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Topic/event Description:

Though the terminology relating to mental health differed from modern definitions, and was in no way as specific as the taxonomy of mental disorders developed in the 1890s, a wide range of symptoms were described in medieval sources which have variously been interpreted as evidence of schizophrenia, depression, anxiety, eating disorders, psychosis, and more. A range of conditions, such as epilepsy, brain injury, or dementia, have impacts on mental health though they have tended to be treated by historians of disability, rather than those interested in “madness.” Understanding of mental health in East and West drew on the ancient works of Aristotle (d. 322 BC), Hippocrates (ca. 370 BC), and the Greek physician Galen (d. ca. 210), who believed that mental disorders had physiological origins. Galen’s work was translated into Arabic in the ninth century, and Latin from the eleventh century. Early twentieth century studies of medieval psychology by men like Edwin Boring and Gregory Zilboorg emphasized the argument that the mentally ill of the Middle Ages were thought to be possessed, and were “tortured” and “punished” as a form of “treatment,” an argument which has been repeated in several subsequent works. All this implies there was little or no understanding of the cause or impact of mental illness, and that madness was a very visual and often public spectacle. However, contemporary evidence suggests that this was not the case: there was considerable debate amongst theologians, medical writers, artists, literary scholars, and other writers on the causes of, and treatments for, mental health, which proposes that the variety of causes and manifestations of illness were appreciated. Both understanding and treatment of mental health disorders of all kinds differed across the Middle Ages, and depended on the religious and philosophical background of both the caregiver and patient.

Perspective:

Nineteenth-century attitudes to medieval mental health were often patronising and judgemental in tone, tinged by the belief that the Middle Ages was a barbaric and backwards era. One contrast was Daniel Hack Tuke’s *Chapters in the History of the Insane in the British Isles* (1882), but his was not the dominant view and disdain for medieval psychiatry continued into the middle of the twentieth century. The study of medieval mental health developed in the 1960s, and drew on a range of historical subfields, such as psychiatric, medical, and intellectual history. Most influential was Michel Foucault’s *Madness and Civilization* (1961; trans 1964), which argued that in the Middle Ages those with mental disorders mingled with the rest of society, and were not institutionalized and marginalized until the Age of Reason. The historical evidence does not bear this out and his conclusions have been challenged, notably by subsequent studies which have tried to analyze mental health in the Middle Ages with a medieval rather than modern perspective. Books and articles increased in number over the next four decades which offered broad discussions of such themes as modern misconceptions of mental health and French literary representations of madness. Approaches to the mentally ill in modern studies vary from works identifying those clearly described in this way by contemporaries, to works which retrospectively diagnose with specific ailments. Since the turn of the twenty-first century, there has been increased analysis of particular mental disorders, as well as wider contextualization of mental health in legal, philosophical, emotional, and intellectual frameworks. The debate between mental illness as a cultural construct rather than medical one is alluded to, but it has not received the same level of treatment as it has, for example, in ancient historiography, and so debate regarding definitions and applicability of modern terminology continues.

Scope:

What it meant, in a legal sense, to be considered mentally ill has been treated in a number of works, most recently in the collection on *Madness in Medieval Law and Custom* (2010). The focus of these studies tends to concentrate on the secular legal tradition of Western Europe, while far less is published on mental illness and canon law. Because of the difficulty in determining madness for legal purposes, works concentrating on crime

and criminality discuss whether an individual could be thought liable for their actions when accused of a crime. As a result, the English and French, for example, were hesitant to prosecute those who appeared mad. In Islamic law there was also considerable debate on defining insanity, though legal schools largely determined a mad person (*majnun*) was not rational and thus had the legal status of a child.

Several more famous and better-documented individuals have been subjected to retrospective diagnosis. According to Persian tradition, Prince Maja al-Dawla (r. 993–1029) suffered from boanthropy, believing he was a cow. Both Charles VI of France (d. 1422) and his grandson, Henry VI of England (d. 1471), were considered mad by contemporaries. Difficulties in retrospectively diagnosing them with catatonic schizophrenia, mental breakdown in Henry's case, or "glass delusion" (a belief that you were made of glass and might shatter) in Charles', are often acknowledged, but not always explored. In their case, as with many others, sources are problematic: works describing Henry VI and his actions composed in the midst of the Wars of the Roses may have sought to discredit him by exaggerating his incapacity.

First-hand testimony can give a clearer image of an individual's mental state. The later poetry of Charles d'Orleans (1394-1465) is often considered melancholic, a sign of his disturbed mental state, while the autobiographical work of Opicanus de Canistris (d. ca. 1350) may indicate he had schizophrenia. King Duarte of Portugal (r. 1433–1438) fell into a depression following the loss of Tangiers in 1437 and wrote about his illness in *The Loyal Counsellor*. Margery Kempe (ca. 1438) recounted her madness and suggested that it was an aberration, but her biography also shows it was a good thing because it brought her closer to God.

Specific illnesses have also been studied in a medieval context, whilst others are overlooked. Mary Wack's study of lovesickness demonstrated the ways in which it was considered a severe and potentially fatal illness; Alexander Murray's study on suicide showed the range of people who committed suicide; Amy Hollywood's thematic analysis of melancholia examined figures like Beatrice of Nazareth (d. 1268) and Margaret Ebner (d. 1351). Frenzy has been analyzed in a Greek and Arabic context by Danielle Jacquart, and schizophrenia in medieval Islamic society by Fatma A. Youssef. More recently, edited collections like *Mental (Dis)Order in Later Medieval Europe* (2014) have considered a number of aspects of mental health, such as demonic possession and medicine.

The treatment of the mentally ill across the Christian and Islamic world has received particular attention, and has challenged Foucault's idea that the medieval mad were left to wander in society. Much depended on how the mentally ill were viewed, something which differed across the medieval world. The mentally ill in much of Europe were often pitied, though occasionally vilified, whilst in both Byzantine and Islamic traditions they were perceived as "holy fools," and highly respected as a result. So too were they revered in Russia as in the case of Procopius of Ustyug (d. 1303). The status which went with madness in these societies meant that it was not unknown for perfectly well individuals to feign madness. In the West, many saints exhibited symptoms recognisable as signs of mental distress or illness and they were often revered for it. Holy Anorexics (*Anorexia Mirabilis*), female saints who fasted to extremes in order to be closer to God, such as St. Catherine of Siena (d. 1380) and St Marie of Oignies (d. 1213), were widely venerated, though some debate as to whether the condition was mental illness or a legitimate ascetic practice continues.

Perceptions of the mentally ill naturally affected their treatment. In the early historiography of this topic there was some debate over the care of the ill, Gregory Zilborg claiming that a belief in demonology dominated medieval psychology leading to cruelty, whereas J.J. Walsh and others argued that care was sympathetic and rational. In most cases, the mentally ill were cared for by their families or a guardian as in India, for example. Though in China, local charities often provided treatment that was harsh, or involved magical "cures." In Islamic societies, institutionalized care of the mentally ill developed much earlier than elsewhere. Care was in the remit of *bimaritans*, hospitals specifically devoted to psychiatric treatment, from the ninth century onwards and largely intended for the poor, such as those in Morocco's principal towns or the thirteenth-century *bimaristan* Al-Qaymari in Damascus. Here the afflicted were often treated by physicians drawing on Greek teachings using drugs, usually herbal in origin, music therapy, aromatherapy, and water therapy. They were also guided by a number of books written by Al-Razi in the tenth century, among them the *Kitab al Mansuri fi al Tibb* (*The Book of the Medicine for Mansur*). Some debate exists about how effective or medicalized the Islamic contribution was, but it is recognized that the medieval Islamic provision for the mentally ill was remarkable for its time. On the whole, institutional care was non-existent in the Byzantine Empire and was limited in Europe. However,

there were hospitals to treat the mentally ill in Spain, for instance, and in cities like Milan, Ghent, Uppsala, London, and Antwerp. Often though care of the ill was more ad hoc, such as at the shrine of St Dymphna in the Flemish village of Geel, where local families took on the role of temporary foster carers for the mentally ill. Care was also limited in India, though there was an asylum in Madhya Pradesh in the thirteenth century.

Medieval literary representations of mental illness have been an increasing source of analysis for evidence of mental health since the 1990s, particularly among literary historians and those studying the history of emotions, rather than disability and illness *per se*. Lovesickness (a common literary topos, as in Chaucer's *Troilus and Criseyde* written in the 1380s) appears time and again in literary works, as does sin as a cause of madness. In Japanese Noh theatre, female madness, especially of mothers, was a very popular theme. John Gower depicts the English Peasant's Revolt of 1381 in his *Vox Clamantis* as an outbreak of demonic derangement. The narrator of Thomas Hoccleve's major poems was "apparently insane." However, analysis of literary evidence when looking for mental illness is problematic, as the figure of the fool or the madman in such works is often linked to otherness, comedy, moral warning, or metaphor, and cannot be taken as necessarily indicative of mental illness.

Key Debates:

The key debates in the study of medieval mental health focus around several questions. One is the applicability of modern diagnostic definitions to medieval illnesses, themselves in a state of continual evolution, and problem of applying modern terms to the past. Retrospective diagnosis is contentious, but it has not stopped many historians from offering specific diagnoses, as can be seen in the examples of notable individuals offered above. Arguably one of the key issues here is the difficulty of changing language. Nancy Partner in her discussion of Margery Kempe (1991) has argued that we must be able to apply psychology to the study of the past, as 'every historian brings some notion of psychology to the understanding of persons encountered through evidence.' Salkeld, on the other hand, warns against 'scientific finality' in the identification of particular mental illnesses, and in this he is in tune with the majority.

There is, essentially, a lack of correlation between medieval descriptions of mental health, and in the language employed in modern concepts. Moreover, in the middle ages the language of mental illness was not necessarily the same in different countries. In England, for example, the concepts of madness and folly could be articulated, and in Italy *pazzia* denoted medical madness and *folia* non-medical madness, but in France they were both termed *folie*, meaning that there was no distinction between the medically ill and those who played the fool. There were similar linguistic variants in German, Latin, in Irish law which made both definition and comparison problematic; the English word madness, for example, was not the same as the French *folie*. The problems of definitions can also be seen in medieval Russia, where contemporary commentators saw madness in actions like political or religious dissent. Wendy Turner's detailed examination of the terminology used to describe lack of reason on medieval English legal records has started the development of a modern taxonomy of medieval mental health conditions, but applying specific criteria has been hard. One fruitful avenue of research could be closer collaboration between mental health experts and medievalists, so that the nuances of medical understanding can be coupled with rigorous understanding of the difficulties of the surviving source material, and a more balanced approach be taken.

Associated with the problem of retrospective diagnosis is that of the difference between real and literary mental health, as mental disturbance, particularly in relation to lovesickness, is a common trope in medieval literature which might not reflect reality. In recent years there has been growing emphasis on the study of the history of emotions, a field which often overlaps with medieval mental health in its consideration of the causes and effects of emotional upset. In many cases, published works focus on literary responses, such as in the prison poetry of Charles d'Orleans or *the History* of William Marshal (*d.* 1219), and philosophical interpretations. Medieval guides on maintaining health warned about the danger of excessive anger, which could cause the heart to swell and cause mental disorder, though if used correctly anger could be curative. The line between emotion and mental health is a fluid one, and there is still considerable work to be done in order to understand the influence of one on the other, and medieval understanding and responses to it.

The medieval understanding of the causes of mental illness is also an area of debate, though it is generally accepted that the earlier definition of sin as the main cause of mental illness is outdated, and that medieval understanding was more varied and more nuanced. Jerome Kroll and Bernard Bachrach's 'Sin and Mental Health in the Middle Ages' showed that sin was only considered a cause of madness in a minority of cases. Instead, contemporary Western texts suggested a range of causes were appreciated: grief, illness, alcohol, poor diet, or

an imbalance in the humours – and that they only occasionally attributed mental illness to God as a punishment for sin. The opposite was true in Russia, where Riazanovskii has argued that religious causes – demons and demons – were prevalent. In Arabic texts, drawing on *The Koran*, possession was a cause of madness, but it was not necessarily a negative thing, as Islamic possessions could be seen positively or negatively. Some mentally ill Muslims were thus seen as visionaries, such as the followers of Sufi mysticism. Interestingly, the Western Church said little about sin as a cause of madness, perhaps because there was such debate about how breakdowns in mental health occurred. There was often also overlap between the perceived causes: both Thomas Aquinas and the Silesian scholar Witelo believed that demons could enter the body and upset the balance of the humours. Yet another approach suggested that the cause of mental illness was somatogenic, drawn from illness, either inherited or acquired. In Chinese and wider Buddhist cultures, madness was thought to be caused by Wind (and particularly by *feng*, an unruly wind).

The last school of thought believes mental disorders stem from psychogenic causes, that is a stressful or traumatic event. The impact of trauma on medieval mental health is an area of comparatively recent debate. One theory is that medieval people were more regularly exposed to traumatic experiences, both physical and mental, and thus were less easily trauma. This could have been because religious faith arguably bolstered the reliance of people, but there are also argument that mental illness is a cultural construction has regularly appeared in the medieval historiography. In his 1982 study of medieval visions and hallucinations in Western Europe, Bernard Bachrach found none of the visionaries he studied were identified as mentally ill, suggesting that calling them such was down to cultural ideas of sanity, not medical ones. The same was true in medieval Russia. More recently, however, Donna Trembinski has argued for the usefulness of trauma as a *lens* through which to view the past, citing the examples of Petrarch and the Black Death, Guibert of Nogent's night terrors, and Jean Froissart's account of the haunting dream of Sir Peter of Bearn. More specific diagnoses, such as for PTSD, are even more problematic, though this has not stopped Thomas Heebøll-Holm from suggesting that the First Crusader Thomas de Marle might be a suitable example of a medieval sufferer.

Finally, the geographical differences in understanding of, and responses to, mental health has been covered in some works, and individual countries provide comparative case studies, but at present there is relatively little comparing medieval mental health in Europe and, say, Africa, or in Western Christian versus Jewish faiths.

Further Reading

Craig, Leigh Ann, 'The History of Madness and Mental Illness in the Middle Ages: Directions and Questions,' *History Compass* 12 (2014), 729–44

A short article, but very useful in explaining the state of the field, setting out research questions, and for highlighting the rich existing bibliography on this subject.

Dewey, Horace W., 'Some Perceptions of Mental Disorder in Pre-Petrine Russia', *Medical History* 31 (1987), 84-99.

An interesting comparator for European studies, this article covers issues of terminology, the categories of mental illness as understood in Russia, holy fools, the role of the Church, and cures.

Dols, Michael W. *Majnun: The Madman in Medieval Islamic Society*, (Oxford: Clarendon Press, 1992)

Wide ranging study of the beliefs regarding madness, and attitudes towards sufferers in Islamic society. It shows the relationships between Christian and Islamic medical beliefs, and the role of the madman in Islamic society, and remains the best study on medieval Islamic mental health.

Katajala-Peltomaa, Sari and Niiranen, Susanna, eds., *Mental (Dis)Order in Later Medieval Europe*, (Leiden: Brill, 2014)

A range of mental illnesses are tackled in this collection of articles on theoretical approaches, practical realities, and the difficulties of dealing with mental disorders in Europe, with useful comparisons between southern and northern countries.

Kemp, Simon. *Medieval Psychology*. New York: Greenwood, 1990.

A wider-ranging introduction to the medieval understanding of psychology, this work emphasizes the nature of change over the length of the Middle Ages.

Kroll, J. and B. Bachrach. "Visions and Psychopathology in the Middle Ages." *Journal of Nervous and Mental Disease* 170 (1982): 41–49.

Challenges some of the earlier assumptions about possession, witches, and mental illness, and highlights the wider belief in physical causes of mental illness.

Turner, Wendy, ed. *Madness in Medieval Law and Custom*. Boston: Brill, 2010.

Essay collection covering a broad range of mental health issues with particular reference to the law in England, France, and the Byzantine Empire.