UNIVERSIDAD DE MURCIA

ESCUELA INTERNACIONAL DE DOCTORADO

Demons, Fast and Death:
Mental Health in the Late Middle Ages

Demonios, Ayuno y Muerte:
Salud Mental en la Baja Edad Media

D. Fernando Espí Forcén
2015

D. Joaquín Nieto Munuera, Profesor Titular de Universidad del Área de Medicina y Director del Departamento de Psiquiatría y Psicología Social, INFORMA:

Que la Tesis Doctoral titulada "Demons, Fast and Death: Mental Health in The Late Middle Ages" ha sido realizada por Fernando Espí Forcén bajo la immedata dirección y supervisión del D. Carlos Espí Forcén y del presente autor y que el Departamento ha dado su conformidad para que sea presentada ante la Comisión de Doctorado.

Murcia a 14 de Septiembre de 2015

D. Carlos Espí Forcén, Profesor Titular del Área de Letras en el Departamento de Historia del Arte, AUTORIZA:

La presentación del la Tesis Doctoral titulada "Demons, Fast and Death: Mental Health in The Late Middle Ages", realizada por Fernando Espí Forcén, bajo mi inmediata dirección y supervisión, en el Departamento de Psiquiatría y Psicología Social, y que presenta para la obtención del grado de Doctor por la Universidad de Murcia.

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FACULTAD DE MEDICINA

Demons, Fast and Death

Mental Health in the Late Middle Ages

(Demonios, Ayuno y Muerte: Salud Mental en la Baja Edad Media)

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A mi hermano Carlos, mi mejor mitad

AGRADECIMIENTOS

En primer lugar agradecer a mis directores de Tesis el Dr. Carlos Espí Forcén y el Dr. Joaquín Nieto Munuera y a mi tutora la Dra. Paloma Moral de Calatrava por todo el apoyo, supervisión y ayuda que ha hecho posible la realización de esta tesis de grado.

En segundo lugar me gustaría agradecer a la Dra. Juana Hernández Consea y al Dr. Alejandro García Avilés, cuyo trabajo y trayectoria profesional han sido de importante inspiración para la realización de este trabajo.

A mis profesores de la Facultad de Medicina de la Universidad de Murcia, en especial a María Ángeles Abad Mateo, Vicente Vicente Ortega, María del Carmen Brufau Redondo, Joaquín Gómez Espuch y Joaquín García Estañ por apoyo durante y después de mi carrera universitaria.

Al Señor Joaquín Carrasco y el profesor Luis Fernando Carballo Álvarez por la asistencia logística y administrativa y la ayuda burocrática prestada que ha permitido realizar esta tesis desde la distancia.

A los doctores Miguel Robles, Pilar Cekan y Gregory Collins, gracias a ellos logré obtener una plaza de residencia de psiquiatría en Estados Unidos.

A los doctores Juan Jaramillo, Tatiana Falcone, Howard Gottesman, Stephen Ruedrich, Susan Hatters Friedman, Karam Radwan, Khalid Afzal, Yesne Alici, William Breitbart y Jimmie Holland que han sido y siguen siendo una gran inspiración en mi carrera profesional.

A las bibliotecas de la Universidad de Murcia, Case Western Reserve University, University of Chicago, Memorial Sloan Kettering and the New York Public Library.

Finalmente me gustaría agradecer a mis padres, Fernando y Pepa, a mis hermanos Irene, Pepe y Carlos, a mi abuelo Armando, al resto de mi familia y a mis amigos por el apoyo moral e intelectual.

RESUMEN EN ESPAÑOL DE LA TESIS (SUMMARY IN SPANISH)

DEMONIOS, AYUNO Y MUERTE: SALUD MENTAL EN LA ALTA EDAD MEDIA

Introducción: Del Imperio Romano a La Edad Media

Durante el Imperio Romano, la sociedad sufrió una crisis espiritual que llevó a las clases sociales más pobres a considerar nuevas religiones. Los dioses paganos no satisfacían las necesidades espirituales domésticas y el culto a la diosa egipcia Isis, la diosa oriental Mitra era muy común durante el tardo imperio. En este contexto, las religiones monoteístas triunfarían sobre el politeísmo. Principalmente dos variantes de religión monoteísta existían a lo largo del primer siglo de Cristo: El Judaísmo y el Cristianismo. De hecho, el Cristianismo era una secta de la primera con la sola diferencia de que para los segundos, el llamado Mesías ya había llegado al mundo en la forma de un hombre judío llamado Jesús. Pablo de Tarso, un Cristiano converso y ciudadano romano expandió el Cristianismo en varias provincias del imperio. La destrucción de Jerusalem por Vespasiano resultó en la diáspora de los judíos que predicaron sus religiones monoteístas por todo el imperio. El mensaje Cristiano y Judío era percibido por los paganos como una forma de liberación del sistema cruel de esclavitud romana.

El Cristianismo tuvo más éxito que el Judaísmo puesto que la doctrina era más sencilla y fácil de entender y la recompensa por tener fé y una buena vida garantizaba una vida después de la muerte. En el edicto de Milán del 313 después de Cristo, el emperador Constantino permitió a los Cristianos practicar su religión y unas decadás más tarde el edicto de Tesalónika del 380 después de Cristo proclamaba el Cristianismo

como religión oficial en el Imperio, paradójicamente, los Cristianos, ahora en mayoría, se convertirían en los perseguidores de los paganos que quedaban en el imperio.

La victoria final de la Cristiandad produjo una visión desde el prima Cristiano de los fenómenos que acontecían en el imperio: eventos históricos, calamidad, epidemias, muerte y locura tenían una explicación religiosa, era el comienzo de la mentalidad medieval. Las ciudades se amurallaron para protegerse de las invasiones extranjeras, la gente huyó de la inestabilidad de la urbe a zonas rurales bajo el amparo de los propietarios de las tierras dando origen al feudalismo. La cultura se concentró en los monasterios rurales y los monjes mantuvieron las librerías. La medicina era rudimentaria y la gente visitaba las reliquias de los lugares sagrados en búsqueda de una cura milagrosa. La enfermedad mental se explicaba mediante la posesión demoniaca. En acorde con los evangelios, Jesús realizaba exorcimos y también los monjes de la Edad Media en imitación a Cristo.

En el siglo 12, las ciudades y el comienzo volvieron a florecer dando origen a una nueva alta clase social, la burguesía. Durante el románico, el juicio final era el tema más frecuente en los tímpanos de las iglesias. Ahora, puesto que el enriquecimiento a través del comercio se podía ver como una forma de usura. Las sociedades emergentes mostraron más interés por la pasión de Cristo financiando, iconos, capillas y obras de arte en torno a la pasión. La llamada *imitatio Christi* (Imitación de Cristo) implicaba sufrir y padecer dolor para imitar la vida de Cristo. En este sentido, sufrir era bueno para alejarse del pecado y conectar con Cristo y también lo era aceptar los dolores que acantecían con la muerte. Durante la Edad Media, muchos hombres se autoflagelaban para sufrir, mientras que las mujeres practicaban el ayuno.

En los próximos capítulos analizaremos como la enfermedad mental en la baja edad media podría ser explicada a través de la mentalidad cristiana que caracterizaba dicha época.

Hipótesis

Como es obvio, la gente durante la Edad Media sufría también enfermedades mentales. El enfoque y tratamiento de la enfermedad mental en la Edad Media ha sido poco estudiado. En este trabajo se pretende estudiar el estado de la salud mental en la sociedad de la Baja Edad Media. Para ello, se han discutido y analizado desde un punto de vista psiquiátrico diferentes aspectos que caracterizaban la sociedad y cultura medieval: posesiones demoníacas, el Santo Ayuno y la muerte. La posesión demoniaca constituyó una explicación espiritual para el comportamiento errático y otras manifestaciones médicas y neuropsiquiátricas. La práctica del ayuno era una práctica frecuente en las mujeres religiosas. Finalmente la muerte prematura por las guerras y epidemias generó mucha ansiedad provocando la salida de manuales que ayudaban a los frailes a aliviar la ansiedad de la muerte.

Métodos

El propósito de este estudio es analizar el estado de la salud mental en la Baja Edad Media. Para ello se han escrito tres artículos sobre los tres temas que conciernen a este trabajo. Cada uno se ha escrito bajo un formato distinto. El primer capítulo "Posesiones demoniacas y enfermedad mental: discusión de casos seleccionados de la literatura medieval hagiografica" se ha escrito desde una perspectiva humanística, con diferentes apartados y notas a pie de página para enriquecer la discusión y bibliografía. El segundo capitulo "La práctica del santo ayuno en la Baja Edad Media: Un enfoque psiquiátrico" se ha escrito bajo el formato de artículo original en el ámbito médico. El

tercer capítulo, "*Ars Moriendi*: Haciendo frente a la muerte en la Baja Edad Media" se ha escrito en forma de revisión sistemática, con un apartado específico que refiere a la interpretación del manual original. Después de los tres capítulos se hace una discusión general sobre los tres temas y unas conclusiones finales junto con la bibliografía.

Capítulo I. Posesiones Demoníacas y Enfermedad Mental: Discusión de Casos Seleccionados en la Literatura Medieval Hagiográfica de la Baja Edad Media

La expansión del Crisitianismo en el imperio Romano conllevó que la enfermedad mental se considerada una patología producida por la posesión demoníaca algo que supuso una explicación para el comportamiento errático en la sociedad. De acuerdo con los evangelios, Jesús practicaba exorcismos a los endemoniados y posteriormente durante la Edad Media, los Cristianos practicaban exorcimos con el fin de emular a Cristo (*Imitatio Christi*).

Un ejemplo de virtud e imitación a Cristo fue San Francisco de Asís. La descripción de acuerdo con su biógrafo San Bonaventura de un exorcismo practicado por San Francisco a un fraile es compatible con una crisis epiléctica tónico-clónica. Las descripciones de posesiones demoníacas en las hagiografías de San Millán de la Cogolla y Santo Domingo de Silos escritas por Gonzalo de Berceo denotan síntomas de trastornos psicóticos, del estado de ánimo, de personalidad, de tipo ansioso y disociativo. A pesar de que los exorcimos analizados en nuestro estudio son el resultado de la invención literaria, los escritores fueron testigos de su tiempo y transfirieron sus conocimientos sobre exorcismo y posesión demoníaca en sus escritos. Debido a su status como monjes, es muy probable que incorporaran sus propias experiencias como exorcistas con endemoniados.

Capítulo II. La Práctica del Santo Ayuno en La Baja Edad Media: Un Enfoque Psiquiátrico

Durante la Baja Edad Media, era frecuente la práctica del ayuno con la intención de llevar una vida ascestica e imitar los tormentos sufridos por Cristo durante la pasión. En este capítulo se han discutido tres casos de mujeres que practicaba el ayuno religioso con particular atención al caso de Santa Catarina de Siena.

Las mujeres Santas que practicaban el ayuno practicaban la inanición, el vómito, sufrían amenorrea y paradójicamente gustaban de organizar banquetes. Los paralelos entre el Santo Ayuno en las mujeres de la Baja Edad Media y la anorexia nerviosa de la sociedad contemporánea son claros Psicológicamente en los dos casos se intuye un patrón de rigidez y perfeccionismo psicológico. En ambos una persona ayuna hacia un objetivo de prestigio social de acuerdo con la sociedad del momento: Santidad en el primero, y belleza en el segundo. La práctica del Santo Ayuno en las mujeres religiosas de la Baja Edad Media se puede analizar desde una perspectiva psiquiátrica.

Capítulo III. *Ars Moriendi*: Haciendo frente a la Muerte en la Baja Edad Media

Ars moriendi fue un libro escrito a principios del siglo XV con el fin de ayudar a los frailes asistir a los moribundos. El objetivo de este capítulos es revisar la literatura sobre *Ars Moriendi* que concierne al ámbito médico, y analizar los mecanismos psicólogicos untilizados para hacer frente a la ansiedad de la muerte en dicho manual. Finalmente se han explorado los paralelos entre dichas estrategias y la praxis médica actual en el tratamiendo del enfermo terminal.

Para ello se ha realizado una revisión sistemática de literatura usando Pubmed, EMBASE, Jstor, Project Muse y la New York Public Library. En segundo lugar, se ha interpretado la fuente primaria desde un punto de vista médico y psicológico.

Siete artículos han sido seleccionados para la revisión sistemática de literatura que cumplieran nuestros criterios, estos artículos hablan de la importancia del *Ars Moriendi* en su contexto histórico señalando la importancia de recuperar algunos elementos del manual en el tratamiendo del enfermo terminal hoy día. El texto original *Ars Moriendi*, la fuente primaria, presenta la muerte como un alivio de los sufrimientos mundanos y una puerta hacia la gloria eterna. De acuerdo con el libro, la buena muerte implica la superación de las tentaciones provocadas por los demonios a los enfermos agonizantes: la falta de fe, la desesperación, la impaciencia, el orgullo y la avaricia.

Analizado desde una perspectiva psiquiátrica, *Ars moriendi* ofrece descripciones de conductas compatibles con delirium, trastornos de la ansiedad y el estado de ánimo que caracterizan a los enfermos terminales. Las estrategias psicológicas utilizadas en el manual tiene similitudes con algunas de las estrategias utilizadas en el presente.

Discusión

Esta tesis ha pretendido explorar el status de la enfermedad mental en la sociedad de la Baja Edad Media a través de tres aspectos importantes de dicha sociedad: La posesión demoníaca, el Santo Ayuno y la ansiedad de la muerte. Los tres están relacionados con el concepto de *imitatio Christi* que caracterizaba la sociedad de la época. Los tres capítulos están redactados en diferentes formatos: humanístico, científico original y revisión sistemática.

La posesión demoníaca ofrece una explicación espiritual para el comportamiento errático y la enfermedad mental, no obstante esta teoría coexistió con la teoría médica

humoral. La manía descrita en la literatura desde la antigüedad, se entiende como un estado de furia, agitación incontrolada, y pérdida de la razón. Síntomas compatibles con enfermedades mentales severas (delirium, esquizofrenia y trastorno bipolar).

Las descripciones de posesos en las narrativas seleccionadas son compatibles con trazos psicopatológicos y nos permiten entender el trato de la enfermedad mental en la Baja Edad Media. Nuestra metodología conlleva algunos riesgos como imponer diagnósticos psiquiátricos en el pasado o ignorar comportamientos psiquiátricos importantes para la época. No obstante, en parte debido a la ausencia de otros métodos, el análisis forense retrospectivo es el más adecuado a nuestro juicio.

De acuerdo a los casos descritos en nuestro trabajo, la epilepsia parece ser el trastorno más relacionado con la posesión demoniaca, seguido por los trastornos psicóticos y del estado de ánimo. A partir del Renacimiento, los criterios para sufrir posesión demoniaca se hacen más sofisticados (rechazo de objetos religiosos, telepatía, telekinesis, hablar idiomas y la capacidad para disminuir la temperatura de la habitación) y probablemente desde el Renacimiento hasta hoy día, los trastornos de tipo disociativo e histriónico están mas relacionados con la posesión demoniaca.

El Santo Ayuno en la Edad Media podía llevar a una persona a la fama y la Santidad. En el caso de Santa Catarina, la deprivación severa, el sufrimiento y el ayuno la convirtieron en la segunda persona después de San Francisco de Asís en ser premiada con los estigmas de la Pasión de Cristo. Santa Catarina aprende sobre el poder del ayuno a través de su hermana, que ayunaba para controlar a su marido. Los patrones de perfeccionismo y rigidez psicologica caracterizan a los casos de mujeres que practicaron el Santo Ayuno y a las personas que sufren anorexia nerviosa.

Ars Moriendi presenta la muerte como algo bueno, y provee al moribundo con una misión: superar las tentaciones de los demonios para conseguir una buena muerte y salvar su alma. El texto facilita un locus de control externo, lo que produce una disminución de la ansiedad en el paciente. Estas teorías se asemejan a las utilizadas en la terapia de aceptacion y compromiso en la que las ansiedades se etiquetan como los pequeños monstruos que hay que controlar en nuestra vida. *Ars Moriendi* describe estados psicológicos comparables a los descritos por Elisabeth Kübler-Ross y da esperanza a todo el mundo, independientemente de la gravedad de los pecados. Las descripciones de los moribundos en el texto se corresponden con el delirium, y las ansiedades que caracteizan a los enfermos moribundos de acuerdo con la literatura psiquiátrica moderna.

Conclusiones

El estudio de la posesión demoniaca, el Santo Ayuno y la ansiedad de la muerte, nos permite entender el status, el enfoque y el tratamiendo de la enfermedad mental durante la Baja Edad Media.

Tomando un enfoque psiquiátrico contemporáneo, las descripciones literarias de posesiones demoníacas, mujeres que practicaban el ayuno y moribundo, ofrencen rasgos compatibles con trastornos psiquiátricos.

No existen diferencias substanciales cuando se narran los artículos en un formato humanístico, científico original o de revisión sistemática.

DEMONS, FAST AND DEATH:

MENTAL HEALTH IN THE LATE MIDDLE AGES

Introduction: From The Roman Empire To The Middle Ages

During the Roman Empire, society experienced spiritual crisis that made the poorer layers of society embrace new forms of religion. Pagan gods didn't satisfy the ritual needs any longer and more domestic spiritual approaches were preferred. Already in the 1st century, the Egyptian cult of Isis and the Eastern rite of Mitra were deeply established in the Roman way of practicing religion. Many temples dedicated to Isis were constructed during the early Roman Empire sometimes promoted by the emperor in the city of Rome but also by foreign traders or Roman citizens in Western parts of the Empire such as Pompeii or Cartagonova. Likewise spaces for the cult of Mitra were frequent during the time, e.g. Heidelberg, San Clemente in Celio in Rome. Mitra and Isis permitted a closer contact with the divinity; the practitioner of these rites had the feeling of belonging to small group of believers and promoted the virtues of strength and spirituality. The cult of Mitra thus was a popular mystery religion in the Roman Empire. In the context of this spiritual crisis, a monotheistic religion proved to be much more successful. Two main varieties were available for Romans after the 1st century of the common era: Judaism and Christianity. As a matter of fact, the Christian religion was a Jewish sect that differed from the mainstream of the former religion in the fact that his adepts believed that the so-called Messiah had already come to the Earth in form of a Jewish man called Jesus. The cruciphixion of this man provoked that some of his followers started preaching this new messianic version of the monotheistic religion in Palestine. A very passionate Christian convert, Paul of Tarsus was a Roman citizen and had the privilege to be able to spread the message all over the empire, even in the

city of Rome according to the tradition. The destruction of Jerusalem by emperor Vespasian and his son Titus after a Jewish revolt caused the Diaspora of a huge deal of Jews that were spread all over the empire. Jews and Christians disseminated the monotheistic religion and their message was eagerly accepted by former pagans that found in this message a feeling of liberation and the relief of the oppression in the cruel Roman system of slavery.

Christianity was much more successful that Judaism since it was more easily understood and the reward for having a good faith and a good life was guaranteed in after life. No matter your social status or wealth, you would be redeemed if you believed in Jesus. The triumph of Christianity finished not only with the traditional pagan religion but also with the mysteric rites of Isis and Mitra. Only Judaism was to survive in a small percentage of the Roman society. Now established as a minority for the rest of the their history.

In 313 AD, emperor Constantine the Great proclaimed the Edict of Milan, thus Christians were allowed to freely practice their religion. It was the end of the prosecutions and the emperor himself converted to Christianity in his deathbed. It had been a political strategy by the emperor to gain support against his rival Maxentius since the majority of society had already become Christian. In fact a few decades after, Christianity was chosen as the official religion of the Roman Empire by emperor Teodosious in the Edict of Thessalonika (380 AD), which paradoxically made Christians the persecutors of the remained pagans. The final victory of Christianity over any other source of religion established the moral principles that were to rule Europe in the following centuries: Historical events, catastrophes, death, insanity and epidemics were viewed and explained through a Christian prism. This marked a change with the previous pagan mentality and thereby a new era had started; it was the beginning of

what we now call the Middle Ages. The economic crisis of the Roman Empire in the 3rd century AD had also made the army less and less efficient to protect the further parts of the empire. The threat of invasion Germanic tribes in the border had always been more prominent and many Roman cities depended on themselves to protect from the pillage of the so-called Barbarians. Walls were constructed around the cities to be protected, trade and commerce were dramatically stopped and people sought refuge out of the city, in little villages where they could work the land and live self-sufficiently in the rural areas. The vast agricultural lands had frequently an owner for whom these peasants worked, a portion of the benefits had to be delivered to the owner thus he could maintain a superior social status. The situation marked the start of a feudal system that survived through some 800 years, a period that we now call the early Middle Ages. This new social and economical system was reinforced by the final invasion of the Western Roman empire by the Northern Germanic tribes, which caused further instability, and the emergence of new kingdoms ruled by foreign invaders. Visigoths reigned major parts of Hispania, Ostrogoths the Italic peninsula, Franks the former Gaul, and the Anglo-Saxons settled in Britain. The Eastern part of the Roman empire was to survive one more thousand years. However, we will mainly study mental illness in Western Europe.

In Western Europe the feudal system was maintained for several centuries. Culture was mainly concentrated in monasteries settled in rural areas: monks' copied manuscripts kept good libraries and controlled the morality and mentality of the people according to the Christian church. Medicine and surgery were rudimentary; people believed that they could be healed by visiting the relics held in the shrines of chapels and monasteries. Mental disease was frequently explained as the result of a demonic possession based on the descriptions of demoniacs in the Gospels. Jesus was the model

of an exorcist, through the Gospels we know several cases of demonic possession whose behaviors are compatible with the phenomenology of psychiatric disorders as are described today. The role of monks and priests when they encountered an insane person was to relieve his suffering by expelling the demon that inhabitated him. Exorcisms are described in documentary sources and literature all over the Middle Ages, a practice that has continued in Christian people even today.

By the 12th century, cities started to flourish again and people emigrated from rural lands to these emergent urban centers where trade and business were prospering again. High status was not only reserved for noblemen, a new powerful class was becoming wealthier through commerce, the so-called bourgeoisie. The most popular topic in the tympana of churches in monasteries was the Last Judgment, thus monks could control society by advertising that if they didn't follow the life they preached, they would go to hell. However, the bourgeoisie was not interested in hell, since avarice and usury guaranteed a place in hell. Instead they promoted the chapter of the passion of Christ since the sacrifice of Jesus caused the redemption of humankind. This newly enriched class fell much more comfortable with the idea of salvation and redemption through the passion of Christ and promoted the construction of iconographic cycles devoted to the passion in altarpieces, frescoes, stainglass and sculpture. As a result, Christian devotion was focused on the sufferings of Christ during the passion, manuals depicting the tortures inflicted on Christ were written to help Christians reconstruct the sorrows of Christ in every detail. The so-called *Imitatio Christi* (Imitation of Christ) involved suffering and pain as a way to emulate Jesus' life. Suffering was good it kept you apart from sin and connected the believer directly with Christ. Therefore pain should not be avoided but desire by the good Christian since it was a way to abide by God's will. As we will later see the manuals that oriented Christians to follow a good

death instigated the acceptance of the pain and suffering as a requisite for a good death. Men usually practiced suffering by self-inflicting pain: self-flagellation, wearing cilices and avoid any sort of comfort in life. Fasting was a form of Imitatio Christi more popular among women, in some cases it involved starvation to death; however pious women were reported to be able to survive by ingesting only the holy wafer.

In the following chapters we analyzed how mental disease in the Late Middle Ages could be disguised through some traits explained from a religious Christian point of view. A certain diagnosis may not be possible but we have attempted to outline some general attitudes towards current psychiatric disorders through an archeology of mental diseases.

Hypothesis

As it is obvious humans have suffered from mental afflictions since the beginning of humankind. The approach and state of the art about the way people with mental illness were treated in the Late Middle Ages has not been vigorously studied. In this work we intend to explore the status of mental health in the society of the Late Middle ages. For that, we have discussed and analyzed from a psychiatric viewpoint three different important aspects that characterized medieval culture and society: demonic possessions, holy fasting and death anxiety. Demonic possession constituted a spiritual explanation for erratic behavior, medical and neurological manifestations in a society controlled by the Christian religion. The practice of holy fasting was popular among religious women in a way to imitate Jesus during the passion. Lastly, premature death by wars, disease and epidemics generated a good deal of anxiety. As a result several manuals were written to assist friars help the dying cope with their fears.

Methods

The purpose of this study is to analyze the state of mental health in the Late Middle Ages. Methodologically, three chapters in the form of scientific articles have been written about the three different themes that concern this thesis. For each of them a different approach has been taken.

For the development of our first chapter "Demonic Possessions and Mental Illness: Discussion of selected cases in Late Medieval Hagiographical Literature." A humanistic approach has been taken. After an abstract, the chapter was therefore divided in three sections: 1. Physical and Spiritual Suffering becomes the Agency of Demons; 2. Exorcism in the Late Middle Ages; 3. Gonzalo de Berceo and His Lifes of Saint Aemilian and Saint Dominic. In this latter chapter, different cases of demonic possessions in the narratives of Gonzalo de Berceo are discussed and analyzed by using modern psychiatric nosology. After that a discussion about the limitations and whereabouts when approaching medieval behavior with current psychiatric classification of diseases is discussed. Footnotes have been added to the main text to include comments and references.

The second chapter: "The Practice of Holy Fasting in the Late Middle Ages" is written with the structure of an original article in the medical field. Therefore, the chapter is divided in seven sections: Abstract; Keywords; Introduction; Methods; Results; Discussion; Conclusion and References. The article's purpose is to discuss the practice of fasting in religious women during the Middle Ages and explore its parallels with current knowledge in the mental health field of eating disorders. The cases of different holy women are discussed in the Results section and the parallels with modern

approaches to anorexia nervosa, bulimia and other eating disorders are described in the Discussion section. The references are included in alphabetic order.

The third chapter "Ars Moriendi: Coping with Death in the Late Middle Ages" was written as a medical review article. After the keywords the abstract is divided in four sections: Objective, Methods, Results and Significance of Results. The article is later divided in several sections. First there are two broad introductions explaining briefly death and epidemics in the Late Middle Ages and the general strategies used to cope with death involving art and literature. Following, the objective and the methodology used for the study are discussed. The Methodology involves both a literature review and a psychiatric interpretation of the primary source, the book "Ars Moriendi." Therefore the results section is also divided in two parts: The systematic review of literature and the interpretation of the primary source. The last part of the chapter includes a discussion of the significance of these results and the parallels between the coping strategies for death anxiety used in "Ars Moriendi" and the Late Middle Ages and our contemporary society. The references are included in alphabetic order.

Following the three chapters written in the three different formats, a general discussion and conclusions according to the methodology and scope of the study are explained. Finally, the bibliography includes all the references used for the whole thesis in alphabetic order.

Chapter I. Demonic Possessions and Mental Illness: Discussion of selected cases in Late Medieval Hagiographical Literature.

Abstract

The expansion of Christianity in the Roman Empire made that mental illness was generally considered a pathology caused by demonic possession. This constituted an explanation for an erratic behavior in society. Exorcism was the treatment generally applied to demoniacs and seems to have caused some alleviation in the suffering of mentally distressed people. We have selected and analyzed some cases of demonic possession from 13th century hagiographical literature. Christian saints were to emulate Jesus to an extent that they were even gifted with the power to perform miracles, which included the exorcism of the devil. In the description of demoniacs we have been able to find traits of psychotic, mood, neurotic, personality disorders and epilepsy. Even if it has been argued that demonic possession was generally a female affliction during the Late Middle Ages and the Early Modern Period, there is no clear evidence in the cases we have chosen from 13th century hagiographical literature. The exorcisms analyzed in our article are the result of literary invention more than the description of a contemporary event. Nevertheless, the writers were witnesses of their time, transferred their knowledge about exorcism and possession in their narrative and, due to their status as monks, presumably incorporated their actual experience with demoniacs.

1. Physical and Spiritual Suffering Becomes the Agency of Demons.

> "When Jesus got out of the boat, a man with an impure spirit came from the tombs to meet him. This man lived in the tombs, and no one could bind him anymore, not even with a chain. For

he had often been chained hand and foot, but he tore the chains apart and broke the irons on his feet. No one was strong enough to subdue him. Night and day among the tombs and in the hills he would cry out and cut himself with stones." (Mark 1: 2-5).

This is the one of the most thorough descriptions of a demoniac in the Gospels, a common topic in medieval hagiographies, that's to say the biographies of saints.[1] The story of the Gerasene demoniac has been a model patterned in the descriptions of demoniacs throughout the Christian history.[2] A certain kind of demonic possession is also present in the Old Testament, it is certainly not as frequent as in the New Testament. In the first book of Samuel, the future king David relieves the suffering caused to Saul by an evil spirit playing the harp (1 Samuel 16: 14-23).[3]

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[1] There are many references to demonic possession in the New Testament, but just eight cases of exorcisms. Six of them are in the Gospels: the demoniac in the synagogue (Mark 1:23-28, Luke 4: 33-37), the Gerasene demoniac above mentioned (Mark 5:1-20, Matt 8:28-34, Luke 8:26-39), the Syrio-Phoenician woman's daughter (Mark 7: 24-30, Matt 15: 21-28), the possessed boy (Mark 9: 14-29, Matt 17: 14-21; Luke 9: 37-42), a dumb demoniac (Luke 11:14, Matthew 9:32) and woman possessed with a crippling spirit (Luke 13: 10-17). There are two more exorcisms in the Acts of the Apostles: Paul exorcises the slave girl (Acts 16: 16-18) and an unsuccessful one, the sons of Sceva (Acts 19: 13-20), see Sorensen, *Possession and Exorcism in Early Christianity*, 122-123.

[2] Caciola, *Discerning Spirits. Divine and Demonic Possession in the Middle Ages*, 36-37.

[3] Cfr. Sorensen, *Possession and Exorcism*, 53. This method was also applied thereafter; e.g. in the end of the 15th century the painter Hugo van der Goes suffered a breakdown and wanted to commit suicide. The diagnosis was the same *morbo* that affected king Saul; therefore it was ordered to make lots of music for him to recover, see Midelfort, *A History of Madness in Sixteenth-Century Germany*, 26. Music was a therapy used in Antiquity to cure several kinds of

Besides the passage of King Saul, the Old Testament contains a further possession in the book of Tobit. Sara was tormented by the presence of the spirit Asmodeus, who had fallen in love with her and produced the death of her first seven husbands. Tobias makes him flee to Egypt by burning the heart and liver of a fish in incense (Tobit 3: 8, 8: 2-3). These stories are a bit different to New Testament demonic possessions, since in both cases the evil spirits torment the characters but they don't physically invade their bodies.[4] David eliminates the influence of the evil spirit through the aid of music and Tobias provokes the flight of Asmodeus with a magic ritual that involves burning the entrails of the fish. In the New Testament and later exorcisms the demon was defeated by the presence of the divinity.[5]

The exorcisms of the New Testament can only be explained through the influence of Greek culture. *Daimonia* or demons were not always evil in Ancient Greece. It was a term used to designate spirits: their actions would determine if they were good or evil. The term *daimon* was used in the Greek translation of the Bible for a variety of Hebrew terms that referred to spirits, but by the time when the New Testament was being written, *daimon* was used exclusively to designate evil spirits. In Greek tragedies the Olympian gods could possess mortals through avenging spirits. These possessions could explain pathologies such as what it was called "the sacred

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mental illnesses related to melancholia, see Klibansky; Panofsky; Saxl, *Saturno y la melancolía* (originally *Saturn and Melancholy*), 68-69.

[4] It is interesting to note that in Ancient Egypt and Mesopotamia it was believed that cult statues could be invaded through the mouth by the god that they represented. For early Christians these pagan gods were in fact demons. During the Middle Ages pagan idols were supposed to contain demons and could be thereby exorcised similarly to human demoniacs, see García Avilés, "Estatuas poseídas: Ídolos demoníacos en el arte de la Edad Media", 237-239.

[5] For the cases of Saul, Tobias and the fame later enjoyed by Solomon as an exorcist see Nicoletti, *Esorcismo cristiano e possessione diabolica tra II e III secolo*, 105-109.

disease", that we can identify with epilepsy. However, whereas in Greek medical tractates epilepsy could be cured with material treatments, in the Gospels epileptic and other pathological conditions were thought to be caused by the invasion of a demon, and it was only by appealing to divine forces how the possessed could be healed.[6]

Needless to say, mentally ill people also existed in Christ's times, but the treatment applied to cure their disease was completely different. We learn from the Gospel of Mark that Jesus approached the demoniac and referred directly to the spirit that dwelled inside him: "Come out of this man, you impure spirit!" (Mark 5: 8). By freeing the demoniac from the evil spirit, the afflicted man would be rehabilitated and his judgment restored. This therapeutic method would become a standard with the final triumph of the Christian religion throughout the Roman Empire.[7] The description of the Gerasene demoniac in the Gospel of Mark has been described in secondary literature as a case of acute "mania",[8] if instead we were to use current psychiatric nosology to explore the pathology of the Gerasene demoniac, we could interpret some symptoms of mood disorder. For instance, his supernatural strength could imply an increase of energy with psychomotor agitation. Also in this narrative it is indicated that the demoniac spent days and nights in the tombs, which could carry a decreased need for sleep. He would cry out in the hills and cut himself with stones; thus, self- mutilation is also linked to an

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[6] Sorensen, *Possession and Exorcism in Early Christianity*, 53-55, 80-100, 104-107, 121.

[7] Böcher, *Das Neue Testament und die dämonischen Mächte*, 53-56. For the use of exorcism to cure demoniacs of different kinds in early Christianity during the Roman Empire see Nicoletti, *Esorcismo cristiano e possessione diabolica tra II e III secolo*.

[8] This was already the diagnosis in the early 20th century, see Alexander, *Demonic Possession in the New Testament. Its Historical, Medical, and Theological Aspects*, 62-81. "Mania" is a term used over the last two millennia to explain furious madness deprived of all judgment, delusional thinking, aggression, confusion, jolliness and excitation without fever, see Berrios, "Classic Text No 57. Of Mania: Introduction", 105-124.

emotional state. The description of the Gerasene demoniac depicts a man that after losing his judgment chose to live isolated from society, socially withdrawn and inadequate to his contemporaries.[9]

One of the most important features of Jesus in the narrative of the Gospels for his message to be spread out all over the Roman Empire was his divine power as a healer. Among his miracles, Jesus healed a blind man, a paralytic, a deformed, a woman with a flow of blood and he even resurrected the dead.[10] However, what interests us in this article is his ability to cure demoniacs, i.e. people whose affliction derived from a corporeal invasion by an evil spirit.

Mental illness was generally considered among the pathologies caused by demonic possession, which included epilepsy, and common sins like lying or stealing or even the ability of predicting the future. Demonic possession was therefore an

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[9] All together, this cluster of symptoms is described in mood disorders. Mood disorders can be unipolar, characterized by episodes of depression only, or unipolar, characterized by episodes of depression, mania and mixed episodes of depression and mania. Depression is characterized by sadness, anhedonia or inability to feel pleasure and other symptoms such as low energy, impaired sleep, appetite, attention and concentration, feelings of guilt and suicidal ideation. Mania usually implies symptoms opposed to depression such as increased energy and strength with a marked decreased need to eat or sleep, grandiosity, pressured speech, hypertalkativeness, flight of ideas, and hypersexuality. At times, this condition may present as a mixed manic-depressive episode, which would involve symptoms of simultaneous states with significant dysphoria, irritability or agitation, see B. J. Sadock; V. A. Sadock; P. Ruiz, *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*, 1693-1733.

[10] During the 2nd and 3rd centuries, Christ was usually represented as healer. This image of Christ promoted the expansion of Christianity among pagans. See Grabar, *Christian Iconography. A Study of Its Origins*, 7-14, 19-22.

explanation and a solution for an unacceptable behavior in society.[11] Other explanations for mental disease were also available, the most relevant is the so-called humoral theory. It was created in the 5th century BCE and it persisted during the next 2.000 years. Just as ancient Greeks thought that the world was made of four basic elements - air, water, fire and earth- the human body was supposed to be composed of four basic elements, namely blood, phlegm, yellow bile and black bile. Madness or malformation was explained during the Middle Ages due to an imbalance of these four elements in the body.[12] One of the most popular late medieval medical treatises, *De proprietatibus rerum* written by Bartholomeus Anglicus in the 13th century, quotes different causes of madness like the ingestion of melancholy foods, strong wine, the biting of a rabid dog or the poison of other wild beasts. These external agents would provoke the disproportion of the four elements and therefore a state of sadness, fear, mania or melancholy.[13] Alterations of the four elements could also cause an excess of dampness in the head propitious for a demon to enter the body. Remedies to relieve the patient of his suffering range from a tonsure to a trepanation in form of the cross that would release the head of these harmful vapors.[14] These solutions are never employed in hagiographical literature. The exorcism is usually carried out directly by the saint appealing the name of God or Christ. Possessions could also be treated by a pilgrimage

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[11] For the narrative of madness in the Middle Ages see Fritz, *Le discours du fou au Moyen Age. XII-XIII siècles. Etude comparée des discours littéraire, médical, juridique et théologique de la folie*; Laharie, *La folie au Moyen Age, XII-XIII siècles*.

[12] For the history and evolution of the humoral theory see Klibansky; Panofsky; Saxl, *Saturno y la melancolía*, 29-135.

[13] Bartholomeus Anglicus, *De proprietatibus rerum*, lib. VII, cap. VI. Cfr. Midelfort, *A History of Madness*, p. 29.

[14] Chave-Mahir, *Une parole au service de l'unité*, 244-246 (later published as Chave-Mahir, *L'exorcism des possédés dans l'Eglise d'Occident (Xe-XIVe siècle)*).

to the relics of the saint, since they would contain the power the saint had while he was still alive.[15]

The life of Jesus in the Gospels had been a model for saints since Late Antiquity; thus early Christian saints would perform miracles that gave them prestige and authority.[16] The exorcism of a demoniac has always been one of the most common miracles attributed to saints. In Late Antiquity and the High Middle Ages many saints expelled the demons of heretics, whose misbelief had allegedly been provoked by the influence of an evil spirit.[17] On the other hand, other demoniacs presented traits of mental and psychosomatic disorders just like the Gerasene demoniac of the Gospels.[18] It is our intention to focus on the last type of demonic possessions just mentioned that

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[15] Cam, "Demoniacs, Dissent and Disempowerment in the Late Roman West: Some Case Studies from the Hagiographical Literature", 45-47; Tamm, "Saints and the Demoniacs: Exorcistic Rites in Medieval Europe (11th-13th centuries)", 7-8.

[16] For exorcism and demonic possession in early Christianity see Sorensen, *Possession and Exorcism in Early Christianity*, 153-221.

[17] Exorcism has also been interpreted as a way for saints to reintegrate erratic individuals in the community by using a Roman juridical model, see Manuel López Campuzano; Rafael González Fernández, "Algunas notas sobre el exorcismo en el occidente latino en la Antigüedad tardía", en *Arte, sociedad, economía y religión durante el Bajo Imperio y la Antigüedad tardía*, vol. VII, Murcia: Universidad de Murcia, 1991, pp. 177-182. Grey Cam has analyzed several cases in late antique and early medieval hagiographical literature of these different types of demonic possessions. St. Augustine adverts against demoniacs that predict the future; St. Martin and St. Ambrose dedicated a big effort to fight heresy, in his biographies heretics are claimed to be inspired directly by the devil, see Cam, "Demoniacs, Dissent and Disempowerment", 45-54, 59-60. See also Sorensen, *Possession and Exorcism in Early Christianity*, 204-209.

[18] This would be the case for example of an exorcism practiced by St. Martin of Tours to an aggressive man with gnashing teeth, eager to bite anyone that dared to approach him. The demon was expelled through the anus in the form of diarrhea (Sulpitius Severus, *Vita Sancti Martini*, XVII, 4-7). The attitude of the demoniac is consistent with severe paranoia (*Kaplan and Sadock's Synopsis of Psychiatry*, pp. 281).

could be found in the descriptions of demoniacs in medieval hagiographical literature. Some of them closely resemble contemporary psychiatric symptoms and could even be subject of a slippery diagnosis.[19] It is undeniable that a good amount of demonic possessions narrated in medieval hagiographies deal with literary *topoi* rather than empirical experience. Nevertheless, direct observation by their authors would have always enriched the description of demoniacs.

As pointed out earlier, the emulation of Christ included the performance of exorcisms. The concept of *imitatio Christi* was renewed in the Late Middle Ages through the emblematic figure of Saint Francis of Assissi, whose model was patterned in late medieval art and literature. We have chosen the life of Saint Francis as a good example of late medieval exorcist, who provides some interesting cases of demonic possession subject to a psychiatric interpretation. Secondly we will analyze some particular possessions in the hagiographies written by Gonzalo de Berceo, a pivotal writer in 13th century Castilian literature that offers the most extensive description of demoniacs of his period in Spain.[20]

2. Exorcism in the Late Middle Ages: Saint Francis of Assisi.

During the 12th century, European population moved from the country to urban centers, and cities started to flourish. City merchants dealt with money and turned rich, this was generally considered usury, a sin fiercely fought by the new mendicant orders that advocated for poverty and charity as a way to reach the so-called *imitatio Christi* or

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[19] Patrick Mc Namara, *Spirit, Possession and Exorcism, History, Psychology and Neurobiology*, Praeger, 2011, Vol. 2, pp. 15-32

[20] Carmelo Lisón Tolosana, *Demonios y exorcismos en los siglos de oro. La España mental I*, Madrid: Akal, 1990, pp. 97-99.

imitation of Christ's life.[21] Saint Francis of Assisi pursued the *imitatio Christi* to the extent that he even received the *stigmata* or wounds of the Passion. Part of this emulation of Christ's life included the performance of exorcisms. Several highly popular 12th century saints also practiced exorcisms such as Bernard of Clairvaux,[22] Norbert of Xanten and Hildegard of Bingen. Their exorcisms usually involved the reading of Psalms or the Gospels, as if the word of God could fight against the influence of the devil. Different antidotes such as the sign of the cross, a stole, salt, or holy water were applied against the possessed for him to be released of the demon.[23] The most popular narrative of the life of St. Francis was the *Legenda maior*, written by St. Bonaventure in 1262. Chapter twelve of this work contains three exorcisms practiced by St. Francis: two of them involve demonically possessed women, but the most extensive description of a demoniac is that of a Franciscan companion:

[21] Bacci, "Imaginariae repraesentationes: l'iconografia evangelica e il pio esercizio della memoria", in *Iconografia evangelica a Siena: dalle origine al Concilio di Trento*, 6-25; Camille, *Gothic Art: Glorious Visions*, 104-118; Little, *Religious Poverty and the Profit Economy in Medieval Europe*, 35-41. Only in 1614 a rite for exorcism was regulated, this was due to the growing association of uncontrolled exorcism with black magic, see Sluhovsky, *Believe not Every Spirit. Possession, Mysticism & Discernment in Early Modern Catholicism*, 14-17, 36-38, 61-63

[22] The fame of St. Bernard as an exorcist is also proved by the fact that an early 13th century altarpiece from the island of Majorca, shortly after his death, already depicts him practicing an exorcism on two women. This altarpiece is today in the Museum of Majorca. For the exorcism of a woman by St. Bernard of Clairvaux, see William of St. Thierry, *Vita Prima Sancti Bernardi*, II, 21. Cfr. Chave-Mahir, *Une parole au service de l'unité*, 186.

[23] Chave-Mahir, *Une parole au service de l'unité*, pp. 146-156, 218-226. Sometimes remedies were a bit more exotic, like the formula advised by Hildegard of Bingen that required seven pure soul priests in representation of the patriarchs that offered sacrifices to God in the Old Testament – Abel, Noah, Abraham, Melchizedek, Jakob, Aaron and Christ as the ultimate sacrifice – to talk directly to the demon and order him to leave the body of his host in the name of God, see ibid., 226-231.

"One of the Brethren was afflicted with such an horrible disease as that it was asserted of many to be rather a tormenting from demons than a natural sickness. For ofttimes he was quite dashed down on the ground, and wallowed foaming, with his limbs now drawn up, now stretched forth, now folded, now twisted, now become rigid and fixed. At times he was quite stretched out and stiff, and with his feet on a level with his head, would be raised into the air, and would then fall back again in dreadful fashion."[24]

Since the clerk suffered severe symptoms, they were believed to be the work of the devil; a religious explanation was therefore offered to understand the reality they were confronting.[25] The Franciscan brother presents agitations, seizures and a foaming mouth, common symptoms of demonic possession during the Late Middle Ages.[26] The dramatic presentation of the demoniac in *Legenda maior* is consistent with grand mal or tonic-clonic seizures, a common manifestation of epilepsy.[27] First, the friar falls to the

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[24] This is an extract from chapter XII. For the English version of the saint's life, we have used St. Bonaventure, *The Life of St. Francis*, (1904), 134.

[25] Jean-Claude Schmitt explains how diseases in the Middle Ages had either a religious or a medical interpretation. In the first instance, diseases would be caused by the supernatural, usually God, the devil or the saints. The medical interpretation is based on the Hippocratic theory of the four humors, Galen and Marcellus and the modifications of Isidore of Seville, Rabanus Maurus or Hildegard of Bingen, see Jean-Claude Schmitt, *Le corps, les rites, les rêves, le temps*, 319-343.

[26] Caciola, *Discerning Spirits*, 44-48.

[27] Tonic-Clonic seizures are generalized seizures. In the initial tonic phase, the person may lose consciousness and fall; the eyes roll back and the neck, legs and trunk extend forming an arch. Right after, in the clonic phase, the person jerks violently and symmetrically his limbs, neck and trunk. Foaming of the mouth is also a common manifestation of epilepsy. The whole episode

ground, probably unconscious and his extremities become rigid and fold, these symptoms are also known in medicine as the tonic phase which involve an acute contraction of all muscles in the body. Later, he dramatically twisters, draws up and stretches forth, which are symptoms compatible with the clonic phase of grand-mal seizures in epilepsy, in which muscles contract and relax simultaneously resulting in movements of the limbs known as convulsions. Foaming can be seen from his mouth which is also a symptom of epilepsy. St. Francis cures this fellow brother by offering him a piece of bread, an obvious Eucharistic symbol, and after eating the bread he is miraculously cured.[28] In medicine, grand mal seizure episodes are self-limited. Therefore, from a medical point of view, we could understand that as the seizure naturally vanishes, witnesses in the scene may have felt that the disappearing symptoms were due to the holy intervention.

Even if the description of demoniacs in Franciscan texts involves both men and women, late medieval altarpieces dedicated to St. Francis would just represent the exorcism of female demoniacs. This is the case of the earliest altarpiece dedicated to St. Francis painted by Bonaventura Berlinghieri in 1235 for the church of St. Francis in Pescia.[29] The lowest right panel contains an exorcism that doesn't coincide with the exorcisms of the slightly later Celano's hagiography: it depicts Saint Francis expelling the demons from two different women. This artistic license proves that for late medieval artists it was not important to represent the alleged miracles closely, but rather to

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may last several minutes and is generally followed by a resolution with post-ictal confusion, see Kaufman, *Clinical Neurology for Psychiatrists*, 220-223.

[28] St. Bonaventure, *The Life of St. Francis*, 134. For the use of the Eucharist in exorcisms see Chave-Mahir, *Une parole au service de l'unité*, 338-339.

[29] For a study of the iconography and dates of Italian altarpieces dedicated to St. Francis, see Brooke, *The Image of St. Francis. Responses to Sainthood in the 13th Century*, 176-183.

promote the image of St. Francis as an exorcist and healer. Later altarpieces of Saint Francis would normally contain just the exorcism of an agitated woman. [30] One of them is the 13th century altarpiece located in the Bardi chapel of the church of Santa Croce in Florence. St. Francis and another companion expel three different demons from a possessed woman that has been tightly held by one or several men. The expulsion of the demons has caused grief and horror in those contemplating the scene: two men raise their hands dramatically and a woman flees desperately with her child on her shoulders (fig. 1). It has been argued that demonic possession affected mostly to women during the Late Middle Ages and the Early Modern Period. This assumption has leaded to a good deal of scientific research based on gender studies that consider women to be the object of demonic possession as a proof of their feeble status in society.[31] Nevertheless,

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[30] Other 13th century altarpieces with exorcism scenes are an altarpiece in the lower church of St. Francis in Assisi, and an altarpiece in Pistoia, see Brooke, *The Image of St. Francis*, 176-183. Caciola discusses the Bardi chapel altarpiece and the one from Assisi, she compares the agitation of these possessed women with the description of the Gerasene demoniac, see Caciola, *Discerning Spirits*, 37-40. 14th century altarpieces dedicated to St. Bernard of Clairvaux usually incorporate a scene with the exorcism of one or two women.

[31] Some scholars have focused their studies on the role of women in exorcisms in the context of gender studies. See Newman, "Possessed by the Spirit: Devout Women, Demoniacs, and the Apostolic Life in the Thirteenth Century", 733-770; Caciola, *Discerning Spirits*; Ferber, *Demonic Possession and Exorcism in Early Modern France*; and Sluhovsky, *Believe not Every Spirit.* Even if Chave-Mahir admits that in the case of St. Francis there is an equal number of male and female demoniacs, she states that it was mainly a female affection following Caciola's work, see Chave-Mahir, *Une parole au service de l'unité,* 313. Other recent studies that deal with demonic possession in later periods don't include gender issues as a primary concern, see Midelfort, *A History of Madness in Sixteenth-Century Germany*; idem, *Exorcism and Enlightenment. Johann Joseph Gassner and the Demons of Eighteenth-Century Germany*; Kallendorf, *Exorcism and Its Texts: Subjectivity in Early Modern Literature of England and Spain*; Almond, *Demonic Possession and Exorcism in Early Modern England: Contemporary Texts and their Cultural Contexts*.

this assumption can't be stated in relation to the possessions narrated in the hagiographies of Saint Francis of Assissi and those written by Gonzalo de Berceo that we have chosen to analyze in this article.[32]

Gonzalo de Berceo and his Lives of Saint Aemilian and Saint Dominic.

In the first half of the 13th century, Gonzalo de Berceo († ca. 1264) wrote two relevant hagiographies that contain the most extensive description of demoniacs in late medieval Castilian literature.[33] Keeping in mind that Berceo himself could not have been a direct witness of the events described, some of the symptoms of demoniacs in these literary sources coincide with modern criteria and allow us to diagnose traits of current mental illness. It is therefore our purpose to point out those features of possessed men and women subject to a psychiatric interpretation.

The first hagiography we are going to consider is *La Vida de San Millán de la Cogolla* (The Life of Saint Aemilian of La Cogolla), a 5th century saint whose human remains were venerated in the monastery dedicated to him in La Cogolla (La Rioja). Berceo was himself a Riojan, and a clerk in the monastery of Saint Aemilian, so he was the perfect candidate to write the hagiography of the saint.[34] The second book of *La vida de San Millán* deals with the miracles of the saint during his lifetime, which

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[32] Some cases involve specifically female symptoms that could be related to what was formerly called hysteria, a term that is no longer used in current nosology.

[33] It is also interesting to mention the tale number 40 in Don Juan Manuel's *Tales of Count Lucanor* written in 1335. The story contains possessed woman that has the capacity of divination thanks to the influence of the devil and reports that the soul of a seneschal of Carcassonne is in hell, see the critical edition by Blecua, Don Juan Manuel, *El conde Lucanor*, 210-213; cfr. Lisón Tolosana, *Demonios y exorcismos*, 97-98.

[34] See the critical edition by Dutton, ed. *La "Vida de San Millán de la Cogolla" de Gonzalo de Berceo*, 163-184. Berceo largely patterned a previous 7th century hagiography of the saint had been written by the bishop Braulius of Saragossa.

includes several exorcisms. The first case of demonic possession described by Berceo involves a priest, whose body has been invaded by the devil:

"The demon made him say really crazy things,

besides the things said he did other horrible things;

the illness had many evil natures,

for which the sick man made many evil gestures". [35]

There are some aspects that deserve our attention here. A priest has been possessed by a demon that makes him say crazy things that could be interpreted as blasphemies, one of the most feared features of demonic possession.[36] Besides, the priest mocks terribly, makes awful gestures and other horrible things that are not specified in detail. His obvious agitation is here explained by the invasion of a demon.

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[35] Berceo, *La Vida de San Millán*, p. 110, verse 158 (the translation is ours). This and other possessions are narrated in the 7th century hagiography of Braulius of Saragossa with fewer details. According to this earlier version of the life of the saint, a priest had to be grabbed by several men because he was furious and aggressive due to the possession of a demon. We have used a Spanish translation of the original Latin text, see San Braulio de Zaragoza, *Vida y milagros del gloriosísimo San Millán*, chapter XII (translated by Fray Toribio Minguella and available at www.vallenajerilla.com).

[36] Blasphemy seems to have been one of the symptoms of demonic possession. It is not difficult to associate crazy words in a religious context with blasphemy. Ida of Louvain treated a sister nun that suffered from demonic possession, she reported that every time the nun was confronted, she became frenetic and blasphemous. In order to avoid blasphemy, Ida covered the nun's mouth with her hands for one day and one night while she prayed, see Newman, "Possessed by the Spirit", 742.

The awful gestures described by Berceo could be understood as tics: sudden, repetitive and meaningless movements such as blinking, shrugging, mouth gestures and facial grimacing. Complex tics may involve coprolalia, which is a repetition of taboo words such as blasphemies. Tics constitute the core symptomatology of Tourette's syndrome , a psychiatric diagnosis that has been suggested by scholars in the differential of demonic possession syndrome.[37] The crazy things that the priest said could be interpreted as blasphemies and other obscene and unacceptable language consistent with coprolalia.[38] Another possible interpretation of this narrative is psychosis, that's to say a loss of contact with reality.[39] The fact that a 13th century priest dared to say crazy things strongly suggests a loss in reality testing and impaired judgment of a magnitude that could be explained by a psychotic episode.

Berceo continued the hagiography of Saint Aemilian with the exorcism of the servant of a man called Eugenio.[40] Even more interesting is the possession of a noble married couple with the names of Nepociano and Proseria.[41] In terms of exorcism this fact can suggest that there was possibly a demonic transfer from one body to the other.

[37] This disorder was described by George Gilles de la Tourette in 1885. It consists of multiple tics, often bizarre, starting in the face and spreading downward as the disease progresses. Another core feature of this condition is the coprolalia: an uncontrolled impulse to use scatological language, see *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*, 3610-3615.

[38] Trethowan, "Exorcism: A Psychiatric Viewpoint", 129, 131.

[39] Psychosis is a psychiatric domain that engulfs different disorders characterized by loss of contact with reality, see *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*, 1594.

[40] Berceo, *La Vida de San Millán*, 112 (verses 169-170); cfr. San Braulio, *La vida y milagros*, chapter XIV.

[41] Berceo, *La Vida de San Millán*, 112-113 (verses 171-176). Whereas in Berceo's work it is written that each member of the marriage had two demons, in the 7th century Latin version by Saint Braulius of Saragossa it is stated that the same demon had invaded husband and wife, cfr. San Braulio, *La vida y milagros*, chapter XV.

The description of the demonically possessed couple does not permit us to draw a hypothesis about their mental status but this possession could be seen as an example of *folie a deux* or shared psychotic disorder, a psychiatric condition in which delusional thoughts are transmitted from one individual to another. This disorder may occur among husband and wives or other close family members.[42]

The list of exorcisms in *La Vida de San Millán* continues with the case of a female demoniac called Colomba.[43] After that there is a curious possession that entails the story of a house possessed by a demon. The house belonged to a noble senator with the name Honorio. Berceo reports that every time the senator tried to eat, the demon would throw compost and other horrible things on his food, and if he wanted to drink wine or water, the demon would pour it out over the floor. As a result, the house was extremely dirty, to the extent that the ones living there were about to fall sick. The noble senator looked for Saint Aemilian for help, and the saint went to the house and ordered the people living there to fast for three days so that the demon abandoned the house.[44] The description of the house of Honorio suggests a case of Diogenes syndrome that involves extreme self-neglect, decreased hygiene, apathy, social withdrawal, domestic

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[42] Londoño, "La Folie à deux, une entité confure (Folie á deux, a confusing entity)", 533-548. Usually the psychotic belief generates in just one person, who imposes it into the second one. Less frequently, a delusional belief may occur simultaneously in two individuals that would enrich each other's psychosis, see *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*, 1621.

[43] Berceo, *La Vida de San Millán*, 113 (verse 177); cfr. San Braulio, *La vida y milagros*, chapter XVI.

[44] Berceo, *La Vida de San Millán*, 113-116 (verses 181-198); cfr. San Braulio, *La vida y milagros*, chapter XVII.

squalor and hoarding that can result in similar scenarios.[45] Diogenes syndrome may appear in dementia,[46] a disorder characterized by loss of memory and deterioration of activities of daily living. From a modern psychiatric perspective, the severe self-neglect described in the case Honorio could also be linked to some symptoms of schizophrenia[47] or even a severe form of depression.[48] In both, self-abandonment is common.

Slightly after the completion of *La vida de San Millán* by Berceo, an altarpiece dedicated to Saint Christopher was painted including a scene of an exorcism by Saint Aemilian. This work is today preserved in the Prado Museum, but the type of letter that is written on the altarpiece and its artistic style denote that it had a Riojan origin and was executed in the last quarter of the 13th century.[49] Saint Aemilian is clearly performing a triple exorcism (fig. 2). There is no accurate description of this event neither in the hagiography of Berceo nor in the previous one by Saint Braulius, so we

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[45] Clark; Mankikar; Gray, "Diogenes Syndrome: A Clinical Study of Gross Neglect in Old Age", 366-368.

[46] Dementia is progressive cognitive deterioration with loss of previously acquired skills. It is often linked to self-neglect and hoarding behaviors, see ibid. Cfr. *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*, 1167-1172.

[47] Negative symptoms in schizophrenia include decreased grooming and hygiene, physical anergia and impersistence in ordinary activities. Schizophrenia is disease characterized by positve (present in the person with schizophrenia) and negative (lacking in the person with schizophrenia) symptoms. Positive symptoms are delusions (believes held with strong conviction despite no evidence), hallucinations (perception in the lack of apparent stimulus), and disorganized thoughts, speech and behavior. Negative symptoms are avolition (lack of spontaneous activity), abulia (lack of spontaneous speech), flattening of affect, and anhedonia (inability to feel pleasure) see *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*, 1444.

[48] Ibid., 1710.

[49] Gutiérrez Baños, "El retablo de San Cristóbal", 14-19.

can interpret it as a general allusion to his fame as an exorcist in the Late Middle Ages due to the miracles that we have just mentioned.

The fame Berceo acquired after writing *La vida de San Millán* made the monks of the Castilian monastery of Saint Dominic of Silos charge him with the task of writing the life of their patron saint: *La vida de Santo Domingo de Silos*. A very interesting case in this work concerns a man called García Muñoz from the village of Gomiel, who suffered such a severe affliction that he had lost his memory and reason, and he could neither talk nor speak. His suffering provoked him such horrible gestures that these were believed to be caused by the agency of a demon. García Muñoz went to the monastery of Silos and Saint Dominic prayed to God for him to be relieved of his disease. As we could expect, thanks to the intervention of the saint, García Muñoz was miraculously healed.[50] Even if García Muñoz was not possessed, it is clear that the criteria to determine a case of demonic possession were well established by the second half of the 13th century. The clinical presentation of García Muñoz may suggest a diagnosis of delirium.[51] Here, Berceo is linking a medical condition to acute cognitive impairment. Due to his gout, he lost his memory, judgment, speech and logical thinking. His terrible gestures could be explained by internal stimulation or hallucinations which are common in delirium.

The third book of *La vida de Santo Domingo de Silos* deals with the miracles of Saint Dominic after his death, i.e. miracles performed by the saint when the sick visited

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[50] Berceo, *La vida de Santo Domingo de Silos*, verses 398-417, the description of the alleged delirium can be found in ibid., verses 399-400. This work can be found in www.vallenajerilla.com.

[51] Delirium is an acute cognitive impairment with fluctuating level of consciousness, usually secondary to acute medical conditions, see *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*, 1153-1166.

his sepulcher. Exorcisms performed by the visit to a shrine was one of the most common types of exorcisms,[52] and were often depicted in late medieval art, as we can see in the panel of the exorcism of Eudoxia before the tomb of Saint Steven painted by Jaume Huguet in the 15th century (fig. 3). Mingled with a list of physical healings, the third book of the hagiography of Saint Dominic offer an array of spiritual healings of demoniacs. One of them concerns the typical description of body twisting that we could identify with epilepsy.[53] Another demoniac in this book was a certain Dïago from the town of Celleruelo, Berceo claims to have read about him what follows:

"He had a strong demon   that caught him often,

sometimes he made him deaf   other times he made him dumb,

sometimes he made him   cry out acutely,

the evil guest made him   be a renown crazy man.

Had he not been   well bounded and tied,

he would have done evil works   [and] excessive performance,

either to himself or others   would he hurt with pleasure

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[52] Sluhovsky, *Believe not Every Spirit*, 49-59; Tamm, "Saints and Demoniacs", 16-17.

[53] A woman called Orfressa visited the sepulcher of the saint to be relieved of the demon that had possessed her and made her body twist badly, the monks of the monastery prayed to God to help the woman and the demon left her body (Berceo, *La vida de Santo Domingo de Silos*, verses 612-616).

since he had no brains   he was very bold."[54]

In Berceo's short narrative, Dïago shows prominent mood symptoms. After losing his judgment he becomes dangerous to the extent of requiring the use of restraints. Mutism, "deafness" (stupor) and excitement are signs that may suggest catatonia,[55] which is usually secondary to severe mood disorders. [56] From a more neurological perspective, complex partial seizures are compatible with some of the symptoms and signs above narrated.[57] For instance, in complex partial seizures, purposeless violence can be present. Dïago was taken to the sepulcher of Saint Dominic

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[54] The translation is ours, cfr. Berceo, *La vida de Santo Domingo de Silos*, verses 627-628.

[55] The major signs of catatonia are mutism, stupor and excitement, see Fink; Taylor, *Catatonia: A Clinician´s Guide to Diagnosis and Treatment*, 19-32; *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*, 1104.

[56] According to the review of *Acta Sanctorum* by T. K. Österreich in Spain, during the 13th century, two exorcisms at the sepulcher of Saint Petrus Gonzalez depict possible symptoms of bipolar disorder and catatonia. The first exorcism involves the son of Pedro Perez de Villela, whose obsession with a demon made him neither eat, drink or sleep for eleven days. Decreased need to eat, drink or sleep are symptoms of mania and must last at least seven days to meet the criteria. The demon finally withdrew after the adolescent was taken to the sepulcher of the saint with bound hands, otherwise rage would have prevented it. Due to his agitation, he required restraints to be transported to the sepulcher. The victim of the second exorcism was Maria Gonzalez of Valladerez, who was exceedingly tormented by a demon. For four days she remained without speaking, eating or drinking. When she was taken to the tomb of the saint, the demon was expelled and she was restored to complete health. The symptoms described here are compatible with catatonia. Mutism, immobility and negativism can be sensed in this case, see Österreich, *Possession: Demoniacal and Other, Among Primitive Races, in Antiquity, the Middle Ages and Modern Times,* 184. *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*, 1693-1733, 1104.

[57] Ictal violence consists of random fighting, kicking, pushing and verbal abuse. Depression and bipolar disorder are more common in epilepsy; see Kaufman, *Clinical Neurology for Psychiatrists*, 210-214.

in Silos, where he was untied and watched day and night while the monks prayed for his mental recovery until he was finally cured.[58]

La Vida de Santo Domingo de Silos contains one last case of possession treated by an exorcist from the monastery of Silos. A female demoniac from the town of Peña Alba: she had been possessed due to the number of sins she had committed. It seems therefore that her sinful status made her more vulnerable to be invaded by demons.[59] Her affliction made her lose her memory and power of speech, a common feature in other demoniacs. One day this woman had the apparition of the archangel St. Michael that communicated her that he had been sent by God to advise her that if she wanted to get rid of the demon, she had to visit the sepulcher of Saint Dominic in the monastery of Silos. After the visit of the archangel, the demon that dwelled in her body tortured her by putting black dough on her lips that she could not manage to remove. She ran away to the sepulcher of Saint Dominic where she stayed for a week. When she attended mass at the monastery, the demon attacked her again: she fell on the ground, "her mouth twisted and foamed while she did ugly gestures and said ugly things". At this moment one of the monks practiced the "holy exorcisms" and managed to take off the black dough that covered her mouth. Right after, the demon talked directly from the possessed body and challenged the exorcist to expel him. He warned the monk that even if he had the help of God, others better than him had tried to push him out without success. The exorcist commanded him to leave the body in the name of Christ and the demon finally admitted that he was feeling forced to abandon the woman due to the spiritual presence of the Saint Martin and Saint Dominic in the monastery.[60] This clinical presentation is

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[58] Berceo, La vida de Santo Domingo de Silos, verses 630-635.

[59] Caciola, Discerning Spirits, 43.

[60] Berceo, La vida de Santo Domingo de Silos, verses 679-699.

consistent with what used to be known in psychiatry as hysteria.[61] The vision of the archangel St. Michael could be interpreted as a pseudo-visual hallucination.[62] The demon put black dough on her mouth and she could not speak any more. After running away for a week, the demoniac from Peña Alba went to a crowd and underwent seizures. Psychogenic mutism and seizures are features of conversion disorder.[63] The theatricality and attention seeking behavior of this female demoniac suggests traits of histrionic personality disorder.[64] In this case, demonic possession could be explained by a dissociative trance disorder or possession trance.[65] Exorcism seems to be curative and

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[61] Previously in psychiatry, hysteria was considered a group of disorders that could involve symptoms of dissociation, somatization, pain, and neurological symptoms, including blindness, mutism, hallucinations and seizures. The cause was allegedly psychological. Patients with hysteria had a characteristical pattern of emotional excessiveness, attention seeking behaviors and dramatism. See Goodwin; Guze, *Psychiatric Diagnosis*, 95-105

[62] Twelve percent of people with hysteria may experience visual hallucinations, see Goodwin; Guze, *Psychiatric Diagnosis*, 96.

[63] Conversion disorder is characterized by the production of neurological symptoms without a reasonable medical cause or pattern. Conversion disorder is thought to have a strong psychological component etiologically. Conversion disorders were in the past classified under hysteric disorders, see *Kaplan and Sadock's Comprehensive Textbook of Psychiatry*, 1943-1944.

[64] Histrionic personality is characterized by uncontrolled emotional excessiveness, manipulation, theatricality and attention seeking behavior, see ibid., 2222.

[65] Dissociative disorders are divided in dissociative amnesia, in which a temporary loss of memory happens, depersonalization disorder, characterized by subjective feelings of detachment from reality, and dissociative identity disorder. In the latest, two or more personalities may alternate. These clinical syndromes are related to traumatic or stressful events. Dissociative identity disorder, in particular dissociative possession syndrome and dissociative possession trance has been proposed as an explanation for demonic possessions. Historically these disorders together with somatoform and conversion disorder were classified under hysteric disorders, see ibid., 2019-2020.

probably could be therapeutic as a form of abreaction.[66] In fact, later and more sophisticated exorcism rites have been proposed as predecessors of the current hypnotic therapies.[67]

Despite obvious methodological limitations, in the cases from late medieval literature described in this manuscript, a wide range of psychiatric traits including psychotic, neurotic, cognitive, mood, personality and neurological disorders can be perceived. In this manuscript we have used modern psychiatric nosological knowledge in an attempt to do a retrospective psychiatric interpretation of medieval description of demoniacs in the 13th century. We are aware of the problems that such methodology can carry[68], however in the absence of other methodologies we have for this purpose relied on it in this manuscript. Nevertheless, extreme caution must be taken when interpreting these narratives and the fact that a definitive diagnosis cannot be made must be assumed. The belief that demonology has been used to approach mental illness has been

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[66] Abreaction is a psychiatric intervention that consists of producing a state of excitement, clouding of consciousness and high suggestibility, see Trethowan, "Exorcism: A psychiatric viewpoint", 133. Obeyesekere discusses how exorcism can provide some benefit as abreaction, see Obeyesekere, "The Idiom of Demonic Possession", 97-111.

[67] In the 19th century, hypnosis is developed and becomes a main indication for the treatment of hysteria, see Porter, *Madness: A Brief History*, 188-189. Gassner's exorcism in the 18th century has been thought to be the predecessor of current hypnosis, see Burkhard, "Gassner's Exorcism-not Mesmer's Magnetism-is the Real Predecessor of Modern Hypnosis", 1-12. Cfr. Midelfort, *Exorcism and Enlightenment*, 59-86.

[68] According to David Fraguas, a psychiatric interpretation of ancient behavioral descriptions carry two methodological concerns. Firstly, a risk of missing psychiatric-like behaviors due to various unclear ancient expressions. Secondly, interpreting ancient text may carry the risk of imposing current psychiatric diagnostic categories on the past, see Fraguas, "Problems with retrospective studies of the presence of schizophrenia", 61-71.

longed debated in literature by scholars over the last two centuries.[69] However, we have to take in consideration that mental illness was probably common in the Middle Ages as it is today. In general, it has been long understood that psychologically distressed individuals are more likely to search help from religious leaders than from any other professionals.[70] This was probably even more emphasized in medieval society. In fact, the first asylums for the treatment of the mentally ill were founded by religious leaders.[71] The nature and characteristics of the diseases were unknown at the time and

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[69] The two most widely used books in universities to study the history of psychiatry are Zilboorg, *A History of Medical Psychology*; Alexander and Selesnick, *The History of Psychiatry. An Evaluation of Psychiatric Thought and Practice from Prehistoric Times to the Present*. They argue that the treatment of mental illness in the Middle Ages was mainly demon-ridden. On the other hand, Jerome Kroll discusses some exceptional cases of naturalistic treatment of mental illness, see Kroll, "A Reappraisal of Psychiatry in the Middle Ages". Jean-Martin Charcot and Sigmund Freud also argued that hysteria and neurosis were valid explanations for demonic possession. In 1897 Freud wrote a letter to Fliess indicating that the medieval theory of possession was identical to their theory of foreign body and split consciousness, see Thurn, "*FiddeikommiBsbibliotek: Freud's Demonological Neurosis*", 849-874.

[70] See Koening and Larson, "Religion and Mental Health: Evidence for an Association", 67-68.

[71] Father Jofre, a religious priest from the Mercedarian Order, founded the first hospital for specific treatment of the mentally ill in Valencia in 1409, namely the *Hospital of the Inocents, fols e orats*. The Mercedarian Order had the mission of rescuing Christians prisoners in the Islamic Empire during the Spanish Reconquista. It is believed that Father Jofre was likely exposed to the way Muslims treated the mentallly ill in the Middle Ages and ultimately was inspired to found his hospital. In 1427, The "Hospital of Our Lady" in Saragossa was founded for the treatment of the mentally ill and was active until the French siege of the city in 1808, see J. J. López-Ibor, "The founding of the first psychiatric hospital in the World in Valencia", 1-9. Philippe Pinel (1745-1826) has been claimed to struck off the lunatics and have found the first school of French psychiatry. In Europe, he is considered the father of modern psychiatry and scholars have pointed his era as the beginning of the end of the demon-ridden approach to mental illness. Pinel talked in one of his books about the Hospital of Saragossa in Spain as a model of patient care, see, Phillipe Pinel, *Traite Medico-Philosophique sur L´Alienation*

many of the mentally ill patients were considered to suffer a demonic possession. The therapy applied was therefore an exorcism. We are aware that many of the literary descriptions of demoniacs deal with literary topoi rather than with historical events, but we understand that they ultimately come from a direct observation of erratic behaviours.[72]

Today, a bulk of scientific literature support several biological mechanisms to explain psychiatric diseases. As it is logical, we believe that severe mental illness, e. g. schizophrenia, bipolar disorder, and epilepsy could also have existed in the Middle Ages.[73]

Mentale, 193-200.

[72] Michel Foucault states that in the Middle Ages, the mentally ill were often wandering in the streets or in the country. During the Renaissance, mentally ill people could have ben taken in ships to other districts as a way to control chaos in society. The Ship of Fools became popular as it was reflected in music and art, see, Foucault, *Madness and Civilization*, 1-35.

[73] In 1994, Samuel Pfeifer found that out of a sample of 343 psychiatric patients in Switzerland that described themselves as religious, 129 (37.6 %) believed their mental distress could be caused by possession of evils spirits. Among them, 104 (30.3 %) had sought help through "prayers for deliverance" and exorcism. In the group of patients who believed in occult causality, 25% met criteria for a psychotic disorder, 22% for a mood disorder, 21% for an anxiety disorder, 19% for a personality disorder and 13% for a personality disorder, see Pfeifer, "Belief in demons and exorcism in psychiatric patients in Switzerland", 247-258. More recently, Kazuhiro Tajima-Pozo et al. discuss the case report of a 28 year old patient in Spain who had been diagnosed with paranoid schizophrenia. The patient was led to believe by Catholic priests in Madrid that the symptoms were due to the presence of a demon and therefore several exorcisms were practiced to release him of the demon, see, Kazuhiro Tajima-Pozo et al., "Practicing exorcism in schizophrenia", 14.

Our article has attempted to consolidate that it is possible to study the medieval conception of mental illness in cases of demonic possessions in late medieval hagiographical literature. There seemed to be a wide variety of psychiatric disorders perceived at the time as demonic possession. An accurate diagnosis is today very difficult, since we have studied some literary excerpts that dealt both with popular culture and empirical observation. However, these stories of exorcists and demoniacs shed light on the status of mental illness and its therapy during the Late Middle Ages.

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3. Jaume Huguet. Post-mortem exorcism of Saint Vincent, Museu Nacional d'Art de Catalunya, Mid 15th century.

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Figure 1. Master of Bardi Chapel, St. Francis altarpiece, Bardi chapel, Santa Croce, Florence, mid 13th Century. Detail, St. Francis helped by a friar companion expels three demons from a woman.
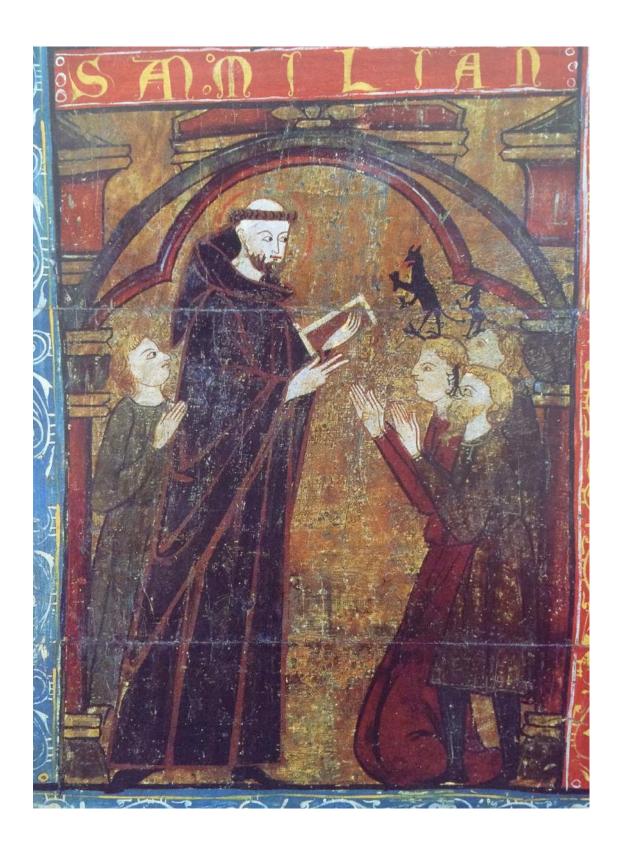
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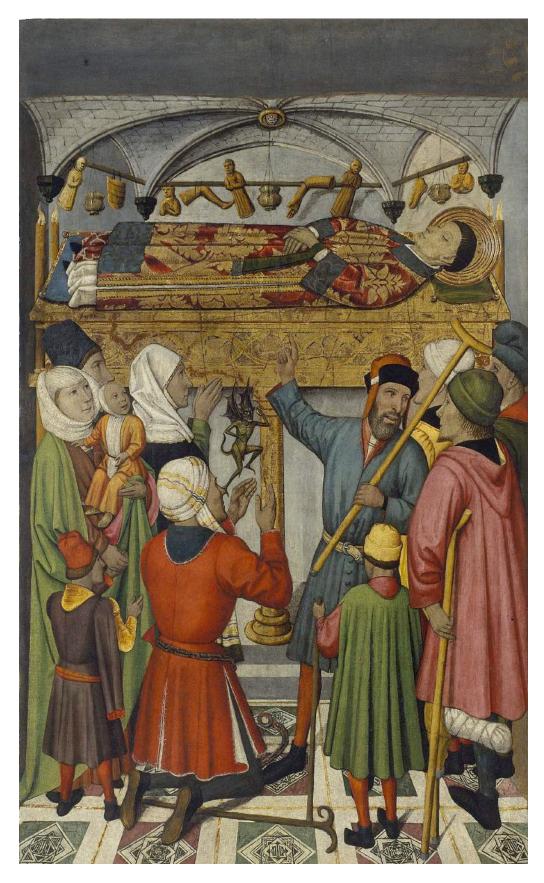
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Chapter II. The Practice of Holy Fasting in the Late Middle Ages: A Psychiatric Approach

Abstract:

Introduction: During the Middle Ages, the practice of fasting among religious women in an attempt to follow a pious and ascetic life was common. **Methods:** In this paper, three cases of medieval religious women were described with a particular attention on the figure of St. Catherine of Siena, her life, popularity and iconography in the Late Middle Ages. **Results:** Holy women who practiced holy fasting in the Middle Ages suffered from symptoms that resemble current psychiatric thinking about anorexia nervosa. **Discussion:** In the Medieval narratives of fasting holy women we can see patterns that are compatible with symptoms of anorexia nervosa **Conclusion:** From a psychiatric perspective, it is possible to elucidate and understand the practice of fasting among religious people in the Late Middle Ages.

Keywords: anorexia, Holy fasting, Middle Ages, anorexia nervosa, Saint Catherine of Siena

Introduction:

During the Late Middle Ages cities grew considerably and the economy was based on commerce and the exchange of money; thus a new wealthy bourgeoisie started to flourish (Little, 1978). Their rich status contradicted the evangelical message, since usury assured a place in hell, but the incipient mendicant orders played an important role on promoting the devotion on the Passion of Christ as the episode of Jesus' life that

guaranteed mankind's redemption. Devotion manuals were written in the 14th and 15th centuries to enlarge the brief account of the Passion in the Gospels and narrated with scrupulous details the sufferings of Jesus before his death (Bacci, 2008). As a result, being a good Christian was not only related to charity and love, the so-called *imitatio Christi* – namely, the imitation of Christ- involved physical suffering the way Jesus had experienced during the Passion (Bacci, 2008; Camille, 1996). While self-flagellation and punishment were popular methods of self-torment for men, among women, fasting was much more frequent. Some late medieval saints such as Saint Francis of Assisi also practiced fasting, but this practice was not at all central in his way of imitating Christ. On the contrary, women were in constant contact with food, it was assumed that women were responsible for cooking in any household and their experience of suffering will be more domestic. Fasting and sleep deprivation were the most common female practices of self-inflicting pain during the Late Middle Ages. In some cases, the practice of fasting could lead to holiness. The practice of holy fasting has also been described as *anorexia mirabilis.*

Our intention is to study some cases of women who practiced holy fasting in the Middle Ages and analyze its parallels with contemporary anorexia nervosa.

Methods

The Biographies of Catherine of Siena, Catherine of Genoa and Columbia of Rieti who practiced holy fasting in the Middle Ages were reviewed and studied by using contemporary psychiatric nosological knowledge. Sources of the hagiographies (life of the Saints) in fasting Saints of late medieval society was reviewed and analyzed in the search of behaviors compatible with anorexia nervosa. Due to her popularity and reputation in the Middle Ages especial attenton was paid to the life of Saint Catherine of

Siena. Compatibilities with current psychiatric diagnoses, psychodynamic and other psychological point of views in relation to food and fasting was explored.

Results

Ascesticism and deprivation as a path to holiness

Holy women like Catherine of Siena, Catherine of Genoa or Columba of Rieti practiced fasting to the extreme that they could eat nothing but the Holy Eucharist. Columba also experienced self-flagellation and sleep deprivation, she disdained ordinary food and was often tempted by the devil with bread, fruits and a figure of a male nude. According to her biographer, fasting gave her such benefits as a lovely smell, lack of menstruation and sweat, and her rare defecations were limited to a tiny yellow fecal matter (Bynum, 1988).

In Judeo-Christian tradition ascetics had a sense of wrongness in this world, which could be neutralized by suffering (Tait, 1993). Ascetism could therefore potentially take a person to holiness. Ascetic practices involved a way of living deprived from materialistic, physical and sexual pleasures. It was important to follow a life with simplicity guided by higher moral and religious values. Voluntary abstinence from food was an ascetic method of self-deprivation from sinful mundane pleasures.

In the Late Middle Ages many women reported to fast as a result of divine call, as this practice could take a person to holiness. The practice of holy fasting in the Middle Ages has also been known as *anorexia mirabilis* (a miraculous lack of appetite) or *inedia prodigiosa*. The lives of these holy women were usually written and perhaps manipulated by their male confessors that may have emphasized some symptoms to promote the woman as a saint. Moreover, suspicion of fraud towards the fasting of some women was not infrequent due to an allegedly will to gain social notoriety and respect as holy women. Some of these prominent saints had to socially defend themselves of

not pursuing suicide, which was instead a mortal sin (Bynum, 1988; Espí Forcén, 2013). We will now focus on the figure of Catherine of Siena, probably the most well-known case of a holy fasting.

The Case of Saint Catherine of Siena

Catherine Benincasa was born in Siena in 1347. She was an activist in the politics of her time and a Christian apostle of the Church. She met Pope Gregory IX in Avignon and urged him to end his war against the alliance of Italian cities led by Florence, move the papal court to Rome and start a crusade to reform the church. Urban VI- Gregory's successor- asked Catherine to move to Rome to support him against the schismatic avignonese Pope Clement VII, she died in the eternal city in 1380 due to her increasing practice of fasting (Scott, 1992).

The popularity and prestige that allowed Catherine of Siena to have an audience with the Pope derived from her zealous and ascetic life, that was intrinsically linked to her practice of fasting, sleeplessness and care for the sick and the poor. Her biography is well documented by her confessor Raymond of Capua, who stressed her inability to eat in his work *Life of Catherine of Siena*, but also by her own writings -mainly letters and prayers-. Catherine had an early contact with fasting through her older sister Bonaventura, who stopped eating as a protest against her husband's misbehavior. Misfortune made that Bonaventura died from childbirth. These experiences may have alerted Catherine against the dangers of marriage and pregnancy, as well as the power of fasting. Catherine's ascetism was heavily marked by constant visions during her dreams: she joined the Dominican order after claiming to have a vision of Saint Dominic; and, at the age of twenty-one, in clear imitation of Catherine of Alexandria,

she reported to have had a vision of Jesus descending from heaven to marry her, but instead of a golden ring, Christ gave her his holy foreskin as the wedding alliance; thus she would be eternally married to Christ (Bynum, 1988; Jacobs et al., 2012). Catherine's fasting habits were modeled on the life of the Desert Fathers of early Christianity and previous late medieval ascetic women such as Angela of Foligno and Margaret of Cortona. In her early life she ate bread and raw vegetables, but around the age of twenty-three she was sustained on cold water and the Holy Communion as the only food that her body was able to digest. Any other ordinary food would make her vomit (Bynum, 1988; Bell, 1985). This account is nonetheless contradicted by the fact that according to Raymond of Capua she actually ate:

"[…] because it was impossible to avoid some crumb of food or juice descending into her stomach and because she willingly drank fresh water to quench her thirst, she was constrained every day to vomit what she had eaten. To do this she regularly and with great pain inserted stalks of fennel and other plants into her stomach, otherwise being unable to vomit." (Bell, 1985)

Even if Catherine was allowed to have communion every day, it seems impossible from a modern perspective that she could survive by exclusively eating the host. It seems that she ate and probably felt guilty afterwards, what seemingly would make her vomit by sticking twigs deep in her throat. Self-induced vomiting is also a common symptom in anorexia nervosa, binging and purging type. Typically in anorexia, despite getting hungry, the person gets satisfaction from fasting, which surrenders a sense of control. However, often, the person can lose such control and binge. The guilt that comes after that will be relived by self induced vomiting. From a

psychiatric point of view, that could have been the case of Saint Catherine here. (Sadock et al., 2009) In any case, according to her hagiography, her practice of fasting was increasingly radical and she allegedly rejected water for an entire month in January 1380. These extreme practices presumably provoked her death in April of this same year at the age of thirty-three, the age of Jesus at his death (Bynum, 1988; Bell, 1985).

   Catherine's extreme fasting contrast with her will to feed the others. The will to feed others contrast with the refusal of food intake. This is actually a quite common feauture in anorexia nervosa in which despite reluctance to eat, a paradoxical obsession with food and cooking for others is common. (Lembergh and Cohn, 1999)

   Saint Catherine always cared for the sick, she fed them constantly and some of her extraordinary deeds involved not only miraculous cures but also food multiplications. Assisting the sick allowed Catherine a further type of eating, every time she felt nausea she was divinely allowed to suck infected wounds of the diseased people she took care of, filth that she purportedly compared with the blood that emanated from Christ's chest. Hence this action had a Eucharistic meaning. From a more psychodynamic point of view, anorexia nervosa has been at times understood as an act of masochism. Anorexia has been linked to other self-destructive behaviors such as self mutilation in the serving of removing sexual thoughts, temptation and activities. Eating disorders and delicate self-mutilation are said to have "a cathartic, self-purifying, function in that they modulate states of anxiety, sexual tension, anger or dissociated emptiness, and they bring about a tremendous quasi-physical sense of relief" (Lane, 2012) As we previously explained, through suffering fasting women in the Middle Ages could imitate Jesus and become holy. Here, Catherine sucks infected wounds from diseased people. (Kissel and Arkins, 1973) She even declared that her soul was addicted to the blood of Christ the way drunkards craved for alcohol: the more she drank, the

more she needed (Bynum, 1988). Even if she manifested that her condition was an infirmity, she thought her suffering was similar to the suffering of Christ and it could therefore save souls from purgatory. Her life was in fact an emulation of Christ's life: she suffered, she took care of the sick and poor and she died. Just like Saint Francis of Assisi, she was awarded with *stigmata* – i.e., the wounds of Christ during the Passion-(Espí Forcén, 2013; Gardner, 1907). Since so far the *stigmata* were an exclusive feature of St. Francis of Assissi, Catherine's *stigmata* were viewed with suspicion. This circumstance motivated that a slightly later biography of the saint was largely dedicated to this controversial episode of her life: the so-called *Supplement* written by Tommaso Caffarini during the second decade of the 15th century. Furthermore, the manuscript of the *Supplement* contains the earliest iconographic cycle of the life of Saint Catherine: a series of drawings attributed to Cristoforo Cortese. These insist on the veracity of Catherine's stigmata by comparing this episode of Catherine's life with the previous stigmatizations of St. Francis of Assisi, Elena of Hungary and Walter of Strasbourg (Moerer, 2005). Another interesting image of the cycle includes two scenes of demons striking and scratching Catherine. They clearly resemble the temptations of the Desert Fathers. The most famous iconography is the temptation of St. Anthony Abbot, a 4th century anchorite, who experienced a rise of popularity during the Late Middle Ages and was frequently depicted being besieged by demons. Catherine's sufferings through fasting and sleep deprivation were metaphorically depicted in the *Supplement* with an image of Catherine being attacked by demons. This scene enjoyed a particular success over the centuries, as we can see in a later Polish image from around 1500 of Catherine tormented by demons as a symbol of her personal *imitatio Christi* (fig. 1). Grimacing and scary demons with faces that range from a wild boar to a prey bird strike her mercilessly to avoid that she can reach her pious mission of saving Christian souls.

Discussion

From a psychiatric viewpoint, the fasting behaviors described in holy women in the Late Middle Ages could be compatible with what the symptoms of what we describe today as anorexia nervosa (Bynum, 1988), a psychiatric disorder characterized by a persistent restriction of food or other sources of energy intake leading to weight loss, an intense fear of gaining weight or of becoming fat, or persistent behaviors that interfere with weight gain and a disturbance of body weight or image with lack of recognition of the seriousness of their weight loss (Sadock et al., 2009; APA, 2013). Features of anorexia nervosa are described in the medieval narratives. For example, Columbia of Rieti suffered from lack of menstruation, which is a major feature in the diagnosis and assessment of anorexia (Bynum, 1988; Sadock et al., 2009). Catherine of Siena, self-induced vomiting and refused to eat the food she was offered to the extent of dying by inanition. A behavior that contrasted with her will to feed others. All these symptoms are compatible with the cluster of symptoms that involve current diagnostic criteria of anorexia nervosa (Bynum, 1988)

Biologically research shows that people afflicted with anorexia have fear related responses to food and body related stimuli within brain regions in the limbic circuits and a serotonin and dopamine receptors dysregulation in the reward system of the brain (Frank Guido and Kaye, 2012). Psychologically, anxious and perfectionistic traits have been the most prevalent in individuals with anorexia. (Jacobs, 2009; Halmi et al., 2012) Sociologically, today in developed countries, the incidence of anorexia nervosa has been increasing due to a number of factors including the influence of fashion cannons that emphasize the importance of thinness as a way to succeed in life (Tait, 1993; Hoeck, 2006).

Perfectionism and rigidity are psychological traits that could have been present in both fasting holy women in the Middle Ages and women with anorexia nervosa. (Huline-Dickens, 2000) While today perfectionism can be achieved through thinness and beauty, in the Middle Ages, that paradigm of perfectionism was instead holiness. Through extreme suffering a person could imitate Jesus and achieve a holy state level. From a more psychoanalytic point of view, rigid and perfectionist individuals guided by high moral values are seen as an example of a type of psychosexual developmental arrest called anal retentiveness. In these scenarios, anally retentive individuals could be excessively preoccupied with self-control and orderliness as seen in some of the cases above discussed. (Nevid, 2015) These perfectionistic traits are also found in obsessive-compulsive personality disorders. (APA, 2013)

Conclusion

Anorexia mirabilis and *anorexia nervosa* have evident similarities. In both a person fastens into a context related valuable goal (Bynum, 1988;Espí Forcén, 2013; Bell, 1985) We could hypothesize that in both settings, the reward system of the brain could be set up in a way that pleasure in the brain may be achieved with behaviors that increase that sense of control such as fasting and deprivation from food and other mundane pleasures. The psychiatric interpretation of medieval behavior in literature carries however some methodological limitations, such as risk for missing anorexia-like behaviors and a risk for imposing the current concept of anorexia nervosa on medieval attitudes and thought. (Fraguas, 2009) In this paper we have tried to show that it is possible to further elucidate and understand the practice of fasting among religious people in the Late Middle Ages from a more modern psychiatric perspective and, at least, loosely link it to fasting behaviors in our contemporary society.

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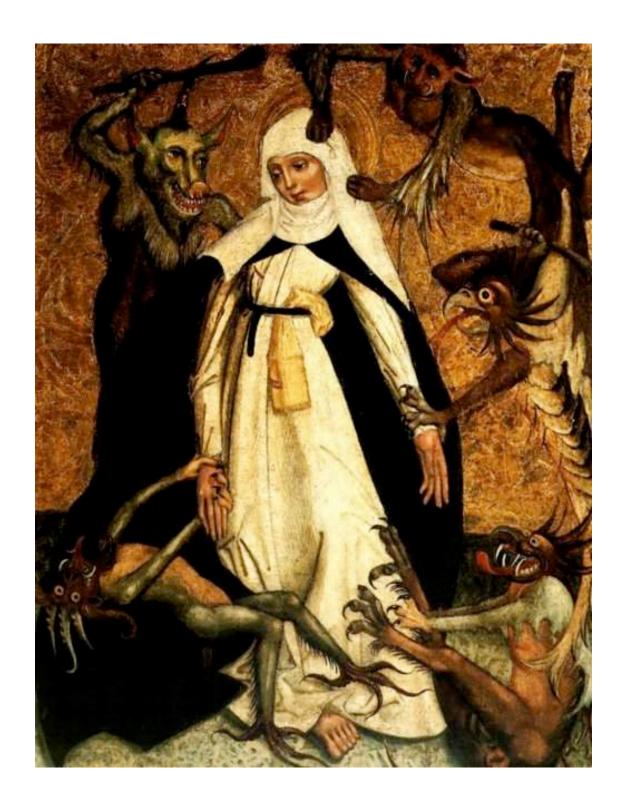
Figure 1. Saint Catherine being tempted by the Demons by unknown artist, circa 1500. Tempera on gold. National Museum, Warsaw.

Chapter III. Ars Moriendi: Coping with Death in The Late Middle Ages

Abstract

Objective: *Ars moriendi* was a book written in the early 15th century with the goal of assisting friars to help the moribund face death. The aim of this study will be to review current literature on *Ars Moriendi* that concerns the medical field, to analyze the psychological mechanisms to cope with death anxiety within *Ars moriendi* and to explore parallels between the strategies used in the medieval book and current contemporary literature about death and dying. **Methods**: Firstly, a review of literature using Pubmed, EMBASE, Jstor, Project Muse and New York Public Library was performed. Secondly, the primary source was interpreted from a medical and psychological point of view. **Results:** 7 articles were selected for our review of literature. These articles comment on the importance of *Ars Moriendi* were in its historical context and explore the possibility of retrieving the principles of the text in our contemporary society. The original text *Ars Moriendi*, the primary source, presents death as a relief from the sufferings of earthly life and a gate to eternal glory. According to the book, a good death implied the triumph over the temptations induced by demons in agonizing people: a lack of faith, despair, impatience, pride and greed. **Significance of Results**: Analyzed from a modern psychiatric perspective, *Ars moriendi* offers descriptions of behavioral manifestations compatible with delirium, mood and anxiety disorders that characterize people with terminal illnesses. Moreover, parallels between the strategies used to cope with death anxiety in the Late Middle Ages and in our contemporary society are explored.

Death And Epidemics In The Late Middle Ages

Premature death was much more common in the Late Middle Ages than it is today, awareness of an unexpected death was widespread in society. Besides, massive death was ubiquitous through constant plagues and epidemics in scales that are hard to imagine from a current perspective. The highest rate of mortality took place with the arrival of the Black Death in 1348 that exterminated between half and two thirds of the European population. After catastrophic epidemics and wars, death became omnipresent in the culture and mentality of the time. In a religious medieval society, such events were perceived as a punishment sent by God as a result of moral depravation (Binski, 1996; Geary, 1994). Unfortunately, minorities were often accused of being responsible for the disasters -mainly Jews and lepers-, which were frequently accused of poisoning wells (Camille, 1992; Ginzburg, 1989; Nirenberg, 1998; Mellinkoff, 1993). Other coping strategies involved self-flagellation and suffering as a way to imitate the tortures of Jesus during the Passion –the so-called *imitatio Christi*-. Self-inflicted pain was perceived as a path to purify one's soul and thereby be forgiven (Beringer, 2014; Bynum 1988, Derbes, 1996; Marrow, 1979; Viladeseau 2006). Despite there was no knowledge of infectious microbiology; there were certain notions of how diseases could be transmitted. The sick were commonly isolated in hospitals -whose mainly function was to save the soul-, it was forbidden for them to touch food that was going to be consumed by the rest of the population, nor drinking from public wells (Richards, 1990).

Coping with Death in Late Medieval Culture

Art and literature were used a scapegoat to relieve anxiety towards an imminent death. Poems concerned with death were already written between 1193 and 1198 by the monk Hélinant of Froidmont. His *Les Vers de la Mort* (Verses of Death) deal with a visit of Death to individuals of different age and status to warn them of the necessity of living a pious life in order to avoid eternal damnation (Kurtz, 1934; Rosenfeld, 1995). Similarly, the legend of "The Three Living and The Three Dead" became popular both in art and literature during the 13th and 14th century. A good deal of late medieval French and Italian depictions present three young beautiful men hunting in the moment in which they encounter three corpses in different states of putrefaction. The corpses admonish the hunters that they were once like they are today but that one day they will share their miserable fate. This type of *memento mori* (reminder of death) had the goal to make society conscious of the importance to follow a righteous life. This sort of iconography was later developed in the richer depictions of "The Triumph of Death"-mainly in Italy during the 14th century and "The Dance of Death"-a recurrent theme of European art and literature during the Late Middle Ages and the Early Modern Period (Binski, 1996; Espí Forcén, 2013; Infantes, 1998; Oosterwijk, ed., 2011). With the appearance of mendicant orders during the 12th century, mainly Dominicans and Franciscans, friars started preaching in the newly developed urban centers. Thus, they were in constant contact with society, transmitted the values of the Christian religion and controlled possible emerging heretical doctrines. One of their major roles involved spiritual guidance to the terminally ill right before facing death. Some members of the mendicant orders were increasingly concerned with helping people for their eventual death. These included the writing of manuals that would help friars assist the moribund. An early example of these kind of manuals would be *La Somme des Vices et Vertus*

(The Sum of Vices and Virtues) written in 1279 by Dominican friar Lawrence of Orleans for French king Philip III the Bold. The Dominican friar Henry Suso wrote in 1334 the *Horologium Sapientiae* (Clock of Wisdom), a book to teach how to die (Bayard, 1999; Feros Ruys, 2014; O'Connor, 1942; Rolfes, 1989; Rozenski, 2008; Rudolf, 1957). In the meantime, Franciscans continued preaching in towns reminding people of the necessity of preparing one's soul to go to heaven in case of an unexpected death. They warned that hell was much more fearful than death and sin was to be avoided at any time to prevent eternal suffering. An illustrative example of this idea is the preaching of the Franciscan Saint Bernardino of Siena (1388-1444) who was especially worried with the possibly spread idea that people could avoid going to hell by repenting their sins at their very last moments of life. In his sermon *De duodecim periculis quae insperatu superveniunt peccatoribus in ultimo fine* (The twelve dangers that unexpectedly come upon sinners at their lives' ends), Bernardino declares that the last moment salvation of the Good Thief on the cross according to the Gospel writings was the only example of such an easy redemption. However, Bernardino asserted that due to the terrible suffering of the body, the dying would be deprived of reason and won't be able to utter nothing but "Ba, bla, blo, ble, ah, oh, hen, hai, hoi, hui, hei!" that in any case would be considered a proper penitence and will inexorably guarantee a place in hell (Mormando, 1999). Based on his description of moribunds, it seems that Bernardino had some knowledge about the phenomenology of delirium that characterizes people with terminal illness.

Another very prominent book that deals with the preparation for a good death is the *Opusculum Tripartitum* written by Jean de Gerson (1363-1429), chancellor of the University of Paris. Between 1414 and 1418 took place the Council of Constance in which Gerson's ideas were heavily discussed. It is highly likely that a Dominican friar

that attended the Council wrote the *Ars moriendi* (Art of Dying) between those precise years. The *Ars moriendi* was originally printed and soon distributed in his Latin version all over Europe. Slightly later it was translated into the main European languages: German, Dutch, English, Swedish, Italian, Catalan and Spanish, turning into a very popular manual for friars to help people cope with death (Bayard, 1999; Chartier, 1976; O'Connor, 1942; Rolfes, 1989; Rudolf, 1957).

Objective

The aim of this study will be to perform a review of literature concerning *Ars Moriendi* in the medical field, to study the psychological mechanisms to cope with death anxiety in *Ars moriendi*; and finally, we will explore its parallels with current contemporary literature about death and dying.

Methods

For the purpose of our objective firstly we performed a systematic review of literature according to the PRISMA guidelines. We have used Pubmed, EMBASE, Jstor and Project Muse databases in the search of articles concerning medical and psychological aspects of *Ars moriendi*. All articles no matter the language in which they were written were considered. The search "Ars moriendi" led to a total of 21 articles in Pubmed, and 28 articles in EMBASE databases. The titles and available abstracts were reviewed. 17 articles were selected to review in full length. Of all of them, 6 articles were chosen and quoted for their affinity with our scope of study. The search "Ars Moriendi" in Jstor allows a maximum of 1,000 titles. All of them were reviewed but no article met criteria for inclusion in our review. The entry "Ars moriendi" in Project MUSE produced 10 articles, among them, 1 article dealt with the subject of our scope. In total 7 articles were included and discussed in the results section.

The subject of our paper review -the *Ars moriendi* in the late Middle Ages and its usefulness in a contemporary society- has been extensively analyzed in the area of humanities. The resources of the New York Public Library have allowed us to find many books and manuals that deal with our subject, among them 24 books have been carefully reviewed and quoted along the article. In addition other articles that are pertinent for our introduction and discussion have been cited and included in the references.

After reviewing the secondary literature, we have studied the primary source, the 15th century manuscript *Ars Moriendi* with especial attention to the first and second chapters which contain the main ideas of our interest for the purpose of this manuscript. We have used a facsimil of a 1450 Latin edition from the British Museum (reprinted in London in 1881), two 15th century Spanish translations (Alvarez Alonso, 1990) and a 1497 English version printed in Westminster (electronically available at the New York Public Library). The strategies recommended in *Ars Moriendi* to help moribunds cope with death anxiety were analyzed. Finally, parallels with current therapies focused on dying patients were explored.

Results

Though we have not found any article that directly analyze the text within the manual *Ars Moriendi*, we have selected 7 articles that comment on the importance of *Ars Moriendi* in the medical field.

Bertman writes an article on the way the good death has been depicted in different cultures through the centuries. In her review she refers to *Ars moriendi* and includes one of the woodcuts of the 1450 Latin edition of the book (Bertman, 1998). Flynn compares the medieval "Book of Hours" with *Ars Moriendi* and argues that the

latter provides a deeper and more personal way of coping with death emphasizing the importance of a good death to go to heaven (Flynn, 2014). Leget points out the neccessity of retrieving the strategies of *Ars moriendi* in our current society to help patients cope with death anxiety (Leget, 2007). After a brief summary of the content of *Ars moriendi*, Thornton and Phillips explore parallels between medieval attitudes in *Ars moriendi* and contemporary attitudes about a good death. For him in both, it is important to die surrounded by family members. He denotes the need for physicians to become more mindful about helping patients have a good death (Thornton & Phillips, 2015). Ballnus examines and proposes the idea that the creation of hospices for the terminally ill and dying patients was first introduced in the textbook of the *Ars moriendi* (Ballnus, 1995). Herkommer points out that nowadays we lack the kind of strategies to cope with death that the text of the *Ars moriendi* contains. The author explains how these strategies are graphically illustrated by the xilographies of the 15th century printed editions of the *Ars moriendi* (Herkommer, 2001). An article written by Feros Ruys explores how experience and emotion were strategies used in the late medieval and early modern tradition of the *Ars moriendi* to prepare people how to die. She stresses the fact that fear could be used to guide Christians to the acceptance of dogmas (Feros Ruys, 2014).

Ars Moriendi: Interpretation of the Primary Source

Chapter I: Death is a Good Thing

After a brief introduction, the anonymous writer of *Ars moriendi* attempts to present death as a wonderful event. He acknowledges the fear provoked by death in mankind and even quotes a passage written by Aristotle in the third book of *Nichomachean Ethics* that describes death as the most terrible of all things. However, the book

establishes a distinction between the death of the body and the death of the soul and states that the death of the soul is much more terrifying than the death of the body, since the soul is more precious than the body. Even if the death of the body implies physical suffering, the death of the soul entails the eternal torture in hell. Therefore, the goal of the manual is to instruct people how to properly die in order to save their souls. According to the author, death can be a release from the mundane burdens of life (debts, diseases, sorrows, etc.). In these terms, the day of death is described as even more joyful than the day of birth. Nonetheless, this would only apply to the ones that followed a pious life or have truly repented from their sins. The inevitability of death is attributed to the good will of God; therefore there would be nothing to be scared of. In this sense, our author also mentions Seneca for his celebrated attitude towards refraining from complaints about the inevitable. Since the moment of our death is unpredictable, it is important to be prepared for it.

Chapter II: Fighting the Five Temptations for a Good Death

The second chapter of *Ars moriendi* deals with the temptations that the moribund is to overcome at his deathbed. Any doubt towards the good will of God is attributed to the evil agency of demons. Five temptations could threat the moribund in the last moments of his life: a lack of faith, despair, impatience, pride and greed. The success of these arguments provoked a later publication of the chapter with graphic illustrations of the moribund overcoming the temptations at his deathbed to save his soul (Duclow, 1999; Tenenti, 1951; Vinken and Schlüter, 2000).

The author starts making a strong statement towards faith as the basic and ineludible foundation to have a good death. Doubts about the veracity of every Christian dogma are endorsed to the influence of demonic forces. This concept is graphically illustrated

in the engravings that the so-called Master E.S. executed for the 1450 (ca.) edition of the chapter. The image presents a cachexic moribund lying on his bed with signs of debilitation, wasting, muscle atrophy and malnutrition, appearing drowsy and unaware of his surroundings (fig. 1). The efforts of demons for the sick person to deviate from the article of faith involve sins like idolatry – represented by two pagan kings adoring a sensual half naked statue on a column – and suicide to avoid suffering against God's will instead of a properly acceptance of the pains involved in any terminal disease. This is depicted on the foreground with the figure of man slaying his throat beside a self-flagellating person. In support of the moribund to maintain his faith there are three doctors of the Church on his right hand side and the representation of the Father, the Son and Virgin Mary behind the bed that are nonetheless being hidden with a shroud by a gruesome hairy demon.

 The second temptation has to do with the despair caused by the possible inviability of salvation due to an alleged big amount of sins committed in life by the moribund. The author emphasizes that no matter how bad or frequent the sins may be, redemption is still possible through a truly honest repentance. Hope is the weapon against despair.

The third temptation refers to the impatience that may lead the moribund to curse against God as the result of the pain and suffering that can come prior to death. Such terrible pains the moribund may have, that he may be deprived from reason, which could result in agitation and impatience. The engraving describing the temptation of impatience shows an apparently confused and agitated man, who has overturned the bedside table and is kicking his physician (fig. 2). A bat-winged grimacing demon tries to tempt him in order to make him remain in such miserable state. Two women assist and attempt to calm the moribund with support, food and water.

The fourth temptation is concerned with the sin of pride. The author warns that the devil has a very subtle strategy to gain the damnation of the soul. This involves praising those moribunds that have successfully overcome the previous three temptations. The goal of the devil is to make the moribund feel proud of himself and this would entail a last moment sin that conversely would gain him a place in hell. Finally, the fifth and last temptation is greed, understood as the rejection to abandon earthly possessions and family members and the unacceptance of death itself.

Chapter III-V: Salvation For Those Deprived Of Reason, Imitatio Christi And Prayers For Family

The third chapter is concerned with situations in which due to the consequences of the poor health are unable to utter a proper statement of their penitence and repentance to save their souls. The author includes a thorough and extensive list of questions that include the acceptance of every Christian dogma. Thus, the moribund only needs to somehow respond affirmatively to the questions (Wicks, 1998).

The fourth chapter presents the life of Jesus as a model for every Christian, a very common attitude in the Late Middle Ages designated as *imitatio Christi* (Beringer, 2014; Bynum 1988, Derbes, 1996; Marrow, 1979; Viladeseau 2006). The fifth provides behavioral guidance for the family and friends of the moribund at his deathbed. The sixth and final chapter deals with pertinent prayers for the dying person.

Discussion

Ars moriendi provides guidance for friars to help people cope with death anxiety in the late Middle Ages. Keeping in mind that society was controlled by the Christian religion; no doubt towards the existence of eternal paradise was tolerated, any ambivalence in regards to Christian dogmas would be considered a form of heresy.

Thus, the text provides an external locus of control -the evil influence of demons- for this sinful vacillation. On the one hand, relief from guilt can be achieved and on the other a mission is endorsed to the moribund: he must fight the temptations of the demons in order to go to heaven. Furthermore, the book offers a meaning to the physical and existential suffering, which is ultimately to God's good intentions and the moribund, has no other choice rather than accept God's will following the model of Jesus during the Passion (*imitatio Christi*). For our author good death has the reward of heaven therefore the day of death is perceived as even more joyful than the day of birth, since the latest implies the sufferings of earthly life.

Despair, the second temptation described in chapter two, refers to an overwhelming number of sins the moribund may have committed during his life. This may make the alleged sinner think that he has no chance of salvation. Against despair the author defends the virtue of hope and provides good examples in which God's mercy affected prominent sinners of the New Testament: the Good Thief, Saint Peter, Saint Paul and Mary Magdalene. Interestingly, even today, the instillation of hope is a very powerful tool in the care of patients with terminall illnesses.

Impatience, the third temptation, describes the emotions and behaviors that may arise with the pain and suffering involved in disease. Symptoms of irritability. agitation, disorientation and loss of ability to speak, think and reason in a proper manner are described in the ones about to die. If approached with a current medical nomenclature, these manifestations would be compatible with symptoms of what we today designate as delirium -an overall dysfunction of the brain resulting from disease-. The engraving that depicts a drowsy, inactive person unaware of his surroundings would be compatible with the hypoactive type of delirium (fig. 1), whereas the image representing an agitated man kicking the physician (fig. 2) would be more consistent with the hyperactive form

of delirium –an acceptable alternative may include anxiety or mood disorder due to general medical condition-. These behaviors loosely resemble the anger and depression stages described by Elisabeth Kubler Ross on her work *On Death and Dying. What the Dying Have to Teach Doctors, Nurses, Clergy and Their Own Families* (Kübler-Ross, 1969).

Ars moriendi is written in the context of a society coping with the devastation that followed the Black Death. The book quotes two of the most influential pagan philosophers in the Late Middle Ages, namely Aristotle and Seneca. In the case of the Roman, his presence on the text has the purpose of introducing the stoic concept of comfortable acceptance of the inevitable. In our contemporary society, World War II has been the most recent catastrophe that could in a way resemble the disasters that happened during the late Middle Ages. However, our society has responded calamity with an agnostic rather than a religious response. Men instead of God were made responsible for the disasters. As a result, existentialism -a philosophical approach that emphasizes the importance of man's freedom and responsibility for his actions- became the trend in Western countries. This entails that a lay society may lack the proper elements to cope with death anxiety, which results in a denial of death at an almost delusional level (Becker, 1973). Today, even with dying patients, it is certainly difficult to talk directly about death. Even if psychiatrists and other professionals involved in palliative care must propose therapies agreeable with the values of a lay society, the strategies to cope with death anxiety in *Ars moriendi* could still be helpful for spiritual leaders to assist terminally ill patients. Nevertheless, dignity therapy and meaning-centered psychotherapy are valid therapies in our current lay society. The first of these two proposes the creation of narrative of patient's life and values known as the generativity document (Chochinov, 2012). The second, was developed by William

Breitbart inspired by Viktor Frankl's experiences and coping skills after surviving from a concentration camp during World War II. Meaning-centered psychotherapy proposes strategies directed towards the finding of meaning despite terminal illness. Good examples are the finding of a new identity, exploring one's legacy and developing a sense of transcendence (Breitbart and Poppito, 2014a, Breitbart and Popitto, 2014b; Frankl, 1959).

Conclusion

In summary, *Ars moriendi* was a helpful manual for friars of the mendicant orders in the Late Middle Ages to help the moribunds and their families cope with death anxiety. It provided relief and hope for everyone, even including those who had committed terrible sins. The manual also offered a chance for salvation to those deprived of cognitive abilities due to their afflictions. The strategies proposed in *Ars moriendi* can be analyzed from a modern psychological perspective and context.

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Figure 1: Master E.S. 15th century engraving. Temptation through lack of faith. Source wikimedia commons.

Figure 2: Master E.S. 15th century engraving. Temptation through impatience. Source: wikimedia commons.

Figure 1: Master E.S. 15th century engraving. Temptation through lack of faith. Source wikimedia commons.

Figure 2: Master E.S. 15th century engraving. Temptation through impatience. Source: wikimedia commons.

Discussion

This thesis intended to explore the status of mental health in the society of the Late Middle ages through three relevant aspects of medieval society: demonic Possessions, holy fasting and death anxiety. These three aspects are directly influenced by the popularity of *imitatio Christi* in this society. According to the Gospels, Jesus believed in demonic possession and practiced exorcisms for afflicted people, suffered by fasting and helped the sick and the dying. Furthermore, this thesis has narrated the three different topics in three different formats: A humanistic, an original scientific and a systematic review format.

Demonic possession constituted a spiritual explanation for people with mental illness. Nevertheless it coexisted with other medical theories such as the humoral theory or the causes described by Bartolomeus Anglicus in *De proprietatibus rerum*.

The Semitic concept of demonic possession described in the Old Testament contrast with the one in the Gospels. Whereas music and magical rituals could have been enough to get rid of a negative influence of a demon, in the New Testament the demons can take possession of one's body and only an exorcism would be curative.

Like in the case of the Gerasene demoniac, "mania" (Berriós, 2004) was a condition used historically to define extreme agitation, furious madness deprived of all judgment, delusional thinking, aggression, confusion, jolliness and excitation without fever and it is different with the current psychiatric notion of mania. In current psychiatric nomenclature, mania is understood as an episode in the context of bipolar disorder. Today, mania is characterized by increased energy and strength with a marked decreased need to eat or sleep, grandiosity, pressured speech, hypertalkativeness, flight

of ideas, and hypersexuality. Though some of these symptoms may overlap with the classical concept of mania, the latter are more specific and only diagnosable in the context of mood disorders. Classical symptoms of mania are broad and overlap with other conditions that can result in agitation such as withdrawal delirium, or acute psychosis with paranoia and other positive symptoms.

As discussed earlier, many demonic possessions narrated in medieval hagiographies deal with literary *topoi* rather than empirical experience. Nevertheless, their authors transferred their knowledge about exorcism and possession in their narratives and, due to their status as monks, presumably incorporated their actual experience with demoniacs. At the same time, they presumably enriched the narratives with their observation of erratic and abnormal behavior of people with mental illness in society. These descriptions are the basis of our study to explore traits of psychopathology and understand the status of mental illness during the Late Middle Ages. Our methodology in this chapter carries significant limitations, such as a risk of missing psychiatric-like behaviors due to various unclear ancient expressions and the risk of imposing current psychiatric diagnostic categories on the past. However to our knowledge, a retrospective forensic-like interpretation of the past is the most optimal for this particular scope.

An argument could be made however, that modern psychiatry cannot be used to understand medieval behavior. Nonetheless, it is a well-known fact that distressed people looked for help in religion and religious leaders during the Middle Ages. In fact, Father Jofré, a friar of the Mercedarian order founded the first psychiatric hospital in the city of Valencia (Spain) in 1412 (López-Ibor, 2009; Espí Forcén, 2012). The links between demonology and mental illness have been longed discussed since the birth of psychiatry as a science. Sigmund Freud, Jean Martin Charcot and Michelle Foucault to

mention some examples have commented on this spiritual approach to neurosis and mental disorders. Moreover, contemporary books and articles on the history of psychology and psychiatry are also congruent with this type thinking. Lastly, recent advances of neuroscience support a biological theory of mental illness. This significant bulk of neuroscientific literature supports the existence of the same psychiatric diseases today as in the Late Middle Ages. This theory is further supported by the fact that, in recent literature, religious people with mental illness have been reported to have demonic possessions prior to being diagnosed with mental illness by mental health professionals (Tajima-Pozo, 2011).

Epilepsy is perhaps the more frequent neuropsychiatric condition identifiable as demonic possession the narratives described. In epilepsy, an individual afflicted with epilepsy can experience tonic-clonic seizures with loss consciousness and fall; the eyes rolling back and the neck, legs and trunk extend forming an arch followed by generalized convulsions. Foaming of the mouth is also a common manifestation of epilepsy. The whole episode may last several minutes and is generally followed by a resolution. This resolution may allow witnesses of the events that the episode was ceased by a holy intervention during an exorcism. However other traits of mental disorders such as bipolar disorder, Tourette's disorder, dementia, schizophrenia, delirium, anxiety and personality disorders are described in literature analyzed. As the required criteria to meet demonic possession during the Renaissance become more complex and sophisticated (speak in tongues, cause a cold temperature in the room, telekinesis, unusual strength and rejection of religious objects), the likelihood of a person with any mental illness to meet criteria for demonic possession decreases. After the Renaissance, demonic possession may happen more in the context of dissociative identity disorder and histrionic personality disorder. Today, in the realms of psychiatry,

these two diagnoses are believed to be the most intimidly related to possession syndrome.

The practice of holy fasting during the Middle Ages has clear similarities with the phenomenology of symptoms today described in anorexia nervosa. In Semitic religions, Asceticism becomes a philosophical way of life and suffering was good to imitate Christ –*imitatio Christi*- and achieve holiness. Self-injury, fasting and deprivation become popular among religious men and women for the purpose of this common goal that would surrender a high social status. In the case of Saint Catherine, as a result of her fasting behaviors, she became the second person in the history of Christianity after Saint Francis of Assisi to be awarded with the *stigmata*.

The life narrative of Saint Catherine of Siena describes how she learns about fasting behavior through her sister Bonaventura (who fasted as a way to protest against her husband's unacceptable behaviors). At that moment, a very young Saint Catherine discovers a very powerful tool that is accepted in the values of a medieval society. Fasting will take her to holiness and fame. Nevertheless, Catherine's biographer Raymond of Capua acknowledges that she actually ate and self induced vomiting –a core symptom in eating disorders-. The main symptoms described in Saint Catherine's life that are compatible with modern anorexia nervosa are her refusal to eat, her self induced vomiting, and her will to feed others (lack of menstruation, a symptom very often described in anorexia nervosa, is described in the life of Columbia of Rieti). However, Saint Catherine does not fast for the shake of being thin and beauty but to imitate Christ. Thinness and beauty are contemporary values that would be seen as sinful in a medieval society. Nonetheless, both holy fasting behavior and inanition for the purpose of thinness and beauty have a common goal: to achieve the virtue of fame and recognition according to the values of two different societies.

Our theory of commonality between holy fasting and anorexia nervosa is further supported by recent psychiatric knowledge about the syndrome: dysfunction in brain regions in the limbic circuits and a serotonin and dopamine receptors dysregulation in the reward system of the brain and psychological patterns of perfectionism and rigidity likely characterized religious women who fasted.

The Dessert Fathers already practiced extreme deprivation and austerity. This is also reflected in the iconography of Saint Catherine, which resembles significantly the representations of Saint Anthony Abbot.

Saint Catherine of Siena starved herself to death through fasting and became holy. However despite the strong influence of Christian religion in the community, death, like in today's society was feared. With rare exceptions, Christians in the Middle Ages did not want to die. As a result, a number of manuals with the goal of assisting friars help the moribund were released and became very popular. *Ars Moriendi* attempts to twitch the fear of death by portraying death as a good thing. Death according to the manual, will relief the faithful from the calamities of mundane life. It supports this thesis by mentioning important philosophers of the time such as Aristotle, Seneca and other fathers of the Church. In the second chapter, *Ars Moriendi* offers relief from guilt and provides the dying with a mission to save their souls: to accept the dogmas of Christian religion and to fight the temptations of the demons. The text provides an external locus of control -the evil influence of demons- for this sinful ambivalence.

Ars Moriendi uses techniques that resemble the ones used today in Acceptance and Commitment therapy (Luoma, Hayes & Walser, 2007). This therapy emphasizes the use of acceptance and mindfulness to neutralize negative feelings. The goal is not to eliminate the negative feelings but to be able to tolerate them and not act upon them. In acceptance and commitment therapy, these negative feelings are often referred as the

"little monsters" we have but must send to the back of the bus we drive so that they do not impact our emotions and behaviors. Similarly, *Ars Moriendi* refers to the temptations (ambivalence towards the Christian faith, despair, impatience, greed and pride) as the influence of the demons. The faithful must therefore fight these demons in order to save his soul. In both *Ars Moriendi* and Acceptance and Commitment Therapy the friar or the psychologist provides the patient with an external locus of control making this type of anxiety more tolerable.

There are some loose parallels between the different temptations described in chapter II of *Ars Moriendi* and Elisabeth Kübler-Ross' description of the stages of death and dying. While denial is not described in *Ars Moriendi*, anger, bargain, depression and acceptance are indirectly suggested (Kübler-Ross, 1969). In regards to anger, the manual describes behaviors that must be avoided by the dying such as murmuring against God, yelling, hitting or kicking (the second illustration described in chapter II portrays a man kicking the table and the physician). Impatience, the third temptation describes in *Ars Moriendi*, is described to refrain dying people from anger. Moreover, the manual reinforces the idea of accepting death as the result of God's will without vacillation discouraging patients from bargaining and promoting acceptance -the last stage of death and dying according to Kübler-Ross-. Despair is described in *Ars Moriendi* as the desperation that comes with the knowledge that one may have committed too many sins to be forgiven. In this way, despair would be a form of depression and hopelessness emotional state. Against despair, the manual instills hope for everyone. Instillation of hope is a constant tool used by those who care of the dying in our contemporary society.

The descriptions of patients in *Ars Moriendi* seem accurate and empirically based and are compatible with current knowledge about the human dying process. For

instance, delirium is often described. The manual suggests that the dying often suffer from severe cognitive impairment that limits the ability to understand and speak the language and carry purposeful actions –the so-called executive function capacity-. However, *Ars Moriendi*, in contrast to the preachings of Saint Bernardino, offers salvation to everyone, even the people who suffer this type of severe cognitive impairment. In chapter III, the author includes an extensive list of questions that include the acceptance of every Christian dogma. In this case, the moribund only needs to respond affirmatively to the questions and will be saved.

The strategies mentioned in Ars Moriendi are directed towards helping the dying cope with death anxiety. These strategies could certainly be useful nowadays. In fact several authors mentioned in our literature review encourage people to do so. Nevertheless, today medicine has distanced from religion to a lay way of practice. Whereas these strategies would be very helpful for chaplains and religious leaders who assist dying patients, physicians should generally abstain from taking a religious approach with dying patients. Dignity therapy and meaning-centered psychotherapy are examples of evidenced based lay therapies available to health care providers to assist patients cope with death anxiety. (Breitbart & Poppito 2014a; Chochinov, 2012)

Conclusions

This thesis proposes that it is possible to understand the status of mental health in the society of the Late Middle Ages through the study of demonic possessions, holy fasting and death anxiety.

Demonic possession provided a spiritual explanation for erratic behavior in a society dominated by the Christian religion. The cases described in our chapter about demonic possession suggest traits of mood, psychotic, anxiety, personality, cognitive disorders and neurological conditions. Exorcism was probably helpful in the mitigation and relief of some of these symptoms.

The life narratives of holy women who practiced fasting as a way to suffer and imitate Christ insinuate a pattern of rigidity and perfectionism compatible with the psychological patterns described in people with anorexia nervosa. In both a person fasten towards a highly valuable goal according to the historical context: holiness and beauty.

Death anxiety has been a constant in humanity since the development of the theory of mind. In the Late Middle Ages, manuals like *Ars Moriendi* helped the dying cope with this type of anxiety by relieving them from guilt and providing them with a mission to save their souls. The strategies used in *Ars Moriendi* could be helpful today for religious leaders to assist the dying.

Lastly, this thesis support that it is possible to combine science with humanities. There are no substantial differences in core concepts when using a humanistic or a scientific writing style and format.

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