

**Religion and the Secularization of Mental Illness  
in Early Modern England**

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Since Dale Peterson's *A Mad People's History of Madness* was published in 1981, there have been many works that continue the foundation that Peterson created by collecting anecdotal accounts of contemporaries viewed as being 'mad'. While some continue to address these anecdotal accounts and provide new ones for the historical record, other authors diverge from Peterson's approach and aim to create a more holistic view of the subject. The main goal of the texts following Peterson is three-fold: to understand how contemporaries explained madness, how this understanding changed, and how treatment has evolved over the early modern period. Peterson's *A Mad People's History of Madness* is a source book with a few pages of context and insights prefacing each anecdotal account. This allows for Peterson's goal to be realized-creating a space for those actually proclaimed as being mad to speak for themselves with only minor guidance from Peterson himself. Roy Porter's *A Social History of Madness* contains some of the same sources that Peterson had used but provides much deeper analyses without including the entirety of every writing addressed. Porter built off of the foundational material that Peterson originally compiled and continued to explore madness in the early modern period in his 2002 book, *Madness: A Brief History*.

Peterson discerns the content of *A Mad People's History of Madness* by writing that, "This history is simply a collection of pieces from the published autobiographical works of mad people and mental patients written about the experiences of being mad or being a mental patient."<sup>1</sup> Peterson aims to answer questions about the very meaning of 'madness', and whether it is a disease or something verging on religious cultism.<sup>2</sup> While acknowledging that he is not the first to address these questions, he believes that "it is time to hear from those who, by experience,

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<sup>1</sup> D. Peterson, *A Mad People's History of Madness*, 1981, p. XIII-XIV

<sup>2</sup> Ibid, XIV

are more closely connected to the issues- mad people, mental patients, themselves.”<sup>3</sup> Due to this belief of what the history of madness should be, Peterson allows each individual account to speak for itself, only offering brief context, explanation, and inferences. The reasoning behind his method is personal; Peterson finds himself in a position to facilitate the narratives of mad people because he worked as an attendant in a psychiatric ward for two years, allotting him a unique perspective into the lives of the mentally ill.<sup>4</sup>

There are only five accounts that fit the early modern time period in Peterson’s *A Mad People’s History of Madness*, ranging from 1430 to 1774. The transition to the early modern period brought with it medieval beliefs, including those of the Roman Catholic Church, which “gradually accepted the validity of popular superstitions about the existence of spiritual powers, and the reality of possession by them, at last recognizing those superstitions as part of its own sacred canon.”<sup>5</sup> Peterson calls the linking of mental disease to religion as one of “spiritual psychiatry.”<sup>6</sup> Religion was *not* the only known cause of mental illness- as early as the 15<sup>th</sup> century there are discussions around madness stemming from a “natural origin” as well as those who still attribute it to a “demonic possession.”<sup>7</sup> While the Church continued to push madness as the work of the Devil, or his minions, “classically trained” physicians held the belief that at least some madness could be linked to the natural world.<sup>8</sup> However, in practice it was the Church that spoke for the masses. It should come as no surprise that, in the early modern period, “the life of the mind”, and life in general, was always described in religious terms.<sup>9</sup>

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<sup>3</sup> Ibid

<sup>4</sup> Ibid, XIII

<sup>5</sup> Ibid, 5

<sup>6</sup> Ibid

<sup>7</sup> Ibid

<sup>8</sup> D. Peterson *A Mad People’s History of Madness*, 1981, p. 5

<sup>9</sup> Ibid, 6

Dating back to 1436, Margery Kempe is the first account that Peterson covers. It is through Kemp's experiences in the 15<sup>th</sup> century that we come to know that those who were recognized as being mad were treated rather ordinarily, as if they were not their madness.<sup>10</sup> Kempe perceived herself as a "passive recipient, rather than an active originator" in her own madness, leading to her belief that the Devil used the fear of damnation to drive her to madness.<sup>11</sup> The belief that one's self was not the origin of one's madness was common in this period and congruent with the "theocratic view of the psyche" which is rooted in Catholicism.<sup>12</sup>

Peterson states that in the beginning of the early modern period, mental issues were cared for privately, within the family or the community of the individual.<sup>13</sup> During the 15<sup>th</sup> and 16<sup>th</sup> centuries, religion is taken as the source and explanation for one's own madness, one that is familiar and acceptable to the people of the time. It is in the 17<sup>th</sup> and 18<sup>th</sup> centuries that the perception of madness changed. In the last half of the early modern period, it began to matter less and less whether the origin of a person's madness was "natural" (for our purposes, secular) or religious. An example of the shift in both the perception and care of mad people is best understood through the history of the Bethlehem Hospital.<sup>14</sup> Originally established in 1247, Bethlehem Hospital was at first a priory, only recorded as being a hospital in 1329.<sup>15</sup> Six mad patients were in the care of the hospital in 1403 and towards the end of the 16<sup>th</sup> century there were about 20.<sup>16</sup> The care of mad people moved from the sphere of family and community towards one of privately-funded, large-scale institutionalization in the 17<sup>th</sup> and 18<sup>th</sup> centuries.<sup>17</sup>

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<sup>10</sup> Ibid, 7

<sup>11</sup> Ibid

<sup>12</sup> Ibid

<sup>13</sup> Ibid, 39

<sup>14</sup> Ibid, 74

<sup>15</sup> Ibid

<sup>16</sup> D. Peterson, *A Mad People's History of Madness*, 1981, p. 74

<sup>17</sup> Ibid, 39

As *privately* owned madhouses became popularized, the perception of mentally ill people became one of disdain, pity, and even hatred.<sup>18</sup> Hospitals specifically designed to treat and contain mad people came to be called asylums and were not popularized until the last two centuries of the early modern period.<sup>19</sup> There was no drive to cure madness or root out the source of it in the 17<sup>th</sup> and 18<sup>th</sup> centuries, this became irrelevant. The only thing that the populace was concerned with was containing those afflicted with mental disease and separating them from the rest of society.<sup>20</sup>

*A Mad People's History of Madness*, although functioning primarily as a sourcebook, contains in-depth insights about madness and secularization at certain points throughout the book. Peterson argues that while madness appears to become increasingly secularized in the 17<sup>th</sup> and 18<sup>th</sup> centuries, it is merely just being removed from the influence of the Catholic Church due to the Protestant Reformation. Madhouses and the caring of mad people moved from the tight-knit communities of close family and friends, guided by the Catholic Church, to state run institutions after the Reformation, shifting the perception of madness from one of care to one that now saw madness as a plague of its own- simply needing to be shut away and contained.<sup>21</sup> Madness, in Peterson's view, contained elements of secularization from the very beginning of the early modern period with the distinction that some plagues of the mind were of natural origin rather than solely divine intervention. Secularization was not being sought out by mad people, but by those around them who needed rational, not religious, explanations for everything after Catholicism could no longer provide them.

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<sup>18</sup> Ibid, 39-40

<sup>19</sup> Ibid, 74

<sup>20</sup> Ibid, 40

<sup>21</sup> Ibid, 39

Peterson's book, *A Mad People's History of Madness*, did not receive much recognition outside of a sparse number of reviews. The only substantial criticism is that Peterson speculates into the field of psychiatry and philosophy<sup>22</sup>. This criticism is short-sighted and shallow as it attempts to dehumanize the very sources which Peterson desired to make more relatable to the reader. Peterson's intrusion into the psychiatric field comes from a place of personal experience as someone who helped to care for the mentally ill and should be seen as that which makes his research all the more profound, bridging a gap between both history and modernity, as well as one between observer and active participant of those who are mentally ill. The method of research and factual account of each anecdotal narrative are well documented, having plenty of thought and care behind them.

The historian who recognized Peterson's extensive research and foundational documents to the study of madness in the early modern period was Roy Porter. In Porter's 1987 book, *A Social History of Madness: The World Through the Eyes of the Insane*, he says that "a special mention of gratitude is due to Dale Peterson. His book, *A Mad People's History of Madness*, constitutes the first proper scholarly account and anthology of mad people's writings over a long historical span. Peterson was the first to show that a history of the consciousness of the mad was feasible."<sup>23</sup> Without Peterson's groundwork, Porter would not have been able to continue and expand the ways in which mental illness was both experienced and perceived in the early modern period.

Porter's *A Social History of Madness* uses several of the same sources that Peterson does, including Margery Kemp, but creates a more defined and fleshed out argument and critique of

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<sup>22</sup> D. Traub-Werner, "Book Review: A Mad People's History of Madness." *The Canadian Journal of Psychiatry*, 1985

<sup>23</sup> R. Porter, *A Social History of Madness: The World through the Eyes of the Insane*, 1987, p. 6-7

madness in the early modern period as well as throughout history. Because of the uniqueness of each account that Porter uses, he, like Peterson before him, thought each should be allowed to speak for itself. Going further than Peterson, Porter loosely bunched the narratives around themes of his own creation.<sup>24</sup> What is distinct about Porter's text is that he argues, over a broad span of history, that modern psychiatry is not the natural end point of mental illness. What this means for early modern England is that the narratives found in this period should be looked at individually and not as if they all culminate in a resounding progressive story that gives definitive proof of modernity. The early modern understanding of mental illness is not a record of definitive stages that lead the way to modern enlightenment but rather something that was unexplainable and irrational to contemporaries. In the face of Reformation and the Enlightenment, early moderns sought to rationalize all aspects of their lives and those which had no clear solution, such as mad people, were dealt with unkindly, uncaringly, and in an overall much more primitive way than they had been at the beginning of the period. Rather than solely relying on the Reformation and religion as the explanation behind the secularization of mental illness, as Peterson does, Porter intertwines the Enlightenment as part of a much broader view of madness which he uses to prove that secularization was ultimately forced upon the early moderns as a way for rationality to compensate for the loss of comfort from Catholicism.

A good example of Porter's method used throughout *A Social History of Madness* can be seen in chapter five, entitled "Religious Madness," where the writings of George Trosse are examined. Trosse grew up in Exeter during the English Civil War and wrote his life story between 1692 and 1693 when he was in his sixties.<sup>25</sup> "What made Trosse's apologia distinctive,

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<sup>24</sup> R. Porter, *A Social History of Madness: The World Through the Eyes of the Insane*, 1987, p. 37

<sup>25</sup> R. Porter, *A Social History of Madness: The World through the Eyes of the Insane*, 1987, p. 89

though not quite unique, is that his crisis took the form not merely of an acknowledgement of sin...but rather of a full-blown episode of insanity, involving medical treatment and confinement.”<sup>26</sup> In addition to Trosse’s perception of his own ‘religious madness’, he considered it to be a “literal psychomachy, a fight between God and Satan for possession of his soul,”- rather than a physical illness that would have been more common during this time of the Scientific Revolution.<sup>27</sup> Trosse’s case of madness is vital in understanding the change in perception when it came to religious causations for mental illnesses. Before Trosse’s time religion was the widely accepted explanation of madness and because of that, the care of mentally ill people would be a task undertaken by family members and the Church. Porter agrees with Peterson that the care of the mentally ill changed with the Reformation but additionally inserts that the Scientific Revolution and Enlightenment gave birth to a love of secular rationalization which explains the shift in treatment. Trosse was taken, against his will, to a physician in a madhouse who was of little use to him.<sup>28</sup> Instead, Trosse found comfort and healing in the physician’s nurse, Mrs. Gallop, saying that “she has been the prime Instrument both of the health of my Body and the Salvation of my Soul.”<sup>29</sup> Trosse was able to bridge the gap between religion and scientific reasoning for his own case believing that “madness was that state of mind when the soul, possessed or obsessed by the Devil, railed and blasphemed against the Almighty” and most importantly, that since madness was caused by the Devil, it could be overcome and cured religiously.<sup>30</sup> Porter calls Trosse a “fortunate man, supported by friends and a helpful asylum”, recognizing that many mad people during this period had it much worse,

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<sup>26</sup> Ibid, 90

<sup>27</sup> Ibid

<sup>28</sup> Ibid, 91

<sup>29</sup> Ibid, 92

<sup>30</sup> R. Porter, *A Social History of Madness: The World through the Eyes of the Insane*, 1987, p. 92



being ostracized and condemned to treatment that could provide little to no relief.<sup>31</sup> Trosse's story gives light to the developing issue of his time, religious madness was ambiguous in an age where science sought to fully understand and explain every part of life. This ambiguity left the populace wondering if those suffering from religious madness were anointed by the divine, corrupt sinners, or simply ill.<sup>32</sup> Those leading the crusade of rationality pushed the narrative of the mad being sick and needing treatment- that only science could provide- as religion was increasingly viewed as being unqualified in matters of health.<sup>33</sup>

Porter argues that the populace had an increasing desire to utilize science as something that should surpass religion, replacing old and antiquated notions of madness with more medically treatable diagnoses. The basis for this is that "the Enlightenment endorsed the Greek faith in reason...All beliefs and practices which appeared ignorant, primitive, childish, or useless came to be readily dismissed as idiotic or insane."<sup>34</sup> To further explain Enlightenment reasoning, Porter says that "the men of the Enlightenment doubtless felt benevolent sympathy towards the insane, as likewise towards savages and slaves, but only through first seeing them as quite alien from themselves."<sup>35</sup> This alienation of mad people is something that Peterson noted as well, proof that the perception of madness was changing as science attempted to explain all aspects of life to that which could be logically reasoned with.

*A Social History of Madness* received a wide and warm reception, due in part to the prominence of Porter as an established author and historian who had previously studied and written

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<sup>31</sup> Ibid

<sup>32</sup> Ibid, 93

<sup>33</sup> Ibid

<sup>34</sup> Ibid, 15

<sup>35</sup> Ibid

about subjects within the realm of psychiatry<sup>36</sup>. This text details how the study of madness was explained, perceived, and treated over the years, melding with sources from Peterson's *A Mad People's History of Madness*. Madness was secularized at the expense of the mentally ill, by those who were not considered mad, as a misguided belief in modernity and rationalization ostracized the mad under the guise of treating them. This argument is backed up very well with historical evidence- the anecdotal narratives as well as at least fifteen additional texts per chapter listed at the end of the book- and insights from Porter which include historical context of events happening during the anecdotal accounts used. *A Social History of Madness* comes off as critical of modern psychiatry and there is a clear desire to prove that the evolution of madness does not naturally culminate in modern psychiatry. Porter, like his predecessor Peterson, wanted to allow these anecdotal accounts to speak for themselves but rather than providing the entire narratives of these individuals, he employed the use of carefully chosen quotes along with his own insights to properly convey his argument to a reader who wants more than just a sourcebook.

In his 2002 book, *Madness: A Brief History*, Porter continues his earlier argument of madness being rationalized through the Reformation, Scientific Revolution, and Enlightenment without explicitly stating such, aiming to focus on the records of the mad instead. However, it is impossible to overlook both the underlying disdain Porter has for modern psychiatry and his prior argument from *A Social History of Madness* regarding the secularization of madness. The main difference between this book and Porter's previously discussed one, *A Social History of Madness*, is a shift in the broader focus and theme. Porter's earlier book covers a vast timeline that is mainly interested with discussing how modern psychiatry has wrongly become the endpoint of the secularization of mental illness, whereas *Madness: A Brief History*, is much more

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<sup>36</sup> R. Porter, *A Social History of Madness: The World through the Eyes of the Insane*, 1987.

of a historical narrative, not particularly focused on any one case but still using the accounts of those such as Margery Kempe, to explain the contemporary view of madness and the evolution of it alongside treatment for the mentally ill. *Madness: A Brief History* is much less focused on modern psychiatry- as it is a brief survey of the subject- only devoting one chapter to it before concluding. Porter states that this book “hasn’t attempted to probe the anthropological or social causes of mental illness...nor has it sought to show the social functions of madness and psychiatry, or to resolve any number of similarly historically impalpable questions...I have concentrated on a narrative of notions of mental illness, and treatments of the mad, since the records began.”<sup>37</sup> Although it was not his intention to answer the anthropological or social causes of mental illness, Porter still managed to convey his previous thoughts, continued from *A Social History of Madness*. Porter does not stay away from the functions and criticisms of psychiatry as he said he did in his concluding chapter. In the very introduction of the book he writes, in length, about the “drastic splits within psychiatry as to the nature of mental illness”, cited with multiple psychiatrists’ texts.<sup>38</sup> Porter attempts to maintain the notion that this text is one that solely focuses on the history of madness, but his recurring psychological insights and reliance on psychiatric scholars proves otherwise. Whereas *A Social History of Madness* aimed to critique psychiatry and humanize the mad people of history who had been previously stripped of their human attributes, *Madness: A Brief History* asks the audience to question modern psychiatric care and notice the similar patterns in the treatment of mentally ill people from the early modern period to today<sup>39</sup>.

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<sup>37</sup> R. Porter, *Madness: A Brief History*, 2002, p. 215

<sup>38</sup> *Ibid*, 4

<sup>39</sup> R. Porter, *Madness: A Brief History*, 2002, p. 217-218

In agreement with Peterson, Porter says that originally “it was the family which was held responsible for the deeds of its mad members...lunatics and ‘village idiots’ typically remained in domestic care.”<sup>40</sup> However, he then diverges from Peterson’s positive attributions of family care by saying that in these domestic situations mad people were often “hidden away in a cellar or caged in a pigpen, sometimes under a servant’s control. Or they were sent away, to wander the pathways and beg their crusts” as “insanity was deeply shameful to a family, on account of its overtones of diabolical possession or of bad stock.”<sup>41</sup> Porter also states that “formal segregation” of the mad from the rest of the population emerged at the end of the Middle Ages, much earlier than Peterson or Porter’s prior book *A Social History of Madness*, originally claimed.<sup>42</sup> The religious house in London, St. Mary of Bethlehem (later known as Bethlem or Bedlam), was founded in 1247 to care for the sick, and subsequently the mad, but Porter avoids consulting any sort of official record for some reason- Peterson’s book did not lack these crucial documents and it was published prior to Porter’s<sup>43</sup>. There appears to be a degree of assumed knowledge which Porter believes his audience to have prior to reading what is supposed to be a brief, yet historically accurate, narrative of madness.

Porter fails to refrain from his intent to not delve into the social causes and views of mental illness but without addressing these parts of the historical narrative, the work would be incomplete. There must be something said about “Christian madness” and later “enlightened opinions” (as Porter titles each section) in order for a holistic narrative of madness to be understood.<sup>44</sup> In the 15<sup>th</sup> and 16<sup>th</sup> centuries the Church “entertained a madness which was holy,”

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<sup>40</sup> Ibid, 90

<sup>41</sup> Ibid

<sup>42</sup> Ibid

<sup>43</sup> Ibid

<sup>44</sup> R. Porter, *Madness: A Brief History*, 2002, p. 17, 28

meaning that religion allowed and explained madness so long as it was of divine nature.<sup>45</sup> There was “good madness”, such as visions or prophecies, that was a result of God’s divinity and then “derangement” which was diabolic, a product of Satan, and typically used to describe witches or heretics.<sup>46</sup> The distinction between God or Satan driven madness is something which Peterson had also made note of as it showed early explanations for the different effects madness might have on varying individuals. In the case of religious madness, only the Church could provide treatment. After the Reformation, Catholicism would no longer provide subsequent grounds for sole treatment of the mad and the result was that “false doctrine and delusion formed two sides of the same coin: the mad were judged to be possessed, and religious adversaries were deemed out of their mind.”<sup>47</sup> After 1650, elites were through with accepting witchcraft as an acceptable excuse for any form of madness in light of the Reformation.<sup>48</sup> These sentiments were elevated with the Scientific Revolution and increase of physicians as “all belief in the existence of supernatural intervention in human affairs was turned into a matter of psychopathology.”<sup>49</sup> In the section titled “Secularizing madness”, Porter states that pre-17<sup>th</sup> century beliefs about the religious causes of madness were deemed “irrational and pre-scientific” and they had “failed to provide guarantees for social order.”<sup>50</sup> The scapegoats for failed social order turned from heretics and witches to beggars, criminals, and vagrants.<sup>51</sup> As a result of these changes, it would be doctors who replaced the clergy in treating matters of health, including mental illness.<sup>52</sup>

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<sup>45</sup> Ibid, 19

<sup>46</sup> Ibid, 29

<sup>47</sup> Ibid, 21

<sup>48</sup> Ibid, 29

<sup>49</sup> Ibid, 31

<sup>50</sup> Ibid, 32

<sup>51</sup> R. Porter, *Madness: A Brief History*, 2002, p. 32

<sup>52</sup> Ibid, 33

*Madness: A Brief History* was one of Porter's final works, published in 2002- the year of his death- before his passing. This book lacks depth in its insights when compared to *A Social History of Madness*. Porter seems to be grappling with separating himself and his passions regarding the subject of madness while writing his 2002 book. He specifically states that he wanted *Madness: A Brief History* to be solely an account of the historical narrative of madness, but that is not what he accomplished. In fighting with his passion about psychiatry and the intricate complexity of madness both historically and psychologically, there are many generalizations made in what seems to be an effort to simplify his own work. Even though there is an evident struggle to work solely as a historian and not delve into the field of psychiatry, Porter still managed to make *Madness: A Brief History* an informative work that details the history of madness and hints at the broader social and anthropological aspects of the subject present in *A Social History of Madness*.

A leading historian of mental illness in the early modern period alongside Peterson and prior to Porter, is Michael MacDonald. MacDonald's book *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth-Century England* was published in 1981, later in the same year of Peterson's work. The reason for considering MacDonald after Peterson and Porter is because both of these previous historians intersected with one another, and Peterson directly inspired Porter's text. MacDonald's works focus more on the asylum aspect of madness and the specifics of suicide in early modern England, suicide becoming its own niche branch of the study of mental illness due to MacDonald's contributions in the field. All three of these historians have the goal of giving a voice to the mentally ill with varying approaches.

In writing *Mystical Bedlam*, MacDonald tasked himself with “discovering how popular beliefs about insanity and healing illuminate the mental world of ordinary people.”<sup>53</sup> MacDonald states that he wants to understand “the experiences and beliefs of these ordinary people in their immediate historical context by analyzing them in light of other contemporary accounts of madness and healing in medical and legal documents, diaries and autobiographies, scientific and religious writings, and imaginative literature.”<sup>54</sup> This approach is different than that of Peterson or Porter. Rather than allowing each anecdotal contemporary account to stand alone and be compared to the world around the individual- as if in some social vacuum, MacDonald chooses to compare each mad person to others of the period alongside historical context.<sup>55</sup> By approaching the narratives of the mentally ill this way, MacDonald not only gives each individual a voice but also provides a sense of solidarity between each source. Realizing the limitations of this approach, MacDonald notes that he will inevitably “obscure the effects of broad social and intellectual changes that influenced the history of madness all over Europe.”<sup>56</sup> Another goal of MacDonald’s is to parallel 17<sup>th</sup> century beliefs to modern experiences in an effort to better understand insanity.<sup>57</sup>

In early modern England, the average person was familiar with plenty of maladies, and mental disorders could be located within the “universe of natural and supernatural events” due to “traditional cosmological and religious beliefs.”<sup>58</sup> To the ordinary Englishman of this period, nothing was coincidental and popular religious beliefs (such as the Great Chain of Being) gave

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<sup>53</sup> M. MacDonald, *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth-Century England*, 1981, p. xii

<sup>54</sup> *Ibid*

<sup>55</sup> *Ibid*

<sup>56</sup> *Ibid*

<sup>57</sup> *Ibid*, xiii

<sup>58</sup> M. MacDonald, *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth-Century England*, 1981, p. xiii

order and explanation to otherwards disorderly lives.<sup>59</sup> Medical ideas and popular religion were intertwined as ways for contemporaries to understand sickness- mental illness being classified as a sickness from early on in the period according to MacDonald.<sup>60</sup>

Another aspect of MacDonald's argument is that "contemporary social conditions and popular religion exerted a powerful influence on beliefs about insanity and methods of caring for the insane.<sup>61</sup> The response to those who were deemed insane were determined by the "material conditions, social organization, and systems of thought that characterize a particular culture and age."<sup>62</sup> In the 15<sup>th</sup> and 16<sup>th</sup> centuries "conventional beliefs about the nature and causes of mental disorders and the methods of psychological healing continued to reflect the traditional fusion of magic, science, and religion that typified the thinking of laymen of every social rank and educational background."<sup>63</sup> The importance of the family in the care of mad people is noted as the status quo in the beginning of the early modern period.<sup>64</sup> In the late 16<sup>th</sup> century, there was a sudden interest in insanity as "scientific writers popularized medical lore...and clergymen wrote treatises about consoling the troubled in mind."<sup>65</sup> There was a fascination with madness and the impact it had on individuals as well as the entire early modern society but in these early centuries of the period there was care and consideration given to mad people as outsiders tried to understand them. MacDonald states that after 1660 is when both the perception and management of mental disorders was fundamentally changed.<sup>66</sup> In the late 17<sup>th</sup> century, the image of the family begins to matter more than the care of a mad family member, resulting in legal

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<sup>59</sup> Ibid

<sup>60</sup> Ibid, xiv

<sup>61</sup> Ibid

<sup>62</sup> Ibid, 1

<sup>63</sup> Ibid, 2

<sup>64</sup> Ibid

<sup>65</sup> Ibid

<sup>66</sup> M. MacDonald, *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth-Century England*, 1981, p. 3



prohibitions against acts of self-murder (suicide) because it might jeopardize the family's welfare or social standing.<sup>67</sup> The structure of the average English family and household was so fundamental to the functioning of society that once mad people began to be viewed as a threat to it- capable of doing great harm to their relatives by nature of their illness, they were better off removed from the household equation entirely.<sup>68</sup>

In the 16<sup>th</sup> and 17<sup>th</sup> centuries, the educated classes popularized classical medical psychology.<sup>69</sup> Up until the late 17<sup>th</sup> century, “natural and supernatural approaches coexisted uneasily, championed by rival groups of professionals, to be sure, but not yet incompatible to many minds.”<sup>70</sup> MacDonald argues that it was not just the Reformation and Scientific Revolution which changed the perception of madness but also other social issues such as the English Revolution that “accelerated the triumph of medical explanations for insanity among the governing class.”<sup>71</sup> By the end of the 17<sup>th</sup> century, after religious conflict between many different groups, humanist physicians won the battle for explaining madness as “gloom and natural disorders” rather than relying on any sort of religious reasoning.<sup>72</sup> MacDonald notes a rift in the English populace during this time as common folk tended to keep their more religious cures and explanations for madness over the new “enlightened science” perspectives.<sup>73</sup> More and more people were sentenced to madhouses as this rift grew, as the elites came to favor science over religion. Family care of the insane is a direct result of the religious, political, and social conflict happening in the beginning to mid early modern period.<sup>74</sup>

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<sup>67</sup> Ibid, 4

<sup>68</sup> Ibid

<sup>69</sup> Ibid, 7

<sup>70</sup> Ibid, 8

<sup>71</sup> Ibid, 9

<sup>72</sup> Ibid, 10

<sup>73</sup> Ibid, 11

<sup>74</sup> M. MacDonald, *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth-Century England*, 1981, p. 11

*Mystical Bedlam* has been thoroughly researched by MacDonald and his insights about madness in the early modern period have been inspired by the writings of Michael Foucault, Keith Thomas, Lawrence Stone, and many others.<sup>75</sup> Part of MacDonald's method, of seeking to have individual narratives speak with one another, is due to his belief that "madness is the most solitary of afflictions to the people who experience it; but it is the most social of maladies to those who observe its effects."<sup>76</sup> Much like Peterson, MacDonald can appear to be personally tied to his writing and insights. MacDonald, and eventually Porter, argues that the growing popularity of psychological medicine is *not* proof of scientific or secular progress.<sup>77</sup> Modern psychology would not be what it is today without the "religious hatred, political conflict, social antagonism, and intellectual advancement," in the early modern period.<sup>78</sup>

In 1986 MacDonald's next work, *The Secularization of Suicide: 1660-1800*, was published. 1660 marks the beginning of the shift in perception of madness as viewed with religion- "religious and magical ideas that had justified savage punishments for self-murder were gradually eclipsed by medical and philosophical ideas that exculpated it."<sup>79</sup> Mad people who committed suicide were not guilty of self-murder because they were deemed to be ill.<sup>80</sup> The people of early modern England "gradually accepted the tolerant and secular attitude to suicide propounded by philosophers and physicians," once these ideas were made mainstream.<sup>81</sup>

MacDonald does not present the secularization of suicide as "a typical example of the social

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<sup>75</sup> Ibid, xiv-xv

<sup>76</sup> Ibid, 1

<sup>77</sup> Ibid, 230

<sup>78</sup> Ibid

<sup>79</sup> M. MacDonald, "The Secularization of Suicide in England, 1660-1800." *Past & Present* 111, no. 1 (1986), 52

<sup>80</sup> Ibid, 53

<sup>81</sup> M. MacDonald, "The Secularization of Suicide in England, 1660-1800." *Past & Present* 111, no. 1 (1986), p. 96

dynamics of cultural change,” because there needs to be more work done before that can be confidently stated.<sup>82</sup> As with madness as a whole, suicide was in somewhat ambiguous territory to the everyday early modern person. Suicide in this period is a lens through which historians can better understand social change.<sup>83</sup>

Another text which focuses on suicide but is vital to MacDonald’s understanding of madness, is his 1990 publication entitled *Sleepless Souls: Suicide in Early Modern England*, co-authored with Terence R. Murphy. “During the seventeenth and eighteenth centuries, less and less emphasis was placed on the hour of death. The art of dying became more dependent on the art of living, living as a good Christian.”<sup>84</sup> While madness was being shaped by secular ideas, suicide was suffering a similar fate since social changes dictated views about death. In the 18<sup>th</sup> century, “Enlightenment philosophy and the secularization of the world-view of European elites prompted writers to depict suicide as the consequences of mental illness or of a rational choice.”<sup>85</sup> By studying legal reforms, MacDonald has been able to construct the generally accepted view of suicide from his previously studied work with madness. Suicide in early modern England is best understood by the severity of the law regarding it. Throughout the early modern period in England, the punishment for suicide grew decreasingly less harsh as the years went on. Suicide was generally believed to impact the family unit in a negative way, therefore threatening the fabric of English life. However, unlike madness, suicide was legally reformed early on in the period, giving families specific rights if an individual was to kill themselves. These legal reforms were not to help the deceased but focused on maintaining the structure and

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<sup>82</sup> Ibid, 97

<sup>83</sup> Ibid

<sup>84</sup> Michael MacDonald and Terence R. Murphy. *Sleepless Souls: Suicide in Early Modern England*, 1990, p. 1

<sup>85</sup> Ibid, 2

order of the family unit as madness was addressed in full by larger social and religious ideals. Through MacDonald's efforts, suicide has been demystified as a part of madness that could then be understood through a scientific perspective rather than a religious or legal one.

Through these three historians, Peterson, Porter, and MacDonald, a complex history of madness has been created- one that aims to be understood by moderns, has been given a distinct voice, and has found its place in the historical narrative amidst religious and secular tensions. The consensus of these works show that madness was being forced into secularization because of the Reformation, the Scientific Revolution, the Enlightenment, and even the English Revolution. The populace wanted to rationalize madness with science in order to better understand it, but by doing so mad people were no longer viewed as part of society but rather as a group of people that needed to be contained and studied at no benefit to themselves. The secular aspects present of madness in the beginning of the early modern period were an early attempt to treat madness as a disease and something that could be treated, religiously or not, whereas later in the period the secularization of madness was done for the benefit of those who were not mad- often family members of mad people themselves. Porter claims that this switch in the viewing of mad people is not the natural progression of secularizing and instead is a response to a changing of value systems during the early modern period. Both Peterson and MacDonald would most likely agree while offering different specific evidence. For Porter and MacDonald, the secularization of madness is not proof of modernity, in fact, to those suffering from madness, secularization would often feel like a step backwards in terms of how they were treated within early modern society.

While each of the three historians discussed women specifically at some point in their work, there can be improvement when it comes to the mentally ill women of the early modern period. There is a lack of content regarding mentally ill women and children in the early modern

period. In 2018, David J. Vaughan published *The Suffering of Women Who Didn't Fit: 'Madness' in Britain 1450-1950* which explicitly focuses on madness from a female perspective. Vaughan aims to give “a well-informed history of gender, insanity and socio-cultural responses,” while focusing on “women who experienced the brutalities of madness.”<sup>86</sup> From being labeled insane simply because one is a woman, to hysteria, maternal madness, and ‘treatments’ of mad women, Vaughan creates an extremely well-balanced narrative that aims to give agency back to the women of these narratives. The main problem with this text is that it attempts to cover a massive span of time, 500 years, in less than 200 pages. While Vaughan weighs each aspect of madness carefully, the reader is left wanting to know more about the subject- which should be viewed as a positive critique.

Another area of study in the field of madness which should be expanded has to do with ill children, particularly those seeming to suffer both mentally and physically. In 2011, Judith Bonzol wrote a piece entitled *Afflicted Children: Supernatural Illness, Fear, and Anxiety in Early Modern England* which can be found in the Brepolis book *Diseases of the Imagination and Imaginary Disease in the Early Modern Period*, edited by Yasmin Haskell. Peterson, Porter, and MacDonald overlook mad children. While this can be traced to a lack of available evidence at the time of writing each work, it should have at least been considered by each author. Bonzol is especially concerned with fears regarding witchcraft and demonic possession of children in this period<sup>87</sup>. The microhistorical approach to mentally ill children is one that has a fair amount of evidence, written contemporary accounts as well as records, and one that should continue to be explored.

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<sup>86</sup> David J. Vaughan, *The Suffering of Women Who Didn't Fit: "Madness" in Britain, 1450-1950*, 2018, p. ix

<sup>87</sup> Yasmin Annabel Haskell, *Diseases of the Imagination and Imaginary Disease in the Early Modern Period*, 2011, p. 163

Allowing each anecdotal account to speak for itself is a tactic that conveys care and consideration for contemporaries but can leave out certain groups. It is impossible to construct a complete narrative that accounts for the experience of every mentally ill person in the early modern period of England, but historians should still attempt to come closer to this ideal. Without trying to connect individual narratives to each other, historians will not further the study of madness and risk drawing conclusions without considering the influence that each account has on another. Overall, there is a general fear about making a general historical hypothesis in case it is later proved to be incorrect. However, historians owe it to the early modern people to try and fill in the gaps and make some attempt- even if it is disproved by later scholars- to understand every aspect possible of the historical narrative.

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