]" (43). Their conversation emphasizes topics that are by no means strictly governed by logic, seemingly in order to deduce Alice's frame of mind from her responses. This functions as a method of

diagnosis, and accordingly, is an expression of the regulatory system of biopower by the medical institution; depending on Alice's responses, she will be designated as either having made her decision to die of sound mind, or irrationally. The implication of this is that, while, in Switzerland, obtaining help with one's suicide is not dependent on one's mental health, Alice will be handled differently by Strom depending on her mental status. In other words, it is her mental status, as it is diagnosed by the medical institution, that regulates her access to help with her suicide, in direct opposition to the humanistic discourses of autonomy that support the individual's freedom to make the decision to commit suicide, and for others to choose to assist that individual.

The relationship between Alice and Strom is not merely limited to the legitimization of Alice's desire for release from her worldly suffering, rather it is also a site of resistance against the categorizations of "patient" and "physician" imposed by the medical institution. Later in the play, as Alice's preparations to end her life advance, Strom pays her a visit after being released from temporary detention ("Untersuchungshaft"). He asks her again if she is sure she wants his help, and after answering in the affirmative, apparently struck by Strom's seriousness, Alice suggests he take a holiday. Strom then in turn suggests that she come with him. In the next scene, Eva, Strom's assistant, confronts him about his plans and questions his motivations; she eventually insists to him, "du wirst dich auf das Fachliche beschränken. Sie ist deine Patientin. Denk daran" (Bärfuss 42). Then, despite Eva's warning, the next scene takes place at the ocean, where the pair express a certain closeness, even intimacy, in their conversation. However, Gustav rebuffs Alice's invitation for closer contact:

Gustav – Ich fürchte nur, wir könnten zu weit gehen.

Alice – Wie weit ist zu weit.

Gustav – Wir sollten uns auf das Fachliche beschränken.

Alice – Was ist das Fachliche.

Gustav – Ich bin dein Arzt. Du bist meine Patientin. Du willst sterben.

Ich helfe dir dabei. (43)

These interactions between physician and patient serve firstly as resistive acts against the medical institution's categorization of the roles of the physician and the patient, but also represent a re-submission of a kind to this normalizing influence, despite the decidedly subversive thrust of their interactions in context – that is, the context of assisted dying. By resisting the demands inherent in adhering to “das Fachliche” (42), Strom and Alice subvert the idea that the relationship between physician and patient ought to be de-humanized and framed only in respect to the patient's illness and its cure. Thus, in engaging in behaviours designated as inappropriate between doctors and patients, such as taking a holiday together, Strom and Alice subvert the medical institution's authority over what it means to be a physician or a patient.

This rejection of the medical institution's norm is however not done in favour of another standard endorsed by the discourses around assisted dying, because, as evidenced by Eva's warning to Strom, the patient-physician relationship norms related by the discourses around assisted dying are apparently much the same as those constructed by the medical institution on the whole. It seems that Strom and Eva attempt to engage with a hitherto unknown or unexplored norm of patient-doctor interaction, neither endorsed by the discourses around assisted dying, nor those of the greater medical institution. Rather, what this situation indicates is actually a struggle between the humanist discourses of

autonomy, and the bio-political discourses that give over personal autonomy to the state and institution. Through this perspective, Alice and Strom can be seen to subscribe to discourses of personal autonomy, performing a resistive function against the bio-political discourse attempting to govern patient-doctor interactions, those of the medical institution, which classify behaviour such as Strom's and Alice's as being inappropriate for their roles. In any case, this attempt at resisting the bio-political discourses of doctor-patient interaction appears to be ultimately unsuccessful, as Strom heeds the warnings of his assistant, ceasing his activities with Alice by retreating to the established norms of said interaction; that is, he is the physician, and his role is to help his patient.

Despite this, Strom's model of patient-doctor interaction remains anchored in the context of assisted dying; Strom holds fast to his belief that the role of the physician includes helping patients who wish to end their lives. Although he returns to the established norm of physician as service provider and patient as the receiver of those services, Strom pointedly states that assisted suicide is one of these services; "du [Alice] willst sterben. Ich helfe dir dabei" (43). In doing this, Strom may fall back into an established model of doctor-patient interaction, but his actions within this model remain subversive to the norms established by the medical institution surrounding the role of the physician.

The Institution – Public Discourse

In the play, the public reaction to assisted dying forms a kind of resistance against the established juridical precepts that structure and regulate assisted dying services in Switzerland; despite the legality and overall positive public attitude towards the availability of the service, the public perception of the process and those who are

involved in it is not. Towards the beginning of the play, this is first made clear to us through Dr. Strom's explanation of his motivations and activities. In explaining his intentions and the difficulties he has faced in helping others to die, he brings up the negative influence the media has had on the maintenance of his practice: "Seit sich die Medien für mich interessieren, bin ich mit meiner Praxis in Schwierigkeiten geraten. Von einem Doktor Tod, wie sie mich nennen, lässt man sich nicht behandeln" (13).

Through the media, the public discourses around assisted dying serve to discipline Strom for his actions as a *Sterbehelfer*, reacting to the media dubbing him "Doctor Death," designating him then as not to be trusted with life, and in so doing curtailing his medical practice. Although his actions are legally supported, and in being made legal, had been previously endorsed by the public, the public's expressed discomfort with Strom's actions results in difficulties for him in maintaining his practice. Simply put, as a result of Strom breaking with the norms associated with his position as a physician by offering his patients help with their suicides, he is disciplined by the public who had previously sought to support the right to that very help.

Another source of resistance to Strom's actions as *Sterbehelfer* by the public sphere comes in the form of his landlord, Walter. At several points throughout the play, Walter speaks with Strom, each time communicating public perception of Strom and his work, cloaked in Walter's concern for his business interests; for example, the first of these conversations focuses on Strom's old neighbour Frau Gubser and her poor opinion of his work. On a superficial level, these conversations appear to be merely business-oriented; Walter wishes to rent his apartments, and he fears that talk about Strom's activities and methods may be hindering that in some way. As he tells Strom, "die

Wohnung [der alten Nachbarin] habe ich ausgeschrieben. Vor einer Woche schon. Noch hat keiner sich gemeldet” (21). Walter communicates the beliefs of the broader public who, despite supporting the right to access assistance in committing suicide, express discomfort with it actually occurring. Public discomfort manifests itself in actions that, in effect, discipline those who are involved with the process in some way, as their actions do not conform to the public’s expectations of assisted dying. In leaving Walter’s apartments unrented and disparaging Strom’s reputation, public discourse subverts the juridical – although their actions lie within legal boundaries, they are nonetheless subject to the regulating effects of the public forum.

Additionally, not only do the public’s expressions of discomfort suggest a subversion of the juridical, but there is also a certain fascination with Strom’s work inherent in these expressions. By paying so close attention to a subject the public associates with discomfort and uncleanness, and by sensationalizing Strom as a “Doktor Tod” (13), the media displays a fascination with something it has helped to construct as obscene. This fascination plays itself out in Walter’s second conversation with Strom, as he first decries Strom’s methods as “doch nicht zivilisiert” (34), but then displays a voyeuristic desire to be present at a patient’s death:

Walter – Ich dachte eben, dass Sie die Leute einschläfern [...]

Jedenfalls nicht ersticken.

Gustav – Die Patienten spüren nichts.

Walter – Wie können Sie das wissen.

Gustav – Sie müssen es gesehen haben.

Walter – Ja, glauben Sie, das wäre möglich, Herr Doktor.

Gustav – Sie möchten dabei sein.

Walter – Immerhin bin ich der Vermieter. (35)

This voyeuristic interest in something the public has categorized as uncomfortable and uncivilized shows yet another level in the process of regulation and normalization found in the play. There is not merely a subversion of the juridical here, rather also a fascination with what is forbidden; the regulating and normalizing process is clearly not simply about ethics or being civilized, but also access and control over the forbidden.

This discomfort with assisted suicide is of course not limited to the realm of the general public or the uninitiated. Despite her initial enthusiasm to help Dr. Strom with his work, and her assertion that “die Gesellschaft versteht [ihn] nicht” (19), even Eva eventually expresses discomfort with the process after being made the target of regulating discipline by the public sphere. After beginning to work for Strom, she returns home one day and, just for the fun of it, invites a neighbour to come by for supper. She had, earlier in the day, helped an elderly woman with liver cancer to die, and it came to pass that a long, white hair from the woman ended up in the goulash Eva cooked for the evening.

Ups. Sagt [die Nachbarin]. Wo kommt das denn her. Das muss Frau Gürbaczs Haar sein [...] Sie hatte Leberkrebs. [...] Ich habe ihr beim Sterben geholfen. Die Nachbarin springt aus dem Stuhl. Aufs Klo, dachte ich. Nein. Zu sich in die Wohnung. Habe gehört wie oben die Tür ging, und kurz darauf im Klo die Spülung. (27)

Although the hair was neither “ein Leichenhaar” (27), nor from someone with a communicable illness, the neighbour woman saw it as nothing other than dirty, associated with something dead and therefore unclean; indeed, her reactions portray not only the

evidence of Eva's activities, but also the actions themselves as such. By leaving dinner so abruptly and cutting off her contact with Eva, the neighbour manifests the public's discomfort with assisted suicide and disciplines Eva for her actions as *Sterbehelferin/-assistentin*; simply, she categorizes Eva's conduct as unclean, as unacceptable, despite the juridical discourses around assisted dying.

This regulatory act has the secondary effect of embedding itself in Eva's thoughts about assisted dying, as she eventually finds that she cannot handle the stress of helping Strom any longer. Having helped Lotte, Alice's mother, to echoe her daughter's choice to end her life, Eva tells Strom, "Gustav. Ich habe es dir noch nicht gesagt. Mir hängt dieses Land zum Hals raus. Es ist alles so schmutzig hier, inwendig schmutzig" (55). Although Strom and Eva's actions have never deviated from the established discursive norms around assisted dying, the social pressure to categorize the process as unclean and uncomfortable ultimately affects a change in how Eva views her past work with Strom. Her reaction to the stress of aiding Strom in his work shows how Eva has become aware of the double standard around assisted dying in the public discourse; that is, the process' categorization by the public as something unclean, while simultaneously being condoned by the juridical discourse. As a result of this, Eva finds herself unable to reconcile these competing categorizations, ultimately resulting in her disengagement from her work with the doctor. This is reflected in Eva's attitude towards Strom's work throughout the play; originally convinced of the importance of his work, her actions affirmed the juridical discourses around assisted suicide. But, having become exposed to society's unjustified categorization of assisted dying as being somehow unclean, and the general public discomfort with death, as evidenced in the play by Strom's ex-wife's disgust with his

touching the dead (42) and Walter's categorization of Strom's less-aesthetically pleasing method with the plastic bag as uncivilized (34), Eva dissociates herself from the *Sterbehelfer*, his work, and the discourses around them.

The Institution – Juridical Discourse

As seen in the previous pages, those who are involved with assisted suicide services are subject to the scrutiny and regulating effects of multiple discourses. Unsurprisingly, the discourses of perhaps the highest importance for the institution are those of the juridical, as, owing to its legalization and continued legitimization through these discourses, the legal sphere maintains authority over the truths, in a Foucauldian sense, of assisted dying. It follows then, that the practitioners of assisted suicide, that is to say those who assist in suicide, turn to the juridical discourse to legitimize their actions in the face of attempts by alternative discourses to regulate the practice in some way.

However, owing to this legitimizing, regulatory influence, juridical discourses are also involved in the disciplining of those *Sterbehelfer* who deviate from the legally established roles pursuant to the practice. As Strom notes towards the beginning of the play, “Der Staat versucht, mich einzuschüchtern. Ich habe den ganzen letzten Frühling in Untersuchungshaft verbracht. [...] Sie wollten mich gefügig machen. Es wird ihnen nicht gelingen” (12). Although Strom owes the legality of his activities to the Swiss criminal code, he is nonetheless disciplined through juridical discourses surrounding it as his motivations for aiding the ill in ending their lives are continually questioned and categorized.

Midway through the play, Strom tells of his second stint behind bars. As he waits to have his motivations questioned, he is psychiatrically evaluated and, as he retells, “ein

Psychiater [...] befragte mich. Er meinte, ich sei krank [...] ich sei fixiert. Ich sähe nur den Tod” (37). Afterwards, in questioning, his investigators ask him: “Warum, Herr Strom, leisten Sie Depressiven Sterbehilfe. Was sind Ihre Gründe” (37). He answers this question with a wrenching monologue, constructing a bleak picture of debilitating illness, seemingly endless suffering, and physical and mental deterioration, finally declaring, “wenn die Spülung am Klo singt, ichwillnichtmehr, ichwillnichtmehr, ichwillnichtmehr, und das Parkett unter deinen Füßen die Worte Machsdoch, Machsdoch knirschen. Wer wird dir dann helfen. Nur einer, ich, Gustav Strom” (39).

This questioning of both Strom’s mental health as well as his reasons for wishing to busy himself with such grim tasks as aiding in death after death is perhaps warranted; certainly, part and parcel of the continuing legality of the procedure of assisted suicide is of course the assurance that the rules around it are followed accordingly. Regardless of its necessity, these instances of questioning, and particularly the physical imprisonment suffered by Strom during it, are pure instruments of regulation and discipline by the legal apparatus of the state. They serve as a constant reminder that the juridical discourse is the main claimant to the truths surrounding assisted suicide, and that those who step outside of the established norms for the practice will be disciplined accordingly. For his part, Strom is never convicted of breaking with established juridical norms, however his behaviour as a *Sterbehelfer* is, in part through his time in jail awaiting questioning, continually regulated by the judiciary.

This regulation, while evident throughout the play in the manner with which Strom generally conducts himself with his patients, is never more clearly displayed than during Alice’s death scene. Throughout the scene, Strom handles Alice gently, guiding

her through the process of her death, answering questions, helping her stay calm, but all the while ensuring she partakes of each step of the process on her own initiative.

Eventually, as she has taken the fatal medication and lain herself down, she continues to talk with Strom:

Alice – Ich muss die Plastiktüte. Wo ist die Plastiktüte.

Gustav – Hier. Sie liegt neben dir [...]

Alice – Mach du das doch für mich [...]

Gustav – Das kann ich nicht.

Alice – Hilf mir doch.

Gustav – Ich darf nicht, Alice, das Gesetz [...]

Das Strafgesetz. Das habe ich dir doch erklärt. (51)

Despite the closeness between the physician and his patient implied in the play, Strom stays by Alice's side as she takes her own life, but does not touch her or aid her in any way beyond speaking with her; as he states, the law regulates his conduct in this situation.

It is clear to see that he dare not attempt to subvert the established norms, for if he were to do so, he could not continue his work; in *Alices Reise in die Schweiz*, the juridical discourse is and remains the main regulatory influence around assisted dying practices.

Agency – The Patient

To begin the second part of my analysis of *Alices Reise in die Schweiz*, I turn now to the expression of agency in the play. Much as in my examination of agency in *Jürg Reinhart*, this part of the analysis will approach agency by employing the Butlerian concept of performativity in order to conceptualize agency as an iterative performance within regulatory frameworks. Through these performative acts, the characters display a

certain degree of agency, rooting the discourse around assisted dying firmly in rhetoric of self-determination, despite, and yet in respect to, regulating discourses. This performance of agency is a key element throughout the play, as different characters engage with Dr. Strom's work in various capacities, as patients, colleagues, or otherwise. The significance of the decisions made by the characters, and level of agency displayed by these decisions, varies. However, particular characters perform their agency in particularly meaningful ways, and it is on these characters that I will focus my analysis.

Beginning with the titular Alice, she, as a result of her incurable illness,² seeks the help of Dr. Strom in ending her life. This is an act of resistance against the medical discourse, as she, a supposedly terminally ill person, would be expected to enter palliative or end-of-life care. Instead of doing so, Alice chooses to end her life on her own terms, in direct opposition to the manner of dying prescribed to the terminally ill by the medical institution. Additionally, in traveling to Switzerland to seek this assistance, Alice pointedly challenges the legal framework around the notion of suicide or assisted dying in her home country, Germany. Alice's resistance against the dominant medical discourse, and the German legal framework around the issue, that claims authority over the "right way to die" can be seen as a performance of agency.

In Alice's performance of agency, there lies, however, an interesting complication in the diagnoses the young woman has received throughout, and prior to, the play. Early in the play, Alice indicates that she has an illness from which she will certainly die; this illness is diagnosed prior to the beginning of the play. This diagnosis is then passively re-confirmed by Dr. Strom in his taking on Alice as a patient; in doing this, he recognizes

² Interestingly, Alice's illness is not explicitly defined in the play. As Bärffuss states in an email addressed to me, dated July 17, 2015; "nein, auch ich kenne Alices Krankheit nicht. Sie hat es mir nie gesagt."

her illness as being legitimate and requiring treatment. However, Alice's diagnosis is then challenged by Lotte, who ascribes Alice's illness to a lack of activity and the other physicians' categorization of Alice's wish for death as merely attention-seeking.

This series of diagnoses and counter-diagnoses, given to Alice as truths about herself, are in a manner of speaking the guide for her resistive actions. I contend, accordingly, that Alice's agency is performed in response to her original diagnosis, as she seeks assistance in ending her life, rather than entering other treatment, but not in response to the diagnoses that follow it throughout the play; regardless of the content of the subsequent diagnoses, Alice remains focused on her desire to end her life, perhaps inspired as it was by her original diagnosis.

Towards the end of the play, however, the situation becomes more complex. After being interviewed by Eva to check her clear mental state and understanding of her decision, Alice arrives at Dr. Strom's clinic, only to seem hesitant, displaying a lack of focus on the task at hand as she speaks with Strom about various, seemingly unrelated subjects. Strom must guide her through the process she had been previously committed to, as she is confused and forgetful, needing him to remind her of her wishes and the process at hand; this is an abrupt departure from the brusque attitude displayed during her interview with Eva. Having once made the autonomous decision to end her life, guided at least in part by her diagnoses, she now allows herself to be guided not only by the discourse around assisted dying, but by Dr. Strom directly, doing what is expected of her as a person seeking assistance with their suicide:

Alice – Jetzt bin ich ruhig. Also. Reichst du es mir.

Gustav – Bitte.

Alice – Das Glas. Ich bin so müde.

Gustav – Augenblick. Möchtest du lieber sitzen oder liegen.

Alice – Liegen. Ich kann nicht liegend trinken.

Gustav – Klar. Trinken bestimmt im Sitzen, bloß der Plastiksack.

Alice – Plastiksack.

Gustav – Alice. Es geht darum, du musst dir, also. Zuerst trinkst du das aufgelöste Rohypnol, und dann musst du, diesen Plastiksack, hier, so, von oben über den Kopf ziehen. Wie eine Kapuze. Und die Frage ist, möchtest du dazu lieber sitzen oder liegen.

Alice – Das weiß ich jetzt nicht [...] Was ist besser [...] Sag du. (50)

Alice continues to resist the dominant broader medical discourse, but her behaviour indicates she may no longer do so actively; rather, she simply succumbs to the influence of the specific discourses around assisted dying and Strom's adherence to those discourses.

Much as Alice's agency shifts during the play, so too does that of John, a patient of Dr. Strom's who has traveled from England to end his life. He has, much as Alice, chosen to end his life in a manner in opposition to the dominant medical discourse and challenges the legal framework of his home country in doing so. However, unlike her, John makes an appointment for his death three times, delaying it twice. The first time, he decides that he does not wish to die drunk, after having a last drink of whiskey:

I don't want to cause you trouble, doctor. Maybe we should stop this [...] Okay.

It's now or never. Doctor. This is the moment. Thanks for the whiskey anyway.

Good bye. [...] I am drunk. [...] I don't want to die drunk [...] I am going home.

That's the best thing for it. [...] I am not a coward. I am English. I will come back, Doctor, I promise. I can't wait to die. (24-26)

During his second visit, he decides he'd like to record the conversations leading up to his death, so that Dr. Strom can write a book about the stories he tells;

You should tape this story. It's a good story. Maybe you can sell it later [...] I was just thinking. About all these funny stories I know. I could dictate them to you [...] And after my death you can publish them [...] I will come back. With the tape recorder. (30-31)

John is described as being elderly and very ill, and conducts these trips between England and Switzerland at significant risk; each of these trips is, however, constitutive of an act of agency in the face of the discourses around assisted dying. In engaging with the process of assisted dying, he already resists the dominant medical discourse, but in twice refusing to carry out his suicide, he also performs resistance against the discourses around assisted suicide by not acting as he is expected to. John performs agency by acting as he wishes, apparently without regard for the expectations set for him; despite being expected to enter end-of-life care, or alternately to end his life to alleviate his suffering, he does neither.

The last patient-character whose performance of agency I wish to consider is that of Lotte, Alice's mother. For much of the play, Lotte is portrayed as being staunchly against her daughter's plans to end her own life. Indeed, she appears to show little understanding of her daughter's motivations or the nature of her illness:

Lotte – Kind. Du wirst tot sein [...] Warum willst du. Dich. Dir das Leben nehmen.

Alice – Ich bin es müde.

Lotte – Du. Müde. Wovon. Du tust ja nichts [...]

Alice – Ich darf nichts tun. Ich bin krank.

Lotte – Du bist krank, weil du nichts tust. (15-16)

As seen here, Lotte's understanding of Alice's illness hinges on a notion of illness that denotes activity as healthy and a lack of it as causing illness. In telling her daughter this, Lotte offers a competing diagnosis to Strom's, in an attempt to sway her daughter's decision.

So uncomprehending of her daughter's desire is Lotte that she even refuses to accompany Alice to Switzerland, should she go through with her plans:

Alice – Kommst du mit.

Lotte – Du musst alleine gehen.

Alice – Was bist du feige [...] Das bist du mir schuldig.

Lotte – Ich schulde dir nichts, Mädchen. (18)

Lotte's understanding of her daughter's wishes remains unchanged throughout the majority of the play; however, just as Alice moves to leave on her trip to Switzerland, she asks her mother for her blessing – which Lotte does not explicitly grant:

Alice – Gibst du mir deinen Segen.

Lotte – Meinen Segen.

Alice – Bitte. Mama.

Lotte – Jetzt geh schon, Kind, geh schon. (46-47)

Lotte's actions betray how truly enmeshed she is in the social norms to which she subscribes; her daughter's behaviour, indeed even the institution of assisted dying more

generally, does not fit with her worldview, being more aligned as it is with the public discourse around assisted suicide discussed in the former part of this chapter. Her actions towards her daughter seem to follow a social script; as she states towards the beginning of the play during a conversation with her daughter about her plans to commit suicide, “was werden die Leute denken?” (17). However, some time after her daughter has died, Lotte experiences what seems to be a radical change in her understanding of why one would wish to end one’s life. Indeed, finding herself with nothing left, she contacts Dr. Strom:

Eva, mach das Zimmer bereit, eine Frau braucht unsere Hilfe. Ihre Gründe. Keine Aufgabe mehr. Keiner da, der sie noch brauchen würde. Ein gutes Leben gehabt, aber ihre Existenz habe sich nun erübrigt [...] Eva. Du könntest Lotte begleiten. Sie hat gute Gründe, wir wollen ihr helfen. (52-53)

Lotte’s choice to end her life represents a paradigm shift in her understanding of assisted suicide services, and a break away from the social norms she was previously so tightly enmeshed in.

However, while Lotte’s choice to end her life with the help of Eva and Dr. Strom appears to be a performance of agency much like John’s or her daughter’s, in that she actively moves from the social norms that had previously guided her to another, namely those around assisted dying, there is more to the situation. Lotte’s subscription to either of these sets of norms is in each case reliant on others; in the case of the former, “die Leute,” and the latter, her daughter. Without her daughter’s subversive actions, Lotte would not have become depressed, nor sought help with her suicide; effectively, the subversive potential of Lotte’s actions was enabled only through her daughter. Although

Lotte moves between discursive norms much as John or Alice, she does not do so independently, and as such seems to lack a performance of a certain agency in her actions.

Both John and Alice, through their acts of resistance against dominant discourses, perform a kind of agency, despite this agency remaining enmeshed in options for compliance and resistance that are inherent in the discursive model. Although the characters cannot be said to have a truly independent agency, they willingly perform particular actions, resisting and moving between discursive norms. Lotte, on the other hand, in how her actions pertaining to her own and her daughter's deaths, seems to *lack* a certain agency in her performance; despite undoubtedly moving between discursive norms over the course of the play, she appears to negotiate her place within these norms primarily in reference to others, rather than on the basis of her own, independent, desires.

Agency – The Physician

Having discussed the character of the patient in respect to the performance of agency, I move now to the character of the physician – namely, Dr. Gustav Strom and his assistant, Eva. Beginning with the latter of the two *Sterbehelfer*, Eva performs a certain kind of agency in her actions throughout the play, but chiefly in relation to three events: the start of her work with Dr. Strom, her reaction to him being stripped of his medical certification, and her eventual departure at the end of the play.

Owing to her education, “sechs Semester Medizin” (20), one would likely not be remiss in assuming that Eva's perspective would be, at least in some ways, congruent with that of the medical institution; however, this is where the first of her expressions of agency lies. Despite her education in, and perhaps indoctrination into, the ways of thinking associated with the medical institution, Eva's desire to aid Dr. Strom in his work

as a *Sterbehelfer* is a clear abandonment of the norms put forth by the medical institution in favour of those surrounding assisted dying.

As Strom is later disciplined by the medical board, functioning as a representative of the medical institution, he initially despairs; for, without the ability to write prescriptions for his patients, how can he acquire the barbiturates with which to aid in their passing? Eva, however, seems to remain unaffected by this disciplining act; she compares this censorship to how “die Gesellschaft, vor hundert Jahren, hat die Abtreibung als ein Werk des Teufels erklärt” (32), and declares that even without the medication they need for their work, they “[werden] eine andere Methode finden [...] die eine direkte ärztliche Mitwirkung [erübrigt]” (33). In this, Eva declares her commitment to the subversive understandings that categorize the discourse around assisted dying by re-categorizing the medical institution, through the comparison of Strom’s de-licensing and the banning of abortion, as not having the best interests of the public at heart. Here, Eva displays a radically historical understanding of discourse; although Strom sees his actions as universal and humanitarian, Eva sees their work as resisting out-dated knowledge that has not yet been replaced. Additionally, in stating her intention to help Strom find a method to help his patients that needs no “ärztliche Mitwirkung” (33), she repeats her intention to move away from the norms of the medical institution, this time by finding a workaround that does not involve doctor-specific methods.

Eva’s performance of agency is further exposed, interestingly, in her abandonment of the precepts she so staunchly defends in the face of discipline by the medical board. After aiding Lotte in her suicide, Eva finds herself unable to handle aiding Strom in his work any longer, as she can no longer reconcile society’s categorization of

the practice of assisted suicide as unclean with its simultaneous, somewhat hypocritical, condoning of the process, as seen through its legality. In her final appearance in the play, Eva performs an act of agency in that despite her previous commitment to Strom, she returns to the established societal norms she had distanced herself from through her work with the doctor. This is, however, in reaction to the societal pressures and media attention inherent in being involved with Strom's work. Eva has realized that although the public discourse positions Switzerland as open to the availability of assisted dying services, disciplinary public and medical discourses in Switzerland force her into an abject subjecthood; Eva and Strom both find themselves excluded from a society that does not condone their behaviour, while posing as though it did. Realizing this, Eva chooses to leave for Romania, moving away from both Switzerland and the work that excluded her from Swiss society. Thus, Eva performs her agency throughout the play firstly through her long subscription to the norms around assisted suicide, despite her training in medicine, and secondly through her conscious abandonment of those same norms.

Turning now to Strom's performance of agency, the physician is perhaps the most consistent performer of a particular kind of agency throughout the play; this performance is to be found primarily in his commitment to his work and in his subversive identification with, and redefinition of, the role of the physician. Perhaps the cornerstone of Strom's subversion of the role of the physician, and that which compels him to engage in helping his patients to die, is his interpretation of the Hippocratic oath. As he states towards the beginning of the play: "Mein Name ist Gustav Strom. Ich bin Arzt. Die Frage kommt immer: Sie haben doch den Hippokratischen Eid geleistet. Ja, habe ich. Wie können Sie also Menschen in den Tod begleiten. Gerade weil ich ihn geleistet habe" (12).

By interpreting the oath in such a way that aiding in the suicide of a patient is in fact a method of treatment for the incurable, rather than simply causing harm, Strom commits himself not only to treating those patients who should seek his aid in this way, but reconceptualises the role of the physician in regards to suicide. Strom's interpretation of the Hippocratic oath and his subsequent reconceptualization of the role of the physician in this case makes aiding in another's suicide an ethical requirement not only for him, but for physicians more generally. Thus, Strom places himself in direct conflict with the discursive norms associated with the medical institution – and in direct alignment with those around assisted dying.

Later in the play, in the scene following the stripping of his medical license by the medical board, Strom converses with his landlord, Walter. Walter is rather disturbed, having seen Strom on the television discussing the methods with which he helps others commit suicide, and brings this up to Strom:

Walter – Ich habe Sie im Fernsehen gesehen. [...] Wie Sie über Ihre Methode gesprochen haben. Herr Doktor. Das geht doch nicht.

Gustav – Was geht nicht.

Walter – Mit diesem Plastiksack. [...]

Gustav – Wir haben leider keine andere Wahl. [...] Man hat mich aus der Ärztekammer ausgeschlossen. [...] Ich darf keine Rezepte mehr verschreiben.

Walter – So sind Sie etwa kein Doktor mehr.

Strom – Natürlich bin ich noch Doktor. (34)

Despite being formally stripped of his medical license, Strom does not consider himself to have ceased being a physician, and accordingly, does not consider himself free from the obligations of a physician; following his interpretation of the Hippocratic oath, these duties include aiding others in taking their own lives. Again, Strom reconceptualises the role of the physician in direct opposition to the medical institution, this time by continuing his activities as a *Sterbehelfer*; essentially, acting as he believes a physician ought to. By continuing to call himself “Doktor,” Strom claims authority over the truth of the term, again in direct opposition to the medical board and in spite of their attempts to discipline him and regulate his behaviour. Essentially, when he could have submitted to the board, he does not, rather enmeshing himself further in the norms surrounding assisted dying.

Lastly, Strom’s performance of agency is marked not only by his identification with the norms around assisted dying and his reconceptualization of the role of the physician, but of his identification with what could be considered one of the central parts of a good physician’s conduct: good bedside manner. Throughout the play, Strom displays excellent bedside manner and knowledge of the nuances of caring for his patients as they pass on. When meeting with John for the first time, Strom reminds him that “You [John] are all that matters” (23), and at their final meeting after John admits his fear of death, that “it will be very easy,” and not to worry (48). Additionally, after being released from investigative custody, he pointedly reminds Alice, “Du [Alice] bist wichtig. Deine Wünsche. Dass alles gut vorbereitet ist. Dass du keine Angst zu haben brauchst” (40). In these interactions, Strom embodies compassion, a fundamental part of being a physician, even one congruent with the medical board’s definition and despite the board’s

eventual refusal to identify him as such. Essentially, Strom performs his agency by wilfully moving between the discursive norms associated with what it means to be a physician, regulated by the medical institution, and those he constructs himself – each time laying claim to the truth of the term “physician” and what it means.

Strom, however, cannot be read as an entirely positive force in the play; despite his apparently good bedside manner and subversive support for the norms governing assisted dying, Strom’s commitment to his work borders on a single-mindedness that threatens to descend into obsession, perhaps even delusions of grandeur. Strom is, throughout the play, depicted as a character capable of deep empathy, someone who sees their life’s work in helping those who cannot help themselves. But, perhaps paradoxically, his commitment to this work results in a kind of zealotry that, although Strom remains true to his principles, causes him to extend a helping hand to his patients regardless of their circumstances, and despite any harm his action may cause; for example, in helping Alice to end her life, he knowingly contributes to Lotte’s suffering, and having helped to take Lotte’s reason to live from her, enables her suicide. The reasons Alice and Lotte wished to end their lives were irrelevant, as was his role in the situation; as Strom explains early in the play, “Prinzipien sind mir gleichgültig” (13). Essentially, in remaining strongly committed to the humanist discourses of self-determination that legitimize his activity, resisting the broader medical discourse, Strom loses something of his human empathy, in that the nature of the individual’s suffering is secondary to a greater imperative: helping the suffering individual to die.

Strom’s disconnection from the suffering of the individual patient in favour of a grander imperative is most plainly seen in the last scene of the play. In a monologue,

Strom explains his thoughts on the public perception of his work, coming to the conclusion that his work is oriented not merely towards helping others to act out their individual wills, but it is in fact the performance of an ultimately necessary function for society on the whole. As Strom claims,

Es ist die Notwendigkeit meiner Arbeit, die [die Leute] erschreckt. In unseren Umständen bin ich unentbehrlich, aber wie Kinder glauben sie an einen Garten Eden hier im Diesseits [...] sie denken die Krankheit weiter, die Medizin und alle Technik, würden ihnen eines Tages nicht bloß die Geschwüre abzaubern, sondern die Idee der Krankheit überhaupt. (56)

Strom believes that, out of this dream of unending health and wellness, grounded by an unreasonable faith in technology and medicine, humanity will progress beyond the limits of the body, only to nonetheless reach its end; “wir werden uns nicht in eine andere Richtung entwickeln als zum Tod hin, ein großer Fortschritt ist ein großer Schritt zum Ende hin” (56). Accordingly, Strom sees himself, and potentially others like him, as necessary for society to maintain its ignorance of the flaws in their faith in technology: “die Technik ist zu stark für unseren schwachen Körper, sie wissen das, sie wissen, einen wie mich werden sie brauchen, je länger, je mehr. Einer, der den Schalter dreht, wenn die Birne längst verglüht und das Licht aus ist. Einer, der ihnen die Finsternis bringt” (57).

In conceptualizing himself as a kind of feared yet necessary force for the good of society, Strom redefines his role as a physician to such lengths that, in many ways, it is no longer recognizable as the role of a medical doctor. His role in society, based on his peculiarly broad view on empathy and compassion, focused as it seems to be on the “greater good,” rather than the individual, coupled with his fixation on his purpose as an

ultimately necessary “bringer of death,” places him firmly outside the role of the physician as defined by the broader medical discourse. Specifically, he no longer sees death as a failure; where the physician traditionally sees death as his opponent, focusing his efforts on the prevention and curing of diseases, Strom sees death as a way for his patients’ incurable suffering to be alleviated; in a way, a cure in itself. In the end, for all his focus on the importance of self-determination and dignity for his patients, Strom’s subversive conduct is that which prompts the reader to question “das Narrativ vom assistierten Suizid als selbstbestimmtes, würdevolles Sterben” the text presents (Welsh 510). Despite having strayed so far from the institutionally sanctioned definition of the physician, Strom continues to consider himself a doctor, and as such continues to perform his agency in accordance with his radically subversive understanding of the role.

Strom and Eva, in their roles as representatives of the medical community, each performs a kind of agency throughout the play. Through acts of resistance against dominant discourses, be they re-definitions of what it means to be a physician or what conduct is acceptable of one with education in medicine, and even by returning to and identifying with norms their actions previously subverted, the characters perform a degree of agency. Although they cannot be said to be truly independent in their agency, due to this agency remaining enmeshed in options for compliance and resistance that are inherent in the discursive model, their particular actions result in resistance of and movement between discursive norms.

Conclusion

By considering the characters and institutions seen in *Alices Reise in die Schweiz*, I have attempted to show that the topic of assisted dying is one that exists within a

network of institutional discourses, and that, in considering how various characters in the text interact with these discourses, what subversive and normalizing influences are at work in the text. Additionally, in considering the resistive actions taken by the characters, I have sought to expose these acts of resistance as performances of agency, in order to discuss assisted dying within a framework that not only acknowledges the power of institutions and their effects on the individual, but also recognizes the importance of autonomy to the assisted dying debate. Lastly, *Alices Reise in die Schweiz* provides a unique perspective on the limits placed on the individual and the modes of resistance that are possible in the face of these limits, as they pertain to assisted dying – and accordingly, highlights the influence of the institution and the extent of patients’ possible agency in these situations.

Additionally, it is important to acknowledge the shift in *knowledge* indicated by the play. Just as in Switzerland, as represented in *Alices Reise in die Schweiz*, humanist discourses are beginning to subvert the bio-political in Canada. As evidenced by the recently repealed ban on assisted suicide, an older, religiously based “knowledge” of the sanctity of life is being replaced by a new “knowledge” of self-determination; specifically, the individual’s right to die. In highlighting this shift, the play grounds itself firmly in contemporary discourses around assisted dying, both within and beyond the Swiss consciousness.³

In the following chapter, the conclusion of my thesis project, I will synthesize the conclusions reached in the above pages with those reached in the first part of my analysis,

³ The play, first performed in 2005, preceded a 2006 ruling in Switzerland that established guidelines for allowing mentally ill persons to seek assistance in taking their lives, as mentioned in the research context chapter of this thesis. While these two events are by no means definitively linked, this chronology suggests that the topics of mental health and assisted suicide were circulating in the Swiss public discourse at the time, and points to the play’s possible significance in or relevance to discussions of the topics.

with the aim of reaching further conclusions about the portrayal and role of assisted suicide in *Jürg Reinhart* and *Alices Reise in die Schweiz*, as well as place those findings within the broader context that informs this project.

Chapter 5: Conclusion

Through my analysis of Max Frisch's novel *Jürg Reinhart* and Lukas Bärfuss' play *Alices Reise in die Schweiz*, in which I have considered the topics of personal agency and institutional power in respect to portrayals of assisted dying, I have sought to answer two main questions: first, in light of the historical taboo surrounding assisted dying, how has the contemporary discourse about assisted dying changed since prior to the Second World War? And second, although there may or may not have been significant changes to the discourse about assisted dying, has there been a shift in the representation of personal agency and the role of institutional power?

However, before proceeding to my overall conclusions, I will first discuss the fruits of my analyses text by text. In approaching the representations of institutional power in *Jürg Reinhart*, three discourses appeared to be of particular influence: the juridical, the medical, and the religious. Throughout the novel, characters justify their actions, or often their inaction, by citing the regulatory influence of specific institutional bodies; this is done, for example, through characters stating their inability or unwillingness to do something based on legal or religious reasons or restrictions. Additionally, there is an underlying humanist discourse of self-determination running throughout the novel, particularly in reference to the Baroness' actions as she advocates for her daughter.

In terms of the representations of agency found in the novel, restricted for the purpose of this thesis to those in relation to assisted dying, performances thereof are to be seen primarily in the actions of the Baroness, Inge, and Jürg. However, these performances seem to be tightly linked to characters apart from the "agent" themselves.

Firstly, the Baroness' actions, while subversive, are conducted nearly always as requests directed towards others; indeed, when presented with an opportunity to act on her own, she fails to do so. Secondly, Jürg's conduct, specifically his actions leading up to helping Inge to die, although independently carried out, are done at her behest, rather than his own. Although his act is subversive, in that it undermines norms around the treatment of the terminally ill, Jürg does not seem to want to perform these actions. Lastly, Inge is, for the vast majority of the novel, neither portrayed as an agent nor seen as one by the other characters, and it is only in the moments before her death that she has any sort of agency ascribed to her.

Alices Reise in die Schweiz, much like *Jürg Reinhart*, shows evidence for the influence of multiple discursive frameworks, in this case, the institutions of the juridical, the medical, and the public sphere. Throughout the play, the characters are clearly under the regulatory influence of these discourses, as evidenced by their actions being either simply regulated, as in the case of Lotte's early conduct in relation to her daughter's wish to die, or in the characters suffering discipline at the hands of these frameworks, such as in the case of the stripping of Strom's medical license by the medical board.

Performances of agency are found throughout the play as well. These performances take two main forms: outright resistance against the norms prescribed by dominant discourses, for example Strom and his conception of the role of the physician and the meaning of the Hippocratic oath, or as independent retreat from an establishment of alternative, subversive norms, such as in the case of Eva and her eventual choice to distance herself from Strom and his work, despite her original commitment. In either case, the characters, finding themselves under a particular normative influence, make the

conscious choice to move away from those norms, often establishing new, subversive roles, and occasionally, moving away from those subversive understandings in turn.

Knowing this about the representations of institutional power and agency in relation to assisted dying in my chosen texts, I come to several conclusions about my research questions. Firstly, the discursive institutions portrayed in *Jürg Reinhart* and *Alices Reise in die Schweiz*, while similar in the fact that they both heavily feature the juridical and medical discourses, are not identical, the key difference being the strong presence of religious discourse in the former, as opposed to the showcasing of the influence of the public sphere in the latter. Additionally, the influence of humanist discourses of self-determination is apparent throughout both texts, often expressed by characters as a justification for their subversive actions. These findings suggest that while the nature of the discursive influence around assisted dying has perhaps not changed significantly in the time between 1933-34 and 2005, the source of this influence has. These works, when viewed side-by-side, suggest that the influence of religious discourse on discussions of assisted dying has decreased, being displaced by influence from the public sphere; this is, however, not to say that religious discourse does not play a role in the contemporary discussion. Although this reference to religion occurs infrequently in *Alices Reise in die Schweiz*, hence its omission from my analysis, it appears to play a minor role; for example, a former neighbour refers to Strom as “ein Gottloser Sauhund, ein Teufelsknecht” (Bärfuss 21), categorizing him and by extension his work as immoral by positioning it against God’s wishes. Owing however to its relatively minor role, I must still contend for this shift in the discourses at play, however minor.

Coming now to my second research category, the portrayal of agency in these texts is vastly different. As mentioned above, the performance of agency in *Jürg Reinhart* is, while relatively prolific, heavily contextualized, in that in nearly every case, a given character's agency with respect to assisted dying is performed in direct relation to another, instead of on the basis of their own motivations. The Baroness' conduct is always in respect to her daughter's needs, and Jürg helps Inge in her suicide only because she asks him to; indeed, the only character who seems to perform their agency independently is Inge, when she urges Jürg to take her life, even though for much of the novel she is not portrayed as having any kind of independence. *Alices Reise in die Schweiz*, on the other hand, features complex and manifold examples of characters performing what appears to be a truly, even if not in the discursive sense, independent agency. For example, John insists on ending his life on his own terms, even if that requires multiple trips to Switzerland and the multiple acceptances and rejections of discursive norms those trips suggest, and Strom strictly adheres to the subversive principle of self-determination that guides his conduct, regardless of its possibly questionable moral value. It is clear, then, that the depiction of agency in these texts is significantly different, with the performances in *Alices Reise in die Schweiz* being much more indicative of an independent agency, and thus can be seen to play a more significant role in the text.

With the above conclusions in mind, it can be seen that the texts in question suggest that the discourses around assisted dying have changed, in that religious discourse has given way, at least in some part, to public discourse more generally, as can be seen in the prominence of representations of their respective discursive influence in the texts. Additionally, in so far as it is seen in the texts, the portrayal of agency has

become both more prolific and more important to the narrative. These conclusions, through the discursive relationship literature has with the greater public discourse, suggest that there could be similar developments in reality. The importance, and staying power, of the subject is clear to see in the texts, and functions in turn as the reflection of the interests and concerns of the public.

The importance of this analysis, however, lies not in the texts themselves, but rather in their greater contexts. As I mentioned towards the beginning of this thesis, I chose *Alices Reise in die Schweiz* and *Jürg Reinhart* for this endeavor by virtue of their country of origin: Switzerland. Switzerland remains the only country in the world where assisted suicide services are available to non-citizens, a place to where one can book a one-way ticket and end one's life peacefully, even if one's own country does not condone the practice. Thus, Swiss discourses around assisted suicide, and the literature that engages with them, also remain relevant for people outside of Switzerland who engage with assisted suicide in some fashion: patients, their families, policy makers and healthcare professionals alike. It follows, then, that the insights into the functioning of the discourses around assisted suicide gained in this thesis may be applicable to a range of discussions on the topic, even beyond Swiss borders.

Accordingly, an area for possible further research may lie in the relationship between contemporary texts' treatments of assisted dying more generally, within and beyond German-language literature. Just as I have examined my chosen texts' representations of assisted dying in terms of their portrayals of institutional power and agency, a similar comparison could be conducted between contemporary texts, in order to extract more complete understandings of the discursive framework within which assisted

dying exists, while maintaining the importance of agency to the modern discussions around these questions. Questions of assisted dying are undoubtedly a subject of great contemporary concern, and it is literature, due to its role in simultaneously reflecting and subverting discourse, that can help us reach deeper understandings of the debate that surrounds it even now. It is through the narrative's ability to present difficult and intensely personal topics like assisted dying in more accessible ways that we can more easily examine questions around these topics. Thus, through these representations, which themselves are informed by ideas around the subject present in the public discourse, one has unique access to a subject, and as such, the ability to reach conclusions particular to that access. Therefore, by approaching assisted dying through literature, we have the potential to see the topic in a new light and to arrive at new and interesting, perhaps even unprecedented, results.

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