

Finding the Folklore in the Annals of Psychiatry

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Finding the Folklore in the Annals of Psychiatry

Owen Davies 

Abstract

The rise of the folklore movement in the nineteenth century coincided with the development of psychiatry as a discipline and as a profession. There is no evidence of folklorists visiting asylums for source material, and most psychiatrists showed little interest in the beliefs of their patients, but they both recorded folklore. While early folklorists were attracted to the new scholarly discipline of psychology, and later to psychoanalysis, it was actually the psychiatrists who left behind the most valuable archive of popular mentalities for contemporary folklorists to explore.

Introduction

Folklorists have long engaged with the twentieth-century discipline of psychoanalysis, particularly with regard to the interpretation of fairy tales, as construed by the likes of Géza Róheim (1891–1953) and most influentially in the Freudian interpretations presented in Bruno Bettelheim's *The Uses of Enchantment: The Meaning and Importance of Fairy Tales* (1976). Alan Dundes made a strenuous case for the value of what he termed 'Psychoanalytic Folkloristics', arguing that 'psychoanalysis provides the tools necessary for the illumination of folklore', although he recognized that 'there is a strong feeling of unease and distrust among conventional folklorists' (Dundes 2002, ix–x). If we go back further to the two disciplines that inspired psychoanalysis—psychiatry and psychology—we find that early folklorists were drawn much more towards the latter than the former.

Andrew Lang (1844–1912), the fourth president of the Folklore Society (1888–92), adopted a term that was already in limited currency in the Anglophone world—'folk psychology'—and called himself a 'Psycho-Folklorist' in 1895, humorously stating that he was 'the only member of the sect thus named' and 'a member with no "society"' (Lang 1893, 1895; see Sumpter 2020). The term was actually a translation of the German *Völkerpsychologie*, which was already well established and catered for by its own journal, the *Zeitschrift für Völkerpsychologie* founded in 1859 (Trautmann-Waller 2004). As the *Handbook of Psychology* (1889) explained, 'folk psychology' was 'in the first place, the study of mind in its products in society, the state, religion, customs,

and institutions. It accepts all the results of anthropology' (Baldwin 1889, 15). While Lang certainly had interests in psychology in relation to anthropology, his 'folk psychology' or 'psycho folklore' was a rather different conception to that of the Germans. The 'psycho' element referred more to his argument that there was common ground between psychical research and folklore. Move on a couple of decades and another of The Folklore Society's early presidents, Robert Ranulph Marett (1866–1943), an ethnologist and cultural anthropologist at Oxford University, published a little-read book entitled *Psychology and Folk-lore* (1920). Marett was mostly interested in the psychology of religion, ancient 'primitive cultures', and the application of the theory of the unconscious to the subject of folkloric 'survivals'. As he admitted in the preface, 'The prevailing interest is throughout psychological; and whatever is not folk-lore belongs at least to anthropology' (Marett 1920, vii).

Early psychologists pursued the same interests in the category of 'medical superstition' as nineteenth-century physicians, surgeons, and folklorists, but they also began to explore the 'deep time' meaning of folktales. In his *Fact and Fable in Psychology* (1900), Joseph Jastrow (1863–1944), one of the early pioneers and popularizers of American psychology, referenced 'folk-lore' here and there, including a chapter on 'analogy in superstitions' and folk medicine (Jastrow 1900, 252–61). In considering the work of Andrew Lang, for instance, Jastrow observed that, 'recently acquired knowledge of hypnotic and automatic phenomena, of hyperesthesia and nervous disease, shed much light on the obscure tales of the past, and assist the comprehension of how such beliefs could have originated' (Jastrow 1900, 66). It was similar such interests that led Sigmund Freud, Pierre Janet, and Carl Jung into the new territory of the subconscious and psychoanalysis.

Very few early psychiatrists expressed much interest in folklore. Their *raison d'être* concerned identifying, categorizing, and curing mental illness, in contrast to the psychologists' focus on behavioural rather than medical science. The controversial Italian psychiatrist and physician Cesare Lombroso (1835–1909), most known for his pernicious theory of the natural born criminal, was curious about the possible scientific basis of medical folklore, including lunar influences, physiognomy, and the character of red-haired people. Over in Scotland, Arthur Mitchell (1826–1909), deputy lunacy commissioner for Scotland, researched the popular cures for insanity he had found in the annals of his country, and wrote up his research in an article for the Society of the Antiquaries of Scotland (Mitchell 1860–62). But it was only in the mid-twentieth century with the rise of 'ethno-psychiatry' along with 'ethnomedicine' that more concrete bridges were built between folklorists and psychiatrists. One of the pioneers in this respect was Henri Ellenberger (1905–93), who was born of Swiss parents and grew up in British Rhodesia before training in medicine and psychiatry in France, during which time he had internships at the famed Salpêtrière Hospital for the insane and the Sainte-Anne Asylum. In the 1930s he moved to Poitou in central-west France where he set up his own private neuropsychiatric practice. He became friends with the pioneering French folklorist Arnold van Gennep (1873–1957) and began researching the folklore of Poitou, the fruits of which were published much later in a series of articles in the *Nouvelle revue des traditions populaire* (Micale 1993,

4–8). These ethnological interests in popular medicine and folk narrative would inform his later studies of transcultural psychiatric conditions such as obsessive-compulsive disorders and schizophrenia.

What, then, is there of interest for folklorists in the work of the nineteenth-century psychiatrists? Well, their studies of asylum patients unearthed many rich accounts of folkloric beliefs, particularly with regard to popular religion and the supernatural. So, it is the source material they generated rather than psychiatric methodologies and theories that are of interest from a folklore perspective, and there has been some limited work that uses asylum patient archives to explore folkloric matters. Vinzia Fiorino's study of seven thousand individual medical records at the Santa Maria della Pietà insane asylum in Rome between 1850 and 1915 revealed some rich information about patient beliefs and popular religious lore (Fiorino 2002, 2012). In her 2012 PhD thesis on the historical geography of insanity in the Scottish Highlands and Islands, Emily Donoho found insightful ethnographic details in patient case-notes of the Inverness District Asylum, which was founded in the 1860s (Donoho 2012, 2014). For his PhD thesis on the belief in witchcraft and ghosts in Oxfordshire and Warwickshire, Thomas Waters combed through the casebooks of Warwick County Asylum for the years 1867–82 looking for patients concerned about witches (Waters 2010, 99–128). I have also used British psychiatric literature to explore the role of early psychiatry in pathologizing the popular belief in witchcraft and magic (Davies 1999, 2005, 2013). The aim of this article, then, is to push back beyond the disciplines of early psychology and psychoanalysis and present, in a sense, the prehistory of folklore's relation with psychiatric knowledge. This requires some global coverage, as the development of early psychiatry was an international project with theories, methodologies, and nosologies emerging from a brew of European and American exchanges.

Pathologizing Belief

From the 1840s there was a massive expansion of asylums across Europe and North America to deal with what was perceived to be an epidemic crisis of insanity. In England, by 1870, there were fifty county and borough asylums and another 126 institutions dealing with the insane, while in Scotland there were thirty-one asylums in total and fifteen lunatic wards in poor houses (see Figure 1). On 1 January 1870 there were 54,713 certified insane people in England alone, 11,358 of whom were kept in workhouses. By the early 1900s there were more than one hundred thousand certified insane patients in Britain as a whole. This is not the place to discuss the ongoing historical debate as to the reasons for the asylum movement and the massive increase in insanity diagnoses, although suffice it to say that the rise of the psychiatric profession was both a cause and a result. The pathologizing of religious beliefs and supernatural fears was also a not insignificant contributory factor in the swelling of the asylum population.

In 1852, William Vesalius Pettigrew (1815–74), medical superintendent at Effra Hall Female Lunatic Asylum, gave as his opinion: 'I believe a superstitious person to be of unsound mind, and have no doubt that our forefathers, who entertained superstitious feelings, were mad' (*Morning Post*, 14 January 1852). He was certainly not

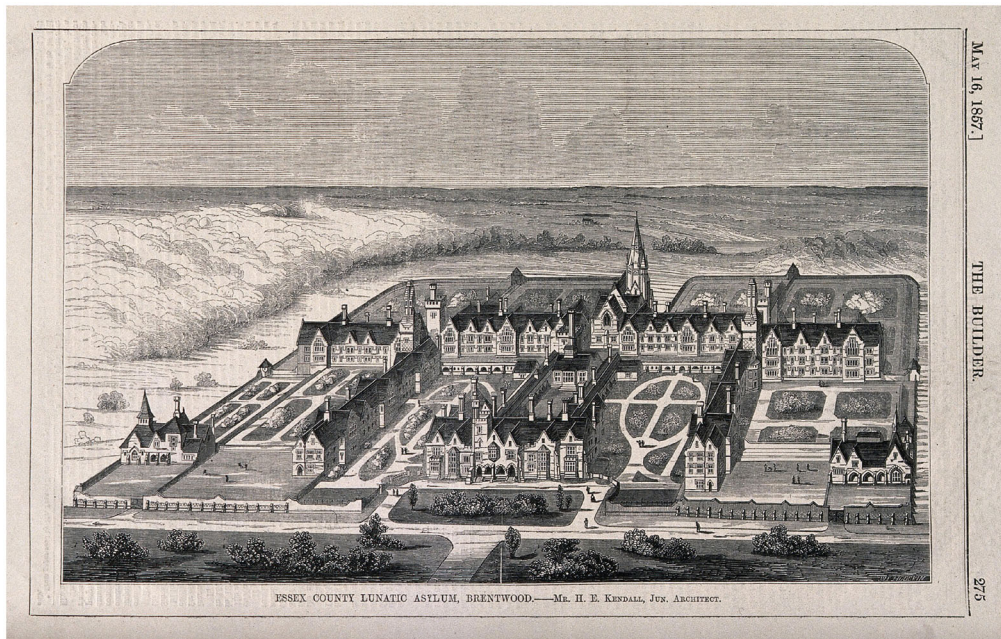


Figure 1. The County Lunatic Asylum, Brentwood, Essex: bird's eye view. Wood engraving by W. E. Hodgkin, 1857, after H. E. Kendall (Wellcome Collection).

unfamiliar with the subject. His father was the antiquarian and surgeon Thomas Joseph Pettigrew (1791–1865), author of the much-thumbed *On Superstitions Connected with the History and Practice of Medicine and Surgery* (1844). William Pettigrew's blanket views on the pathology of folk 'superstitions' were on the extremes of the debate. Across Europe there were, of course, a wide range of folkloric beliefs that were clearly unacceptable to early psychiatric medicine, but which could be dismissed as merely the result of continuing ignorance and lack of education rather than as insane delusions. Such popular notions included those concerning the cause of madness itself. In Malta, for instance, there was a belief that if women washed their hair during menstruation it could cause madness (Cassar 1950, 24). There was the widespread notion that earwigs could pass from the ear into the brain while asleep and cause madness and ultimately death. *The Family Doctor, A Complete Encyclopaedia of Domestic Medicine* told its readers that the idea was nonsense and that it was impossible for earwigs to pass beyond the eardrum (*The Family Doctor* 1858, 210). Yet, in 1886, American newspapers reported that the son of one J. Burton Smith was taken to Spartanburg asylum, South Carolina, after an earwig had supposedly entered his ear, causing him extreme pain. After twelve days of applying pressure on the man's neck the insect was apparently forced from his ear, but by this time it was reported that 'his intellect is gone; his mind is a blank' (*Bloomington Daily Leader*, 18 March 1886). While this is a very unusual case, there were other long-held popular beliefs or 'superstitions' regarding lunar influence, sunstroke, hydrophobia, and the mental effects of frightful experiences that continued to be accepted or at least

considered in early psychiatry. The boundary between popular belief as a consequence of ignorance or as pathology was much more contested when it came to religion and the supernatural.

For much of the nineteenth century there were four main categories of insanity recognized in medicine and law: mania, monomania, dementia, and idiocy. The issue of the supernatural and religion was mostly linked with the hallucinations and persecutorial fears associated with mania and monomania. The latter category was coined by the hugely influential French psychiatrist Jean-Étienne Dominique Esquirol (1772–1840), who also re-purposed an old early-modern term ‘demonomania’ as a distinct psychiatric condition that included delusions and hallucinations about devilish persecution (see [Figure 2](#)). From the 1870s, the re-interpretation by the superstar psychiatrist Jean-Martin Charcot (1825–93) of the old condition of ‘hysteria’ as a universal, timeless condition akin to insanity would also come to be applied to mostly female manifestations of physical supernaturalism.

The transition between Esquirol’s demonomania and Charcot’s hysteria in psychiatric literature is exemplified by a case study published in 1883 in the *Archivio Italiano* by the psychiatrist Angelo Passerini, translated into English two years later (Passerini 1885). The subject of Passerini’s study was a twenty-year-old woman named Henrietta from the village of Settala, some fifteen kilometres from Milan. She was from a prosperous family and apart from a maternal aunt there was no substantive history of mental illness in her family, although her father was a



Figure 2. Engraving of a patient suffering from demonomania (Esquirol 1838, plate 6, facing p. 498; Wellcome Collection).

drunkard. One day her mother locked her up in an apartment, and, as she told many neighbours, she was so upset that she invoked the Devil, offering him her body and soul if he freed her from the apartment. From then on she became convinced that she had made a pact, and described a vision in which 'the devil, in person, presented himself red, frightful, sullen, with very long legs which were shrivelled and distorted, with coiled up tail and long hooked claws; and having threatened her in thunder tones, and with a terrifying glance, he forbade her, in a hollow voice and with a savage and terrifying frown, ever to set her foot in a church, for she was already his property, and if she disobeyed his orders he would drag her, the very first time, down to hell' (Passerini 1885, 170). From then on, she said, the Devil visited her frequently by day and night, sometimes in the form of a cat, dog, or other animal. Convinced that she was truly possessed, her family did not consult a physician and instead requested the priest to say masses and conduct an exorcism. This did not help, though, and she was advised to make a pilgrimage to the Santuario Santa Maria della Fonte di Caravaggio. She did so on multiple occasions through 1880 and 1881, each visit provoking attacks of hysteria followed by periods of calm. All the while she continued to invoke the Devil every time she was in trouble. By the time Passerini came to write up the case she seemed on very familiar and friendly terms with the Devil and she would even call upon him to find pins she dropped while sewing. As for the nature of her condition, Passerini noted that although Henrietta had started menstruating normally at age thirteen, she suffered from dysmenorrhoea and complained often of ovarian pains and restriction of the throat. These were symptoms, said Passerini, that confirmed she was suffering from 'hysteria', while the demonopathic aspects concerned the religious content of her hallucinations.

Such cases of nineteenth-century diabolic possession occurred mostly in Catholic countries for obvious theological reasons—including that the Church offered official exorcism as the cure. They could also be contagious in nature, with psychiatrists making much play of comparisons with sensational possession cases from the sixteenth and seventeenth centuries. In 1861, for instance, E. Bouchut, physician at the Sainte-Eugénie Hospital, Paris, wrote up his first-hand account of contagious convulsions amongst some young girls being prepared for their first communion at the Church of Montmartre. As well as violent convulsions, they bit their tongues and rolled on the ground like they were possessed. Bouchut did not note any talk of devils or divine inspiration though. The episode lasted two months, and the girls were finally 'cured' not by exorcisms, but by treating them with chloroform enemas three times a day. Arthur Armaingaud (1842–1935), esteemed doctor in the medical faculty at Bordeaux University, early in his career wrote up another account of epidemic hysteria at a convent school for young girls in Bordeaux in 1879 (Bouchut 1862; Armaingaud 1879). The most famous and sensational case was that of Morzine, in alpine France, where through the 1850s and 1860s dozens of mostly women claimed to be possessed. A succession of psychiatrists and physicians made the laborious journey to the remote mountain commune over the years and the army was even called in to instil law and order. Dr Joseph Arthaud (1813–83), the director of the l'Antiquaille insane asylum in Lyon, and Augustin Constans (1811–96),

Inspector General of Insane Asylums, were called in and wrote official reports. They both agreed that the afflicted were temporarily insane rather than fakers and frauds.

Psychiatrists in Protestant countries had their ideas similarly tested with regard to grassroots evangelical revivals. Back in the eighteenth century, Methodists had been accused of spreading madness amongst the poor with their hellfire preaching, ecstatic audiences, and talk of divine visitations. One of the biggest British convulsive revivals of the early nineteenth century occurred in 1814 on the cusp of the new psychiatry. It began at a Wesleyan Methodist chapel in Redruth, Cornwall, and then quickly spread to other towns in the county. It was estimated at the time that some four thousand people were affected, mostly among girls and young women but old men and boys as well, many of them with the usual symptoms of convulsions, shaking, crying, jumping, shouting, and general excitation. A local named James Cornish wrote up a first-hand account of the epidemic for the *London Medical and Physical Journal* in which he described it as a convulsive ‘disease’ that resembled chorea in its incipient stage. ‘Some ascribe it to the spirit of God, others to the spirit of the Devil, others to intoxication, others to insanity, and others to the influence of the passions’, he observed. But ‘those who have considered the subject seriously and without prejudice, think there is no necessity to have recourse either to divine or to diabolical interference to explain it’ (Cornish 1814, 376). But by the time of the great Swedish Revival of 1841, the influence of the American evangelical prophet William Miller (1782–1849), and the Ulster Revival of 1859, the overwhelming psychiatric view was that these were episodes of temporary religious insanity that were pernicious for the general mental health of society. But the tide of psychiatric opinion about revivals began to turn again by the 1880s. A contributor to the *Edinburgh Medical Journal* stated, for instance, that while he was ‘by no means well disposed to those widespread epidemics of paroxysmal emotionalism’, for those already disposed towards insanity, he concluded, any external stimulation whether in a cathedral, kirk, or revival tabernacle could aggravate the underlying condition (‘Insanity and the Revival Movement’ 1877, 560–61).

By the time of the Welsh Revival of 1904–1905, the medical debates had swung away from psychiatric interpretations and towards psychological-anthropological explanations. Fired up by the young trainee Calvinist Methodist minister Evan Roberts (1878–1951), and the preaching of the likes of the illiterate working-class housewife Sarah Jones, the Welsh Revival followed the usual pattern with marathon prayer meetings and individual claims of divine revelation, visions, and prophecy. There were headlines in the newspapers about the Revival leading to an increase of insanity (*Evening Express*, 16 January 1905; *London Welshman*, 21 January 1905; Hayward 2007, 140). In January 1905, however, the medical superintendent of the North Wales Lunatic Asylum had to put out an official contradiction after the press wrongly stated that he had claimed that there had been a large influx of admissions due to religious mania. The superintendent of the Glamorgan County Asylum also reported that over the period of the Revival in his area, only one per cent of admissions were linked to religious excitement (Fryer 1905, 97). The ideas of the American psychologist William James (1842–1910) became part of the public debate through a much-circulated letter

written to the *Western Mail* by the Welsh Independent Minister Peter Price (1864–1940), in which he suggested there were two different revivals going on: one divinely inspired and the other, represented by Roberts, which was a sham and a mockery in its manifestations. James, who helped establish the academic study of the ‘Psychology of Religion’, had recently written about the nature of conversion in his book *The Varieties of Religious Experience* (2012 [1902]). James was convinced that sudden and dramatic conversion was a normal psychological phenomenon rather than the onset of temporary insanity. In some individuals, ideas and convictions of supernatural grace, developed through earnest prayer and inner-life experience over many years, lay incubating in the individual subconscious. But the door to achieving supernatural grace remained closed by the ‘hubbub of the waking life’. Then, one day, triggered by some external stimuli perhaps, such as a preacher—or God—the door to the conscious state opened and suddenly there was an apotheosis: ‘the results hatch out, or burst into flower’ (James 2012, 181). Price was not the only spiritual advocate finding reassurance in such psychological confirmations of the Revival’s religious essence as the old vitriolic debate about revival pathology became redundant. In his sympathetic first-hand account of the Revival, the well-known journalist and spiritualist William Thomas Stead (1849–1912) cited James approvingly several times in his attempt to understand what was taking place (Stead and Campbell Morgan 1905). This takes us back to the juncture of Andrew Lang’s intervention and the notion of the ‘psycho-folklorist’.

There were others who proposed dubious anthropological as well as sociological notions of racial, mythic consciousness and primitive states of mind, which also drew upon early psychoanalytical diagnoses at the time. James’s fellow American pioneer in the psychology of religion, Edwin Starbuck (1866–1947), had proposed in 1899 that ‘there is no event in the spiritual life which does not occur in accordance with immutable laws’ (Starbuck 1899, 3). The expression of those laws, said others, were shaped by ancient heritages. Some commentators on the Welsh Revival talked variously of a ‘repressed Celtic consciousness’ due to centuries of Saxon domination, or of the population at the epicentre of the Revival, in Cardiganshire, having an ethnic ‘Spanish mystical heritage’ that was awakened (Hayward 2007, 126; see also Hayward 2004).

Mining the Psychiatric Sources

There are three categories of archival psychiatric sources that are of interest to the folklorist: published medical textbooks, journals, and theses; asylum records and reports; and civil and criminal court records. Taken together they provide insights into medical interpretations of popular beliefs and traditions in the past and present at a time when folklorists were also attempting to explain their origins (and being led up the garden path by their enthusiasm for survival theory). These sources also provide indications of the extent and nature of beliefs in the supernatural during the nineteenth and early twentieth centuries.

One of the foundation texts of early psychiatry was the *Traité médico-philosophique sur l'aliénation mentale ou la manie* (Medico-philosophical treatise on mental alienation, or mania [1801]), by the father of psychiatry, Frenchman Philippe Pinel (1745–1826) (see Figure 3). Pinel became something of a legend in his own right as the man who broke the shackles in the madhouses and introduced a compassionate, moral form of treatment. The history is more complex, of course, but the psychiatric profession needed a hero. Joseph Workman (1805–94), one of the founders of Canadian psychiatry, once wrote of Pinel, 'He drove out Satan, by unchaining him. The brute could not look Pinel in the face, for heavenly charity beamed from his bewitching eyes' (Workman 1871, 17; original emphases). Pinel was not particularly interested in the nature of the popular beliefs expressed by his patients at the Bicêtre and Salpêtrière Hospitals, but it is not surprising that among the many cases he related in the *Traité médico-philosophique*, there were some concerning the supernatural. He related the experience of one intelligent, melancholic woman who saw the hand of



Figure 3. Philippe Pinel. Lithograph c.1790s by A. Maurin (Wellcome Collection).

the Devil everywhere. When she and her husband moved house, they had their furniture brought by boat up the Seine, but because they had passed under the Bridge of Chatou, which in local popular tradition was thought to have been built by the Devil, she thought the furniture had been bewitched, and demanded her husband sell it all rather than keep it in the new home. She had also heard the story of the possessed nuns of Louviers in 1647, and, as a consequence, forbade her husband to have any business dealings with the inhabitants of that town (Pinel 1809, 85). Then there was the melancholic woman, aged around twenty-five, who suffered from violent ‘hysterics’ and terrible nocturnal visions after a beggar she had turned away threatened to cast a spell on her. She came to imagine she was possessed by a demon and stayed more than six months in bed (Pinel 1809, 116). There was also the ‘dangerous maniac’ who thought himself surrounded by ghosts at night and conversed with good and bad angels who inspired him to carry out acts of both kindness and barbaric cruelty (Pinel 1809, 118).

Esquirol, who was one of Pinel’s students, and equally influential on the development of early psychiatry, displayed a much greater interest in belief systems, particularly in the demonologies, possession cases, and witch trials of the early modern period. He thought such supernatural fears had largely been overcome in his day, but that the same underpinning pathology was now expressed in terms of anxieties about the police and the police state in Revolutionary and Napoleonic France. Esquirol was wrong in his Enlightenment white-washing of his day, though, and to prove it a series of studies were produced by provincial asylum superintendents to show that the same set of beliefs in witchcraft and the Devil were widely evident amongst their patients and the wider population. One of the most extensive was Caliste Cavalier’s *Étude médico-psychologique sur la croyance aux sortilèges: à l’époque actuelle* (Medico-psychological study of belief in spells: today [1868]). It contained some 365 pages of case-notes and reflections on the witchcraft beliefs of his patients at Montpellier Asylum. His aim was to explore ‘the conditions that produce the delirium of spells, its symptomology, the relations with diverse, closely-related forms of delirium, and finally its consequences from the point of view of the individual and of society’ (Cavalier 1868, 2). Over in Germany, Karl Wilhelm Ideler (1795–1860), the son of a pastor who became Professor of Clinical Psychiatry at Berlin University and head physician at the insanity clinic of the Charité Hospital, Berlin, produced an influential two-volume work that also explored forms of religious insanity in the present as well as the past (Ideler 1848).

In France, as in other European countries, medical dissertations were printed as a requirement of the award of a doctorate, leaving us with a further rich body of local studies on mental health that sometimes provide insights into local and regional folklore. The 1894 doctoral thesis of A. Fenayrou, an intern at the Rodez Asylum and later its director, considered insanity amongst the rural folk of the department of Aveyron in southern France. He complained that ‘superstition’ and popular religious preoccupations were all too evident amongst his patients. Ghosts and witches were a concern as elsewhere, but in the Aveyron, as in other parts of Languedoc-Roussillon and the Midi, there was also the ‘incessant persecution’ of the *drac*. This was a

diabolic fairy-being which Fenayrou described as hindering the normal functioning of different parts of a patient's body and particularly the legs (Fenayrou 1894, 42–43). The work of folklorists provides more detail about these persecuting fairies. They haunted both homes and fields and shape-shifted, often in the form of a black horse. They were pestilential in making noises at night and riding horses, and more to the point they caused bodily harm to humans, children in particular. They could turn themselves into a ribbon and refuse to be tied, causing much frustration to girls trying to dress their hair (Sol 1929, 41–46; Perbosc 1941, 1–15). What Fenayrou's observation tells us is that in the 1890s such fairy types as the drac were still considered to have agency and were able to harm, rather than just being figures of legends and tales.

In Britain and America the sources in this category are not so rich as in France. Medical theses were not required to be printed, for instance, and no asylum psychiatrist wrote anything like Cavalier's study of beliefs. The hugely influential *Manual of Psychological Medicine* (1858) by John Charles Bucknill (1817–97), who was medical superintendent at the Devon County Asylum at the time, and Daniel Hack Tuke (1827–95), at the York Retreat for the insane, became the standard work for asylum superintendents in Britain and America. It only briefly discussed demonomania and religion as a cause of insanity, but provided a few relevant case details, including notes on a female patient at the Devon County Asylum who believed that she was tormented by witches and 'compelled by them to make noises resembling dogs and cats' (Bucknill and Tuke 1858, 507).

A raft of new journals were also published by medical superintendents, however, to cater for all of the research coming out of asylums and to present new theories and categories of insanity (Shepherd 1992). In France, the major journal was the *Annales médico-psychologiques* founded in 1843 and still going today. In Britain, the main periodicals were the *Asylum Journal of Mental Medicine* established in 1855, edited by John Charles Bucknill, and the *Journal of Psychological Medicine* founded in 1848 by Forbes Benignus Winslow (1810–74), the owner of two private asylums in Hammersmith. In North America, the *American Journal of Insanity* was founded in 1844 and later edited by psychiatrists at the New York State Utica Asylum. The early volumes of these journals were eclectic in the breadth of phenomena and unusual examples of the human condition they reported. The second volume of the *Journal of Psychological Medicine* (1849), for instance, included an essay by the well-known physician Herbert Mayo (1796–1852), entitled 'Letters on the Truths Contained in Popular Superstitions', which a year later would form the basis of a successful book, *On the Truths Contained in Popular Superstitions: With an Account of Mesmerism* (1851). The same volume also included a case of 'Supposed Demoniactal Possession', an essay on 'madness' as portrayed by Shakespeare, and an account of a recent 'vampire' scare in Paris involving the disturbing disinterment and mutilation of female corpses.

Content relevant to folklorists was included in articles based on asylum case-notes regarding patient delusions and hallucinations. Then there were the various attempts to retrospectively diagnose the 'bizarre' beliefs exhibited in the age of the witch trials, such as lycanthropy and St Vitus Dance. Contemporary popular lore was

discussed and critiqued in relation to recent rabies and hydrophobia scares, and also the enduring concept of maternal impressions—such as that seeing a hare or rabbit caused ‘hare-lip’ (cleft palate) in babies. With regard to the latter, for example, the *American Journal of Insanity* published an article by George Jackson Fisher (1825–93), one-time surgeon of Sing Sing prison, New York, and president of the New York State Medical Society, in which he posed and answered the question:

To what extent has traditional superstition been the means of establishing the almost universal popular belief that the maternal mind exercises a constructive or destructive power, in the development of the foetus in utero, adequate to the production of various degrees of malformation? (Fisher 1869–70, 254)

The Irish psychiatrist Conolly Norman (1853–1908) was one of the few psychiatrists to take a serious interest in the content of patient beliefs above and beyond their significance as symptoms and causes of insanity. He had plenty of experience and material, having been medical superintendent at Castlebar District Lunatic Asylum, Monaghan Asylum, and finally Ireland’s largest asylum, Richmond District Lunatic Asylum. In a series of journal articles on hallucinations published in the first few years of the twentieth century he explored his patients’ experiences of witchcraft, devils, and divine visions, as well as the supernatural aspects of the recent popular fear of electricity and mesmerism. He began his article on ‘Modern Witchcraft: A Study of a Phase of Paranoia’ by reflecting: ‘When any belief tends to reappear in various races from age to age and under various conditions of civilization and education, it acquires a special interest because it probably depends on some general trait in the mental organisation of our species’ (Norman 1905, 116).

Moving on to our second category of sources, every public asylum in Britain had a legal obligation to produce an annual report. They usually contained statistical data on the patients admitted over the preceding year, an account of budget expenditure, independent reports on the running of the asylum and the quality of care, and a report by the asylum medical superintendent. It is the latter that sometimes provides ethnographic reflections about the nature of popular beliefs amongst the asylum population. They can also provide a sense, for example, of the strength of witchcraft beliefs on a temporal basis. The *Twenty-Second Annual Report of the Middletown State Homeopathic Hospital at Middletown* (1893), for instance, included an article on some recent cases of witch-belief that were compared with historic ‘epidemic’ witchcraft (Arthur 1893). Another item also observed a new expression of popular belief emerging in their catchment area: ‘there is one which disturbs the half-educated or the superstitious, and produces numerous and distressing delusions, and that is electricity’. It went on to observe how in former times fairies, witchcraft, the Devil, and the evil eye had influenced delusions of persecution, but that ‘now delusions of persecution are often based upon misunderstandings concerning electricity’ (Talcott 1893, 40).

Superintendents also occasionally noted distinctive regional beliefs in their reports. In his third annual report since the opening of Inverness District Lunatic Asylum, Thomas Aitken related the case of a man admitted that year (1867) who we know from the casebooks was William Gray. He had proved so irritable and violent at

home that the family had him removed to the asylum. Gray believed that three old female neighbours, whom he accused of being witches, had made a *corp creadha* (clay body) to be used against him. This was a clay likeness of himself, and he believed they stuck pins into it to cause him pain. He told the superintendent he had physical evidence of the exact place where the first pin had been placed. It was an inflamed spot on the bridge of his nose. Aitken thought that Gray might recover mentally, but that the wasting disease from which he also suffered was incurable. It would remain physical proof to the man that he was under the spell of the *corp creadha* and that as the clay image decayed, so too his body would continue to wither. From the records we know he subsequently died at the asylum on 26 November 1873 (Aitken 1867, 23; Donoho 2012, 303).¹ The notion of the *corp creadha* was not a figment of Gray's imagination, but a well engrained and feared Highland ritual of harmful magic. A few years later, for instance, it was rumoured that the women of Inveralligin were intending to make one against a man who had snitched to the Inland Revenue about an illicit still. Actual examples of *corp creadha* have also been found during the late nineteenth and early twentieth centuries (*Dundee Courier*, 26 December 1876; McPherson 1929, 202–204; Henderson 2016, 314). In 1883, one example was the star exhibit in a case of assault heard by the Inverness police court. An elderly woman named Isabella Stewart was charged with hitting a young girl named Isabella Douglas who lived with her grandmother. Stewart believed the grandmother was a witch and responsible for creating a *corp creadha*, which had been left by her window. To the great surprise of the court, Stewart produced the clay figurine as evidence. It was about four inches in length and wrapped around with green worsted threads, the legs were missing, and the rest was pierced with pins and sloe thorns. After she left the court, Stewart was approached by a man who wished to purchase the *corp creadha*, but she said she would not part with it in case anything happened that might lead her to suffer further or die (*Northern Chronicle*, 19 December 1883; *Paisley and Renfrewshire Gazette*, 22 December 1883).

The two main types of asylum manuscript documents of interest are, from the mid-nineteenth century, medical certificates of insanity and, more importantly, patient casebooks. For someone to be received into an asylum, two certificates had to be completed (one for paupers) and signed by two general practitioners unrelated to the insane person. They were required to provide details on the form about the delusions and actions that constituted the insanity of the patient. A summary of these details was transcribed into the admissions information in each patient's case-notes. Medical attendants would then add regular updates as to the mental health, treatment, and continued delusions of the patient (see Figure 4). It is the information on what were rightly or wrongly described as delusions that holds the information of relevance to the folklorist. The casebooks occasionally provide examples of patients' folk medical beliefs. The notes for William Gray, mentioned earlier, include his long account of a cure for epilepsy:

The cure is to be performed by a skull but not that of a lunatic. It must have no hole in it and must be drunk out of three times on a Friday morning before the sun rises and after eating a cake of barley split through the middle and in the centre of which a salt herring flattened has been laid. This must be done in a solitary place and the edges of the skull must be scraped and what

1

NAME, *Caroline Chandler* Sex, *Female* Age, *26*

Married, *yes* Single, Widowed,

Condition of Life and previous Occupation, *Actress & Governess*

Religious Persuasion, *Baptist dissenter*

Previous Place of Abode, *Leekham*

Whether first Attack, *yes*

Age on first Attack, *26*

When and Where previously under Care and Treatment, *nowhere*

[Date of last previous Admission and Discharge,]

Duration of existing Attack, *7 days*

Supposed Cause,

Whether subject to Epilepsy, *no*

Whether Suicidal, *no*

Whether Dangerous to Others, *at times*

Whether Hereditary,

Age of youngest,

Number of Children,

Diseases of Children,

Previous Habits of Life,

Degree of Education, *poor*

State of Bodily Health,

Certificates of Insanity, *Dr. Blundell*
signed by, *W. E. Carr*

Evidence of Insanity.
She was in a state of acute mania. Nothing incoherent and perfectly incoherent quite unable to give rational answers to any question. She talks incessantly & makes use of very bad language whereas before the illness she was of a very quiet and placid turn of mind. She is unable to recognise any of her friends or answer any questions put to her in a rational manner.

2 Jan 1873
Date of Onset

Name of Informant *Samuel Chandler*

Admitted, *Jan 3/73*

Discharged, Died,

Figure 4. Page from the Saint Luke's Hospital casebook, January 1873–November 1876 (Wellcome Collection. Licence: CC BY-NC 4.0).

falls from it must be caught in a handkerchief and burned in the grave from which it was taken, but in exercising this art it must be kept a profound secret and communicated to no one. (Donoho 2012, 298)

The notes for William Ratcliffe in Lancaster Moor Asylum in 1910 reported that he wanted to go to Llandudno 'to dip his feet in a Holy well to remove corns'. Nothing strange about that, perhaps, except for the fact that Ratcliffe did not have any corns on his feet. The well was presumably St Tudno's Well, regarding which little is

recorded as to its healing properties, so it is informative that Ratcliffe considered it an active well at the time.

The casebooks are much more revealing about the belief in witchcraft and popular religion. With regard to witchcraft, the records confirm the continuing anxiety about witches amongst urbanites and rural dwellers into the early twentieth century. In 1877, for instance, Edward Swainbank was in Lancaster Moor Asylum in part because of his belief 'that a person who lives with him has bewitched him'. His notes observe that it 'has required two men to keep him quiet'. Three years later, in the same institution, Esther Collins, aged fifty-nine, was 'under the delusion that there is a conspiracy against her & that someone has bewitched her ... believes one of her daughters has been bewitched into a cat because the cat was called by the name of her daughter'.² Similar examples can be found in asylum casebooks from other countries. A young mother in the Santa Maria della Pietà insane asylum, for instance, believed she was damned for her sins and said she was the 'daughter of two witches', which in popular idiom meant that she belonged to a cursed race (Fiorino 2003, 201). Concerns about the influence of spiritualism were also sometimes expressed in similar terms to witchery. In 1876, Hugh Ragan, aged forty, was feeling low and melancholic. A medical attendant explained that: 'in conversation he rambles about his friends having dealings with spirits and their having put a spell upon him to prevent his working. The nurse states that he has strong fancies that his friends have conspired against him by means of spiritualism in order to prevent him doing his proper work'. In 1899, the records for Mary Life explain that she believed she was 'acted on by spiritualism to prevent her marrying a certain man by some woman who has put her in a trance'. She also thought that the Virgin Mary appeared to her, and she had special divine privileges, including that she could stare directly at the sun. There was quite a lot of talk about ghosts as well. In 1871, Thomas Mooney, complained that 'he awakes during the night in a state of affright and sees ghosts and other strange sights'.³ A male patient in the Middlesex County Lunatic Asylum, who had suffered serial failures in his business and developed morbid thoughts and delusions, complained there were ghosts in his house, that he had seen a coffin in his room, and that there was a strong smell of human blood (Hawkes 1870, 848). The case-notes for Nancy Kirkman, in Prestwich Asylum, record on 8 January 1892: 'her dead husband comes to her at night, takes her hand but does not speak to her—has hallucinations of hearing voices of dead friends converse with her'. A Catholic patient named Betsy Brewer said 'her husband is dead but she has seen him preaching since his death in the Catholic Chapel and has seen him in the night when he has talked to her'.⁴

The third category of psychiatric literature—criminal and civil court records—provides not only insights into folklore but also into how lawyers and judges wrestled with and contradicted the psychiatrists with regard to the pathology of popular beliefs. In rare criminal cases where a defendant killed someone believing them to be a devil or witch, the outcome of the expert testimony was a matter of life and death. The arguments depended on whether the defendants were *non compos mentis* at the time of the act. Did they know they were doing wrong? If it could be proved that they were suffering from monomaniacal or temporary delusions, for

instance, then they could spend the rest of their lives in an asylum rather than hanging from a rope. One of the most fascinating outcomes of the tussle between medical and legal experts was the attempt by the latter in civil cases to normalize the contemporary belief in witchcraft and the corporeal visitations of the Devil by claiming, justifiably, that the greatest minds of the past had also believed in them. In other words, it was entirely reasonable—if perhaps eccentric in modern times—to hold such beliefs. In the 1888 American dispute over the will of witchcraft-believing Eliza Ann Vedder, for instance, the lawyer defending her will described how such eminent divines as Martin Luther and John Wesley also believed in witchcraft. Similar references to the ‘hundreds more of the greatest and soundest minds which ever existed on earth’ were made by other judges and lawyers for the same purpose (Davies 2013, 165). The legend of Martin Luther throwing an inkwell at the Devil was brought up several times in court, and in an ardently Protestant country like the United States it would have been almost blasphemous to conclude the founder of Protestantism was insane. The story was a legend that circulated long after Luther was dead, but it was widely held as fact in the Protestant hagiographies of the nineteenth century (Renna 2018, 190).

Had it been held in the United States rather than in England, the case of *Westren v. Westren* in 1886 would probably have attracted a lot more attention in case law than it did. It was heard before the Probate Division of the High Court of Justice and concerned the will of a retired farmer of Barnstaple, Devon, called Thomas Westren. By 1881, aged seventy-five, he was farming five hundred acres around the village of Prixford and employing six men and two boys. His wife Elizabeth had died the year before, but one of his daughters Ellen, who suffered from a physical deformity, and his granddaughter Blanch, aged sixteen, lived with him. In March 1882 he married Mary Thomas, aged sixty-four, and remade his will in January 1884 leaving his £700–1,000 estate to his new wife. By this time he had ceased farming, sold his stock, and moved to Barnstaple. Following Thomas’s death in December 1885 the will was contested by his sons and daughters on two grounds. First, that Mary Thomas had exerted undue influence on her new husband, and second, that he was of unsound mind because he had accused his daughters of bewitching him. The claim of undue influence was swiftly rejected, leaving the complaint resting on witchcraft belief as a symptom of insanity. It was heard how after being afflicted with a troublesome skin disease Thomas came to believe he was bewitched and so sent a messenger to a well-known Exeter ‘White Witch’ who divined that he was ‘overlooked’ by a woman in the village who he referred to as a ‘crab’. Thomas’s widow, Mary, denied having ever heard her late husband say he was bewitched by his own children. But witnesses were called who testified that they had heard him make the accusation, and that he had taken the reference to a ‘crab’ as a sign that Ellen, with her deformity, was a witch. He also suspected his other daughter, Maria. One witness saw Thomas’s skin complaint and told him it was only eczema, to which he replied, ‘Eczema, be damned; it’s Ellen and Maria’. Other witnesses were brought forward, including doctors, to prove that he was fully *compos mentis* in his business and legal affairs. The case was heard by the senior probate judge and vegetarian Sir James Hannen (1821–94), who

opined that 'it was very difficult to say that to believe in witchcraft meant insanity'. The case concluded with Mary and her step-family coming to an agreement that she would maintain the inheritance, but that it would pass to the litigants on her death (*Exeter and Plymouth Gazette*, 29 May 1886; *London Daily News*, 28 May 1886; *Stamford Mercury*, 4 June 1886).

Racism and Cultural Condescension

In their voluminous *Handy-book of Forensic Medicine and Toxicology* (1877), the hospital physician William Bathurst Woodman (1836–77) and physician and barrister Charles Meymott Tidy (1843–92) recommended that 'the medical witness should acquaint himself with the doctrines and rites of various religious bodies and sects. It may otherwise easily happen to him, if inexperienced, to confound peculiar religious dogmas or practices with mental unsoundness'. They gave the example of the centrality of dancing to worship amongst African and Indian tribes (Woodman and Tidy 1877, 839). Their point was well made because early psychiatry, like early folklore and anthropology, was underpinned by racist notions of mental and cultural development. The views of the Scottish psychiatrist Thomas Duncan Greenlees (1858–1929) are illustrative of the colonial mindset. Having worked at Carlisle Asylum and Dartford Asylum, he moved to South Africa in 1890 to become medical superintendent at Grahamstown Asylum. Five years later he wrote:

Perhaps one of the most difficult investigations possible is the study of the mental characteristics of savage and semi-savage races, and, before formulating any theories regarding their psychic history, it is necessary that a careful study should be made of their mode of life, their normal mental state, and such folk lore as is accessible to us. (Greenlees 1895, 71)

Racial psychiatric theory was also pervasive in the Antebellum South. There was a common psychiatric view that civilization brought with it the full range of insanities due to the busyness and anxieties of modern, educated life, and therefore 'primitive' peoples rarely suffered from insanity because they had not yet developed to this level of social and psychological intensity. Confident statements were made, as a consequence, regarding the absence of insanity amongst indigenous Americans, African-Americans, and non-Western cultures across the globe (Kirmayer 2011). Slave populations were also considered to have their own distinct insanities that made them behave peculiarly and practice 'rascality'. The racist physician Samuel Cartwright (1793–1863) came up with the term 'drapetomania', for instance, to describe the insanity of attempting to escape slavery (Davies 2013, 160–62).

Many psychiatrists and folklorists adhered to the early anthropological models of human development where, in the contemporary world, different races and cultures were at different stages of cultural evolution (see Bennett 1994). This created the notion of cultural relativity with regard to the link between beliefs and insanity. Exactly the same belief in the supernatural might be held by two different people from very different societies, but it could be a mark of insanity in one because of his or her culture and background while perfectly normal in the other for the same reason. When Richard Carnac Temple (1850–1931), a folklorist and magistrate in the

Punjab, reported on the *Westren v. Westren* case in the journal he founded and edited, *Panjab Notes & Queries*, he observed that, ‘It would certainly be unsafe to hold that in India a belief in witchcraft inferred insanity’ (Temple 1886, 203). But in England? Similar judgements were also made at the local as well as the transcultural levels. In 1865, the medical superintendent at the Cumberland Lunatic Asylum, the eminent Scottish psychiatrist Thomas Smith Clouston (1840–1915), wrote in his annual report about Cumbrian rusticity. He contrasted his patients from this very rural county, many of whom he described as ‘without education, and of primitive manners’, with the mindset and behaviour of ‘a first-class city mechanic’.

If a Cumberland ploughman looks heavy and stupid, never likes to wash himself or comb his hair, except on Sundays, wears his cap pulled over his eyes, and his vest unbuttoned, tells you that Carlisle is the chief town in England, talks incoherently about things in general, and knocks a very insane patient down because he thinks he is making faces at him and insulting him, it does not follow that there is anything in his appearance, conversation, or conduct which indicates insanity, while in a first-class city mechanic those symptoms would undoubtedly indicate maniacal incoherence and excitement. I have often to make allowances of this kind in recommending patients for discharge. (Clouston 1865, 10)

It is important to recognize that the legal culpability of the allegedly insane was complicated by these engrained psychiatric biases—biases that would feed into eugenics by the end of the nineteenth century. To illustrate this point let us consider three court cases concerning rural regionalism, religion, and national culture.

First, in a probate dispute heard before the Chancery Division in 1893 concerning the will of Mary Prowse of East Allington, Devon, evidence was given that she was insane, including that she thought she was haunted by spirits, and on one occasion talked of preparing supper for the Devil. Dr William Henry Webb, a physician of Kingsbridge, was questioned. He had attended Prowse and found her of sound mind and perfectly competent to execute her will. The plaintiff’s QC, Ralph Neville, asked him whether, if Prowse had told him she was haunted by spirits, he would have questioned her on the matter. Webb replied, ‘Yes, but it is not an uncommon thing with people in Devonshire when they are ill to think they have evil spirits’. The Judge, Robert Romer, chipped in to agree: ‘That is within my own experience’, he stated, and swiftly rejected the plaintiff’s case (*Totnes Weekly Times*, 1 July 1893). If the belief was held widely in a community, then either they were all insane or they were not.

Our second case takes us to America and a series of probate cases regarding the pathology of spiritualism and Catholic faith and the capacity of their adherents to make a binding will. The legal author and judge Isaac Fletcher Redfield (1804–76) noted in 1874 that Roman Catholicism was a growing and increasingly influential force in the country with the mass migration of Irish and Italians in particular. This, he thought, was a cause of concern in terms of testamentary capacity, and cited a Wisconsin probate case where a woman had given over most of her estate to a Catholic priest as ‘remuneration for saying masses for her departed soul’. As far as Redfield was concerned as a Protestant lawyer, the belief in Purgatory was a delusion, an expression of fanaticism, a species of monomania. As such, the civil

courts should consider it as no different to the ‘necromancy of modern spiritualism’ and rule that it was evidence of testamentary incapacity (Redfield 1874, 389–90).

Finally, we have the issue of whether the belief in fairies amongst the Irish, or more to the point, their professed contact with the fairies, was a mark of insanity or was perfectly normal by the very fact of being Irish. This was raised as an issue during an American murder trial in 1887. A sixty-year-old Irish farmer named Peter Deegan, who had lived in Saukville, Ozaukee County, Wisconsin, for some thirty years, was put on trial for murder. Most of Deegan’s neighbours were immigrant farmers from Luxemburg, and he was constantly at war with them. He was also a drunkard and abusive towards his own family. But he had, nevertheless, become one of the wealthiest farmers in the neighbourhood. On 30 August 1886 he got into another dispute with a neighbour, a former tenant farmer of his named Theodore Schmidt, over the placement of a wagon-load of straw. Deegan told his ten-year-old son to go home and fetch a loaded gun, and once it was in his hands Deegan shot Schmidt dead (*Winona Daily Republican*, 1 September 1886). At the ensuing trial Deegan’s defence pleaded insanity, and a key piece of evidence was that Deegan and his sister said they talked to the fairies and left food out for them (Clevenger 1889, 182–83). The American physician and specialist in nervous and mental diseases, Shobal Vail Clevenger (1843–1920), who was at one time the pathologist for the Chicago County Insane Asylum, was called as a medical witness at the trial. He reminisced about attending the case in his autobiography, *Fun in a Doctor’s Life*. On arriving in the town of Sheboygan, where the trial was taking place, Clevenger was shocked to see Deegan playing cards in a local saloon. Writing some twenty years later, he still could ‘not even now comprehend how the old farmer could have been “paroled” under the circumstances’ (Clevenger 1909, 166). At the trial, the State’s attorney asked Clevenger whether acting upon ‘a generally accepted belief as the Irish peasantry did was evidence of insanity’. In Clevenger’s opinion: ‘When such superstition was adhered to in this century and distance from where it was common, and in spite of all the means of enlightenment that could be in America, I regarded retention of such a fancy and especially acting upon it as no evidence of mental soundness to say the least’ (Clevenger 1909, 167). Deegan was proven to be sane at the time of the shooting, and he was found guilty of murder in the second degree and sentenced to twenty years in prison. He was pardoned in 1891 due to his advanced age and his previous good conduct (*Weekly Wisconsin*, 12 November 1887; *Chicago Tribune*, 23 June 1891).

Conclusion

These days, the concept of ‘folk psychology’ has been re-purposed by philosophers exploring the cognitive processes of decision-making in everyday actions. The genre of ‘ethno-psychiatry’ promoted in the 1960s by the likes of Ellenberger, and similarly Ari Kiev’s ‘primitive’ or ‘prescientific psychiatry’ of folk healers (Kiev 1964), came under criticism from Peruvian psychiatrist Carlos Alberto Seguin in the 1970s. Seguin promoted ‘folklore psychiatry’ instead, as the study of the ‘concepts, beliefs and practices of the people as maintained in the midst of our

“modern” cultural setting’ (Seguin 1972, 76; original emphasis). But the ‘folklore’ rather got lost, as the discipline became known more generally as transcultural or cross-cultural psychiatry, forged by a renewed engagement between anthropology and psychiatry in the 1970s. Few folklorists were involved directly in the development of this discipline, although a few studies such as David Hufford’s work on sleep paralysis and his Experiential Source Hypothesis made their mark (Hufford 1982, 1994; Davies 2003). This Presidential Address has not been motivated directly by the desire to reinvigorate or re-purpose either a new ‘folk psychology’ or ‘folklore psychiatry’—putting the ‘folk’, as we understand it, back into medical discourses. That said, after a century and more, there is obvious value in engaging with and contributing to both the history of and ongoing work on anomalous experiences, hallucinations, and the psychology of ‘superstition’ (see, for example, Trubshaw 2004). My purpose here has been to explore how the annals of early psychiatry hold untapped riches for the folklorist seeking to explore the history of folkloric beliefs.

For Vinzia Fiorino, the case records of the Santa Maria della Pietà insane asylum are a window onto a ‘folkloric universe’—the magical and religious visions and delusions of the patients an expression of a popular culture whose mental world was steeped in fairy-tale motifs and moralities. She draws upon Vladimir Propp’s theories of the structural elements of tales to give coherence to a set of beliefs that were considered expressions of pathology by the psychiatrists (Fiorino 2012). This approach certainly leads to some interesting insights, but there are other ways of approaching the annals of psychiatry as well. We can use them as we do the bricolage of folklore reports in the early decades of the journal *Folklore*, piecing together the fragments of personal memory, belief, experience, and imagination, but now through the more or less distorting lens of the early psychiatric scribe. In one sense this is not much different to the process of peeling away the survivalist and romantic assumptions and impulses of the fieldwork folklorists. But to use the psychiatric archives effectively, the folklorist must thoroughly understand the context, of course. We need to know how, what, and why psychiatrists thought as they did and how asylums worked. First and foremost, we must consider the asylum patients of the past not just as remote sources, but as people who were often tormented, but sometimes comforted, by their folkloric inner lives.

Notes

¹ *General Register of Lunatics in Asylums, Inverness District Lunatic Asylum, Inverness-shire*, National Records of Scotland (NRS) Reference MC7/2, 355.

² Lancashire Archives, Lancaster Moor Asylum (LMA) HRL/4/12/2/30, patient 24119; LMA HRL/4/12/2/7, 1877, patient 9947; and LMA HRL/4/12/3/8, 1880, no number. My thanks to Ceri Houlbrook for transcribing these asylum case-notes.

³ LMA HRL/4/12/2/7 (1876), patient 9700; Manchester Archives (MA) Prestwich, ADMF2/11 (1899), patient 11813; and LMA HRL/4/12/2/5, 1871, patient 8621.

⁴ MA Prestwich casebooks ADMF2/3, 1892, patient 9500; LMA HRL/4/12/3/4, 1871, patient 8757.

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