

Modern Myth and Medieval Madness: Views of Mental Illness in the European Middle Ages and Renaissance*

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This paper challenges the common present-day belief that mentally and behaviourally disordered people in the European Middle Ages were usually regarded by their contemporaries as witches, possessed by evil spirits, or both. Examination of medieval and later sources shows only a very limited connection between mental disorder and witch hunts, especially in the medieval period. Although demonic possession was diagnosed in the Middle Ages, this diagnosis was probably only applied to a narrow range of disorders. In general, there was widespread belief in physical causes for mental illness accompanied by a tendency to eclectic practice.

Introduction

Most textbooks in introductory psychology contain brief sections on the history of psychotherapy and psychopathology. The topic of this paper was suggested by the inaccuracy of the statements found in these textbooks concerning approaches to mental illness in the European Middle Ages. The following extracts, taken from a sample of the texts, are fairly typical.

During the Middle Ages, treatment for the mentally ill in Europe focussed on *demonology*. Abnormal behaviour was attributed to supernatural forces such as possession by the devil or the curses of witches and wizards. As treatment, *exorcism* was used to drive out the evil (Coon, 1983, p. 501).

In the fifteenth and sixteenth centuries madness was considered evidence of

witchcraft and devil possession. . . . Any uncommon behaviour, such as having hallucinations and delusions, was seen as a sign of witchcraft. This conclusion then justified the medieval mode of "treatment": burn the body and save the captive soul (Kimble, Garmezy, & Zigler, 1984, pp. 551-552).

When the Roman Empire fell, the rational view of mental disorders was displaced in favour of religious demonology.

Those who suffered from mental disorders were suspected of having been invaded by a spirit or a devil. . . . Psychotics often became the target of religious persecution. Many whose behaviour was abnormal were thought to have sold their souls to the devil, and they were burned as witches (Dworetetzky, 1982, p. 501).

The similarity of these excerpts is not coincidental: a common source is the view of mental illness in the Middle Ages propounded by Zilboorg (Zilboorg & Henry, 1941). Briefly Zilboorg's view can be summarised in two propositions: firstly, mental illness in the Middle Ages was generally attributed to demonic possession. Secondly, the mentally ill, particularly if women, were

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likely to be burnt as witches. Zilboorg himself was careful to separate these two propositions. Later writers however, as exemplified by the second and third excerpts given above, have frequently tended to confuse them. We shall consider them separately, first considering the nature of the relationship between witchcraft and mental illness.

Witchcraft and Mental Illness

The Middle Ages are generally held to begin in the fifth century A.D. and to conclude in the fifteenth century, either with the end of the Roman Empire in the east in 1453, or with the discovery of America in 1492 (e.g. Previt -Orton, 1952). Witchhunts, or more precisely, trials for witchcraft, were relatively rare prior to the fifteenth century and, in fact, appear to have been most frequent in the late sixteenth and seventeenth centuries (Cohn, 1975, p. 225 ff). Thus witchhunts were not medieval phenomena that were eclipsed by the rise of science and reason in the Renaissance. Instead, as Kirsch (1980, p. 359) states: "The largest wave of trials occurred in Europe in the 1660s coinciding with the establishment of the Royal Society of London".

A leading political and cultural, as well as religious, force during the Middle Ages was that of the Church, and, consequently, its attitude toward witchcraft was of key importance. Up to the fifteenth century, the Church was generally sceptical as to the power of witchcraft (Kirsch, 1978, 1980). In the fifteenth century, however, this attitude changed, and in 1484, at the end of the Middle Ages, *Malleus Maleficarum*, the "Hammer of the Witches", was published accompanied by the authority of a papal Bull (Kramer & Sprenger, 1948). *Malleus Maleficarum*, coauthored by two Dominican monks, maintained that disbelief in the powers of witchcraft was heresy, and went on to define those powers, and lay down rules for the conduct of the inquisitorial process into cases of suspected witchcraft.

Two quite separate processes, often confused in brief accounts (see above), have been suggested to connect witchcraft with mental or behavioural disorders.

Firstly, witches were held to have the power to compel devils to possess or obsess their victims (Kramer & Sprenger, pp. 128-133).

This was not, it is important to note, the only power attributed to witches; further, the vast majority of witchcraft trials, at least in England, resulted from other quite different complaints (Walker, 1981, p. 3). Witches, for example, were also alleged to procure abortions, injure cattle, kill children, and induce a variety of bodily ailments (Kramer & Sprenger).

The diagnosis of possession is considered in more detail below. In the context of witchcraft, however, one obvious feature needs explication here. Supposedly possessed individuals, who we might today think of as mentally ill or behaviourally distributed, were themselves never thought to be witches: they might be the victims of witchcraft, but not its practitioners.

The second way in which witchcraft has been connected with mental illness is the theory, put forward by Zilboorg (p. 216), that the witches themselves were mentally sick. Zilboorg's evidence for this proposition is taken largely from *Malleus Maleficarum* itself and consists of statements made by those accused of witchcraft, which, if made voluntarily, could be regarded as evidence of hallucination: "The hallucinatory experiences, sexual or not, of the psychotic women of the time are well described by Sprenger and Kramer" (Zilboorg & Henry, p. 160).

There are, however, good reasons to doubt this interpretation. Firstly "there is no reason to believe the reporting of the cases in *Malleus Maleficarum* is objective and dispassionate" (Schoeneman, 1977). Secondly the "hallucinatory experiences" were usually lies and fabrications that persons accused of witchcraft were forced to utter under torture" (Szasz, 1970, p. 76): torture was widely used in the European inquisitorial process (Kramer & Sprenger, p. 241 ff). It is noteworthy in this respect that English law did not permit torture of suspected witches, although other pressures were applied, and that English confessions of witchcraft were much less elaborate, as well as more infrequent (Spanos, 1978). Further, one should not exclude the possibility that some of the confessions were quite truthful and that attempts were made to practise magic, curse or poison enemies, etc.

The evidence suggests that those accused of witchcraft tended to be old, poor, unpop-

ular, and female (Schoeneman, 1977; Spanos, 1978). While it is not improbable that this group also had a higher incidence of mental and behavioural problems than most, the most reasonable explanation for their prosecution is that they were vulnerable, and hence, as Szasz (1970) suggests, likely scapegoats. Support for this view is found in the generally feeble nature of the evidence that sufficed to prove witchcraft (Spanos, 1978; Walker, 1981) and the fact that where other scapegoats were available, for example, Jews in Spain (Szasz, 1970; p. 101 ff), prosecutions for witchcraft were less frequent.

Overall, then, it does not seem either that a great proportion of those accused of witchcraft were mentally ill, or that a great proportion of the mentally ill were witches. Zilboorg's assertion that "almost all mentally sick were considered witches, or sorcerers or bewitched" (Zilboorg & Henry, p. 153) is quite untenable, especially in view of the theories of mental illness which were widespread during the fifteenth and sixteenth centuries (see below).

Possession

Belief in the power of witchcraft was, as we have seen, not prevalent in the Middle Ages. There is, however, good evidence that belief in the reality of demonic possession extended from biblical times continuously through the Middle Ages. Indeed this belief is still held today not only in primitive societies (Ellenberger, 1970), but also by Pentecostal churches and even (officially) by the Roman Catholic church (Rahner et al., 1970; VI, p. 64). The issue here is the extent to which mental and behavioural disorders were attributed to demonic possession.

It should be noted that in the Middle Ages (and indeed in all periods of European history except for the sixteenth and seventeenth centuries) demonic possession was not thought to involve a witch or other human agent. The devil or devils was assumed to act on his or their own initiative. From the sixteenth century on, however, the activity of a witch was more generally suspected.

In the first century A.D. diagnosis of demonic possession appears to have been common; the New Testament has many descriptions of possession and its subsequent

exorcism by Jesus or the apostles. As these descriptions were influential on subsequent thinking, they are worth attention here:

And when he was come out of the boat, straightway there met him out of the tombs a man with an unclean spirit, who had his dwelling in the tombs: and no man could any more bind him, no, not with a chain . . . When he saw Jesus from afar, he ran and worshipped him; and crying out with a loud voice, he saith, "What have I to do with thee, Jesus, thou Son of the Most High God? I adjure thee by God, torment me not". For he [i.e. Jesus] said unto him, "Come forth, thou unclean spirit, out of the man". And he asked him "What is thy name?" And he saith unto him, "My name is Legion, for we are many". And he besought him [i.e. Jesus] much that he would not send them away out of the country. (Mark, 5, 2-10).¹

There was in their synagogue a man with an unclean spirit; and he cried out, saying "What have we to do with thee, thou Jesus of Nazareth? Art thou come to destroy us? I know thee who thou art, the Holy One of God". And Jesus rebuked him saying, "Hold thy peace, and come out of him". And the unclean spirit, tearing him and crying with a loud voice, came out of him. (Mark, 1, 23-26).

One of the multitude [said], "Master, I brought unto thee my son, which hath a dumb spirit; and wheresoever it taketh him, it dasheth him down: and he foameth, and grindeth his teeth, and pineth away" . . . [Jesus] rebuked the unclean spirit, saying unto him, "Thou dumb and deaf spirit, I command thee, come out of him, and enter no more into him" (Mark, 9, 17-18, 25).

The last of these three incidents appears to be describing epilepsy. The first two, however, are probably descriptions of a syndrome in which "the patient's organism appears to be invaded by a new personality; it is governed by a strange soul" (Oesterreich, 1966, p. 17). This syndrome we shall refer to here as 'apparent possession'. According to Oesterreich, apparent possession produces changes in facial expression, voice (characteristically it deepens), and powerful, distorted

¹All biblical quotations are taken from the revised Standard version.

body movement. Most important, however, is that the thoughts expressed by the new personality are quite different to those of the old one, and frequently scatological. In the intervals between fits of possession patients are either unable to recall what happened while 'possessed', or report being unable to control it.

Cases of apparent possession are rare today in a clinical or institutional context. Enoch and Trethowan (1979) discuss it as an uncommon psychiatric syndrome. Apparent possession is observed, however, with reasonable frequency in contemporary pentecostal churches. When it occurs in these churches it is regarded as of diabolic origin (see, e.g., Goodman, Henney, & Pressel, 1974). The obvious inference here is that individuals were considered to be demoniacally possessed in the Middle Ages and Renaissance when they exhibited the symptoms of apparent possession.

Medieval and Renaissance records do contain accounts of individuals who exhibited the appropriate symptoms and were correspondingly regarded as having been possessed by demons. (See Oesterreich, 1966, pp. 177-185 for a representative collection.) There can thus be little doubt that people were diagnosed as demoniacally possessed, when they displayed apparent possession. What, however, of the cases where none or only few of the symptoms of apparent possession were present? How likely was a diagnosis of demonic possession in such cases?

It is clear from Oesterreich's description that many of the symptoms present in apparent possession appear in other brain and behavioural disorders. Gilles de la Tourette's syndrome, for example, frequently features multiple tics and shouted obscenities (Enoch & Trethowan, 1979). The Diagnostic and Statistical Manual of the American Psychiatric Association (1980) lists many of the symptoms as characteristic of Multiple Personality Disorder. Belief that one is possessed is occasionally found in modern day schizophrenia. Walker (1981, p. 10) suggests that possession was most likely to be confused with medieval and Renaissance diagnoses of epilepsy, hysteria, and melancholy. We shall consider only confusion of apparent possession and epilepsy.

By the Middle Ages there were long traditions suggesting both demonic and physical causes of epilepsy. Jesus' expulsion of the 'deaf and dumb spirit' was in the demonic tradition. On the other hand, Hippocrates, on the basis of autopsies of epileptics, had concluded that there was a physical cause (Zilboorg & Henry, 1941, p. 44). Bede, writing in the eighth century, describes a man who "was suddenly seized by the devil and began to call and shout and grind his teeth, and the foam came from his mouth, and he began to twist his limbs with all sorts of movement" (Bede, 1890, III, 11). Later writers, however, distinguish epilepsy and possession: Bartolomeus Anglicus (ca 1230) and John of Gaddesden (1280-1361) clearly regarded epilepsy as due to natural causes. The latter in fact was clearly aware of the possibility of confusion and even suggested a simple test: "Utter these words into the ear of the suspect: 'Depart demon and go forth'". A demoniac was supposed to become unconscious, while an epileptic would be unaffected (Lennox, 1939). Later still, but perhaps more surprising, the authors of *Malleus Maleficarum* also thought of epilepsy as generally arising "from some long-standing physical predisposition or defect". (Kramer & Sprenger, p. 136).

It is tempting to think that beliefs regarding a demonic cause for epilepsy changed during the Middle Ages but the differences noted above might equally well reflect local or individual differences. On the other hand, however, the increased interest in the devil and witchcraft that is apparent in the sixteenth century was accompanied by more consideration of what the powers of devils and witches were. A consequence of this appears to have been closer examination of the syndrome of apparent possession. According to Walker (1981, p. 12) there developed four main signs which were used to denote a demonic rather than a natural cause of apparent possession:

- "1. The ability to understand languages not known to the patient;
- "2. Knowledge of other people's secrets, of things hidden or in any way unknowable by natural means . . .". Note that this was held to be a distinguishing feature in the first two biblical examples given here. It is the devils who first recognize Jesus as

the Son of God.

"3. Bodily strength exceeding the patient's normal capacity;

"4. horror and revulsion at sacred things".

As Walker points out, at least three of these signs are capable of quite rigorous testing. One could, for example, test to see if holy water and ordinary water elicited the same horror and revulsion. In fact, the rigor of the test depended on the attitude and credulousness of the tester. Scepticism on the part of the tester was not always related to disbelief in the possibility of the phenomenon: King James I of England, who firmly believed in witches and demons, "took a great interest in investigating, often personally, cases of supposed possession, and a keen delight in detecting fraud" (Walker, 1981, p. 81). The present day official attitude of the Roman Catholic Church follows the same general line. Demonic possession is held to be a real though rare phenomenon in theory; in practice, however, such a diagnosis would be extremely improbable (Rahner et al, 1979, VI, p. 64).

Other Approaches to Mental Illness

Although cases of apparent possession may have been more widespread in the Middle Ages and Renaissance than they are today, they were probably a minority of all cases of mental illness. Certainly, mental illness was not invariably regarded as the product of diabolic intervention. Bartolomeus Anglicus, for example, a Franciscan monk who was an influential medieval writer on medicine, discussed mental illness in physical and environmental terms: indeed he makes no mention at all of demonic possession (Rubin, 1974, pp. 196-200).

From the thirteenth century on, there are English legal records concerning insanity. The Court of Chancery to 1540, thereafter the Court of Wards and Liverie, was concerned to determine the sanity of property holders — an important legal question since the government assumed responsibility for the property's administration on behalf of the heirs. Analysis of these records by Neugebauer (1978, 1979), shows that the court used mainly "commonsense, naturalistic criteria of impairment" (Neugebauer, 1979, p. 477). Frequently the records state the presumed cause of insanity, the most common being physical

illness or injury from, for example, a 'blow received on the head' (Neugebauer, 1979, p. 481). Some cases, however, were supposed to have arisen from sudden emotional shock, some 'by the visitation of God'. Only one case posited a diabolic cause.

Even in theological writing, other causes of insanity were recognised. Thomas Aquinas, a leading thirteenth century theologian, clearly saw possession as one kind of insanity: "Among those who lack the use of reason, there are also the possessed" (Aquinas, 1964, Vol. 59, p. 73), but also recognized other causes: "the frenzied lack the use of reason per accidens, that is on account of some impediment of a bodily organ" (Aquinas, 1964, Vol. 57, p. 121).

It appears that, in so far as there was a dominant model of the cause of mental illness in the Middle Ages and the Renaissance, the model was physical. Mental illness or behavioural disorders was ascribed to the malfunctioning of physical organs. Often the humours theory, propounded by the second century physician Galen (see Jackson, 1969) and well known to medieval medicine (Kroll, 1973), was invoked. According to this theory, mental disturbance arose from an imbalance of the humours or bodily fluids. Perhaps the most psychologically interesting of these imbalances was an excess of black bile which was held to cause melancholia — a condition which would include present day diagnoses of schizophrenia and depression. An excess of black bile might be an enduring feature of a person's temperament or might result from anxiety or grief. The range of effects could also be very broad. Apart from depression, "a particular, fixed delusion, e.g. thinking of himself as made of glass and avoiding everything for fear of being broken" might result, as might delusions of persecution (Jackson, 1969).

In practice, it is probable that medieval and Renaissance diagnoses as to the cause of the disorder depended very much on who was making the diagnosis. The very few cases of mental illness about which we have any detail often stress the difficulty of making an accurate diagnosis. Here is a late fifteenth century account of the illness of Hugo van der Goes:

certain people talked of a peculiar case of

frenesis magna, the great frenzy of the brain. Others, however, believed him to be possessed of an evil spirit. There were, in fact, symptoms of both unfortunate diseases present in him, although I have always understood that throughout his illness he never once tried to harm anyone but himself. This, however, is not held to be typical of either the frenzy or the possessed. In truth, what it really was that ailed him only God can tell. We may thus have two diverse opinions on the disease of our brother; on the one hand we might say that his was a case of a natural disease. . . . There are, of course, several types of the disease depending on its original cause: sometimes the cause is melancholic food; at other times it is the consumption of strong wines which heat the body juices and burn them to ashes. Furthermore, frenzies may occur because of certain sufferings of the soul like restlessness, sadness, excessive study and anxiety. Finally, frenzy may be caused by the virulence of noxious juices, if such abound in the body of a man who inclines to that malady

(Rosen, 1968, p. 145).

Care and Treatment

In general, responsibility for and care of the mentally ill or behaviourally disordered rested in private rather than public hands throughout the medieval period. In Foucault's (1965) colourful phrase, "The Great Confinement" had not begun. When the English government found property-holders insane (see above), private guardians were found for them (Neugebauer, 1979). Presumably, less wealthy individuals, especially in rural areas, were generally cared for by their relatives or neighbours. Not all seem to have been so fortunate: German towns in particular deported the insane to their home towns, frequently after whipping them (Rosen, 1968). A few towns on the Rhine seem to have shipped them out, giving rise to the famous "ship of fools" (see, e.g., Foucault, 1965). Towards the end of the Middle Ages and during the Renaissance, however, mental hospitals or dedicated wings of existing hospitals were created in many European towns (Rosen, 1968).

We would expect the treatment of mental

illness to relate to its diagnosis, and this seems to have been generally true. Thus, if the cause was held to be physical, herbal remedies or a dietary regime were prescribed. For example the Leechbook of Bald makes the following recommendation: "For idiocy and folly, put into ale, cassia and lupins, bishopwort, alexanders, githrife, field more and holy water, let him drink" (Rubin, 1974, p. 126). Other herbal remedies were suggested for mental instability, mental vacancy, and 'wit sick' individuals. Bartolomeus Anglicus suggested not only herbal but also environmental remedies, and recommends a change of environment. A further suggestion is that the patient "be gladdened with instruments of music and some deal be occupied" (Rubin, 1974, p. 198). Music, which incidentally was used biblically for the same end (Samuel I, 16), was also tried with Hugo van der Goes but without success (Rosen, 1968, p. 144).

If the cause of the disorder was thought to be diabolic, exorcism of some kind — the Roman Ritual was not formalised until the seventeenth century (Kelly, 1968) — was often tried (See Oesterreich, 1966, pp. 177–185). Exorcism, in fact, seems to have acted not only as a treatment but also as a form of diagnosis. John of Gaddesden (see above) recommended a form of exorcism to distinguish demonic possession from epilepsy. Other examples are cited by Ellenberger (1970), who points out the use of the technique in distinguishing cases of 'latent possession', i.e. cases where the 'demon' announced itself only after some period of disturbance.

There are, however, a number of complicating factors that should be added to our picture of medieval and Renaissance treatment. In the first place, exorcism was not invariably used with cases of diagnosed demonic possession. An Anglo-Saxon herbarium (Cockayne, 1864, p. 249) recommends mandrake, a herbal remedy, as a cure. Bede's case of 'possession' (see above) was held to be cured by being washed in the water that had washed the blessed Oswald's bones. This leads us to the second complication: illness of all kinds, mental, physical, or diabolical, was believed to be susceptible to a variety of religious remedies, especially prayer and holy relics (Finucane, 1977). When Luther was asked for his help with a case of mental illness,

he replied:

I know of no worldly help to give. If the physicians are at a loss to find a remedy, you may be sure that it is not a case of ordinary melancholy. . . . This must be countered by the power of Christ and with the prayer of faith . . . we have been accustomed to it for a cabinetmaker here was similarly afflicted with madness and we cured him by prayer in Christ's name (Hoffman, 1976, p. 199).

This description, of course, does not permit us to infer that Luther believed the cause of the disorder was demonic.

A similar difficulty arises with another medieval treatment — that of whipping the patient. The practice is recommended in the Leechbook of Bald: "In case a man be a lunatic, take the skin of a mereswine, make it into a whip and strike the man with it, soon he will be well" (Rubin, 1974, p. 127). It is possible that the logic behind this practice was to drive out evil spirits (Ellenberger, 1970) but it is also possible that the whipping was intended simply as a punishment and a deterrent (Rosen, 1968). Certainly it is difficult to see why town authorities should have first driven out the evil spirits from a lunatic and then driven out the lunatic himself.

It may be that treatment of the mentally ill in the Middle Ages and the Renaissance was characteristically eclectic and empirical. Different treatments might be tried until a cure, or at any rate remission, was obtained.

Conclusions

It is clear that the psychological textbooks cited at the beginning of this article give a misleading picture of the actual historical situation. The mentally ill were not generally regarded as witches and burnt, least of all in the Middle Ages. Although demonic possession was held to be a cause of insanity in the Middle Ages and the Renaissance it was certainly not the only hypothesised cause. Moreover, it appears likely that this diagnosis was most usually applied to a characteristic syndrome, and not to the whole range of behavioural disorders.

Overall, it is clear that a wide range of diagnoses and treatments were employed in the period. In this respect at least, the age does not seem greatly different to our own.

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