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0521853478 - Madness, Religion and the State in Early Modern Europe: A Bavarian Beacon

David Lederer

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CHAPTER I

On the soul

And, if it be said, that the cure of men's minds belongs to sacred divinity, it is most true; but yet moral philosophy may be preferred unto her as a wise servant and humble handmaid.

Francis Bacon, *The Advancement of Learning*

SPIRITUAL PHYSIC

In early modern Europe, one specific form of mental health care fell within the purview of the clergy. Known as spiritual physic, Christian sects recognized and practiced it throughout Europe. Above all, spiritual physic aimed at restoring equilibrium in the souls of troubled individuals. Its practitioners treated afflictions ranging from simple tribulations (the most common form) to suicidal despair and demonic possession. Since the 1965 translation of *folie* from the title of a French monograph as “madness,” historians have tended to lump this broad band of afflictions together under one comprehensive banner.¹ In fact, a relatively small proportion of contemporary sufferers complained of madness, preferring instead a subtle and differentiated vocabulary derived largely from biblical and classical sources. For most, spiritual physic represented the first echelon of mental health care in early modern Europe. The clergy, in turn, enthusiastically dispensed a pastoral service that witnessed a heyday during the sixteenth and seventeenth centuries, touching the lives of thousands of psychically troubled Europeans. Ironically, scholars have yet to treat the subject directly. Standard histories of psychology (the discipline of charting the psyche) and psychiatry (the practice of treating it) pass over the period as an unimportant hiatus between the superstition of the Middle Ages and the advent of enlightened

¹ Michel Foucault, *Madness and Civilization. A History of Insanity in the Age of Reason* (New York, 1965), the abridged translation of his *Histoire de la folie à l'âge classique* (Paris, 1961). On the advantages of the heuristic imprecision offered by applying the term “madness,” see H. C. Erik Midelfort, *The Mad Princes of Renaissance Germany* (Charlottesville, 1994), 3–7.

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empiricism.² In the few specialized accounts, spiritual physic receives little explanation, if any at all.³ Why?

Perhaps one exception explains the deficit. In the late nineteenth century, spurred on by public curiosity, the theosophical movement and esotericism, liberal intellectuals conducted important historical studies of witchcraft, demon possession and exorcism. One scholar, Andrew D. White, an American diplomat and first president of Cornell, campaigned vehemently to limit sectarian influence at the fledgling university. He employed a historical argument to rail against religious interference in the sciences. White published his complaints in a blistering attack on the stifling influence of Christianity, disparaging spiritual physic as fetishism and a theological retardant to the evolution of medicine and psychiatry.⁴ White and other liberal cultural historians took it for granted that modern psychiatry emerged *ex nihilo* from the scientific revolution, but only after Europeans abandoned medieval superstition to embrace reason.⁵ For these scientific positivists, our ability rationally to comprehend the human psyche rested entirely upon one major historic prerequisite – the utter detachment of secular thought from religion by the Enlightenment.

² Spiritual physic is regularly ignored by textbook histories of psychiatry and psychology. Henri F. Ellenberger, *The Discovery of the Unconscious. The History and Evolution of Dynamic Psychiatry* (New York, 1970) glosses over the pre-nineteenth-century history of psychoanalysis superficially. The otherwise detailed work of Werner Leibbrand and Annemarie Wettley, *Der Wahnsinn. Geschichte der abendländischen Psychopathologie* (Freiburg, 1961) lacks any reference to spiritual physic.

³ The concluding section of Michael MacDonald's portrait of mental disorders in early modern England, *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth-Century England* (Cambridge, 1981), 217–231, is entitled "Spiritual Physic." Here, MacDonald vaguely suggests analogies between the practice of the astrological physician Richard Napier and the ideas of Puritan Evangelists, without protracted analysis. Philip Soergel treats the subject purely metaphorically; see his "Spiritual Medicine for Heretical Poison: The Propagandistic Uses of Legends in Counter-Reformation Bavaria," *Historical Reflections* 17 (1991), 125–149; extended in Soergel, *Wondrous in his Saints. Counter-Reformation Propaganda in Bavaria* (Berkeley, 1993), 159–216. In an essay, "The Patient in England, c.1660–c.1800," in: Andrew Wear (ed.), *Medicine in Society: Historical Essays* (Cambridge, 1992), 96–97, Roy Porter briefly alludes to spiritual physic as "self-dosing" (i.e. self-treatment) or "medicine without doctors."

⁴ Andrew D. White, *A History of the Warfare of Science with Theology in Christendom* (New York, 1896; reprint: Buffalo, 1993), Book 2, 1–167, a lengthy history of medicine, miracles, psychiatry and demonic possession.

⁵ The so-called "Soldan paradigm" of late nineteenth-century witchcraft studies, shared by scholars such as White, George Lincoln Burr and Henry Charles Lea. The pejorative adjective "medieval," commonly employed by liberal nationalist historians of the nineteenth century, derided popular folk beliefs and Catholicism as baseless superstition. A critique of the Soldan paradigm is found in William Monter, "The Historiography of European Witchcraft: Progress and Prospects," *Journal of Interdisciplinary History* 2 (1971/1972), 435–453; Wolfgang Behringer, "Witchcraft Studies in Austria, Germany and Switzerland," in: Jonathan Barry, Marianne Hester and Gareth Roberts, *Witchcraft in Early Modern Europe: Studies in Culture and Belief* (Cambridge, 1996), 65–67; see also Behringer, *Witches and Witch-Hunts: A Global History* (Cambridge, 2004), 5.

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Today, most historians of science accept the ideological struggles with theology and magic as the necessary preconditions to modern secularism in the West. Clearly, without these struggles, what we now know as the natural sciences would be unrecognizable. However, the dynamic of historic change may have been less dialectical than is generally supposed. Several modern sciences developed directly out of brushes with the supernatural, products of an evolutionary quantum leap or paradigm shift in the seventeenth century:⁶ from astrology came astronomy, from alchemy, chemistry, from natural philosophy, psychology and, in our case, out of spiritual physic emerged psychiatry. In the course of these metamorphoses, arcana from religious and magical systems of thought seeped into the secular realm surreptitiously and ensconced themselves in Western scientific orthodoxy. White himself cautiously acknowledged a “vast system of ‘pastoral medicine’, so powerful not only throughout the Middle Ages, but even in modern times, both among Catholics and Protestants.”⁷ Today, prudent observers seek productive and open, if consciously critical dialogue between religion and science. There is an increased willingness to take culturally relative factors into account and recent research has yielded exciting insights into the notoriously ephemeral realm of human consciousness.⁸

With that in mind, the present study proposes to redress a considerable deficit in our understanding of the historical development of mental health care. It proposes to do so through a cultural history of spiritual physic in the Duchy of Bavaria. One could justify such a study for reasons of historical accuracy alone. However, the significance of spiritual physic extends far beyond any antiquarian fetish for pre-empirical quackery, esoteric religiosity or politically correct folk belief. The history of spiritual physic is significant for two important reasons. First, it reminds us that attitudes toward mental health care are conditioned by particular political, religious and social constellations. The culture of insanity manifests itself in a community relating through shared values on normal behavior. Second, early modern spiritual physic also exerted a formative influence on the ideological

⁶ *Ibid.*, 9. ⁷ White, *A History of the Warfare*, Book 2, 27–30.

⁸ A prominent example of such collaboration is the work of the Mind and Life Institute in Dharamsala; see Daniel Goleman, *Destructive Emotions: How Can We Overcome Them? A Scientific Dialogue with the Dalai Lama* (New York, 2003). In 2004, research conducted by Richard Davidson, a psychologist, and Matthieu Ricard, a Buddhist monk and molecular biologist, at the University of Wisconsin, Madison suggested the positive effects of meditation on the brain. However, not all neuroscientists are equally enthusiastic. Some opposed the specter of religious influence in the sciences through a boycott of the 2005 annual meeting of the Society of Neuroscience in Washington, D.C., where the Dalai Lama was scheduled to lecture. They denied any ulterior motives. According to the *Guardian* (July 27, 2005), 7: “. . . many of the scientists who initiated the protest are of Chinese origin, but say their concern [*sic*] are not related to politics.”

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crucible of the seventeenth century, out of which modern psychiatry arose in the West.

In the course of this study, I argue that spiritual physic broaches the nexus not only of religion and science (still recognized as interconnected systems of knowledge and practice at that time), but also of madness, early modern politics and mentalities. Politically, the history of spiritual physic in Bavaria elucidates the broader historical processes of state building, confessionalization and social disciplining, where the state instrumentalized it to promote a homogeneous religious identity. It helped to reify the “self” according to the dictates of a normative social code, defining some individuals as normal and others as troubled, mad, tempted or possessed in a manner consistent with perceived patterns of behavioral abnormalities. The decline of spiritual physic in the seventeenth century demonstrates how perceptions of mental health depended upon social relations and material circumstances. For example, the normative model of spiritual physic promoted by the ruling elite did not always correspond with popular understanding and ritual practice, because consumption involves expropriation and does not necessarily imply consensus on meanings.⁹ Culture is produced, but it is also lived and undergoes changes. Like psychiatry today, contemporaries viewed spiritual physic as an emotionally charged issue. Were that not the case, we could reduce its history – and that of mental health in general – to White’s vitriolic narrative of objective progress and intellectual achievement.

Alternatively, Michel Foucault located the history of madness within the confines of an illusive and threatening discourse on power. This is not the place to enter partisan debate over “the master of the history of madness.”¹⁰ Probing minds of greater agility have elsewhere adequately dealt with the implications of his work.¹¹ Suffice to say, madness delimited power in both discursive and tangible ways. This study makes abundantly clear that, as with most other public policies, the ruling elite integrated spiritual physic into their strategic policy considerations for a variety of motives, not all intentionally harmful or bent on repression. More often than not, the historical records reveal a true sense of frustration and helplessness

⁹ Some prominent examples include Michel de Certeau, *The Practice of Everyday Life* (Berkeley, 1984); Roger Chartier, *Cultural History: Between Practices and Representations*, trans. Lydia G. Cochrane, (Ithaca, 1988); Stephen Greenblatt, *Marvelous Possessions: The Wonder of the New World* (Chicago, 1991).

¹⁰ Georges Minois, *History of Suicide: Voluntary Death in Western Culture* (Baltimore, 1999), 77.

¹¹ For critical opinions of Foucault’s work on madness, see Gary Gutting, “Foucault and the History of Madness,” in: Gutting, *The Cambridge Companion to Foucault* (Cambridge, 1994), 47–70; H. C. Erik Midelfort, “Madness and the Problems of Psychological History in the Sixteenth Century,” *Sixteenth Century Journal* 12 (1981), 5–12; Winifred Barbara Maher and Brendan Maher, “The Ship of Fools: *Stultifera Navis* or *Ignis Fatuus?*,” *American Psychologist* 37 (July 1982), 756–761.

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among sufferers, kin, neighbors and rulers alike. Together they turned to spiritual physic, which offered a semblance of hope. The authorities expressed paternalistic concern for their “poor senseless” subjects and alarm about dangers to public safety, not to mention maltreatment at the hands of callous relatives and communities. In the ensuing translation of their strategic policies into action, however, methods of communications and patterns of consumption often dictated practical outcomes far removed from the original intent.

Communications and consumption are two oft-ignored variables in strategic planning. The early modern media of social and cultural communications complicated policy implementation in peculiar ways. If the authorities could access novel print technology, the bulk of the populace still relied heavily on an oral culture. Occasionally, the history of spiritual physic allows us to track the otherwise murky lines of oral communications. We can actually chart tactical methods of consumption at the popular level, fostered by specific material circumstances, wants, needs and aspirations. Even when subjects read, they read selectively and differently from courtiers. In the practice of everyday life, people consumed spiritual physic to their own advantage, often with little concern for the strategically innovative policies of the ruling elite.

I also contend that the history of early modern spiritual physic explains the emergence of bourgeois psychiatry in the late eighteenth century and the continuing influence of religion on psychology, psychiatry and psychotherapy from the nineteenth century to the present. Therefore, just as Andrew White suggested over a century ago (and as today’s providers of pastoral care throughout the world will readily acknowledge), facets of spiritual physic remain with us. For these reasons, spiritual physic is hardly a historical eccentricity. It is both relevant and immediate, not only to the cultural, political, religious and social history of early modern Europe, but for psychologists, psychiatrists, psychoanalysts, philosophers of mind and current providers of pastoral care. And yet, despite a multitude of arguments in favor of its recollection, the history of spiritual physic remains obscure. Why?

The vocation of its practitioners is of prime importance, since they offend our secular boundaries between science and religion, between knowledge and belief, and between the profane and the sacred. For example, in a discussion of lawyers, religiosity might not appear particularly germane until we recall that vigorous practices still operate in the vast arena of canon law. For historical purposes, we might also recall the classic bifurcation of law in early modern Europe, when lawyers held doctorates in either canon or

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Roman law – or proudly bore both titles. Even less is understood about the classically observed bifurcation of medicine into its corporal and spiritual branches. Though not officially conferred in university degrees per se, spiritual physic none the less recognized those disciplinary boundaries. Professional competencies sometimes overlapped, but the clergy's authority over the psyche proved tenacious, because the care of souls traditionally fell under their sway. In sheer numbers, spiritual physicians outnumbered university-trained mad-doctors, reflected in the absolute volume of patients.

Not surprisingly, early modern theologians most vocally advocated spiritual physic as an independent branch of medicine concerned with the mind–body relationship. In Italy, the Minorite friar and exorcist Girolamo Menghi¹² sharply contrasted corporal physicians (*medici corporali*) with spiritual physicians (*medici spirituali*), charging the latter with the care of the soul and the former with bodily ailments – incidentally, a matter considered secondary in importance.¹³ In England, John Downname's *Spiritual Physicke* (1600) depicted the tripartite division of humankind into body, affections and soul as the very essence of humanity. In chapters four and twenty of his highly successful *Devotions on Emergent Occasions* (1624), John Donne acknowledged “the necessity of two physicians . . . the bodily and the spiritual physician” for their disparate contributions to the health of the whole person; like Menghi, Donne too preferred spiritual physic. In the Low Countries, the Spanish jurist and demonologist Martin Del Rio, SJ coined the unique expression “*Christus Psychiaterus*” (the first-known mention of a psychiatrist) in conjunction with spiritual physic:

But by means of this spiritual physic [*medico animarum*], the cure of all pestilence and wounds is facilitated by him, whose will alone, has created the soul and alone can heal it very easily. Just because there is no balm in Galaad, can one say he fails to provide the Church, his bride, with a suitable drug [*de pharmacia idoneis*] for healing its sons? Anyone who acknowledges this in their mind or words is ignorant of our sacraments and religion. Therefore we fail ourselves when we neglect what Mother Church proposes and the remedies which CHRIST, the healer of souls [*CHRISTUS Psychiaterus*], prescribes for our treatment. We sad and miserable creatures: there is surely no one who does not feel or admit that they are in need of

¹² On Menghi, see Mary R. O'Neil, “Sacerdote ovvero strione: Ecclesiastical and Superstitious Remedies in 16th Century Italy,” in: Steven L. Kaplan (ed.), *Understanding Popular Culture* (New York, 1984), 53–55; David Gentilcore, *From Bishop to Witch: The System of the Sacred in Early Modern Terra d'Otranto* (Manchester, 1992), 94–127; Christian Gottlieb Jöcher, *Allgemeines Gelehrten-Lexicon*, vol. III (Leipzig, 1751), 433–434.

¹³ See his introductory *Il Stampatore alli Lettori in the Compendio dell'Arte Essorcistica et possibilità a delle mirabili & stupende operationi delli demoni & de Malefici* (Bologna, 1576).

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purification. Who can deny this? Every day, we struggle with the filth of our own flesh; the foul dirt of earthly ambition constantly stains us; we continuously daub ourselves with the infernal pitch of dishonesty, mixed by the demons themselves.¹⁴

Related by marriage to Michel de Montaigne, Del Rio held a doctorate of law from the University of Salamanca and professorships at universities in Douai, Liege, Louvain and Graz.¹⁵ He and other moralists and demonologists encouraged Europeans periodically to cleanse their souls from the misery of “everyday struggles”: the blackness of deceit and the soil of earthliness (two characteristic signs of melancholy), corruptions of the body, and the interventions of evil spirits. Martin Luther, too, described “daily” dangers to the soul, hinting at the genetic inheritability of madness:

For, first, free-will led us into original sin, and brought death upon us: afterwards, upon sin followed not only death, but all manner of mischiefs, as we daily find in the world, murder, lying, deceiving, stealing, and other evils, so that no man is safe in the twinkling of an eye, in body or goods, but always stands in danger. And, besides these evils, man is afflicted with yet one greater, as is noted in the gospel – namely, that he is possessed of the devil, who makes him mad and raging. We know not rightly what we became after the fall of our first parents; what from our mothers we have brought with us. For we have altogether, a confounded, corrupt, and poisoned nature, both in body and soul; throughout the whole of man is nothing that is good.¹⁶

Corporal physicians throughout Europe agreed with moralists. The eminent English medicus Thomas Browne emphatically reminded readers of his *Religio medici* (1642) that the concerns of the soul far outweighed those of the body; a hugely successful book, it went into multiple editions and found numerous imitators.¹⁷ Throughout his home medical encyclopedia, *The Terrible Desolation of the Human Race* (1610), the Austrian Hippolyt Guarinonius, personal physician to Emperor Ferdinand II, consistently associated both bodily and spiritual health with personal salvation. The German physician Theodorus Corbeius subordinated nosology (the systematic categorization of diseases) to etiology (the enumeration of the

¹⁴ Martin Del Rio, *Florida mariana* (Antwerp, 1598), 160–161.

¹⁵ André Rayez, “Del Rio,” in: *Dictionnaire de spiritualité ascétique et mystique*, vol. III (Paris, 1957), 131–132.

¹⁶ A slightly modified version of the translation of William Hazlitt (ed. and trans.), *The Table Talks of Martin Luther* (London, 1895), 119. Demonologists also believed that the devil caused disease and spiritual afflictions, such as melancholy, epilepsy, paralysis, blindness, deafness, imaginations causing love and hate, and other mental disturbances: David Gentilcore, *Healers and Healing in Early Modern Italy* (Manchester, 1998), 161.

¹⁷ The concept is the subject of a recent volume by Ole Peter Grell and Andrew Cunningham (eds.), *Religio Medici: Medicine and Religion in Seventeenth Century England* (Aldershot, 1996).

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causes of disease). By way of clarification, he explained how the causes of all diseases clearly fell under one of two headings – either medical or theological, the latter clearly requiring the intervention of the clergy.¹⁸ Some physicians deferred to their ecclesiastical counterparts out of sincere Hippocratic concerns for the welfare of the human spirit. However, an ominous ideological tension existed, one which has poisoned the relationship between empirical science and religious belief ever since. Perhaps the most infamous example from the natural sciences is the trial of Galileo for heresy and his recantation. Similar threats confronted those who delved into the mechanisms of the human soul. The prevailing system of Galenic medicine still subordinated the body to the soul and medical authors usually passed decorously over the problematic mind–body relationship. If one insisted that God did not impose life upon the human body for religious purposes or that it represented an inherent characteristic of the organism itself, one risked charges of heresy.¹⁹

The influence of religious orthodoxy on medicine during the early modern period raises uncomfortable questions about natural science as an objective pursuit. To be sure, historians have long distanced themselves from the Rankean ideal of absolute empirical objectivity. Nor can post-Enlightenment medicine, psychology or psychiatry – or any other branch of science, for that matter – claim to be entirely value-free. As disciplines, they are trapped within specific economic, political, social and contextual dimensions. In other words, they have a history. The question of objectivity in psychology is especially perplexing because of its reflexive nature, since the object of study, i.e. the human psyche, is also the subject of analysis.²⁰ To a certain extent, the logic of psychology is precariously circular. Despite this challenge, the history of spiritual physic also offers a strong argument of tradition in favor of psychology and psychiatry as legitimate branches of human knowledge.

Universalistic claims to a metahistorical understanding of the human psyche remain the chief obstacle to any contextual history of mental health care. Etiological characterizations of mental illness as genetically coded, biologically static and universally comprehensible hamper historical investigations. Presumably, some illnesses disappear without a trace in the course of

¹⁸ Theodorus Corbeius, *Pathologia* (Noribergum, 1647), 19. See also Gentilcore, *Healers*, 204–207.

¹⁹ Ole Peter Grell and Andrew Cunningham, “Medicine and Religion in Seventeenth-Century England,” in: Grell and Cunningham, *Religio Medici*, 5.

²⁰ For an insightful discussion of the reflexive problem in psychology, see Sonu Shamdasani, *Jung and the Making of Modern Psychology: The Dream of a Science* (Cambridge, 2003).

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natural selection, preventing biological reconstitution, but leaving us with the nagging difficulty of explaining the phenomena.²¹ Culturally, medical anthropologists recognize that perceptions of illness are conditioned by belief systems. These attitudes have already made deep inroads into medical practice. For example, clinical psychiatrists in training are now instructed to determine whether a suspected mental illness “is a true delusion or is widely held by members of a religious group and therefore not a delusion.”²² Nevertheless, as Sarah Ferber warns us, we need to remain vigilant about the legal and ethical ramifications of accepting occult dinosaurs uncritically into our midst, out of place and out of time, in the name of recondite populism or absolute relativism, an oxymoronic concept.²³ There are some aspects of the Enlightenment, like universal human rights, well worth preserving. Hence, this study seeks to contribute to our historical understanding of spiritual physic as one form of mental health care with lasting ramifications rather than to justify it.

One example of the potential for atavisms in our current understanding is the etymology of a common German expression for mental illness – *Geisteskrankheit*, literally a malady of the spirit or soul, whether of organic or inorganic origin. One ethnographic encyclopedia specifically defines “spiritual afflictions,” as the “unsolicited and malevolent attention of the spirit world . . . thought to be the result of human agency, in some cases, divine in others” and distinct “from natural illness.”²⁴ The late medieval Alsatian preacher Geiler von Kaysersberg described many spiritual afflictions in his German sermons.²⁵ At that time, all illnesses were vaguely associated with the Christian notion of sin, even if contemporaries recognized a plurality of causes and a punitive relationship (illness as a God-sent punishment for

²¹ St. Vitus dance, for example; see H. C. Erik Midelfort, *A History of Madness in Sixteenth-Century Germany* (Stanford, 1999), 32–49.

²² Michael Gelder, Dennis Gath and Richard Mayou, *Concise Oxford Textbook of Psychiatry* (Oxford, 1994), 13.

²³ In her *Demonic Possession and Exorcism in Early Modern France* (London, 2004), 1, Ferber begins with a disturbing account invoking Australian solicitors who entered evidence from a seventeenth-century account of demonic activity in a 1993 murder trial. It is unclear whether this “evidence” was actually accepted by the court. Perhaps more disturbing – and more complex – are rising incidents of persecutions for witchcraft throughout Africa, as well as the inclusion of anti-witch statutes on the law books of some African nations.

²⁴ Vieda Skultans, “Affliction: An Overview,” in: Mircea Eliade, *The Encyclopedia of Religion*, vol. 1 (New York, 1987), 51–55. See also Bruce Kapferer, *A Celebration of Demons: Exorcism and the Aesthetics of Healing in Sri Lanka* (Bloomington, 1983); I. M. Lewis, *Ecstatic Religion: An Anthropological Study of Spirit Possession and Shamanism* (Harmondsworth, 1971).

²⁵ Johann Geiler von Kaysersberg, *Das irrig Schaf. Sagt von kleinmütigkeit und verzweiflung* (n.l. [Strasbourg], c.1510).

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sinful behavior) was never definitive.²⁶ Erasmus of Rotterdam considered the causes (etiology) of insanity as twofold; it arose either from the visitations of demons from hell, which stirred the passions of the soul to evil deeds, or from folly, which freed the soul from anxious cares through the visitations of happy mental aberrations.²⁷ Nevertheless, ill humors were regularly described as peccant (i.e. corrupt), from the Latin “peccare,” to sin. Conversely, healthiness, holiness and well being (*salus*) too were semantically related.²⁸

Although mental illnesses could just as easily have purely organic causes, they might also be interpreted as a providential test of faith or a halo of sanctity. In England, Calvinist interpretations of providence justified spiritual physic in an allusion to insanity as a manifestation of God’s will, a curse to the wicked and a blessing to the godly.²⁹ Among corporal physicians, religion seriously influenced perceptions of mental disorders until the mid-seventeenth century. That influence persisted much longer in the minds of many ordinary people. As late as the eighteenth century, Simon Browne (a Dissenting minister from Portsmouth, England) still described his own insanity, which left him “a brute animal without consciousness,” as the murder of his soul.³⁰

The scope of spiritual physic extended well beyond demonic possession to include mundane conditions.³¹ However, despite any association

²⁶ Weakness (*Schwäche, Schwachheit*) appears as the primary definition of illness (*Krankheit*) in the standard encyclopedic dictionary of the German language, Grimm’s *Deutsches Wörterbuch*, vol. v (Leipzig, 1879; – reprint Munich, 1984), 2038. It offers an etymology of illness from sin as a sign of weakness of character: “*mbd. krankheit (s. krank 1): wenn sie einen psalmen oder gebett gesprochen haben on gegenwürtige warnemung, sunder mit ausschweifung des gemüts, die mönchliche krankheit ausz ir selbs nit vermeiden mag. Keiserberg irrig schaf; gott, der da weisz und bekent unser aller grözeste krankheit und neigung zu dem bösen. dreieck. spieg . . .*” However, an absolute association of sin with illness is highly tentative; see Raymond Klibansky, Erwin Panofsky and Fritz Saxl, *Saturn and Melancholy: Studies in the History of Natural Philosophy, Religion and Art* (New York, 1964), 67; Dirk Matejovski, *Das Motiv des Wahnsinns in der mittelalterlichen Dichtung* (Frankfurt a.M., 1996), 84–85. On the early modern period, see Gentilcore, *Healers*, esp. 6, 11–12, 192.

²⁷ Desiderius Erasmus, *Praise of Folly* (London, 1993), 58–59.

²⁸ Gentilcore, *Healers*, 6.

²⁹ David Harley, “Spiritual Physic, Providence and English Medicine, 1560–1640,” in: Ole Peter Grell and Andrew Cunningham (eds.), *Medicine and the Reformation* (London, 1993), 101–117.

³⁰ David Berman, “Simon Browne: the Soul-Murdered Theologian,” *History of Psychiatry* 7 (1996), 257–263. Berman suggests a coincidence between the “soul murder” of Browne and that of Daniel Schreber in the nineteenth century. Schreber described his own treatment at the hands of the psychiatric community as “soul murder”; see Zvi Lothane, *In Defense of Schreber: Soul Murder and Psychiatry* (Hillsdale, 1992).

³¹ Michael Kutzer, *Anatomie des Wahnsinns. Geisteskrankheit im medizinischen Denken der frühen Neuzeit und die Anfänge der pathologischen Anatomie* (Hürtgenwald, 1998), 13–18. However, Kutzer’s critique of ecclesiastic treatments (esp. pp. 21–30) contradicts some of his views on Weyer. The clergy also treated organic matters and many corporal physicians harbored strong theological convictions and popular beliefs.