

## **A6. Cross-Cultural Understandings of Madness and the Supernatural**

**A6:1** Wendy Turner, *Unhealthy Minds: Premodern Understanding of Mental Health and Intellectual Disabilities*

In the Middle Ages, there was no umbrella term for mental health. There was, though, an understanding of conditions that affected thinking, memory, and understanding. The term “madness,” historically, has come to represent “a corruption of the mind,” whether through supernatural devils or demons; through an imbalance of humors, such as a high fever; or through, what in medieval Europe and the Middle East was known as, the non-naturals of air, food, drink, exercise, rest, excretion, retention, and passions. Madness was not the only mental health condition, and it was divided into several categories. Intellectual disabilities, quite apart from madness, was the inability to think clearly or discern. Depression was another type of mental health condition that was not madness, but profound lethargy.

Generally, madness came into the collective consciousness whereby individuals who raved might be possessed by something, a demon or devil, be it real or figurative. Raving and interacting with the unseen became hallmarks of “madness.” The mad person spoke to herself or to someone who was not there; they flailed and acted out, maybe with violence. This other connection between the mind and body is an important one. People with intellectual disabilities or depression rarely acted out of targeted anger; they acted more confused by daily tasks than emotional. This paper will discuss how medieval mental health was categorized in law and medicine, and how it was treated within social and cultural contexts.

### Learning Outcomes

- Develop the capacity for critical thinking about the nature, ends and limits of medicine
- Deepen understanding of illness and suffering
- Develop an historically informed sensitivity to the diversity of patients (including appreciation of class, gender, socio-economic status, ethnicity, cultural, spiritual orientations)
- Recognize the dynamic interrelationship between medicine and society through history

## **A6:2** Marlis Hinckley, *Natural and supernatural healthcare in New Spain*

With the establishment of the Viceroyalty of New Spain in the 1530s, medical practice in what is now Mexico would change dramatically. The new Hispanic and Catholic regime reserved to itself the right to license medical practitioners, as well as encouraging the immigration of thousands of Spaniards from all social estates to the new colony. This resulted in the introduction of new diseases, new medical techniques, and new materia medica to the new viceroyalty. At this time, academic medicine – the ‘physic’ practiced by physicians and regulated through the protomédico system by the Crown – was not where most people turned when suffering from illness or injury. Rather, they went to a range of practitioners thought to have access to healing knowledge or power: priests, friars, wise women, and ticitl, among others.

In Iberia, a long tradition of canon law drew a clear distinction between supernatural and natural forms of healing. The latter, which occurred without the intervention of any spiritual forces, were always permissible for Christians; the former case was more complicated, with certain forms of supernatural invocation (prayer and pilgrimage) being encouraged while others (incantations) were prosecuted. Iberian Inquisition records consequently indicate considerable negotiation and confusion among popular healers about the boundaries of these categories.

Transposed to the American scene, the boundaries became even more troublesome. Indigenous Nahuatl healers invoked a range of beings as part of healing practices, not all of which could be considered fully natural or supernatural under a European Christian worldview. This presentation will address the adoption of materials and methods from European healthcare by indigenous American Nahuats in the late sixteenth and early seventeenth century, as well as the reverse. In so doing, it will focus on how practitioners negotiated the fluid boundaries of the natural and the supernatural – as well as the licit and the illicit – to continue existing healthcare practices and develop new ones in the colonial environment.

### Learning Outcomes

- Expand the definition of ‘healthcare’ to include the many ways in which people seek to improve their health without cleaving to a modern biomedical definition
- Consider the role of people outside the academy/written tradition in the development of healthcare
- Emphasize that medical and religious knowledge are constructed together

**A6:3** Stephanie Boyle, *Spiritual Medicine: The role of space and place in healing in the Egyptian Delta in the 19th Century*

Spiritual medicine is defined as healing practices that occurred at shrines, takiyyat, mawalid, mosques and private homes, where bodily health and spiritual protection were inseparable, and where communities forged trust, resilience, and identity. Spiritual medicine included practices that called on the divine and supernatural to address the illness of the body—most often diseases like epilepsy, anxiety disorders and illnesses resistant to biomedical interventions. Community, trust and reputation dictated the shape and character of these communal events. These practices were often considered part of “popular Islam” or “folk healing.” While both terms capture the practices to some extent, these pejorative terms reflect the patronizing perspective of doctors, administrators and medical professionals who believed that biomedical treatments were civilized, rational and superior. As Matthew Melvin-Koushki has shown, the intersection of religion, the occult (that which falls outside of mainstream religious practices) and medicine encourages a historiographical lens that frames healing as an intersectional practice rather than viewing science, religion and the occult as separate and discrete categories. This paper explored how popular healing traditions—zar ceremonies, shrine devotion, and takiyya-based care—persisted as vital forms of spiritual and bodily medicine as the Egyptian state expanded public health efforts over the course of the 19th century. It shows that popular forms of medicine, separated from the historical study of medicine, were the ways that ordinary people created a diversified medical system to heal their bodies with support from women from their communities.

This paper will look at the healing practices associated with Sheikha Sabah a local mystic and respected healer from Mit Sudan in the Egyptian delta. Sheikha Sabah emerged as a healer during the late 19th century in the city of Tanta, a city notable the shrine and mawlid (festival) attributed to Sayyid Ahmad al-Badawi. Sheikha Sabah joined a diverse group of doctors and medical practitioners who arrived in Tanta because of its continual infamy as a site of lascivious behavior and periodic cholera outbreaks. This paper will show that Sheikha Sabah is an apt example of the ways that spiritual medicine persisted as part of medicine rather than separate from it.

Learning Outcomes

- Deepen understanding of illness and suffering
- Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning
- Recognize the dynamic interrelationship between medicine and society through history