Medicine and the Humanities: Anton Chekhov’s ‘The Black Monk’

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(Authors’ Note: Anton Pavlovich Chekov (1860 – 1904) the Russian playwright and short story writer is considered one of the greatest fiction writers in his -
tory. He was a physician and practiced medicine his whole life before his death from tuberculosis at the young age of 44. “The Black Monk”, one of his most famous short stories was written in 1894.)

Andrei Vasslyich Kovrin, Master of Arts in Psychology, decides to go to a country house on account of his nerves being ‘weary from over – work’. There, he feels rejuvenated at the sight of blossoming natural beauty. It seems to bring on intense joy and hope he hasn’t felt since childhood.

‘The Black Monk’ opens to the promise of an exhilarating summer.

Buoyed by preternatural energy, Kovrin adopts a feverish routine of continuous, vigorous work. His exertions intensify with a soaring of confidence and ambition. To his mind, his efforts begin to take on a cosmic significance. He becomes more cheerful, talkative, and energetic. A piece of music, distantly played and faintly heard, evokes the idea of a sacred har-
mony. This suggests the legend of “the black monk.”

The origin of the legend is not specified in the story. It appears to be an invention of Kovrin’s steadily slipping mind. It goes like this: A monk, dressed in black, gave rise to a mirage a thousand years ago. This mirage, through regeneration of images, flits throughout the universe. It would appear, a thousand years after the original monk walked the earth, to a specific person and reveal eternal truths.

Soon Kovrin becomes obsessed by the idea of the black monk and begins having hallucinations in which he converses with the apparition. He also falls prey to grandiose delusions. He begins treatment once his wife finally realizes, to her ‘amazement and horror’, the extent of his madness.

Other writers of the time utilized the artifice of testimonials purported to be written by ‘lunatics’ to portray the subjective experience of mental illness. A typical example would feature a madman protesting his innocence while descending into the absurdity and incoherence of lunacy. (Examples include Jack London’s ‘Told in the Drooling Ward’, Edgar Allen Poe’s ‘Tell – tale Heart’, Guy de Maupassant’s ‘Le Horla’ and Charlotte Perkins Gilmans’ ”The Yellow Wall – paper”). Chekhov eschews this approach. Here, we are not passive listeners, trying to decipher monologues. In The Black Monk, the mood of the story mirrors the mental state of the protagonist. As in the beginning, when Kovrin is feeling elated, the words used to describe the summer landscape are poetic and effusive (luxuriant, cheerful, animated, joyful etc.). These pages gush with scenes of lively joviality. We are lulled into confidence and exult in hope and beauty with Kovrin.

But subtle hints accumulate and make us uneasy (e.g. Kovrin’s insomnia, his nervous energy). Madness
creeps on gently and insidiously upon Kovrin – and the readers. We see his attempts to explain away the madness, ‘People with ideas are nervous and marked by high sensitivity.’ We are party to Kovrin’s exultation, hopes and fears. Gradually the descriptions grow more sinister and strange. Initial hope burgeons into grandiose delusions and the music of early pages develops into phantoms.

The knowledge of intimate clinical details of the illness presented in this story is astonishing. It can only have been written by a doctor.

Anton Chekhov (1860 – 1904) continued to practice as a physician until 1897. All the while he continued to compose short stories and plays which would transform the theatre and help bring about the modern form of the short story. He himself described the relationship of his two occupations by saying, “Medicine is my wife while literature is my mistress.”

Lesser mortals might not even survive their co-existence but Chekhov seemed to thrive on it. Doctors are the primary characters in 25 of his plays. In addition he wrote numerous stories describing mental and physical illnesses. These are popularly known as his ‘clinical studies’ and include ‘The Dreary Story’, ‘About Love’, ‘Black Monk’, and ‘Ward no 6’.

Chekhov’s best stories show compassion and sympathy for human failings. In ‘The Black Monk’ protagonists deal with their incomprehension, confusion and dread by failing or refusing to recognize the madness. Kovrin’s failure to accept the fact of his madness is presented with remarkable acuity and sensitivity.

In dealing with mental illness, the oft-reported and often forgotten mantra that ‘Our primary concern is the patient, not the disease,’ has even more significance than in other disciplines of medicine.

Chekhov’s tender treatment of his characters exemplifies this approach.

The story continues. Kovrin is treated and given “bromide”, a primitive psychotropic agent. As the elation disappears Kovrin discovers the painful fact of his mediocrity. His relationships fall apart, as does his mental tranquility. Here too readers share the dullness of his life. All the luster of life has disappeared. The dreariness of the landscape, for example, is masterfully contrasted (using descriptors like gnarled, monotonous) with its earlier descriptions. The boredom and rancor of Kovrin’s new life is on full display.

Physicians, of all people, cannot afford to harbor illusions. We must look life squarely in the eye.

‘The Black Monk’, like life, shows us that agony and ecstasy, exhilaration and ennui, joy and despair exist together. One cannot hope for one and not expect the other. It is our task, as healers, to understand this and help others understand it as well.

References