The History of Madness and Mental Illness in the Middle Ages: Directions and Questions

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Abstract
This article explores the extent of recent publications on the history of madness and mental illness in the Middle Ages. It also argues that as this work continues, the categorical groupings of “madness” and “mental illness” deserve our close scrutiny. An exploration of both medieval and present-day categorical assumptions reveals the ways in which they shape our reading of medieval texts, of historical causation, and of social agency.

The study of madness in the Middle Ages arose in the 1960s from multiple subdisciplines, including the histories of medicine, psychiatry, and psychology, and intellectual history. This early scholarly discussion of medieval madness often viewed the Middle Ages through the lens of more recent historical concerns; even the most informative tended to introduce retrospective diagnoses or to use the Middle Ages as a foil, the “something else” that came before modern philosophy, medicine, psychiatry, or socioeconomics. Over the following two decades, the debates inspired by Foucault and the “social turn” established (at very least) that the Middle Ages and its madness were best explored on their own terms. By the 1990s, Simon Kemp, Muriel LaHarie, and Jean-Marie Fritz had produced strong overview studies on medieval madness that embraced multiple historiographical perspectives, including the histories of medieval law, medicine, theology, literature, and culture.

These overviews, however, favored a “snapshot” approach, suggesting a unified and static medieval cultural edifice rather than a more complex narrative of development and change over time and space. Scholars have since striven to amend and refine this static image of medieval madness. This article explores these nuanced additions to our knowledge about states of unreason in Latin Christendom between about 1000 and 1500 CE, a period in which Aristotelian scholasticism and Galenic medicine informed the majority of intellectual discourse, and Europe had yet to develop significant infrastructure for the institutional care of those perceived to be suffering from such states. It will also consider the ways in which this work continues to be limited by categorical assumptions, both medieval and modern.

The medieval medical conception of madness has been summarized repeatedly, but more recently, scholars have begun to delve into the sprawling, complex, and specialized literature of medieval medicine in search of more detailed understanding. The most notable recent studies have focused on a single medieval diagnostic category and explored its complexities and import. Lovesickness and melancholy, in particular, have benefitted from this close scrutiny. Mary Frances Wack and Jacalyn Duffin have each contributed work on lovesickness that pairs in-depth explorations of the diagnosis with an exploration of its cultural and historical context. Wack’s work offers a detailed discussion on lovesickness as it appears in the Viaticum of Ibn al-Jazzar (as translated by Constantine the African) and in its major commentaries, as well as in courtly and religious literature. Duffin, whose questions about disease as a cultural construct cut from the Antique to the modern, discussed the ways in which the condition of lovesickness...
and its diagnostic criterion have evolved from the premodern to the present. Melancholy, meanwhile, was the subject of significant attention in the literary circles of the Italian Renaissance, a cultural vogue that had already received sustained attention from scholars of the history of medicine. However, work on melancholy as it was construed in scholastic intellectual discourse is less profuse. Stanley Jackson’s 1990 book Melancholia and Depression, which attempted to trace a unified conceptual category through the full duration of western Civilization, remains a fundamental work on the topic. Although Jackson’s work is monumental, detailed, and attentive to primary sources, his analysis of medieval melancholy suffers both from his predisposition toward retrospective diagnosis and also from his tendency to treat the premodern only as the prequel to a more accurate modern understanding of the same disease process. More recently, medieval melancholy has been taken up by Amy Hollywood, Iona McCleery, and Donna Tremblinski. Hollywood’s essay “Acute Melancholia” exposes the intersections between the medical discourse on melancholy and lovesickness and the religious discourse of mysticism as emotional and bodily experience. I will discuss the work of McCleery and Trembinski on medieval melancholy below.

Another path into the medical literature on madness has been to take up the work of particular medieval medical thinkers; this work has shown that even the best overviews of medical thought tend to obscure the diverse opinions of learned commentators. For example, Sabina Flanagan offered a short analysis of theories of humors and personality in the works of Hildegard von Bingen, which were unique in suggesting masculine and feminine versions of the complexions. Likewise, Michael McVaugh has explored an unfinished tract by Arnold of Villanova, which attempted to offer a fresh model for classifying behavioral illness. In this, Arnold drew on Avicenna (and the Arab tradition) but also from Galen directly, and grounded his diagnostic categories more in terms of brain anatomy and physiology than of observable symptoms. These tantalizing snapshots of the plurality of medical thinking leave no doubt that a fuller picture of the progression of medieval thought on the nosology, diagnosis and clinical treatment of conditions that cause unreason would be of immense value. Scholarship on medieval diagnostic categories of less intense literary interest than lovesickness and melancholy would be equally valuable. Frenzy (phrenesi), for example, has garnered a single important article by Danielle Jaquart that traces its development as a concept from the Greek into the Arabic traditions; no discussion of frenzy in medieval Europe has yet appeared. The relationship between melancholy and mania, and the concept of mania, remain largely unexplored. Stupor, ebrietatis, and stultitia have also been neglected as conceptual categories. Furthermore, detailed discussions of treatment methods are limited. Recent scholarship offers no explorations of uses of materia medica or other aspects of regimen, with the notable exceptions of the work of Peter Murray Jones and Christopher Page on music-based therapies.

The study of madness in the law is more developed, with some topics having received thorough attention in the last 10 to 15 years. However, the majority of this work on madness in the law explores lay civil and criminal legal systems, rather than canon law. Neither madness nor legal insanity is mentioned, for example, in G. R. Evans’ recent summary study on medieval law and theology. A solitary study explores guardianship of the mentally ill in the canonical context. There has to date been only one detailed discussion of the relationship between the legal concept of madness and its application in canon law, Sabina Flanagan’s essay “Heresy, Madness, and Possession in the High Middle Ages.” A consolidated study on the conception of madness in Scholastic theology would also be a welcome addition to the literature.

That said, three key aspects of madness in civil law have received sustained attention. The most prominent of these is the insanity defense: the question of the legal culpability of a person in a state of unreason for his or her actions, and particularly for murder. Descriptions of this facet of law in England, Italy, and France appeared quite some time ago. More recently, Stefan
Jurasinski has refined our understanding with a careful retranslation of Anglo-Saxon legal sources on the insanity defense, contextualizing them within canon law and theology.\(^{19}\) Sarah Butler has bridged legal and social history in her work on the application of the insanity defense by medieval English jurors.\(^{20}\) Aleksandra Pfau’s studies of insanity pleas in French letters of remission address a similar range of questions.\(^{21}\) A second and related issue is the treatment of suicide and its legal relationship with insanity.\(^{22}\) Sara Butler and Gwen and Alice Seabourne have scrutinized this question as it plays out in English law. As suicide was criminalized under medieval English law, a determination of legal insanity (that is, a lack of understanding of, and hence culpability for, one’s acts) was of vital interest to the heirs of those who committed suicide, lest their inheritance be forfeit to the Crown.\(^{23}\) Finally, our understanding of the legal and social organization of guardianship for the insane, first explored in detail by David and Christine Roffe, has been extended in the work of Margaret McGlyn, Aleksandra Pfau, James R. King, and especially of Wendy Turner.\(^{24}\) These recent studies have expanded our understanding of the law but also, in a welcome development, have described the complexities of the application of legal concepts in individual cases.

Finally, scholars have expanded on our knowledge of the day-to-day social experiences of those who suffered from states of unreason. For example, madhouses, the institutions whose heyday became so central to Foucault’s analysis, have since been the subject of scrupulously researched institutional histories. Jonathan Andrews and Chris Philo have explored these foundations’ medieval origins, and more recently, Peregrine Horden has stretched that history to the late Antique.\(^{25}\) But although the madhouse had medieval roots, the vast majority of medieval Europeans who suffered from states of unreason received community-based, rather than institutional, care. Scholars have been most prolific in their discussions of the community-based care of individuals who were visible because of their high social station. The behavior and care of kings suffering from states of unreason are well studied, particularly the colorful cases of Charles VI of France and Henry VI of England.\(^{26}\) Discussions of the experiences of less prominent individuals are harder to come by. But the examples set by James R. King’s article on the “Mad Rector of Bletchingdon,” Laura Smoller’s insightful study of the case of Perrin Hervé, Leigh Ann Craig’s discussion of restorations of sanity in the miracles of Henry VI, and Wendy Turner’s extensive review of cases of unreason appearing in English courts suggest that such studies are both possible and fruitful.\(^{27}\) These studies encourage us to engage in the careful sifting of sources that promises to reveal much about community-based care and the lived experience of disability, the application of legal and medical theory, and the use of social persuasion and force. More such studies will be warmly welcome.

As we refine our examination of medieval “madness,” the growing field of disability studies, with its theoretical emphasis on disability as a constructed social category, invites us to remain aware that we are not discussing a discrete artifact.\(^{28}\) “Madness” can connote a social or legal status, a descriptor of bodily function, a behavioral or interactive pattern, a subjective perceptual experience, an ethical judgment, or some combination of these. The best overview studies have covered many or all of these angles, but scholars are only beginning to integrate them in fruitful ways.\(^{29}\) As such, “madness” makes for a particularly rich field of exploration, one that provides many opportunities for intersectional analyses. At the same time and for this same reason, is also a conceptual field that demands analytic caution and precision.

To begin, “madness” calls for attention to the relationship between abstract categories and lived experience, and a resistance to allowing the former to stand for the latter. For example, cultural critics have made fascinating and valuable contributions on portrayals of madness in medieval literature and art.\(^{30}\) While cultural discourse can have an enormous effect on lived experience – gender expectations, to take one example, have surely affected the lives of women and men in profound ways – the relationship between portrayals of madness and the lived

experience of unreason is unusually complex. This is because symbols, by their very nature, serve a purpose, however imperfect, in processes of communication. An appearance of madness in literature might serve as an allegorical representation, a moral warning, or an instance of comedy, and in narrative fiction might play an important structural role within a plot. But human beings who experience or confront states of unreason find themselves in the opposite situation. In social context, madness is madness precisely because it makes (or is perceived make) no sense, and hence poses problems of communication and of common meaning. Not only, then, do we require a deeper exploration of madness as lived experience, but also more thorough analyses of the ways in which the social response to persons with these disabilities was (or was not) informed by fictive models of “madness.” Works that compare medical or legal texts to fictive or religious ones have provided an instructive beginning, but more such work is needed.

“Madness” carries multiple meanings in part because it is a marked category, one which is defined more by what it is not (i.e., “sane,” the unmarked category) than by what it is. Perhaps for this reason, there has been limited theoretical engagement thus far between the history of madness and the theoretically rich history of emotions. Despite their seeming commonalities, “emotion” encompasses feelings that were named and accepted as having some level of meaning (and hence sanity), whereas feelings designated as “madness” were rejected as nonsensical. But in other ways, we remain uncertain as to where to place the categorical mark. Arguably, the label “madness” is affixed by the same process as is “obscenity” in modern American law: we cannot easily define it, but we feel we know it when we see it. Which filters are we using, then, and what subset of persons or experiences do we include, when we say we study historical “madness?” The word itself is commonly used to translate the Latin furiosus (an adjective rather than a categorical noun), the French folie, the Italian follia, or the German Wahnsinn. As Aleksandra Pfau has noted, for modern scholars, “the large scope of the word ‘madness’ allows access to broader linguistic, cultural, social, and political meanings.” She is correct in that medieval terms we translate as “madness” connoted a gestalt socio-cultural judgment that a person was not experiencing or performing a “normal” use of reason. To use “madness” this way (as Pfau does, in her excellent study of French letters of remission) renders it a roomy category indeed. This medieval “madness” can encompass categories imposed by medieval doctors (e.g., “mania,” “melancholy,” “frenzy,” or “lovesickness,”) by medieval jurists and theologians (e.g., “insanity,” “lunacy,” “idiocy,” non compos mentis, amens, or demens), and even by religious authorities (e.g., spirit possession or demonic vexation).

But we must be conscious of that medieval conceptual breadth, because in modern parlance, “madness” carries both medieval and post-Reform, and both pre- and post-Cartesian, connotations; it was used as an analytic category by Aquinas, Freud, and Foucault alike, but it did not mean the same thing to all of them. While “madness” was primarily a behavioral pattern for medieval observers, in the early modern, the meaning of “madness” began to refer more exclusively to a medical problem, an illness rather than a symptom. As a result, “madness” tends to carry forward an implicit exclusion of nonmedical models, and especially of the notion of spirit possession. Yet Aquinas counted spirit possession as a form of madness, and several medieval physicians and theologians discussed the question of whether and how a demon could drive one mad. This historical narrowing of “madness” has led to a division in scholarship on medieval unreason. Kemp and LaHarie, in their overviews of the early nineties, included chapters on spirit possession, but since then, only Sabina Flanagan’s excellent inquiry into the relationship between madness, spirit possession, and heresy in canon law has explored this intersection, even though “madness” and “possession” considered separately have each garnered significant attention. Nor has the ongoing scholarly discussion of later medieval visionaries (who behaved very oddly indeed) and the discernment of spirits seemed relevant to the history of “madness.” And yet, 14th- and 15th-century observers evinced genuine categorical confusion, uncertain as...
to how they ought to frame the unreason of a given individual in their midst as they considered both possible etiologies – and some observers did not even consider them to be mutually exclusive.41

Iona McCleery’s recent article on King Duarte of Portugal, who wrote extensively on his three-year bout of melancholy in the early 15th century, provides an example of the ways that medieval categorical thinking about “madness” cuts across modern assumptions.42 She argues that scholars who have interpreted Duarte and his writings using retrospective diagnoses of either mental illness or over-religiosity have obscured his more unified thought-world, one in which body and soul, and religion and medicine, were not really separate. She concludes that rather than dismissing him, “we ought to accept what he is telling us: that he was young and overworked and terrified of dying, and religion helped heal a terror that his medical and theological knowledge encouraged him to label as melancholy and sin.”43 McCleery’s willingness to stand with Duarte on a conceptual platform built of what are, to modern thinking, mixed metaphors provides an excellent methodological model for future inquiry. Her application of the ‘sufferer-centric’ stance suggested by Roy Porter leaves room for Duarte’s full experiences, his education, and his access to (and cautious application of) both medical and spiritual advice.44 And yet even as she reclaims space within “madness” for both bodily illness and moral failing, she sets aside Duarte’s references to demonic temptation, calling them “suggestive” but concluding that “we should not exaggerate the link to demonology.”45 Even if Duarte’s discussions of demonic causes of his melancholy were not as extensive as his discussions of sin, they deserve just as sensitive a reading, especially because McCleery agrees that they are a cause in which he “would have believed fervently.”46 Such a reading would potentially reveal much about Duarte’s understanding of his own agency as he struggled with his experience of unreason.

However, we must be concerned not only with what medieval sufferers and their communities thought to be the nature of their unreason but also (as McCleery deftly noted) with what modern observers assume.47 Whether it is acknowledged in our work as category or more silently haunts our thinking, our own umbrella notion of “mental illness” also presents historians with problems of interpretation. For example, when applied to medieval experiences, the scientific and medical valences of “mental illness” lead us to exclude cases of possession or divine inspiration because we think them fraudulent – or to include them while engaging in a retrospective medical diagnosis of their symptoms. An engagement with unreason beyond “mental illness” will serve as a corrective to the ways in which studies on possession have been informed by a suspicion of fakery and manipulation, a pattern of analysis born of the ableist and othering assumption that a person who is truly “mad” or “mentally ill” has no self-control or coherent goals and therefore no social agency.48 Neither of these totalizing assumptions is necessarily true, or necessarily true on a consistent basis.

“Mental illness,” as it is presently defined, also tends to exclude conditions that fall under the modern medical rubrics of neurological illness, neurological disability, and intellectual disability, such as Alzheimer’s disease, epilepsy, migraines, autism, Down syndrome, and acquired brain injury (including head trauma and stroke). As is true of spirit possession or emotion, these conditions have been studied by medievalists and medical historians as categories separate from “madness.”49 But as premodern observers frequently noted that these conditions, too, left individuals “out of their senses,” they should no more remain disconnected from the study of medieval madness than should spirit possession. In this, Wendy Turner’s new monograph, Care and Custody of the Mentally Ill, Incompetent, and Disabled in Medieval England, provides a worthy model for a more inclusive approach.50 Her study of English legal records embraces a broad array of cognitive and behavioral disability (presented under the umbrella term “mentally incapacitated”), because all such disabilities had the potential to affect an individual’s legal status as an independent decision-maker.51 Her study is richly informative about the social frictions
generated by such disabilities. Further, her approach provides her with a clear view of the categorization of unreason under medieval English law, wherein the key descriptors of a person displaying unreason were first, whether that unreason was congenital or began later in life in an erstwhile able person, and second, whether the impairment that person experienced was episodic or permanent. It may be equally useful for scholars to narrow their exploration of “madness” to include only those persons who experienced an unexpected onset of unreason as it is to expand the boundaries of madness, as Turner’s work has done. But her work sets an important precedent for its clarity about the scope of its investigation, and her broad inclusiveness allows her to discuss how differing patterns of madness inflected the lived experience of disability.

“Mental illness,” however, has encoded within it a weightier problem than narrowness of scope. It is also a highly unstable category, as the medical research on which it rests is in its infancy. We are, at present, in the midst of groundbreaking developments in neurobiology that promise radically to change our understanding and treatment of conditions we classify as mental illness and to transform much of what has hitherto been thought of as malfunction of a Cartesian or Freudian “mind” into mechanisms of the body and the brain. Indeed, calls began over a decade ago for the discontinuation of the term “mental illness” in modern health practice, because of its imprecision (in its reference to the abstract “mind” rather than the concretely physical brain) and divisive nature (divorcing the disciplines of psychiatry and neurology). In the meanwhile, the categories we use to describe and classify conditions we call “mental illness,” and even the boundaries we draw between mental illness and variable but normal human experience, are highly contentious, as was shown by the recent furor over the authorization of the DSM-V by the American Psychiatric Association and its subsequent rejection by the National Institute of Mental Health. In sum, we are observing medieval “madness” from a quick and erratically moving modern platform, which makes our encounter with the past significantly more interpretively challenging.

Donna Trembinski’s 2010 article, which compares the modern diagnosis of trauma or posttraumatic stress disorder to medieval diagnoses of melancholy and mania, discusses this interpretive difficulty openly. Trembinski problematizes the current division between the inclination toward retrospective diagnosis and the postmodern argument that the invention of a diagnosis determined the ability of historical person to suffer from that condition. Trembinski argues convincingly for some historical continuity of human experience and psychological function; to support that contention, she deftly explores the similarities between the symptoms of “trauma” as they were established in the late 19th century and medieval descriptions of melancholy and mania, in both medical manuals and case studies. Her sensitive reading stops short, however, of arguing for simple correlation between the two. “I do not want to suggest,” she wrote, “that it is always correct to apply the modern diagnosis of trauma to individuals who suffered from melancholia and mania in the past. Nor, however, is it always incorrect.” Her careful examination of categories exhibits precisely the sort of cautious examination of assumption that these questions positively require. Even so, it remains unclear what the value of such categorical correspondence might be for scholars of the Middle Ages. Trembinski contends both that there is continuity in the human experiences of trauma and that “to explain the experiences of past individuals solely within their own cultural context and language is to render them inexplicable, alien, and even inhuman to a modern audience.” This conundrum invites more discussion of the clarifying and obscuring power of categorical terms. Would a description of the symptoms that evoke human empathy across the centuries work as well as the application of a precarious diagnostic label in our struggle to make such people less alien and more familiar? This concern is especially relevant at a time when the scientific validity of our central diagnostic instrument is hotly contested.
While the endless parsing of categorical terminology can be a frustrating exercise, we must also be cautious in our search for terminology that can, as Trembinski desires, bring the past closer, lest our labels carry more, or different, inferences than we intend. Turner’s recent work, for example, includes an exhaustive exploration of medieval terminology for states of unreason in English records. But her attempt to develop a modern taxonomy of medieval conditions reveals how difficult a cultural frontier we face when mental illness confronts medieval madness. Turner’s use of “mentally incapacitated” as an umbrella term for all cases provided a highly appropriate descriptor of the legal milieu in which most of her sources reside, expressing clearly her categorical meaning: she studies people who lost the capacity to make legal decisions because of their perceived mental status. But she also sought to establish narrower categorical terms with varying degrees of success. Her use of “mental illness” as a category to refer to medieval people whose impairments arose through illness is straightforward enough to apply, although it carries the instabilities that adhere to the modern usage of that term. Her other two categories are, however, less distinct. She uses “mental disability” to refer to “those who have had their participatory abilities taken away” (presumably, not through illness) and “mentally incompetent” to refer to those whose impairments “did not keep them from participating, at least somewhat, in society.” Thus, with one category arising from medicine and two others from social or legal functionality, and a need for all three to bridge the gaps between our understanding and the profusion of medieval terminology, her scheme (as she notes) creates significant overlap, and perhaps obfuscates more than it exposes to view. Far more problematic was her use of “feeble-minded” and “mentally feeble” as shorthand for impairments of memory and understanding. In this usage, Turner has appropriated a term coined by 19th century eugenicists, one which is no longer acceptable in modern discourse on disability issues, for use in a discussion of marginalized persons the Middle Ages. Introducing a term with both anachronistic and ableist valences creates both an historical and sociopolitical erasure of past people with disabilities.

Furthering the study of “madness” in the Middle Ages, then, requires careful examination of categorical terms past and present. These terms frequently determine which past experiences of unreason we consider in parallel, what we assume about their causes, and to what degree we consider the social agency of those who experienced them. The limitations encoded within conceptual categories have the potential to compound the silences and erasures of the medieval historical record, wherein the majority of medieval Europeans (and especially the socially marginalized) rarely speak for themselves. An awareness of these potential erasures can, and should, inform everything from our use of categorical terminology to our close reading of sources. We cannot help what our sources cannot reflect to us, but we can keep in mind that the “mad” were fully human actors with complex circumstances, agency, and categorical understandings of their own. Both historical empathy and human dignity require that we keep ourselves sensitive to these challenges.

Short Biography

Leigh Ann Craig (PhD, The Ohio State University, 2001) studies the history of medieval European religion, gender, and culture. Her present research focuses on the ways in which people from differing walks of life diagnosed and coped with disabilities that modern people would refer to as mental illness. In particular, she is exploring the question of how medieval people decided whether a given individual was suffering from a humoral imbalance (such as melancholy, mania, or frenzy) or from demonic possession. Her research is currently focused on this question as it appears in later medieval miracle stories. In support of this research, she spent the summer of 2009 as a seminar participant with the NEH Seminar “Disease in the Middle Ages” held at the
Wellcome Library in London and was a Fellow of the Summer Research Institute at Harris Manchester College, Oxford, in 2010. On this topic, she is the author of “The Spirit of Madness: Doubt and the Miraculous Restoration of Sanity in the Miracles of Henry VI,” in the Journal of Medieval Religious Cultures (2013), and “Describing Death and Resurrection: Medicine and the Humors in Two Late Medieval Miracles,” in the forthcoming volume The Sacred and the Secular in Medieval Medicine (Ashgate, c. 2014). Dr. Craig’s first book, Wandering Women and Holy Matrons: Women as Pilgrims in the Later Middle Ages (Brill, 2009), examined the participation of women in Christian pilgrimage, both to the shrines of miracle-working saints and to Jerusalem and Rome. She has also published two articles related to this research: “Stronger than Men and Braver than Knights: Women and the Pilgrimages to Jerusalem and Rome in the Later Middle Ages” in the Journal of Medieval History and “Royalty, Virtue, and Adversity: The Cult of King Henry VI of England” in Albion, both in the summer of 2003. Dr Craig was also one of the associate editors of the Encyclopedia of Medieval Pilgrimage (Brill, 2009).

Notes

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1 In the history of psychology and psychiatry, see Rosen, Madness in Society; Jackson, “Unusual Mental States;” Gazazka, “Society’s Attitude towards Mentally Ill or Disturbed Persons;” Kemp, “Modern Myth and Medieval Madness;” Kroll, “A Reappraisal of Psychiatry and the Middle Ages;” Jackson, Melancholia and Depression; and Kemp and Fletcher, “The Medieval Theory of the Inner Senses.” For examples of retrospective diagnosis, see Tellenbach, Melancholy, and Kemp et al., “Demonic Possession and Mental Disorder.” For an example of history used in service of a present debate in psychology and psychiatry, see Scheff, “The Labeling Theory of Mental Illness,” and Gove, “The Labeling Versus the Psychiatric Explanation of Mental Illness.” For early overviews of madness in the history of medieval medicine, see Talbot, Medicine in Medieval England, 180–5; Beek, Waanzin in de Middeleeuwen, chs. 1–4; Siegel, Galen on Psychology; Harvey, The Inward Wits; and Clarke, Mental Disorder.

2 Foucault, Madness and Civilization; Foucault, History of Madness; Midelfort, “Madness and Civilization in Early Modern Europe;” Maher et al., “The Ship of Fools.” Though not a medievalist, Porter provided a seminal response to the Foucauldian debates and a spark for social history. See Porter, A Social History of Madness; Porter, Madness; Bivins et al. (eds.), Medicine, Madness, and Social History; Still et al. (eds.), Rewriting the History of Madness; Ruggiero, “Excusable Murder;” and Martineau, “Autour de la folie.”

3 Martineau, “Autour de La Folie,” made the first call for sweeping study. She was answered by Kemp, Medieval Psychology, Laharie, La Folie, and Fritz, Le Discours Du Fou.

4 Green, “Integrative Medicine.”

5 Wack, “New Medieval Medical Texts on amor Heres;” Wack, Lovesickness in the Middle Ages; Jaquart et al., “L’amour "héroïque".”


7 Jackson, Melancholia and Depression.

8 Hollywood, “Acute Melancholia.”


10 Flanagan, “Hildegarde and the Humors.”

11 McVaugh, “Arnau de Vilanova and the Pathology of Cognition.”

12 Jaquart, “Les Avatars de La Phrénitis.” Frenzy in Arthurian literature has been discussed by Plummer, “Frenzy and Females,” although in his work the word seems to be used broadly as a cognate of “madness.”

13 Jackson, Melancholia and Depression, 249–73, follows the issue from ancient through modern sources but gives briefer attention to premodern material.


15 Evans, Law and Theology.

16 Sexto, Guardians of the Mentally Ill.
Flanagan, “Heresy, Madness and Possession.”


19 Jurasinski, “Madness and Responsibility.”

20 Butler, “Representing the Middle Ages,” and Butler, The Language of Abuse, esp. Ch. 3.


22 On suicide in Western cultures, see Minois, History of Suicide; Murray, Suicide in the Middle Ages.

23 Battistella, The Logic of Markedness.

24 On the medieval origins of European institutional care, see Jetter, Grundzüge der Geschichte des Irrenhauses; Andrews, The History of Bethlem; and Philo, A Geographical History of Institutional Provision for the Insane. On the late antique, see Horden, “The Late Antique Origins of the Lunatic Asylum?”

25 On mad kings, see Green, The Madness of King; McGrath, “Royal Madness and the Law.” On Charles VI, see Famiglietti, Royal Intrigue; Guenee, “Le Voyage de Bourges (1412).”

26 On disability history, see Kudlick, Disability History, and Baynton, “Disability in History.” On medieval disability, see Metzler, Disability in Medieval Europe, Elyor (ed.), Disability in the Middle Ages. On the relationship between disability and mental illness, see Beresford, “What Have Madness and Psychiatric System Survivors Got to Do with Disability;” Donaldson et al., “There’s No Crying,” and Pfau, Protecting or Restraining.

27 Kemp, Medieval Psychology, Laharie, La Folie, and Fritz, Le Discours Du Fou.

28 On disability studies, see Albrecht et al., Handbook of Disability Studies. On disability history, see Kudlick, Disability History, and Baynton, “Disability in History.” On medieval disability, see Metzler, Disability in Medieval Europe, Elyor (ed.), Disability in the Middle Ages. On the relationship between disability and mental illness, see Beresford, “What Have Madness and Psychiatric System Survivors Got to Do with Disability;” Donaldson et al., “There’s No Crying,” and Pfau, Protecting or Restraining.

29 Kemp, Medieval Psychology, Laharie, La Folie, and Fritz, Le Discours Du Fou.

30 This topic appears in a number of summary studies and is also treated by Turner in Care and Custody, Ch. 1. The thriving scholarly discourse by literary critics and art historians on madness in medieval cultures can only be represented here by some important examples: Doob, Nevehodnizzar’s Children; Grassi and Lorch, Folly and Insanity; Gilman, Seeing the Insane; Harper, “So Euyil to Rewlyn;” Hershkowitz, The Madness of Epic; Thiher, Revels in Madness; Sprunger, “Depicting the Insane;” Harper, Insanity, Individuals and Society; Huot, Madness in Medieval French Literature; Nichols, “Le Nom de La Mélancholie;” Saunders et al. (eds.), Madness and Creativity in Literature and Culture; Perry et al. (eds.), Behaving like Fools.


32 For recent examples, see Wack, Lovesickness in the Middle Ages, and Turner, Care and Custody.

33 Battistella, The Logic of Markedness.


35 On this litmus test in American law, see Gewirtz, “On I Know It When I See It;”

36 Pfau, “Protecting or Restraining;”

37 See, for example, MacDonald, Mystical Bedlam; Porter, Mind-Forg’d Manacles; Scull et al., Masters of Bedlam; and Midelfort, A History of Madness.

38 See Craig, “The Spirit of Madness.”


Craig, “The Spirit of Madness.” This diagnostic confusion forms the basis of my current research.

McCleery, “Both Illness and Temptation of the Enemy.”


Porter, “The Patient’s View.”


McCleery, “Both Illness and Temptation of the Enemy,”” 172.


Craig, Wandering Women and Holy Matrons, esp. Ch. 5. A synopsis of the scholarly discussion of possession as power struggle is provided by Almond in the introduction to Demonic Possession and Exorcism in Early Modern England, 22–26. Kleinberg advocates for skeptical inquiry of the nature of divine possession in Prophets in Their Own Country, 51ff.


For a summary of discussion across this conceptual divide, see Rose et al., Neuro.

Baker et al., “Time to Abandon the Term Mental Illness.” Seventeen response letters to the editor were subsequently published.

This is not to say that conditions we have hitherto called “depression” and “schizophrenia” are mythical, but rather that their diagnosis can and should eventually be based on objective evidence, rather than syndromal groupings and subjective reports of symptoms. On the DSM-V, see Regier et al., The Conceptual Evolution of DSM-5; Frances, “Diagnosing the D. S.M;” Szalavitz, “Mental Health Researchers Reject Psychiatry’s New Diagnostic ‘Bible;’”

Trembinski, “Comparing Premodern Melancholy/Mania and Modern Trauma.”

Trembinski, “Comparing Premodern Melancholy/Mania and Modern Trauma.” 94.

Trembinski, “Comparing Premodern Melancholy/Mania and Modern Trauma,”” 82.

Turner, Care and Custody, esp. Ch. 3; Turner, “Defining Mental Afflictions”. On categories, see also Millon, “Aspects of the Legal Status.”

Turner, Care and Custody, 5–7.

Jackson, “It Begins with the Goose;” Carlson, “Cognitive Ableism.”


Bibliography


