CHAPTER 2

Mental and Intellectual Disabilities
Sane or Insane?

The Madness of Emperor Caligula

In his sixth satire, Juvenal (ca. 58–138) lashes out uncommonly strongly against the depraved and deceptive female race. Magic, occult sorcery and love potions are amongst the sharpest weapons of the so-called weaker sex. In this context the satirical poet recalls the times of 'Nero's uncle'. In doing so, he is making a direct reference to the Emperor Caligula (37–41), who was generally known as 'a madman' (*furere*). He blames the Empress Caesonia: she was believed to have rubbed his forehead with the remains of a baby chick that could not yet stand on its own legs. During Caligula's reign, the entire world was in chaos. It was as if Juno had made her husband mad.[1]

In the time of Juvenal, Caligula's insanity must have been legendary. Surely, this madness was not only the subject of satire several decades after the emperor's death. Even at the court of Emperor Nero, Seneca was convinced that life in the palace during the time of Caligula must have been hell. Seneca also refers to the 'rampages' (*dementia*) of the young emperor, without going into further clinical detail.[2] Later, Tacitus refers to the young emperor's impulsive spirit and exaggerated boldness – such terms obviously do not equate to insanity.[3]

Those who would read Suetonius' biography of Caligula from a clinical psychiatric perspective are sure to find more than enough material to make a devastating diagnosis of the emperor. Suetonius pulled no punches: this emperor was 'a monster' (*monstrum*).[4] Psychiatrists would have immediately labelled him a sadist. When viewing executions, he was fond of 'numerous slight wounds'. The victims had to feel themselves dying. Interrogations on

[1] Juvenal, *Satires* 6.614–620.
[2] Seneca, *De beneficiis* 7.11.2 (*dementiam*); *De brevitate vitae* 18.5–6 (reign of terror); *De consolatione ad Helviam* 10.4 (Caligula was conceived by nature in order to demonstrate how vice can be paired with success); *De tranquilitate animi* 14.5.
[3] Tacitus, *Agricola* 13.2; *Annals* 6.20.1; 6.45.5.
[4] Suetonius, *Caligula* 22.

the rack were conducted during his drinking or eating orgies. He had the popular actor Apelles scourged to death, while he enjoyed his 'melodious lamentations'. His cruelty was manifested in psychological ways as well. 'He even used to threaten now and then that he would resort to torture if necessary, to find out from his dear Caesonia why he loved her so passionately.'[5] His sexual debauchery flouted all standards of his time. He had an incestuous affair with his three sisters, and he had deflowered his eldest sister Drusilla even before he had taken on the toga of maturity. He was unable to leave any woman in his surroundings alone, and he simultaneously engaged in sexual relations with free adult men. These partners included the pantomime actor Mnester, as well as the young Valerius Catullus, who was from a family that had produced consuls.

He was not averse to taking the passive role in such relationships. Valerius announced to everyone 'that he had violated the emperor and worn himself out in commerce with him'.[6] In his attire, he disregarded all sense of decorum. He liked to dress as a woman, and he was even spotted as Venus once.[7] He also suffered from unbridled wastefulness, exhausting the inheritance of Tiberius, twenty-seven million pieces of gold, in a single year.[8] He was also no stranger to sudden manias and delusions. He once considered appointing his horse as consul. Bridges, dams and dikes were constructed under the most difficult of circumstances, at the cost of untold effort. His military campaign to Britannia ended in a conquest – of seashells on the beach, which the soldiers were subsequently ordered to drag along in a victory march all the way to Rome.[9]

Attacks of anxiety and panic were the other side of the coin. The emperor was terrified of lightning. When there were thunderstorms at night, he would hide his face in his clothing or even crawl under his bed. During a visit to Sicily, the rumbling from Mount Etna caused him to flee in the middle of the night. He suffered from nightmares, strange visions and insomnia. He also could not swim. His broad forehead and the baldness on the back of his head were also responsible for certain complexes. No one was ever allowed to view him from a higher position, and it was absolutely forbidden to utter the word 'goat' in his presence.[10]

[5] Suetonius, *Caligula* 30–33 (trans. J. C. Rolfe).
[6] Suetonius, *Caligula* 24 (sisters); 36 (men) (trans. J. C. Rolfe).
[7] Suetonius, *Caligula* 52.
[8] Suetonius, *Caligula* 37.
[9] Suetonius, *Caligula* 46–49 (Britain); 55 (the horse Incitatus); 19 (bridge between the Gulf of Baea and Pozzuoli) and 37 (dikes and dams).
[10] Suetonius, *Caligula* 50–51 (fears); 54 (swimming); 50 (appearance).

With these – and many other – available anecdotes about Caligula, it would be no trouble to play the cinema audience or to write a bestseller/sensational article. However, the approaches that historical science takes to the biographies of ancient emperors have since progressed beyond merely summing up salient or remarkable facts. For example, Suetonius' presentation of 'bad' emperors exhibits a relatively consistent strategy. He was particularly hard on rulers who maintained a poor relationship with the senate and wished to replace ancient Roman values with Graeco-Hellenistic customs. Their badness was reflected primarily in their lack of control. A ruler who could not keep himself under control would inevitably become a monster to his subjects as well. Such depravity could be manifested in many different ways; sexual debauchery, greed and wastefulness were the most frequently mentioned symptoms. Physiognomic allegations also constitute a structural component of the pattern. The moral depravity of a ruler was reflected in his ugly or even repulsive appearance. Suetonius also paid considerable attention to the 'degenerative' concept: Caligula was an example of how situations became progressively worse with the rulers of the Julio-Claudian dynasty.[11] In some respects, the allegations against Caligula are relatively stereotypical. A similar portrait could be made of Nero, Domitian, Heliogabalus or other emperors.[12] Medical approaches searching for the causes of Caligula's insanity are thus also hopelessly out of date. Mental confusion due to epileptic seizures, alcoholism, bacterial meningitis, manic depression, premature dementia – the list can go on and on, without ever yielding a conclusive diagnosis.[13] Some modern biographers have since attempted to rehabilitate Caligula, while others continue to believe in the possibility of an intellectual affliction.[14]

Nevertheless, for many reasons, Caligula's insanity remains interesting to those seeking to write on the history of disability. One reason is that, in his biography, Suetonius provides a glimpse of a typical ancient interpretation of personality development. As a young boy, Gaius had been the

[11] Gladhill (2012). Cf. above p. 11. Hekster (2009) is a highly accessible work on sane and insane emperors and their public images.

[12] From the seemingly voluminous literature on this topic, I mention only Wallace-Hadrill (1983); Gascou (1984) and Dupont and Eloi (2001).

[13] See Sandison (1958); Morgan (1972–73); Benediktson (1989) and (1991–1992) – the list is in no way intended to be exhaustive. Recent biographies on Caligula include Winterling (2003) and Wilkinson (2005).

[14] Balsdon (1934) is of a more rehabilitative character; Barrett (1989) is highly critical of the ancient tradition of insanity; Ferrill (1991) does subscribe to insanity theory. Wilcox (2008) is a particularly meaningful interpretation of the ancient theory of monsters.

darling of the soldiers in the camp of his father Germanicus – hence his nickname Caligula ('Little Army Boot'). Caligula was only seven years old when his father died. He spent the rest of his childhood with his mother Agrippina and, after she was exiled, with his great-grandmother Livia (whose eulogy he would deliver as a child) and, finally, with his grandmother Antonia.[15] The period around his eighteenth year – when he had just taken on the toga of manhood – was particularly precarious. He was living in the court of the tyrannical Emperor Tiberius on the island of Capri. His two brothers had since been declared enemies of the state and killed by the emperor. He managed to survive by allowing all the insults to roll over him with masterful indifference. Moreover, he had put the calamities committed against his family so thoroughly out of his mind that it seemed as if they had never occurred.[16] Viewed from a modern psychological perspective, the case seems clear. We are dealing with a heavily traumatised young man, who is sublimating his lack of a safe home in his childhood and the devastating uncertainty of his existence by forgetting and pretending. The ancients, however, viewed matters in an entirely different way. Caligula was a monster, pure and simple, because he had always been that way. Even on Capri, he had been unable to conceal his cruel nature. He had witnessed executions with sadistic pleasure. Prostitutes and bars had already become his favourite pastimes. The former Emperor Tiberius knew what was going on, having stated that he was 'rearing a viper for the Roman people and a Phaethon for the world'.[17]

In the modern controversy between proponents of the theories of *nomos* and *physis* – with the former arguing that the majority of our behaviour can be changed and is learned through culture and society, while the latter theory claims a large share of pre-programming – the ancient biographers are resolute in advancing the *physis*. Even in the youngest child, the latent characteristics of cruelty or goodness could be observed. For example, Caligula's second daughter Julia Drusilla (he had lost his first child, along with his first wife, in childbirth) was necessarily a little monster. As the child of a bad father and a mother who was 'a woman of reckless extravagance and wantonness' (incidentally, Caesonia was Caligula's fourth wife), it could not have been otherwise: 'she would try to scratch the faces and eyes of the little children who played with her'. The child never had the opportunity to prove the opposite. On the day that her mother and father

[15] Suetonius, *Caligula* 9–10.
[16] Suetonius, *Caligula* 10. On the death of Caligula's brothers: Suetonius, *Tiberius* 54.
[17] Suetonius, *Caligula* 11 (trans. J. C. Rolfe).

were assassinated, the little girl, who was barely two or three years old, was dashed against a wall.[18] Such ancient acknowledgements of natural predisposition need not imply any paedagogic pessimism or indifference.[19]

> It is no reason to withhold care from certain children. On the contrary, they should be raised under the best possible circumstances. If their nature is able to realise any benefit from our dedication, they might all develop into wonderful men. If such is not the case, we would be free of blame. (Galen, *De propriorum animi cuiuslibet affectuum dignotione et curatione* 7.15; 5.39–40 Kühn) (see Godderis [2008: 111])

Caligula's file is interesting for another reason as well. The ancient authors combined the notion of natural disposition with the acknowledgement of a trigger that would eventually launch the emperor definitively into insanity. Ancient sources claim that the emperor suffered from a type of mental confusion. In their view, Caligula was also aware of this himself. Even as a child, he had suffered from epileptic seizures (*comitialis morbus*). As an adult, he was able to manage relatively well, although he had difficulty keeping himself together or controlling himself during his low periods. More than once, he had thought of isolating himself in order to allow the illness to heal. His wife Caesonia, however, would ultimately cast the final blow to his mental health, having given him a love potion that rendered him completely mad. Moreover, Suetonius explicitly attributes the emperor's contradictory characteristics of overconfidence and fear to 'mental weakness' (*valetudini mentis*).[20] Flavius Josephus also believed that a love potion prepared for him by Caesonia had driven the emperor to mania. He added that the first two years of his reign had proceeded well, but that Caligula had crossed the boundaries thereafter, having begun regarding himself as a god.[21] Another Jewish author, Philo of Alexandria, had met Caligula personally, as a member of a delegation defending Jewish interests in Alexandria. Although Philo did not have a high opinion of Caligula, nowhere did he explicitly mention insanity. In the seventh month of his reign, however, the emperor suddenly fell ill. This was in the autumn of the year 37. His new lifestyle of luxury and debauchery in the imperial court had likely contributed to this illness. From that time on, Caligula was an arrogant, selfish and reckless despot – character traits that he had anxiously concealed before that time.[22]

[18] Suetonius, *Caligula* 25 (daughter); 59 (murder) (trans. J. C. Rolfe).
[19] On ancient personality development, see Pelling (1990); Most (2008); Laes (2011a: 99).
[20] Suetonius, *Caligula* 50–51 (trans. J. C. Rolfe).
[21] Flavius Josephus, *Jewish Antiquities* 19.193 and 18.256.
[22] Philo, *Legatio ad Gaium* 14–22.

However speculative the reports of Caligula's insanity might have been, the emperor more than deserves his place at the opening of this chapter on mental and intellectual disabilities. The texts clearly demonstrate that the ancient authors noticed that there was 'something unusual' about the emperor, and that it was related to his intellectual condition. At the same time, the vagueness of the description is symptomatic of antiquity, as it is of our modern conceptions of mental problems. When confronted with information about a person from the past who was missing a leg, who was blind or who could barely make himself understood, we can easily develop an image in our minds. With regard to the diagnosis and classification of mental disorders, however, psychiatrists and the pharmaceutical industry are waging an uphill battle even today.

One might thus wonder whether it is possible to say anything at all about mental problems in the distant past. I am of the opinion that it is possible. Even more than is the case for other disabilities, however, methodological clarification is needed at the outset.

Four Historical Approaches to 'Mental Disorders': A Way Out of the Impasse?

Psychology can be compared to a lovely wooden chest. A student plans to restore this piece of furniture with several fellow students. He takes a drawer home with him and spends his entire life cutting and sanding it. When he is finally satisfied with it, he wishes to return the drawer to its place. At that point, however, he discovers that the chest has since decayed.

This comparison did not come from a failed psychology student or a frustrated therapist, but from one of the most renowned researchers of the twentieth century. As a developmental psychologist at Harvard University, Jerome Kagan (born 1929) enjoys international fame. In the ranking of famous psychologists, his scores are higher than those of Carl Gustav Jung and Ivan Pavlov. Nevertheless, his recent book, *Psychology's Ghost: The Crisis in the Profession and the Way Back*, reflects deep disappointment in the way in which psychology is practised today. The over-diagnosis of such phenomena as ADHD and depression is subject to particular criticism by Kagan. The startling increase in the statistics (5.4 million young Americans with symptoms of ADHD; 1 out of every 40 young people in the United States treated with anti-depressants) means more money for the pharmaceutical industry, as well as for psychiatrists and researchers. Psychiatry is the only medical discipline to define diseases according to symptoms and scores on questionnaires. Because of such diagnostic techniques, they

appear to be continually discovering new disorders. Whereas 'bipolar disorder' (manic depression) was once rare, one million Americans younger than nineteen years of age are now purported to suffer from it. Popular websites sometimes claim that Kagan argues that autism, depression and ADHD 'do not exist'. Such claims are a gross distortion of his proposition. He does acknowledge the existence of genetic conditioning, chronic psychological conditions and disorders in the nervous system. His accusation concerns the exaggerated urge to make classifications and diagnoses, such that every child who is slightly dissocial is labelled as autistic, or such that every protracted period of despondency is labelled as depression.[23] A similar accusation against over-classification has been made by Allen Frances, 'the most powerful psychiatrist in America', according to the *New York Times*. As an expert, Frances was closely involved in the development of the *Diagnostic and Statistical Manual of Mental Disorders III* (DSM III). He was also the chair of the group responsible for the development of the DSM IV. As an insider, he describes the excesses in psychiatric diagnostics. In order to become sage and healthy again, the field of psychiatry must be conscious of its historical dimension. As was the case in the nineteenth century, when neurasthenia and hysteria were fashionable phenomena, our time has led to an explosive growth in the number of 'psychiatric abnormalities'. Many people are now convinced that they are 'sick' and in need of medication. They are incapable of 'normal' functioning in society. According to Francis, we must once again learn to live with uncertainty, and psychiatric diagnosis must not be an excuse for failing in other domains of life.[24]

Conceptual confusion and the creation of categories under the influence of sociological pressure groups are not particularly inviting for clear historical research. The fourth edition of the DSM, the Bible of modern psychiatry, distinguishes at least sixteen groups of psychiatric disorders, with innumerable subgroups. According to such enumerations, around 48 per cent of the American population are likely to suffer from one of these disorders at some point in their lives.[25] It is important to note, however, that the DSM classification is highly determined by culture. For example, previous editions listed homosexuality in the series of mental disorders. It was not definitively removed from the lists until 1986. The sometimes turbulent preparation of the DSM IV can teach us a great deal

[23] Kagan (2012). [24] Frances (2013).

[25] According to the World Happiness Report, mental problems are the most commonly occurring disability in the world. Cf. below p. 175–176.

about the controversies existing within contemporary psychiatry. Competing classification systems exist as well. The Research Domain Criteria (RDOC) of the US National Institutes of Mental Health aim for more integration of developments in research on brain scans and genetic research.[26]

Proceeding from Graeco-Roman thought, Bennett Simon has recently pointed out the basic problems with classifications of mental disorders. The illusion of value-free methods of classification; the strong influence of cultural factors and value patterns; the quest for ever more subdivisions; the tension between the individual patient and the theory of categories; the difficulty of drawing distinctions between illnesses, disorders, character traits and temperament; the difficult relationship between classification and therapy; the almost magnetic attraction of fashionable terms and diagnoses – all of these phenomena resound in the ears of social workers, teachers and parents.[27]

Rem tene, verba sequentur – know what you wish to talk about before you start talking. This ancient adage is eminently applicable to research on mental disorders from the past. Historians can choose amongst four approaches, with each option having a clear impact on the further treatment of the topic.[28]

The medical model assumes that mental disabilities, like other disabilities, have biological-physiological causes, and that they must therefore be sought in the human brain. Just as people are able to search for material evidence of people with mobility problems in the past, it is possible to do so for people with mental disabilities as well. In some rare cases, it is even possible through osteology. For example, Down's syndrome, hydrocephaly and Klippel-Feil syndrome can be detected according to a skeleton.[29] Knowledge of biological-genetic regularities also provides historical information. For example, endogamy through widespread brother–sister marriages in Graeco-Roman Egypt contributed to a greater number of people with mental problems.[30]

The psychological model also assumes transcultural givens, which are actually broader than their purely physiological interpretations. Adherents

[26] Rogler (1997); Toner (2009: 55–62); Harris (2013a: 2) and particularly Ronson (2011) are outstanding introductions to the history of the *DSM*. On the DSM V, published in May 2013, see www.dsm5.org (last viewed February 2013). For RDOC, see www.nimh.nih.gov.

[27] Simon (2013: 34–39). Both the article by Simon and the one by Hughes (2013) use antiquity to propose new perspectives in research on mental disorders and the approach to patients.

[28] My comments in this regard are based on Toner (2009: 57–62).

[29] Cf. above p. 17–18 for these examples.

[30] Cf. above p. 20.

to this intellectual framework argue that strong impulses and intellectually related factors will inevitably lead to particular psychological reactions. It is a distinctly 'if . . . then' model. In all periods of history, sexual abuse must surely have led to psychological trauma, and physical brutality during childrearing is sure to have had a damaging effect on all children in all cultures. The primarily American school of psycho-historians fits perfectly within this intellectual framework. For them, the history of their childhoods is a nightmare, a story of psychological damage and trauma from which we are today only slowly awakening.[31]

The anti-psychiatric model is diametrically opposed to the previous two ideologies. Primarily inspired by Michel Foucault, 'insanity' is interpreted as a social construction from this perspective. Psychiatry is an instrument of power structures. Labelling a person as 'a madman' means the exercise of power and the imposition of a pattern of thinking by a particular society. The *moriones* (madmen) amongst the Romans were in no way comparable to the patients populating our psychiatric clinics.

Taking a psychosocial approach, the social-stress model combines the best of the three previous models. Within this intellectual framework, physiological-biological and intellectual factors are not effaced. As with Kagan, this perspective does not deny the existence of people across time and culture with deeply despondent dispositions or feelings, hyperactive people or antisocial people. At the same time, this model acknowledges the crucial influence of society on such phenomena. This applies not only to the manner in which these phenomena are perceived – one society (possibly subject to the influence of interest groups or other preoccupations) is able to diagnose certain behaviour as problematic or pathological, while another society does not see it as a problem. The structures and the rhythm of one society can elicit certain psychological phenomena to a greater extent than is the case in another society. From this perspective, it could be that burn-out, depression, stress and similar phenomena are more strongly related to our Western society, which imposes a strict time structure on its population.

This chapter proceeds from the social-stress model. The exposition is guided by ancient intellectual frameworks and habits, and not modern psychiatric subdivisions or practices. Occasionally, however, and without digressing into naive or simplistic comparisons, we attempt to draw

[31] Laes (2011a: 14 and 138) on psycho-history. See particularly deMause (1974). A psychiatry-oriented historical approach can also be found in Arseneault, Cannon, Fisher, Polanczyk, Moffit and Caspi (2011). Toner (2013) makes a powerful case for studying trauma in antiquity.

connections with phenomena that we encounter in our own time. Although the study of the ancient mentality and society remains the primary focus, the context of mental disorders also requires a certain element of transculturality.

The choice of this model immediately raises the question of how 'stressful' Roman society was for its inhabitants. This question cannot be answered with figures or statistics, even by approximation.

It is nevertheless worthwhile at least to pose questions concerning the mental health status of ancient Romans. In a bold book, Jerry Toner refers to the daily struggle for life, the uncertainty and the fragility of life, as well as to the randomness accompanying the treatment of the wealthy. Violence and brutality were rife, even in the context of parenting. Torture had an unmistakable impact. People were uncertain about their status or origins (processes concerning the presence or absence of slave status), and the commonly occurring practice of child abandonment was not without psychological consequences. In closed communities, social control could be oppressive. Quite recently, Toner has even addressed the topic of trauma, both amongst soldiers and war victims – a history that has thus far remained largely unwritten. Within the social-stress model, however, the existence of such traumas cannot be denied.[32]

Roman Legal Thought: A 'Practical' File

In one respect, Roman legislation with regard to mental disabilities constitutes the easiest, least ambiguous file. Lawyers concentrated strongly on concrete situations, devising practical ad hoc solutions for specific problems that emerged.

Those reading through the extensive body of Roman law encounter an extremely rich vocabulary for intellectual disorders. The following list is ranked according to frequency: *furor*/*furiosus*, *dementia*/*demens*, *mente captus*, *insania*/*insanus*, *mentis alienatio*, *non suae mentis*/*non compos mentis*, *lunaticus*, *fanaticus*, *freneticus*, *melancholicus*, *fatuus* and *morio*.[33] As early as the nineteenth century, specialists in Roman law attempted to ascertain possible differences in meaning amongst the various terms. Their conclusion, however, was that such differences could not be derived from the

[32] Toner (2009: 54–91) is an occasionally provocative chapter on mental health. See Toner (2013) on trauma, with rich bibliographic references on the study of trauma for other historical periods. On soldiers and psychological trauma, see Melchior (2011) and van Lommel (2013a).

[33] See Nardi (1983: 18–45); Gevaert (2000: 60); Toohey (2013: 443). Audibert (1892) already conducted the complete basic research.

texts. This is not necessarily surprising. Roman lawyers were not physicians interested in diagnoses. They were interested in the fact that a specific person in a specific situation had caused a disturbance in the normal social conduct of affairs because he was 'out of his mind'. This directly implied that he could not be held responsible for his actions. One question that was of legal importance concerned whether the situation of non-responsibility was temporary or permanent. In this context, *furor* appears to refer to a temporary state of insanity alternating with periods of lucidity, while *dementia* refers to a permanent situation. This distinction is also made within the philosophical tradition.[34] The lawyer Paul tells of a *perpetuo furiosus*, someone who is permanently out of his mind.[35] Nevertheless, innumerable exceptions for the use of *furiosus* are to be found. It is thus also plausible to argue that lawyers used terms that were quite vague to refer to 'intellectually ill persons'.[36]

More important than the search for subtle distinctions, which were actually not made, is the process of identifying the legal consequences of 'intellectual disturbances'. In this context, scholars have recently emphasised that the approach taken by Roman lawyers in such cases was extremely humane. 'Madmen' retained their dignity, citizenship and wealth, while receiving legal protection. We read nothing on the execution of criminals with intellectual deficiencies (in contrast to the American situation, as noted by some ancient historians from the United States).[37]

Furiosi and people with related disorders held the same status as underage children (*infantes*, literally, 'those who cannot speak') and minors.[38] In some cases, a madman would be equated with 'one who is absent' or 'one who is sleeping'. Both of these comparisons suggest the temporary character of the situation.[39] It is logical that a *furiosus* was not allowed to draw up a will, to marry, to hold political office, to assume custody or to

[34] Stok (1996: 2299) summarises the discussion. Kazantzidis (2013) provides an extensive treatment of Cicero's vision on melancholy. Philosophical tradition: Cicero, *Tusculan Disputations* 3.10–11: *insania* refers to the loss of self-control, while *furor* refers to 'true' insanity.

[35] *Digest* 5.1.12.2 (Paul).

[36] Examples of passages in which the terms are used completely interchangeably and in which *furiosus* appears to be a permanent reference to insanity include *Digest* 1.18.13.1 and 1.18.14 (Ulpian); *Digest* 5.7.1 (Julian). Lebrige and Imbert (1967: 34–35) argue that no distinction between *furiosus* and other terms is actually made in the legal corpus.

[37] *Digest* 1.5.20 (Ulpian) (retention of dignity). On the humane approach, see Toohey (2013: 459–460) and Harris (2013a: 3 and 20, respectively).

[38] Children: *Digest* 41.4.2.5 (Paul); 48.8.12 (Ulpian); Gaius, *Institutes* 3.109. Minors: *Digest* 5.1.11.2. See Toohey (2013: 449 and 453–454).

[39] *Digest* 29.7.2.3 (Julian). See Toohey (2013: 450). See Toohey (2013: 452) on the non-permanent state of legal insanity.

serve as a judge.[40] This case also offers a remarkable parallel to rabbinical jurisprudence: madmen and *shoteh* were subject to identical restrictions. The same comparisons can be found in Byzantine and classical Arabic law.[41]

One remarkable case story about insanity breaking out during marriage reads as follows:

> Where either a husband or a wife becomes insane [*furere*] during marriage, let us consider what should be done. And, in the first place it should be observed that there is no doubt whatever that the one who is attacked by insanity cannot send notice of repudiation to the other, for the reason that he or she is not in possession of their senses. It must, however, be considered whether the woman should be repudiated under such circumstances. If, indeed, the insanity has lucid intervals, or if the affliction is perpetual but still endurable by those associated with the woman, then the marriage ought by no means to be dissolved. And where the party who is aware of this fact, and of sound mind, gives notice of repudiation to the other who is insane, he will, as we have stated, be to blame for the dissolution of the marriage; for what is so benevolent as for the husband or the wife to share in the accidental misfortunes of the other? (*Digest* 24.3.22.7; Ulpian, trans. S. P. Scott)

The passage goes on to state that there are cases in which the situation is so serious as to endanger the safety of the healthy partner and those around them and in which the marriage is not expected to produce any children. In such cases the termination of the marriage can be justified.[42]

Around 450 BC, the Twelve Tables provided for the management of the wealth of a mentally disabled person by relatives or family members. More than seven centuries later, the *Digest* tells of a father who had willed to one of his two daughters the usufruct from the inheritance of their mentally disabled brother (*mente captus*), thus ensuring that the boy would be fed and cared for and making arrangements for his expenditures. If the brother should die without ever being cured (the expectation that healing *was* possible is stated explicitly), the inheritance would remain in the hands of the sister Publia Clementiana, barring comprehensive evidence that the father's original intentions had been otherwise.[43]

[40] *Digest* 5.2.2 (Marcianus) (will); *Digest* 5.1.12.2 (Paul) (judge); *Codex of Justinian* 5.70.1 (curator). See Gevaert (2000: 78).

[41] One exemplary text is B. Yebamot 112b. See Abrams (1998: 176–178, 185–186, 188). For Byzantine law, see Trenchard-Smith (2010); for Arabic law, see Dols (1992), with reference to Roman law on pp. 428–430.

[42] Toohey (2013: 457–458), who also refers to *Digest* 24.3.22.10 (Ulpian), which contains a report of familial insanity (both father and daughter).

[43] Twelve Tables 5.7; *Digest* 33.2.32.6 (Scaevola). See Toohey (2013: 454–455) on the curator.

In some cases, an official guardian or curator would be appointed for a mentally disabled person. Such functions were exclusively reserved for adult men.[44] In addition to vouching for the financial assets of the mentally disabled person, the curator was expected to ensure his physical well-being. A curator who did not perform his tasks properly could be removed from his position.[45]

Curators were also appointed for spendthrifts (*prodigi*) who wasted their assets. For both groups, the guardian would remain in service until a responsible pattern of living and health had been regained. The Institutes of Justinian appear to make a distinction between *furiosi* (who could still be cured) and *mente capti*, whose conditions were expected to be permanent.[46]

Supervision and control by family members could also imply confinement. As early as the fifth and fourth centuries BC, classical Greek authors from Athens noted that confinement, or at least control, of the mentally ill was a desirable solution, especially with regard to the well-being of the person who was ill.[47] As the *Digest* tells us, such measures were even taken in cases of parricide:

> When anyone, while insane [*per furorem*], kills his parents, he shall go unpunished, as the Divine Brothers stated in a Rescript with reference to a man who, being insane, killed his mother;[48] for it is sufficient for him to be punished by his insanity alone, but he must be guarded with great care, or else be kept in chains. (*Digest* 48.9.9.2; Modestinus, trans. S. P. Scott)

Once again, we read that this measure focused primarily on the well-being and protection of the intellectually ill.[49] Most such cases involved house arrest and surveillance by relatives, as evidenced in a passage referring to an exceptional situation:

> In the case of insane persons [*furiosi*] who cannot be controlled by their relatives, it is the duty of the Governor to apply a remedy, namely, that of confinement in prison ... (*Digest* 1.18.3.1; Ulpian, trans. S. P. Scott)

Where the prison should be is unclear; special institutions for the insane did not yet exist.[50]

[44] *Digest* 27.10 is dedicated entirely to the rights and obligations of the *curator furiosi*.
[45] *Digest* 27.10.7 (Julian); *Digest* 27.10.17 (Gaius). On eviction by the governor of a province or by the praetor in Rome, *Digest* 27.10.7.2 (Julian) and *Digest* 27.10.13 (Gaius).
[46] *Digest* 27.10.1 (Ulpian); *Institutes of Justinian* 1.23.3–4.
[47] Plato, *Laws* 934c-d (by relatives); Xenophon, *Memorabilia* 1.2.50; [Aristotle], *Athenaion Politeia* 56.6. See Stok (1996: 2300–2301).
[48] A reference to the provisions of Marcus Aurelius and Commodus (*Digest* 1.18.14); cf. below p. 50–51.
[49] *Digest* 1.18.14 (Macer). [50] Toohey (2013: 456).

Unfortunately, many interesting aspects concerning daily life remain underexposed in these legal fragments. A number of texts mention the problem of *simulatio* (pretending). For example, we read that some people would feign insanity in order to escape the high cost of assuming public offices.[51] The possibility of simulating a state of unsound mind is also mentioned in the case of parricide.[52] The problem of feigned illness – not only 'psychiatric' afflictions – was also quite familiar to ancient physicians. Galen even wrote a separate tract on exposing 'comedians', that is those faking a disease.[53] How could it be clearly established whether someone was of sound mind? Most probably, a doctor was consulted, as we can read in the comedic description in Plautus' *Twin Brothers*, in which one of the Menaechmus brothers is suspected by those around him of having lost his mind.[54] There was obviously no such thing as a legal physician and, for lack of more or less established diagnostic criteria, we can only guess at what finally led to the ultimate verdict. Exactly where mentally disturbed people were confined and who assumed responsibility for the routine tasks of supervision often remain unclear. The most concrete glimpse is offered in a text about a certain Aelius Priscus, who had killed his mother. This is the response of the Emperors Marcus Aurelius and Commodus to Scapula Tertullus:

> If it is positively ascertained by you that Aelius Perseus is to such a degree insane that, through his constant alienation of mind, he is void of all understanding, and no suspicion exists that he was pretending insanity when he killed his mother, you can disregard the manner of his punishment, since he has already been sufficiently punished by his insanity; still, he should be placed under careful restraint, and, if you think proper, even be placed in chains; as this has reference not so much to his punishment as to his own protection and the safety of his neighbours. If, however, as often happens, he has intervals of sounder mind, you must diligently inquire whether he did not commit the crime during one of these periods, so that no indulgence should be given to his affliction; and, if you find that this is the case, notify Us, that We may determine whether he should be punished in proportion to the enormity of his offence, if he committed it at a time when he seemed to know what he was doing. But, when We are informed by your letter that his condition so far as place and treatment are concerned,

[51] *Digest* 27, 10, 6 (Ulpian). [52] *Digest* 1, 18, 13, 1 (Ulpian).

[53] Galen, *Quomodo morbum simulantes sint deprehendendi* (Kühn 19.1–7). See Gourevitch (2009) for two case studies and references to further literature. Galen, *Quomodo morbum simulantes sint deprehendendi* (Kühn 19.2–3) explicitly mentions the feigning of intellectual afflictions.

[54] Plautus, *Menaechmi* 889–965. Stok (1996: 2289–2297) analyses the scene within the framework of mental afflictions.

> is that he remains in the charge of his friends, or under guard in his own house; it appears to Us that you will act properly if you summon those who had care of him at that time, and investigate the cause of such great neglect, and decide the case of each one of them, so far as you discover anything tending to excuse or increase his negligence; for keepers are appointed for insane persons, not only to prevent them from injuring themselves, but that they may not be a source of destruction to others; and where this takes place, those very properly should be held responsible who are guilty of negligence in the discharge of their duties. (*Digest* 1.18.14; Macer, trans. S. P. Scott)

We must ultimately recall that these texts refer only to the relatively small portion of the population that appealed to Roman law. When little property was involved, it was of little use to appoint a curator. In the cases that have been described, a family context is assumed. But what of the 'mentally disturbed people' who were unable to rely upon the solidarity of their families? For serious cases, they probably lived on the streets as drifters, in the absence of hospitals and asylums, surviving on the goodwill or pity of those around them. The madman described in the fragment from Artemidorus was likely to have survived in such a situation. Philo of Alexandria tells of a certain Caraba, who wandered through the streets naked, day and night, regardless of the weather. Children and youths regarded him as a plaything. His insanity was thus mild and benevolent, and not of the aggressive type that also commonly occurred.[55] Such outsiders obviously did not often merit inclusion in the ancient texts. With regard to their actual experiences, we are often left to guess or to make do with peripheral remarks. For example, several authors suggest that throwing stones at 'madmen' was a common practice.[56] Augustine tells of a Christian 'madman' (*morio*) who humbly withstood the degradations of his fellow citizens, but forthwith threw stones, even at men of standing, if they dared to offend the Christian religion.[57] Could this have been a case of reversal or compensation for treatment that he himself was often forced to endure?[58]

Nevertheless, the majority of people with mental disabilities were deployed in the labour market without problem. Most ancient occupations required only a simple level of intelligence. In this case as well, this situation (the most common in the ancient world) was not recorded in legal texts,

[55] Philo, *In Flaccum* 36–37; Artemidorus, *Oneirocritica* 3.42.

[56] Aristophanes, *Birds* 524–525; Plautus, *Poenulus* 295; Plutarch, *Pompey* 36.6. See Stok (1996: 2302–2303). Grassl (1988b: 112) has referred to the 'therapeutic-defensive' ritual aspect of such treatment. The experience of humiliation obviously remained for those involved.

[57] Augustine, *De peccatorum meritis* 1.32.

[58] Laes (2008b: 116).

with the exception of disagreements regarding slaves. Such texts confirm the general image. In general, Roman lawyers did not consider it right to require the seller of a mentally deficient slave to indemnify the buyer. Such cases did not involve any true 'deficiency' (*vitium*), a concept that lawyers usually reserved for physical problems. Only if the seller had concealed the slave's mental problem at the time of the sale – this could also be applied to loafers with problematic behaviour or runaways – would he be held responsible and recompense be considered. In other words, as long as the slave could function as a labourer, there was not actually any problem.[59]

In Search of Learning Disorders and Intellectual Disabilities

The Introduction provided a detailed discussion of the intriguing story from Livy about the young Manlius. We would like to know more about his 'dullness' (*tarditas ingenii*) and 'speech problem' (*infacundior... et lingua impromptus*), which led his shamed father to send him away to the countryside. The course of his highly successful political and military career appears to stand in contradiction. Any diagnostic interest was obviously completely alien to Livy.[60] The same can be said of the young Bradua, born around AD 145 as the son of Herodes Atticus and Regilla. We are told that the boy was not capable of learning to read. In despair, his father had purchased twenty-four slaves, each bearing a board with a letter of the Greek alphabet. Was Bradua dyslexic? In any case, he became *consul ordinarius* in the year 185, and he even went on to become *proconsul*.[61] Augustine writes about adults who were so 'dull minded' that they failed to achieve even elementary literacy.[62] The concept of dyslexia was foreign to the ancient authors, however, and we can only guess at the exact diagnostic cause of what Augustine describes.

One could even question the very possibility – for times in which there was no diagnostic-statistical approach to intelligence, no medical categorisations of standard values and/or normality, and an entirely different understanding of the concept of psychology – of addressing 'intellectual' disabilities or learning disorders. In an intriguing and provocative book, Chris Goodey argues that that is not possible. His *A History of Intelligence and 'Intellectual Disability'* focuses primarily on the late Middle Ages and modern period. For Goodey, 'intelligence', 'intellectual disability' and

[59] *Digest* 21.1.4.3–4 (Ulpian). See Gevaert (2000: 78–80).
[60] Cf. above p. 14–16 and below p. 138.
[61] Philostratus, *Lives of the Sophists* 551. See Pomeroy (2007: 48–50) on Bradua.
[62] Augustine, *Epistles* 166.6.17. See Laes (2008b: 111).

similar concepts are no more and no less than historically contingent concepts, symptoms of and paradigms for a process by which a ruling class seeks to rank humanity. Quite recently, Chris Goodey has collaborated with Lynn Rose to repeat his controversial thesis for the ancient Graeco-Roman period. In a broad review article, they address a wide variety of ancient sources.[63] The Homeric antihero Thersites ('the ugliest of all who had come to Ilium, bandy-legged and lame of foot; rounded shoulders hunched over his chest; and above them a narrow head with a scant few hairs')[64] was, because of his contesting the aristocratic military leadership, proverbially 'foolish'. To the philosophers, an 'unreasonable' person is one who necessarily renounces reasonable insight. Writers of epigrams and satire are particularly skilled in confirming and reinforcing social prejudices.[65] Social inferiors are portrayed as 'idiots' in physical and mental terms, who are displayed at the banquets of the rich as voyeuristic entertainment. According to Goodey and Rose, however, any comparison between such 'fools' (*moriones*) and those with intellectual disabilities today is completely meaningless. Even ancient medicine had almost no interest in intellectual disabilities. The concept of 'naturally foolish' appears but once in the gigantic oeuvre of Galen.[66]

The work of Goodey and Rose is an intriguing eye-opener, which constantly reminds us that historians who use contemporary medical and psychological categories to approach the past are skating on very thin ice: 'we find that we are clumsy foreigners, disoriented and barely literate'.[67] Their thesis guards us against obvious traps. When Tacitus tells of the 'feebleness of mind' (*ignavia animi*) of Julius Palignus, who liked nothing better than the company of clowns and jesters, he is not referring to a person with an intellectual disability. For a procurator of the province of Cappadocia, this would be hard to imagine.[68]

One might wonder, however, whether Goodey and Rose might have relied primarily on sources that were likely to confirm their arguments. It would appear quite logical that the Homeric epics contain no medical analysis of 'foolish' behaviour and that, in the comedic-satirical tradition,

[63] Goodey and Rose (2013: 24–27) on Homer; (2013: 27–28) on philosophers; (2013: 29–33) on satire; (2013: 37–39) on medicine.
[64] Homer, *Iliad* 2.216–219 (trans. S. P. Scott).
[65] Contra: Gevaert (2002), who attempts to interpret Martial, *Epigrams* 6.39 and other sources as cases of cretinism or fragile X syndrome.
[66] Galen, *In Hippocratis Praedictionum librum I commentarius* 2.94 (16.696 Kühn).
[67] Goodey and Rose (2013: 17).
[68] Tacitus, *Annals* 12.49. Another symptomatic feature of ancient ideas is that the man is also described as being physically ugly and ridiculous (*deridiculo corporis*).

'foolishness' is used as a collective noun for almost all behaviour from which the aristocracy wished to distance itself.[69] Ancient philosophers wrote for the upper class, with little concern for the physiological impossibility of using reason. Even after reading the Goodey and Rose thesis, one is left with the feeling that people from the past must surely have noticed that some individuals were so disabled in their intellectual capacity as to jeopardise their ability to function socially.

A close reading of the body of ancient medical literature confirms this hypothesis. It is characteristic of the ancient physicians that they regard the soul as a material and physical entity. The duality of soul and body, which has had such a heavy influence on Western thought since Descartes, was alien to them. This is not to say that they were radical materialists or reductionists who would equate our thinking, feeling and acting with physical processes. They did argue that the body and the soul suffered together (the notion of *sympatheia*). Because he regarded the brain as an organ, Galen pondered medical treatment for intellectual disorders. In modern terms, we could argue that he would have sympathised with chemical explanations for afflictions of the brain.[70] In such a context, a dichotomy between mental and intellectual disorders, as proposed by Goodey, is hard to substantiate. Moreover, references to cognitive capacities were made as early as the Hippocratic corpus: people differ according to intellect, memory, concentration, speed of thought and stability.[71] It was thought that a carefully balanced regime consisting of both nutrition and physical exercise could be used to treat even a 'dumb' person.[72] The same author notes that certain afflictions cannot be cured. The list includes such character traits as irascibility or picking quarrels, as well as 'simpleness' – a clear reference to intellectual retardation.[73] This tradition continues for the whole of antiquity. As a late antique physician, Caelius Aurelianus saw that there was indeed a difference between 'foolishness' in the philosophical sense and a medical affliction with a material cause.

[69] Subtle analyses of foolishness and insanity in Homer and in Greek tragedy can be found in Saïd (2013) and Most (2013), respectively.

[70] The literature on the relationship between the soul and the body, a fundamental problem in Western thought, is obviously vast. For ancient medicine and the perspective of this book, Boudon-Millot (2013) and Holmes (2013) offer outstanding introductions. Thumiger (2013) provides an exhaustive study of the Greek medical vocabulary for mental disorders from the sixth and fifth centuries BC.

[71] van der Eijk (2013: 312) summarises the passages from Hippocrates, *On Regimen* 35 (6.514–520 Littré).

[72] Hippocrates, *On Regimen* 35 (6.514–516 Littré). The terms *phronèsis* and *aphrosunè* refer to cognitive capacities.

[73] van der Eijk (2013: 314–316), referring to Hippocrates, *On Regimen* 36 (6.522 Littré).

> The Stoics also argue that there are two types of insanity (*furor*). The first is a sort of ignorance, such that anyone who is not wise is actually seen as insane. The other insanity emerges through the alienation of the spirit and through the body, which suffers along with the spirit. (Caelius Aurelianus, *Tardarum passionum* 1.144; p. 516 ed. Bendz)[74]

In the eleventh century, the Byzantine author Michael Psellos even dedicates a tract to the question of whether some people are wise, while others are complete fools (*moroi*).[75]

In the following section, I attempt to some extent to redeem the people behind the story of intellectual disability. Can we observe concrete cases of people with intellectual retardation in antiquity? I start with a case study that appears to confirm the Goodey-Rose thesis. I then proceed to a theologian who actually wrestled with the problem of intellectual disability and was unable to find a comprehensive answer.

The Jester Zercon

To many ancient historians, Priscus of Panium (ca. 410–ca. 475) is not exactly the best-known writer of history. Nevertheless, as a rhetorician, teacher of wisdom and politician/diplomat, he belonged to the highest elite of his time. Born at Panium in Thrace, he spent the greatest portion of his political career at the side of Maximianus. He was with him in Serdica (the current Sofia in Bulgaria), where he conducted negotiations with Attila the Hun in 448/449. In later phases of his career, he was in Rome, Damascus and Egypt. Following the work of Zosimus, his *History of Byzantium* (the title is undoubtedly apocryphal) treats Roman history in the period from 433 through 471. For nearly all of the events that he describes, he claims to have been an eyewitness.

The negotiations in the court of Attila had made a deep impression on him. In a relatively stereotypical manner, he describes the sumptuous eating and drinking habits in the court of the Huns. During the banquet, in addition to the performances of epic singers, a jester made his appearance:

> After the songs a Scythian, whose mind was deranged (*phrènoblabès*), appeared, and by uttering outlandish and senseless words (*allokota*, *parasèma*, *ouden hygies*), forced the company to laugh. After him Zercon the Moor entered. (Priscus, fr. 1 Blockley = fr. 8 Bornmann; trans. J. B. Bury)

[74] See Gourevitch (1991a). [75] Kellenberger (2011b: 12) for additional literature on this treatise.

Priscus of Panium was one of the classicising historians of late antiquity. The Greek that he used could just as well have flowed from the pen of a classical Greek author from the fifth or fourth century BC. The vocabulary of the 'intellectually disturbed' that he uses here is thus also thoroughly classical, as are his three-pronged stylistic tendencies. In a similar classical writing style, 'the Scythian', following Herodotus, represents all that is barbaric and outlandish. Most likely, this is simply a reference to a Hun. 'The Moor' undoubtedly refers to a person with dark skin.

We learn more about Zercon in an extensive second fragment. His physical appearance was ugly, and his peculiar manner of speech (lisp?) and general appearance (or: his eyes?) made him an object of ridicule. He was short and hunchbacked, with twisted feet and a flat nose that was distinguishable only because of the nostrils. Once again, Priscus' description bears a heavy 'literary tint': his classically schooled reading audience would have immediately recognised references to the legendarily ugly Aesop, to the anti-physiognomic insults or taunts contained in ancient literature and to the standard descriptions of black people.[76] During a campaign in Africa (ca. 425–430), Zercon had been given as a gift to the Alanic general Flavius Ardabur Aspar, who was fighting in the service of Rome. In 441, during the campaign with the Huns in the Balkans, he was captured by Bleda, the brother of Attila. He became especially fond of his Moorish plaything. Zercon had to accompany his new master to parties and on military campaigns. During expeditions, he was outfitted with oversized armour, to the great merriment of the court. One day, Zercon ran away. He was brought back in chains by his master, who asked him why he had escaped. Zercon humbly replied that his escape had been a crime, but that there had been a good reason for it. He was missing a woman. This caused Bleda to burst out laughing and to give him one of the Hunnish queen's ladies in waiting, a beautiful woman who had fallen out of favour for some further unspecified deed.[77]

There is even more to read about the unfortunate Zercon. After Bleda's death in 445, Attila – who, unlike his brother, had developed a passionate hatred for the jester – gave Zercon to the Roman general Aetius during negotiations. These discussions were held at the Sava River in the year 449. We are thus brought back to the year in which Priscus participated in the negotiations with Attila as a diplomat and eyewitness:

[76] Lissarrague (2000) on Aesop (cf. pp. 130, 151, 179); Weiler (2012) on anti-physiognomics; Snowden (1970) on blacks in antiquity.

[77] Priscus, fr. 2 Blockley = fr. 11 Bornmann = Suda Z 29.

> Edecom had persuaded him to come to Attila in order to recover his wife, whom he had left behind in Scythia [when he had been sent by Attila as a gift to Aetius]; the lady was a Scythian whom he had obtained in marriage through the influence of his patron Bleda. He did not succeed in recovering her, for Attila was angry with him for returning. On the occasion of the banquet he made his appearance, and threw all except Attila into fits of unquenchable laughter by his appearance[78], his dress, his voice, and his words, which were a confused jumble of Latin, Hunnic, and Gothic. (Priscus, fr. 3 Blockley = fr. 8 Bornmann; trans. J. B. Bury)

What can we now learn about Zercon in retrospect, with 'objective certainty'? Priscus' description is interlaced with literary references to such legendarily ugly figures as Aesop or the crippled god Hephaestus. The 'odd' voice and lisp could be explained according to the interpretation that all non-classical languages (everything that was not Greek or Latin) were regarded as barbaric and almost animal-like. The small body structure and the oversized harness are certainly not enough to establish a diagnosis of dwarfism. Moreover, the texts contain no evidence at all for mental retardation, unless we confuse Zercon with the 'Scythian jester' who performed at the banquet. In the anti-psychiatric model developed by Foucault, such diagnoses are completely inappropriate. Only the 'authoritarian smile', the mechanism endowing certain people with the power to use humour to belittle others, is important in this regard. From this view, Goodey is absolutely right: the issue of a medical diagnosis of Zercon's intellectual capacity is completely irrelevant.[79] Nevertheless, for Priscus, Zercon was not a literary myth, but a living reality. The description of his remarkable nose and facial features, the fact that he was black and outfitted in oversized armour – these details would have been difficult to fabricate out of whole cloth. From the perspective of human rights, this description confronts us with a man who had been taken out of his African homeland through abduction/purchase (?) by an Alanic gentleman in the service of Rome, subsequently becoming the darling of a Hunnish monarch, making an unsuccessful attempt at escape, acquiring in a relatively bizarre manner a wife – whom he would then lose because he was not in the favour of Attila – and once again being given away and, ultimately, as an object of humour – and in a hodgepodge of the languages that he had acquired throughout his eventful life – requesting the return of his wife.

[78] A reference to Homer, *Iliad* 1.599 (on the god Hephaestus, who appears at the divine banquet).

[79] Goodey (2011: 237–238) offers penetrating treatments of early modern jesters and their observation by scholars of that time.

Admittedly, nothing else can be said with certainty about Zercon's mental capacity. Nevertheless, historical works on trauma and processing (a history that has largely yet to be written) indicate that people in all eras have survived in a type of resignation by pretending.[80] It would seem plausible that something along these lines occurred in the case of Zercon. For his masters, he was a bizarre madman, an exotic plaything, of the same status as the other 'disturbed' jesters who graced the banquets. Furthermore, the existence of entertainers with intellectual disabilities has been a constant throughout history, even into the present.[81]

Augustine and the Problematisation of Intellectual Disabilities

It is in the works of St Augustine that intellectual disability is first treated as an actual problem. The church father clearly wrestled with this, and not only on a theoretical level. In more than twenty passages, he mentions possible intellectual disabilities, with the word *fatuus* appearing most frequently. The variation *naturaliter fatuus* suggests a congenital intellectual disability.[82] This was undoubtedly influenced by Augustine's familiarity with the Vulgate, in which *fatuus* appears thirty-two times.[83] 'Mourning for the dead lasts seven days, for the foolish and ungodly all the days of their lives'; 'and I saw, among the callow youths, I noticed among the lads, one boy who had no sense'; and 'He who fathers a stupid child does so to his sorrow, the father of a fool knows no joy' are amongst the passages in the Old Testament that possibly refer to intellectual disabilities, although the entire context remains somewhat vague, and interpretations of recklessness and foolishness are plausible as well.[84]

Nevertheless, some passages from Augustine appear to be clear references to congenital intellectual disabilities. In his controversy with the Pelagians, who argued that the Fall had not corrupted human nature, he blames Julian of Eclanum for the fact that Pelagian optimism cannot explain why people are born with disabilities. In a typical rhetorical passage, the argument goes as follows:

[80] Carruth (1996) offers interesting insights that could be relevant for the study of antiquity.

[81] Cf. the poetry and performances of Georg Paulmichl (born 1960), who has Down's syndrome. For Paulmichl, the syndrome is not a disability: '*ich bin nicht behindert, ich kann reden*'. See www.georgpaulmichl.com. I am grateful to Edgar Kellenberger for this reference.

[82] Other words include *tardicors*, *obtunsus*, *excors* and *morio*. The passages have been collected and listed by Kellenberger (2011a: 57).

[83] Kellenberger (2011a: 57).

[84] Sirach 22.11–12; Proverbs 7.7 and 17.21 (*New Jerusalem Bible*). For the context (including the Hebrew) of these passages, see Kellenberger (2011b: 22, 36 and 121).

> You are surely not so foolish (*fatuus*) as to deny that foolish characters (*ingenia fatua*), I mean foolish people (*homines fatuos*) are born? Listen to how your own foolishness (*fatuitate*) contributes to the insanity (*dementiam*) of the Manichaeists. (Augustine, *Opus imperfectum* 3.160)

Whereas it could be argued that, in this passage, Augustine is attempting to ridicule his theological opponent, thus referring to 'philosophical' foolishness, other passages leave nothing to the imagination. How can it be that God, in His infinite goodness, allows people to be born with intellectual disabilities? Augustine wonders many times:

> How can it be that the image of God (i.e. a person) is born with such an aberration of the mind? The strength of age, the course of the years, the efforts of study, the diligence of the teachers, the fear of the whip: nothing helps. I do not mean to say that nothing helps to achieve wisdom. Such a person cannot learn even the simplest useful skill. (Augustine, *Opus imperfectum* 3.161)

It is difficult not to see this passage as a reference to intellectual retardation. In another passage, the patriarch mentions 'simpletons' (*moriones*) who fetch a great deal of money on the slave market. Their 'silliness' (*fatuitas*) is amusing.

> Now, although a man may be amused by another man's silliness (*fatuitas*), he would still dislike to be a simpleton himself; and if the father, who gladly enough looks out for, and even provokes, such things from his own prattling boy, were to foreknow that he would, when grown up, turn out a fool, he would without doubt think him more to be grieved for than if he were dead. (Augustine, *De peccatorum meritis* 1.66; trans. P. Schaff)

The ancient wording comes across as harsh. 'It would have been better if you had not been born', we read in some epitaphs, expressing the fact that the death of a child had caused his parents great grief. These are 'other' customs for expressing grief, which we, from our contemporary point of view, should surely not dismiss as heartless, coarse or cold.[85] It sounds even more alien to us when such people are compared to animals or, more specifically, to livestock.[86]

> Some are forgetful, others slow-minded and some so insane and foolish that one would prefer to live amongst livestock than with such people. (Augustine, *Opus imperfectum.* 6.16)

[85] Laes (2004: 53–54) on such 'harsh' expressions of grief.
[86] Similar concept is in Augustine, *Epistles* 166.617; *Opus imperfectum* 3.10; 5.18. See Kellenberger (2011a: 59).

Here again, a typical ancient equation is at work: children, animals and, in some cases, even women are summed up in the same breath, as they do not (or do not yet) possess adult reason. This obviously does not mean that these categories were placed on the same level in daily life.[87]

The clearest reference to an intellectual disability appears in a passage in which Augustine attempts to demonstrate the absurdity of the doctrine of reincarnation. In this passage, he clearly refers to a particular group of people who should be distinguished from the 'feeble-minded' and those whose congenital deficiencies qualified them as entertainers:[88]

> who would not affirm that those had sinned previous to this life with an especial amount of enormity, who deserve so to lose all mental light, that they are born with faculties akin to brute animals, – who are (I will not say most slow in intellect, for this is very commonly said of others also, but) so silly as to make a show of their fatuity for the amusement of clever people, even with idiotic gestures, and whom the vulgar call, by a name, derived from the Greek, *moriones*? (Augustine, *De peccatorum meritis* 1.32; trans. P. Schaff)

For Augustine, this is also clear: we are all wanted by God, all people shall be saved through God's grace. His list contains an explicit mention of fools.[89] Such people also reflect the mercy and goodness of God.[90] A pressing question remains: how could God allow such suffering from birth – or, for that matter, any other pain and/or disabilities in newborns? For questions regarding the origin of the soul, Augustine still tended towards 'creationism'.[91] Upon biological conception, the soul is immediately created by God. But God would surely not wish any evil for the soul? For this reason, intellectual disability is explained as an 'accident', and not as a creation of God. It is a sort of 'vice' of nature – an 'error' of nature that is tolerated by God. Another 'relief' that is advanced is original sin, which made suffering an inseparable part of human existence after the Fall.[92]

[87] Wiedemann (1989: 18–25); Laes (2011a: 283).

[88] Goodey and Rose (2013: 31) do not regard this passage as a reference to intellectual retardation. Contra Kellenberger (2011b: 135).

[89] Augustine, *Encheiridion* 103: *doctos indoctos*, *integri corporis indebiles*, *ingeniosos tardicordes fatuos*. On the doctrine of mercy, see Kellenberger (2011a: 62).

[90] Augustine, *De peccatorum meritis* 1.32.

[91] Kellenberger (2011a: 61); (2011b: 135–138).

[92] Augustine, *Opus imperfectum* 3.160: *natus est enim fatuus accidente vitio, homo autem creatus est operante Deo . . . Quae fatuitas non est natura atque substantia, quae non nascitur nisi creante Deo, sed eiusdem naturae vitium, quod accidit sinente Deo. Opus imperfectum* 3.161: *Ita constat Deum bonum malos non creare, quemadmodum constat Deum sapientem fatuos non creare.* On the Fall of Man and original sin in this context: Kellenberger (2011a: 64).

The details of the theological discussion are of little consequence in this context. What should attract our interest is the fact that the problem of intellectual disability does indeed appear in the works of the ancient authors when it is relevant. In a monotheistic religion, in which the world is seen as desired and created by one almighty God, the issue of suffering and imperfection poses a particular problem. Moreover, the focus of Christianity extends to all people, not to a restricted elite.[93] About fifty years after Augustine, Priscus of Panium felt no need to theorise about the backgrounds of the jesters at the banquets he described. The opposite would be surprising in a historiographical work addressing politics and military history. This did not make the absence of people with intellectual disabilities any less realistic. The descriptions by Priscus and Augustine constitute two sides of the same coin, although time has taken a particular toll on the Priscus side, such that much remains obscure to our eyes.

Anecdotal Evidence for 'Mental Disorders'

Following the DSM in our search for intellectual afflictions in ancient literature, the second section of this chapter provides an explanation for why such attempts are doomed to failure from the outset. It is clear, for example, that the ancient concepts of *melancholia* and *mania* cannot simply be equated with our own concepts of depression and mania.[94] The search would undoubtedly become a chronic anachronism, as observed by the Gourevitches in a series of articles investigating psychological disorders in ancient texts.[95] Nevertheless, the two authors – one a psychiatrist and the other an ancient historian – do take on the challenge to a certain extent. Although we know that ancient classifications are quite different from contemporary psychiatric categorisations, it is still possible to recognise some phenomena. A certain degree of overlap between the terms is inevitable. The search obviously yields remarkable, even intriguing anecdotes.

One extremely well-known example is the legend of Pygmalion, who, disgusted by the deceptive female sex, creates a beautiful ivory statue of a woman and promptly falls in love with his creation, whom he has named Galatea. Agalmatophilia is the contemporary psychiatric term for a paraphilia involving a form of fetishism focusing on sex with an object

[93] On monotheism and the problem of disability, see Kellenberger (2011b: 155–157).
[94] Godderis (2008: 21–25).
[95] Gourevitch and Gourevitch (1980a and b); (1981a and b); (1982).

(mannequin, statue). One could thus suppose that ancient readers of Ovid were able to recognise a similar phenomenon in Pygmalion – who kissed his beloved statue passionately – without going further to problematise it or develop the concept. The story of Pygmalion is not unique in ancient literature. Lovesick for Praxiteles' nude *Venus*, the young man Callicratidas – who was known for his predilection for boys – had himself locked up in her temple in Cnidus for a night in order to have sex with the statue 'in the manner that men do with boys'. The next day, when the *Venus* showed traces of the act, the culprit killed himself out of shame. Ancient authors recount these anecdotes with a wink and without shame, as in the description of a certain Cleisiphus, who fell in love with a statue but ultimately used a piece of raw meat, as he was unable to penetrate the cold stone statue.[96]

In his *Histories*, Herodotus immortalises several 'mentally disturbed' individuals. What should we say of Periander, the tyrant of Corinth, who distrusted and eliminated every rival, and who had sex with the dead body of his wife Melissa, whom he personally had murdered?[97] Or what can we make of Cleomenes of Sparta, who, after his return, became utterly insane, physically attacking any Spartan who crossed his path? His relatives had him locked up and bound to a block, but he was able to pilfer a knife from a guard by threatening him. With that knife, he embarked on a thorough self-mutilation: his legs from the bottom up to the thighs, his hips and flanks and, finally, the abdomen, which he whittled away until death ensued. According to some, his insanity had been caused by alcoholism, a habit he had acquired among the Scythians. Others propose that his delirium had become worse through the years, as punishment for his wrongdoings and sacrilege.[98] The insanity of the Persian monarch

[96] Gourevitch and Gourevitch (1981b). The best-known version of the legend of Pygmalion in Ovid, *Metamorphoses* 10, 243–297. For Callicratidas, see Lucian, *Amores* 13–16. Another homosexual version, this one on statues of young boys in Delphi, in Athenaeus, *Deipnosophistae* 606b. On Cleisiphus, see Athenaeus, *Deipnosophistae* 605f–606f. See also Vout (2013: 55 and 58) on statues and sexual attraction.

[97] Herodotus, *Histories* 5.92f-g. Periander's 'necrophiliac' deed is related to the notion of 'lost seed' through the begetting of bastards in his family. See Ogden (1997: 92–93). Also in relation to Periander are the accounts of his stable hands, who engaged in sexual relations with horses, thereby begetting a being that was half man and half horse. See Plutarch, *Septem sapientum convivium* 149d–e. On necrophilia in antiquity, see Gourevitch and Gourevitch (1981b: 1124). Cazzuffi (2013) highlights how the accusation of necrophilia is one of the standard charges lodged against tyrannical rulers in antiquity. As recounted by Parthenius, *Erotica Pathemata* 31, as a punishment for his wife's suicide, Dimoetes became infatuated with a female corpse that had washed up onto the beach.

[98] Herodotus, *Histories* 5.42 (insanity); 6.75 (confinement and suicide, punishment for misdeeds); 6.84 (drunkenness or punishment). See Ogden (1997: 124–130). See Gourevitch and Gourevitch (1982) for a clinical diagnosis of the Periander case.

Cambyses has also been related to his sacrilegious deeds, although Herodotus also mentions the congenital 'holy disease' (epilepsy), which had affected his brain.[99]

When Alexander the Great removed his royal attire in Babylon for a ballgame with several friends, he never retrieved it. A silent young man appeared on the throne, wrapped in Alexander's robe and wearing the royal diadem. After a long period of silence, the youth admitted that he was Dionysus, from Greek Messenia, who had spent a long time in prison. While there, Serapis had appeared to him. He had loosened his chains and brought him to the throne, commanding him to don the royal outfit. Psychiatrists might see the poor wretch as a psychotic with a delusional imagination. The ancients interpreted his behaviour as a bad omen of Alexander's impending death.[100]

Armed with Greek and Latin lexica, we can go in search of depression in ancient sources. Such searches have been conducted in various locations, including in the case of Cicero. He had never truly recovered from the death of his daughter Tullia in 45 BC. His correspondence is full of anxieties, deep despondency, dejection and sorrow.[101] No matter how intensely one reads the Ciceronian texts or other sources, however, one always encounters the same barrier. Although it is relatively easy to find individual passages that the DSM might attribute to depression, accounts of feelings that would cover the complete medical diagnosis of the phenomenon are nowhere to be found. Nevertheless one occasionally stumbles upon descriptions bearing a surprising resemblance to the modern concept of depression:

> Melancholia is an affliction that affects the intellect, with feelings of pronounced dejection and disgust, even for the things that are held most dear. (Galen, *Medical Definitions* 247 [19.416 Kühn])

Another example is deep *tristesse*, which appears primarily in old age (the Latin *veternus*):

> It is an internal disease ... that makes people despondent. (Servius, *Commentary on Virgil's Georgics* 1.124)[102]

[99] Herodotus, *Histories* 3.30–38 (list of misdeeds committed due to insanity); 33 (epilepsy).
[100] Plutarch, *Alexander* 73–74. Psychiatric interpretation in Evans, McGrath and Milns (2003: 326).
[101] Stok (1996: 2323). Remarkable passages include Cicero, *Letters to Atticus* 12.14.8 and 12.15; Plutarch, *Cicero* 32.4. See also Puliga (2015).
[102] Servius attributes the disease to an excess of water in the body: hydrops.

If we are to believe Augustine, there was even a heathen goddess of depression, Murcia, who hardly moved at all and who made people listless, lazy and inactive.[103]

In a touching passage, the physician Aretaeus of Cappadocia describes a man who continuously appeared to be despondent and dejected. The doctors diagnosed him as 'melancholic'. In reality, however, he was in love with a girl and had never expressed his love. Once he finally did so and his love was requited, the melancholy disappeared on its own. Love had cured him. In this case, Aretaeus draws a distinction between a 'reactive depression' – a response to a specific situation, which can be cured once the situation is resolved – and a more permanent state that can be attributed to biological factors (in ancient thought, the doctrine of bodily humours). In the same chapter, Aretaeus argues that melancholy can be the beginning of mania. Individuals suffering from mania alternate between periods of great joy and intense sadness, while most of those with melancholia are only despondent and distrusting. Once again, it would be a gross exaggeration to equate the manic patients of Aretaeus with those currently suffering from bipolarity, or manic depression. Some observations do correspond, however, and the relationship between 'depression' and 'mania' is used in both models of interpretation.[104]

In the same way, it is unjustifiable in medical-historical terms to write about the ancient perception of psychosis. In this case as well, however, the ancient physicians were aware of the existence of various types of illusions or hallucinations. For example, religious mania was the divine inspiration that affected the seers and prophetesses of Delphi and Dodona, and pathological mania could be explained as the exhaustion of the spirit due to physical-biological factors.[105]

We read about phobias in the fifth and seventh volumes of the Hippocratic *Epidemics*. A certain Nicanor suffered from a fear of flute music in the symposium: whenever a girl entered the drinking

[103] Augustine, *City of God* 4.16; Arnobius, *Adversus nationes* 4.9. The etymology has been contested. It could also refer to Venus Murtia (named for the myrtle), who had her own temple in Rome. See Servius, *Commentary on Virgil's Aeneid* 8.636.

[104] Aretaeus, *De causis et signis diuturnorum morborum* 1.5. Nuance regarding the absence of bipolarity and certain similarities in observation include Angst and Marneros (2001: 6). According to Jouanna and Boudon-Millot (2013), the ancient concept of insanity is essentially bipolar (depression-hyperactivity). Nutton (2013: 124) on Galenic melancholy as bipolar.

[105] Caelius Aurelianus, *Tardarum passionum* 1.44 (p. 514 ed. Bendz). The tradition of religious mania can be found in Plato, *Phaedrus* 244a–245b, 265a-b. See Jouanna and Boudon-Millot (2013: 103–108) and Vogt (2013: 181–186) on the Platonic conception of religious mania. For religious irrationality and insanity, Dodds (1951) remains the classic work.

establishment with an *aulos*, he would become terrified. His companion Democles had such a severe fear of height that he would avoid even the smallest bridge, preferring instead to crawl through the canal running under it. These are interesting and amusing case stories. Upon closer inspection, however, the explanation changes. The flute players in symposiums often offered sexual services as well. From an ancient medical perspective, it would thus also be plausible that both men suffered from a fear of 'boundary situations', with sexual dysfunction being Nicanor's greatest fear.[106]

The list of remarkable similarities to the DSM can be extended. In his *Tetrabiblos*, the astronomer Ptolemy from the second century AD ascribes a number of 'pathological affectations' of the soul to the position of the heavenly bodies at the time of conception. These 'diseases' were also associated with the images of men who effeminately and passively surrender themselves to sexual pleasure. They are shameless figures. It is remarkable to note that Ptolemy does not suggest any therapy for these people, while he does so for other diseases. Is he therefore implying that passive homosexuality should be regarded as an incurable affliction? The pathological explanation of this form of sexuality also appears in the works of Caelius Aurelianus.[107]

The files on ancient alcoholism are quite extensive. Alcohol and intoxicating substances in general were of particular interest to physicians, as their effects clearly illustrated the influence of the material state of mind on human actions and temperament.[108] In addition to physicians, moralists and Church Fathers were aware of the dangers of excessive drinking for the nervous system and the digestive system, as well as the social consequences. Pliny the Elder devotes an entire chapter to the dangers of drinking. Augustine recounts how his mother Monica had developed a 'habit of drinking' (*vinulentia*), of which she was cured. This is yet another indication that comes quite close to alcoholism. Nevertheless, the American Medical Association did not define the term as a disease until 1956.[109]

[106] King (2013) for a subtle close reading of Hippocrates, *Epidemics* 5.81 and 82, 7.86 and 87. For flute-playing, cf. below p. 68.

[107] Ptolemy, *Tetralogies* 3.15, as commented upon by van der Eijk (2013: 333–337). Caelius Aurelianus, *Tardarum passionum* 4, 132, as commented upon by Schrijvers (1985).

[108] Godderis (2008: 70–71), with reference to Galen, *Quod animi mores corporis temperamenta sequantur* 3 (4.72–779 Kühn). For this reason, drunkenness is a central theme in Seneca, *Epistles* 83. See Stok (1996: 2351–2353).

[109] Medical and social consequences of drinking: Galen, *De sanitate tuenda* 1.11 (6.55 Kühn). Moralists: Pliny the Elder, *Natural History* 14.137–148. Church Fathers: Augustine, *Confessions* 9.8. Biblical fragments, including Genesis 9.20–27 (Noah's drunkenness) or warnings in Prov.

In Galen, we can occasionally even read about people who gorged themselves on sweets and cakes. In this case as well, we must consider whether such fondness for sweets (*lichneia*) and gluttony (*gastrimargia*) can simply be equated with bulimia.[110]

We can extend the list of remarkable mental disorders in ancient texts to our hearts' content, but to do so would be beside the point. We are ultimately confronted with the same fact. Although ancient authors did indeed recognise phenomena that contemporary psychiatry classifies as pathologies, any attempt to equate ancient and modern terminologies is problematic.

Classifications by Ancient Physicians

It therefore seems wise to examine the subdivisions as they were developed by the ancient physicians themselves. For the period addressed in this book, various physicians would qualify. The encyclopaedist Celsus (first century AD) is quite 'classical' in his systematisation, in which he distinguishes three forms of intellectual illness (*insania*): *phrenitis* (accompanied by fever), *melancholia* (characterised by the presence of black bile) and *mania* (a frequently incurable form of *furor*).[111]

Aretaeus of Cappadocia lived in the first century AD and wrote in Greek about the causes, symptoms and treatment of both acute and chronic diseases. He was clearly a practitioner who devoted considerable attention to writing notes on actual disease histories and the relationship between the patient and the physician. According to Aretaeus, *phrenitis* was an acute disease that could appear suddenly, while *melancholia* and *mania* were of a long-term nature, thus falling into the category of chronic diseases. In the Hippocratic tradition, he is quite attached to the doctrine of bodily humours in the explanation of intellectual disorders.[112] Caelius Aurelianus' Latin work on acute and chronic diseases was compiled around the year 400 in Numidia. Although he also reports patient histories,

23:29–35. The literature on drunkenness in antiquity is vast. See d'Arms (1995); Gourevitch (2013b); Laes (2013a).

[110] Galen, *De propriorum animi cuiuslibet affectuum dignotione et curatione* 2.4 (5.5 Kühn) and 6.1 (5.29–30 Kühn). See Godderis (2008: 84 and 101).

[111] Celsus, *On Medicine* 3.18.1 (phrenitis); 3.18.17 (melancholy); 3.18.6 (incurable madness). For extensive discussion on Celsus, see Stok (1996: 2330–2341).

[112] On Aretaeus, see the excellent introduction, translation and commentary by Grmek, Gourevitch and Laennec (2000) and the overview article by McDonald (2009). See Aretaeus, *De curatione acutorum morborum* 1.1 (phrenitis); *De curatione diuturnorum morborum* 1.5 (melancholy); 1.6 (mania).

Caelius Aurelianus is more theoretically inclined. Even for him, however, *phrenitis* is an acute disease, while *mania* and *melancholia* are chronic.[113]

With regard to the interpretations that each of these authors offered concerning mental disorders, one could write several books, in which the minds of readers could easily be dazzled by entire series of medical-technical details and subtle differences according to the schools to which the writers belonged. In the following section, however, I focus on Galen, the most influential physician from antiquity, who devotes considerable attention to mental disorders throughout his enormous oeuvre. For each category, we consider Galen's definitions of concepts and the examples with which he attempts to illustrate his categories.[114] Only hysteria is left out of this discussion. To the ancients, women were simply more fickle and emotional, because their wombs 'wandered around' their bodies. Greek and Roman descriptions of hysteria thus to a large extent transcend mental afflictions.[115]

Phrenitis

According to Galen, 'true' phrenitis should be distinguished from delirium or hallucinations by a major episode of fever.[116] In this regard, he is stricter than most other physicians. The brain is also immediately affected by high fever, but only as a consequence of the fever. It is not a disease of the brain in the strictest sense of the word. What this 'true' phrenitis actually is remains somewhat obscure. The symptoms obviously include hallucinations (both visual and acoustic), forgetfulness, feverish state and painful limbs.[117] The Galenic interpretation is still best understood according to the following remark:

> Some people suffering from phrenitis make absolutely no errors in their visual perception, but the judgements that they form according to these perceptions are based on abnormal thought processes. Others make no errors in judgement, but they have an impaired capacity for observation. Yet others are affected on both planes. (Galen, *De locis affectis* 4.2 [8.225 Kühn])

[113] The article by McDonald (2009) contains further literature references. See Caelius Aurelianus, *Celerum passionum* 1 (the entire book is devoted to phrenitis); *Tardarum passionum* 1.144–180 (pp. 514–536 ed. Bendz) on mania; 1.180–184 (pp. 536–541 ed. Bendz) on melancholy.

[114] For Galenic 'psychiatry', the studies by Godderis (1987), (1999) and (2008) are unsurpassed. A good recent overview article is Clark and Rose (2013). See also Stok (1996: 2371–2375). Mattern (2008: 173–202) describes 358 case histories of healing stories in Galen.

[115] For this reason, Godderis (1987) and Goodey and Rose (2013) do not address hysteria. Dasen and Ducaté-Paarmann (2006) offer a good overview of ancient medical theories on hysteria.

[116] Godderis (1987: 57–64); McDonald (2009); Clark and Rose (2013: 57–59).

[117] Galen, *De locis affectis* 5.4 (8.329–330 Kühn).

Galen gladly serves us several examples of phrenetics. To the great amusement of the bystanders, a man was casting his furniture and household goods out of the window. When he asked if he should also cast out his slave/wool processor, the bystanders replied mockingly that he should do just that. When he actually did hurl down the unfortunate slave, however, the audience's pleasure disappeared immediately.[118] The doctor Theophilus hallucinated about a group of flute players who disturbed his home day and night with their music. To the amazement of his housemates, he kept calling for the music to cease.[119] In both cases, the patients later came back to their senses.

Phrenitis is apparently a temporary attack. For the man with the household goods, the cognitive processes were disturbed, but not the capacity for observation. Later, he was able to make an accurate inventory of the furniture that he had thrown out. Theophilus was subsequently aware of his own hallucination and could recount it exactly. The description of a rhetorician and a mathematician who could practise their sciences perfectly, but who regularly burst into uncontrollable fits of anger and cursing, is reminiscent of an ancient version of the syndrome of Gilles de la Tourette. For Galen, it was yet another illustration of phrenitis.[120]

Mania

'A highly ambiguous and hardly operational term':[121] with this description, Godderis provides a striking characterisation of mania (in Latin, *furor*). As with phrenitis, disturbed rational capacity and hallucinations appear to be at the core. Most importantly, however, mania is chronic-permanent and thus incurable, and characterised by the absence of fever. Galen would have been in complete agreement with Aretaeus' motto: 'There is but one mania, but a thousand expressions of it.'[122] It should thus not be surprising that the tragic-comedic cases of melancholia that we encounter in the works of Galen are classified by Aretaeus and Caelius Aurelianus in more or less similar versions as mania.[123]

[118] Galen, *De symptomatum differentiis* 4 (7.61 Kühn); *De locis affectis* 4.2 (8.225–226 Kühn).

[119] Galen, *De symptomatum differentiis* 4 (7.62 Kühn). Although Theophilus is not explicitly referred to as a *phrenetikos*, Clark and Rose (2013: 59) suggest that he could fit in this category. For flute-playing, cf. above p. 65.

[120] Galen, *In Hippocratis Praedictionum librum I commentarius* 27 (16.564 Kühn). See Boudon-Millot (2013: 138).

[121] Godderis (1987: 64–72); Clark and Rose (2013: 59–60).

[122] Aretaeus, *De causis et signis diuturnorum morborum* 1.6.1.

[123] McDonald (2009: 116). A man dreamed that he was a brick and no longer wished to ingest any fluid: Aretaeus, *De causis et signis diuturnorum morborum* 1.6.5; Caelius Aurelianus, *Tardarum passionum* 1.152 (p. 520 ed. Bendz).

Melancholia

Galen's thinking on melancholia is also complex and, at times, contradictory.[124] In general, he followed Hippocrates in the proposition that melancholics were characterised by an excess of black bile. This also explains his strong physical-material interpretation of the concept, which even leads him to distinguish people whose constitutions made them more predisposed to melancholia. People with dark skin, abundant hair and wide veins were the most susceptible.[125]

We have already noted the remarkable Galenic definition of melancholia, which is somewhat reminiscent of modern depression. To him, anxiety and a heavy heart for a longer period are concrete symptoms of the disease.[126] They are also the two primary motives in his longer description:

> Although every patient suffering from melancholia acts differently, they nevertheless all exhibit anxiety and despondency. They no longer experience pleasure in life, and they hate people. Not all melancholics wish to die. For some, the fear of death is the greatest concern during their melancholia. Others would appear quite strange: they fear death while simultaneously longing to die. (Galen, *De locis affectis* 3.10 [8.190–191 Kühn])

If we consider the examples of melancholic patients, however, we note that the term is applied quite broadly. A man believed that he was a snail and fled from everyone, because he was afraid that his shell would be trampled. Another imitated cockerels by flapping his arms like wings and reproducing their crowing. A third could not fall asleep, because he feared that Atlas would one day cease to hold up the heavens and that the collapse would usher in the total destruction of the earth.[127] The tragic-comedic anecdotes are continued in a Galenic tract known only in its Arabic translation. A man believed that he was made of clay and refused to go outside, for fear that he would be trampled. A woman was convinced that she had swallowed a snake, a man heard a dead person speaking to him as he passed a graveyard, and another passed wind in proximity to others and was subsequently so ashamed that he withered away in loneliness.[128] To us, it

[124] Godderis (1987: 72–88); Clark and Rose (2013: 60–63).
[125] Galen, *De locis affectis* 3.10 (8.182–183 Kühn).
[126] Galen, *De locis affectis* 3.10 (8.188 Kühn); *De symptomatum causis* 2.7 (7.202–204 Kühn). See Hippocrates, *Aphorisms* 6.23 (4.568–569 Littré).
[127] Galen, *De locis affectis* 3.10 (8.190 Kühn). See also *De symptomatum causis* 2.7 (7.202–204 Kühn) and Godderis (1987: 75) for other examples of delusions.
[128] Galen, *In Hippocratis Epidemiarum librum VI commentaria I–VIII* (487 Pfaff, Wenkebach; *CMG* v.10.2.2). See Godderis (1987: 74–75).

seems utterly strange that Galen ranks all of these cases under the same heading. Yet the continuous character of the delusional ideas, the anxiety and the social isolation appear to be the elements binding all he cases. The puzzle becomes even more complicated if we consider that Galen also distinguishes a 'delirium without fever' (*paraphrosune*). How does this differ from melancholia in the previously described cases?[129] Alternatively, should we see *paraphrosune* as an overarching term encompassing the phenomena of phrenitis and mania?[130] Galen's post-factum reasoning remains interesting. As a doctor, he establishes the uncommon behaviour and, on that basis, decides whether too much black bile is present in the patient. In medical history, even such phenomena as nightmares and lycanthropes (werewolves) were classified as melancholia. The melancholy of brilliant minds was often placed under the same heading.[131]

Morosis, Moria and Anoia

At first glance, the Galenic categories of *morosis*/*moria* and *anoia* appear to be described relatively clearly.[132] They involve memory loss, often connected with reduced capacity for reason.[133] In contrast to melancholia or phrenitis, they do not involve any deviation of the cognitive processes through hallucinations, referring instead to deficiencies or weaknesses in the intellectual operation itself.[134] Closer examination reveals an abundance of diagnostic uncertainty in this case as well. Galen reports on the cure of individuals with memory loss. The first case involves an overworked student with a chronic sleep deficit. The second involves a vintner who had adopted a poor eating pattern and deficient diet during his long working days.[135] Nevertheless, Galen also mentions the condition of *anoia*, which is the complete failure of the intellect and the memory.[136] In addition to describing *anoia* as a possible final stage of phrenitis or melancholia, he advances the cooling of the brain as an explanatory

[129] Godderis (1987: 37–51). The case of Theophilus and the flute players can be classified under *paraphrosunè*. Cf. above n. 120.
[130] Nutton (2013: 123).
[131] Aristotle, *Problems* 953a10–17. See Godderis (1987: 74–75) and Balin (2004). Broad overviews on the interpretation of the concept of melancholy in the history of Western culture and the history of medicine include Godderis (2000) and Starobinski (2011). On lycanthropy, see Metzger (2011) and (2012).
[132] Godderis (1987: 51–58); Clark and Rose (2013: 63–64).
[133] Galen, *De symptomatum differentiis* 3 (7.62 Kühn).
[134] Galen, *De symptomatum differentiis* 3 (7.60 Kühn).
[135] Galen, *De locis affectis* 3.7 (8.165–166 Kühn).
[136] Galen, *De symptomatum differentiis* 3 (7.60 Kühn).

factor.[137] The hazardous use of such intoxicating substances as opium is also mentioned.[138] Finally, he associates complete memory loss and the cooling of the brain with old age. At an advanced age, some individuals can no longer recite the alphabet or know their own names.[139] According to Galen, plague victims in Athens, whom Thucydides claimed no longer knew themselves or their relatives, suffered from this affliction. The Galenic exposition of complete forgetting (in which he once again uses the term *morosis*) does not refer only to old people.[140]

The conceptual confusion between 'idiocy', 'insanity' and 'dementia' remained within the field of psychiatry until far into the twentieth century. One should only think about the secrets of Alzheimer's disease, which are today being revealed to us at only a very slow pace. Should we then be surprised that Galen's expositions on memory loss remain vague?[141]

Epilepsy

We should also mention something about epilepsy, particularly given that the distinction between the mental and the somatic was unknown to ancient physicians.[142] For Galen, the disease was at least associated with an affliction of the brain.[143] He also observed an association with melancholia: some epileptics were melancholic, and vice versa.[144]

A rare form of epilepsy emerged, in which pain was felt in a body part – a pain that subsequently rose through the organs to the head.[145] Another form was related to the opening of the stomach, which could contract in a sort of hiccup reflex when eating pepper, after which the contraction of the stomach would continue as a convulsion of the brain.[146] In the context of the sensitive stomach, it is not necessarily surprising that Galen reports

[137] Galen, *In Hippocratis Praedictionum librum I commentarius* 2.94 (16.696 Kühn).
[138] Godderis (1987: 53).
[139] Galen, *De symptomatum causis* 2.7 (7.200–201 Kühn). See also Parkin (2003: 265).
[140] He discusses the brains of elderly people in Galen, *Quod animi mores corporis temperamenta sequantur* 5 (4.786 Kühn); *De locis affectis* 3.7 (8.165 Kühn); *In Hippocratis Praedictionum librum I commentarius* 2.94 (16.696 Kühn). See Siegel (1973: 274–275); Parkin (2003: 228–230).
[141] Godderis (1987: 53–57) is an interesting historical overview on the confusion of psychiatric concepts in this material.
[142] Siegel (1968: 308–315); Clark and Rose (2013: 65–66); Lo Presti (2013). Godderis (1987: 36) chooses not to address epilepsy in his overview of mental afflictions, as the condition is not included in the DSM IV.
[143] Galen, *De locis affectis* 3.11 (8.193 Kühn).
[144] Galen, *De locis affectis* 3.10 (8.180 Kühn).
[145] Galen, *De locis affectis* 3.11 (8.194–195 Kühn). The example cited involves a thirteen-year-old boy in whom the pain in the shin had started.
[146] Galen, *De locis affectis* 3.11 (8.199 Kühn).

successful treatments of epileptics through the prescription of a diet. In his exaggerated zeal for his studies, a literature student was not particularly cautious in his eating habits, and a grammarian was almost constantly troubled by epileptic seizures. Both realised long-term benefits from a carefully prescribed regimen.[147]

Ancient 'Psychotherapy'

Because ancient physicians attributed mental disorders to material processes in the body, they also believed that pharmaceutical substances could remedy intellectual diseases. For example, opium and other substances (e.g. oil or vinegar) were reported as having a calming effect.[148]

For Aretaeus, the primary goal was to restore balance in the bodily humours. Given that phrenitis, mania and melancholia indicated an excess of warmth and dryness in the body, patients were to be treated with cooling and humidifying substances. This explains his suggestion to offer phrenitis patients an extended regimen of lukewarm soup and porridge, possibly enriched with meat, fish or grains. Physical exercise, baths and massage were considered useful as well.[149]

As a physician of the Methodist school, Caelius Aurelianus was more likely to adopt an approach based less strictly on the Hippocratic doctrine of the humours. In his works, we read about such laxative (and relaxing) procedures as purging and blood-letting.[150] Without denying the importance of physical well-being and rest for the patient, he advocated withholding food for a specified period.[151]

In a modern-sounding passage, Seneca presents a discussion on the use of pharmaceuticals or behavioural therapy.[152] Seneca cites Aristo:

> If one should offer precepts to a madman [*furioso*] – how he ought to speak, how he ought to walk, how he ought to conduct himself in public and

[147] Galen, *De locis affectis* 5.6 (8.340–341 Kühn); *De sanitate tuenda* 6.14 (6.448–449 Kühn).

[148] Caelius Aurelianus, *Tardarum passionum* 1.173 (p. 532 ed. Bendz). The pharmaceutical side of ancient psychotherapy remains somewhat underexposed in the volume by Harris (2013). See van der Eijk (2013: 327–332) and Nutton (2013: 137–139) for Galenic therapy that sometimes, but not exclusively, involved pharmaceuticals.

[149] Aretaeus, *De curatione acutorum morborum* 1.1.8.

[150] Caelius Aurelianus, *Celerum passionum* 1.70 (p. 62 ed. Bendz); 1.167 (p. 114 ed. Bendz) – both for phrenetics.

[151] Fasting for three days in Caelius Aurelianus, *Tardarum passionum* 1.158 (p. 524 ed. Bendz) (mania); 1.183 (pp. 538–540 ed. Bendz) (same treatment for melancholia); *Celerum passionum* 1.73 (p. 62 ed. Bendz) (for phrenetics). See McDonald (2009: 120–121).

[152] Stok (1996: 2382–2383).

> private, he would be more of a lunatic than the person whom he was advising. What is really necessary is to treat the black bile and remove the essential cause of the madness. (Seneca, *Epistles* 94.17; trans. R. Mott Gummere)

To this, Seneca replies:

> And it is also wrong to believe that precepts are of no use to madmen [*insanos*]. For though, by themselves, they are of no avail, yet they are a help towards the cure. Both scolding and chastening rein in a lunatic. Note that I here refer to lunatics whose wits are disturbed but not hopelessly gone. (Seneca, *Epistles* 94.36; trans. R. Mott Gummere)

The ancient texts certainly contain examples of quite drastic shock therapy. With regard to phrenetics, Celsus argues:

> If, however, it is the mind that deceives the madman, he is best treated by certain tortures. When he says or does anything wrong, he is to be coerced by starvation, fetters and flogging. He is to be forced both to fix his attention and to learn something and to memorize it; for thus it will be brought about that little by little he will be forced by fear to consider what he is doing. To be terrified suddenly and to be thoroughly frightened is beneficial in this illness and so, in general, is anything which strongly agitates the spirit. For it is possible that some change may be effected when the mind has been withdrawn from its previous state. It also makes a difference, whether from time to time without cause the patient laughs, or is sad and dejected: for the hilarity of madness is better treated by those terrors I have mentioned above. (Celsus, *On Medicine* 3.18.21–22; trans. W. G. Spencer)

Such therapy is mentioned several times in the works of Celsus.[153] There was also criticism of the practice, with the explicit description leaving no doubt about the current character of the shock treatment:

> Others say that the insane should be treated with flogging, as if beating out faulty mental abilities would bring them back to their senses, even as their members, swollen from continual beating, cause a stinging pain. If they then recover from their affliction, once they have returned to their senses, they are tortured by the pain of the welts. To be sure, treatments should take place in close proximity to the diseased members. It is therefore necessary to apply blows to the mouth or to the head. (Caelius Aurelianus, *Tardarum passionum* 1.175 [p. 534 ed. Bendz])

At the same time, the physicians surely also considered milder forms of treatment. Celsus reports a discussion on light or darkness. For some, it

[153] Celsus, *On Medicine* 3.18.4; 3.18.10. See Stok (1996: 2390–2391).

appeared advisable to house the insane in a dark room; the darkness was calming. Others argued instead that darkness brought fear and that a large amount of light was needed. Celsus opted for a compromise. For some patients, darkness was more beneficial, while others would profit more from light. For yet others, it did not matter at all. Trial and error was thus advised.[154]

Some observations provide evidence of a remarkable level of understanding for the patient. Aretaeus notes that murals in the room of a *phreneticus* would only provide distraction and sensory stimulation. It would be better to avoid such things in the sick room.[155] For patients with mania Caelius Aurelianus advised:

> We have heard that they should receive the same treatment as *phrenetici*. They should thus first and foremost be placed in a location that is heated and that has plenty of light, with no noise or conspicuous paintings. The windows should not be too low, and the room should preferably not be located on the higher storeys, but on the ground floor. It is a common occurrence for madmen to hurl themselves to the ground. Their beds should be sturdy and placed away from the entrance, such that the patient does not see those entering the room and become even more agitated by seeing so many faces. The bedding should also be soft, their limbs should be massaged and, in some cases, restrained, albeit in a mild way. (Caelius Aurelianus, *Tardarum passionum* 1.155 [p. 522 ed. Bendz])

The list of mild and sympathetic treatments can be considerably extended.[156] Caregivers were expected to remain close by in order to point out hallucinations in a calm and inductive manner. Regular travel and a change of surroundings could offer relief. Music could soothe the tempers and cheer the thoughts. Reading to the patient could sharpen the attention of the intellect: good literature could make him cheerful, while a faulty reading could make him alert.[157] Even the 'cleansing' effects of theatre were not overlooked.[158]

The most remarkable treatments are surely found in the precepts of Celsus for a patient suffering from delusional phobias:

[154] Celsus, *On Medicine* 3.18.5. [155] Aretaeus, *De curatione acutorum morborum* 1.1.1.
[156] Stok (1996: 2384–2392).
[157] Caelius Aurelianus, *Tardarum passionum* 1.155 (p. 522 ed. Bendz) on servants; Celsus, *On Medicine* 3.18.23 and Caelius Aurelianus, *Tardarum passionum* 1.162 and 166 (pp. 526–528 ed. Bendz) on travel; Celsus, *On Medicine* 3.18.10 on music; Celsus, *On Medicine* 3.18.11 and Caelius Aurelianus, *Tardarum passionum* 1.162 (p. 526 ed. Bendz) on literature. Lain Entralgo (1958) offers an outstanding overview on verbal therapy in antiquity.
[158] Caelius Aurelianus, *Tardarum passionum* 1.163 (p. 526 ed. Bendz).

> For some, it is necessary to relieve false anxiety, as in the case of the wealthy man who was afraid of starvation. False reports of inheritances were announced to him. (Celsus, *On Medicine* 3.18.10)

He advises the following treatment for persistent sadness due to melancholia:

> Eliminate the fear and offer him hope. Seek relief in stories and amusement, primarily in those things that he enjoyed while he was healthy. Praise any effort that he makes and point them out to him clearly. He should be mildly reprimanded for his irrational sadness.
>
> He should then be reminded of the things that concern him and shown why there is more cause for joy than for concern. (Celsus, *On Medicine* 3.18.18)

Today bookstores and audiences are deluged with accessible manuals for self-therapy. Philosophical counselling for life questions is particularly fashionable. Concrete steps are presented to explain how to cope with anger or frustration, how best to manage money, or the best way to frame infatuation. It is interesting to note that ancient physicians also concerned themselves with this form of self-therapy. They did not do so in any 'technical' capacity as physicians, but as cultivated *uomini universali*, for whom medicine was but one component of the knowledge of a well-rounded gentleman (Galen considered himself primarily a sage or philosopher). In addition to differences, often related to other psychological concepts, one can notice similarities between this form of ancient therapy and its current counterparts, including the pursuit of happiness, the dialogue between therapist and patient and the consultation strategies.[159]

One of the most striking testimonies on ancient psychotherapy is the long, touching story about Galen who, as a doctor, called upon an aristocratic Roman lady suffering from insomnia. He was unable to reach her; she brushed off his questions, gave no answer and rolled over in her bed. Ultimately, she no longer wished to receive her doctor at all. Because Galen noticed that the lady in question had bathed and eaten normally, he arrived at the conclusion that there was absolutely nothing wrong with her physically, but that her illness should be investigated purely in the psychological realm. From a confidential conversation with her maidservant, he had learned that she was burdened by deep sorrow. One day, when Galen was once again paying a house call, he noticed that she blushed deeply when someone mentioned the name of the actor Pylades. He immediately

[159] Gill (2013) is an interesting overview of 'ancient preventive psychological medicine'.

took her hand and felt her increased pulse. A few days later, he subjected her to a test. During a house call, he had an assistant come in and mention the name of the actor Morphos. A day later, the assistant spoke of a third actor. Both times, there was no reaction. On the fourth day, however, when the name Pylades was mentioned again, her pulse once again increased sharply. For Galen, it was clear: the woman was lovesick.[160]

Galen devoted three tracts to the passions and errors of the soul. They contain precepts on the quest for the ideal spiritual guide, who could steer one away from all flattery or social considerations and towards self-understanding. In some cases, such self-awareness can be destructive, and it offers no guarantee of happiness. Such happiness cannot be found until one learns to control the irrational passions in a reasoned manner.[161] In this sense, philosophy was medicine for the mind.[162] This topic, which has been the subject of seemingly endless study, may appear to be very distant from the subject of mental disorders. In the understanding of the ancients, however, the boundaries were somewhat different. The more an aristocrat was disturbed by the stirrings of his inner emotions, the worse he functioned. Self-control was a necessity.[163]

Christians, Devils and Possession

Strange and socially inappropriate behaviour could also be attributed to the presence of a demon.[164] In such cases, exorcism meant healing. The New Testament mentions only a few cases involving the healing of 'disturbed behaviour' caused by a demon. Most of the stories involve physical illness caused by demons.[165] Jesus healed the 'lunatic' (i.e. epileptic) boy, who often fell into fire or water, by speaking sharply to the evil spirit and driving it out. The perception of epilepsy as caused by a demon appears to have been specifically Christian, based on the Jewish tradition.[166]

[160] Galen, *De praenotione ad Posthumum* 6 (14.631–633 Kühn). Explained and translated by Godderis (2008: 38–40).

[161] The three tracts, *De propriorum animi cuiuslibet affectuum dignotione et curatione*, *De animi cuiuslibet peccatorum dignotione et curatione* and *Quod animi mores corporis temperamenta sequantur* are introduced, explained and translated in Godderis (2008).

[162] Cicero, *Tusculan Disputations* 3.6.

[163] The theme of philosophy as mental guide can be found in such works as those of Seneca, Epictetus and Plutarch. From the endless literature on ancient self-therapy, I mention only Van Hoof (2010).

[164] Physical disease could also be attributed to demons. See e.g. Luke 13.10–17 about a woman with a hunched back.

[165] Horn (2009a: 177–181) provides an overview of the rich literature on this topic.

[166] Matthew 17.14–20. See Wohlers (1999: 130); Horn (2009a: 181–182); Kelley (2011).

The most detailed version of the story is found in the Gospel according to Mark, in which we also observe that the boy had been ill from his earliest youth, and that he had been thrown into fire and water in order to drive out the spirit.

> 'Master, I have brought my son to you; there is a spirit of dumbness in him, and when it takes hold of him it throws him to the ground, and he foams at the mouth and grinds his teeth and goes rigid . . . They brought the boy to him, and at once the spirit of dumbness threw the boy into convulsions, and he fell to the ground and lay writhing there, foaming at the mouth. (Mark 9.17–18, 20, *New Jerusalem Bible*)

In the end, only faith in Christ could save the boy. The father had already asked the disciples of Jesus to heal the boy, but they had been unable to do so. He was cured only when the father loudly exclaimed that he believed that Jesus spoke to the evil spirit in a commanding tone.[167]

A man who lived on the other side of the Lake of the Gadarenes was possessed by an unclean spirit. He had once been chained hand and foot, but he had managed to free himself from his restraints. Now he wandered day and night among the tombs, torturing himself with the loose stones. The unclean spirit that tormented him revealed himself to Jesus as Legion, because there were many of them. The spirit was eventually cast into a herd of pigs: 2,000 animals stormed into the lake and drowned in the water. The possessed man was now clothed and in his right mind, to the great amazement of the residents. Jesus charged the man to proclaim in Decapolis the miracles that the Lord had worked for him.[168] Poorer in clinical-diagnostic details is the description of the possessed man who shouted to Jesus in the synagogue.[169]

The topic of exorcism and the belief in demons brings us to a discussion of the causality of diseases (natural or supernatural), the ideal person for healing (doctor or magician) and the process of healing (treatment or miracle). Such discussions extend far beyond the issue of mental disorders, and they were conducted in ancient times as well. Attention to the phenomenon was surely not an exclusively Christian matter.[170] Historians have referred to an increased interest in demonology and magic beginning

[167] Mark 9.14–29. See also Luke 9.37–43. See Wohlers (1999: 130) and Horn (2009a: 181–182) on Jesus as a spiritual healer in the context of this story.
[168] Mark 5.1–20. See also Matthew 8.28–34; Luke 58.26–39.
[169] Mark 1.21–28; Luke 4.31–37. See also Matthew 15.21–28 and Mark 7.24–30 on the demon-possessed daughter of a Canaanite woman.
[170] For introductions to the issue, see the fundamental contributions by Amundsen and Ferngren (1986); Ferngren and Amundsen (1996); Horn (2009a).

in the late second century AD. Exorcisms play a prominent role in Christian literature beginning in the third century.[171]

The lives of the saints and apocryphal stories of the apostles dating from late antiquity are also rich in cases of possession or delirium, which are reminiscent of mental disorders.[172] Once again, we should guard against any retrospective diagnosis. A boy was possessed by an unclean spirit and hanged himself.[173] The psychological background to the suicide can no longer be traced. Only seldom did the Church Fathers attempt to classify such pathological phenomena. Augustine reports that *phrenetici* should be distinguished from those who were possessed (*possessio*).[174] He maintains that hallucinations could also be caused by the 'interference of another spirit, whether good or evil'. According to Harris, he thus ushers in the advent of medieval thinking on intellectual disorders.[175] Gregory of Tours also describes the case of a man who was possessed by 'moon demons' (*lunatici daemonii*). He notes that this case involves the disease that physicians refer to as epilepsy, or 'falling sickness' (*morbus cadivus*).[176]

Chattering teeth, aggressive behaviour and frantic laughing – consistent with the New Testament passages cited above – are included in the standard descriptions of madmen. When a master saw his favourite slave boy, Algmana, lying and vomiting on the floor of the atrium, he was so moved by pity that he would have preferred the unfortunate wretch to die. This is not far from the death wish that we read in Augustine.[177] As with the possessed man at the Lake of the Gadarenes, wandering naked in desolate places, self-mutilation and/or aggression towards others also figure in the standard descriptions.[178]

Confinement and restraint were remedies used at the time. The stories of the monks in Egypt bring us quite close to the reality of daily life, even among the lower classes. We read about a poor widow who was a washerwoman; her daughter crawled around naked in the miserable

[171] Brown (1971: 49–57) remains a classic explication of demons and magic in late antiquity. See Ferngren and Amundsen (1996: 2965–2968).

[172] Laes (2008b: 109–110); Laes (2011b: 49–50).

[173] Gregory of Tours, *Life of Andrew* 14.

[174] Augustine, *De Genesi ad litteram* 12.17.35–36.

[175] Augustine, *De Genesi ad litteram* 12.12.25. See Harris (2013b: 305).

[176] Gregory of Tours, *Life of Martin* 2.18.

[177] Gregory of Tours, *Life of Andrew* 29 on a household in which everyone was possessed; 34 about the boy on the floor. For the death wish, cf. above p. 59.

[178] The Arabic Life of Jesus 14, in *Ecrits apocryphes* I, pp. 216–217 (translation and commentary by Genequand) about a woman who walked naked through cemeteries and threw stones; *The Passion of Bartholomew* 7, in *Ecrits apocryphes* II, p. 798 (translation and commentary by Alibert, Besson, Brossard-Dondré and Mimouni) about the demon-possessed daughter of an Indian king who attacked everyone. The demon responsible is presented as an Ethiopian in this account.

shack. A boy suffering from rabies was restrained inside the house.[179] Shock therapy by flogging is mentioned as well.[180]

One of the most remarkable stories involves a set of twins, as mentioned in the apocryphal Acts of John, written in Alexandria. They were lovely young men, but they had been possessed from birth by evil spirits. They functioned in social life, went to the bathhouses, participated in banquets and even served on the city council. Nevertheless, the terrible illness would strike almost daily. When they were thirty-four years of age, their father called a family council meeting and decided to poison them in order to end their suffering, as they were subjected to daily mocking and ridicule.[181]

That we are imprisoned in our language and categories is a comment that the reader will encounter many times throughout this book. For the domain of intellectual and mental disorders, the problem appears even more urgent than for other disabilities. It is simply easier to ascertain that a person is missing a leg or the sense of sight than it is to determine that someone is acting 'strangely' or not thinking 'normally'. My goal in this chapter, however, has been not only to address the problems emerging in the historical study of mental disorders. In my opinion, an accurate and cautious analysis of the available sources allows more than the determination that declaring a person insane is largely an expression of power by a society. Even for mental disabilities, there are cross-cultural bridges to be built between the present and the past. In this respect, I hope that I have rescued several people behind the story and that I have placed ancient life and thought in a sharper light.

[179] Sayings of the Desert Fathers N 263; *The History of the Monks in Egypt* 22.3.
[180] Gregory of Tours, *Lives of the Fathers* 7.2. [181] Acts of John 56.