Madness in Seventeenth-Century Autobiography

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Katharine Hodgkin's *Madness in Seventeenth-Century Autobiography* is a welcome, thought-provoking contribution to our understanding of the cultural history of madness. It partly draws on Michael Macdonald's seminal work on the popular beliefs and social practices related to insanity in 17th-century England, and on his lucid analysis of the detailed case notes of the physician Richard Napier. But it also seeks to examine the perspectives of the sufferers by focusing on three spiritual autobiographies by people who had experienced (and recovered from) some transient form of madness during that century. Furthermore, its intricate exploration of the articulations of the self makes this study distinct from Jeremy Schmidt's recent work on the intertwining of medicine, religion and moral philosophy in the English 17th-century context. [(1)](#)

The first of the 'spiritual autobiographies' examined by Hodgkin was written around 1610 by the gentlewoman Dionys Fitzherbert, the unmarried daughter of a rich landowner from Oxfordshire, and has been preserved in its (unpublished) original autograph and two fair copies she had deposited in libraries. The second, published in 1683 (and in 1997), deals with the melancholia suffered 20 years earlier by the widowed Hanna Allen, whose respectable Presbyterian mercantile family lived in Derbyshire and London. The third, written in 1693 and published posthumously in 1713 (and in 1974), presents the episodes of hallucination, delirium and violence experienced in the mid-1650s by George Trosse, the reprobate grandson of a West Country merchant, before undergoing conversion and becoming a Nonconformist minister in Exeter. All three people turned to autobiographical writing after experiencing a radical crisis of identity and transformation; having come to be seen by their financially comfortable families, doctors and carers as mentally disturbed, they received medical treatment and spiritual guidance, and interpreted their eventual recovery in spiritual terms.

Noting that these three narratives offer more detail about the specific domestic, geographic, religious and historical circumstances of their protagonists, and about their relationships to other people, than most of the spiritual autobiographies written in England during this period, Hodgkin discusses their main themes in a fairly broad context: identity crisis; early modern notions of madness and melancholy; the role of religion in shaping the experience of disturbance and providing a cure; the interface between medicine and religion; gender differences; attitudes to the body, to clothing and to food; the passions and the loss of self-government; and the function of language and social interaction in the therapeutic process. She also reflects on how first-person accounts of madness may provide clues for a broader understanding of 17th-century articulations of the self and subjectivity in writing, in language and in the body, and within familial and social relations.

In examining the specific cultural contexts of three examples of mental disturbance, Hodgkin convincingly argues that madness and sanity need to be seen as a continuum, and that the themes and tensions underlying the narratives she examines are but 'the more general raw materials of psychic life' (p. 134). Taking the view that 'people go mad with the cultural materials they have to hand' (p. 190), Hodgkin looks at the ways in which madness is culturally articulated and defined, while demonstrating that the experience of madness cannot be reduced to purely social or conceptual constructs.

Endorsing the value of seemingly universal psychoanalytical concepts (such as the unconscious, fantasy and memory) as analytical tools that may help understand the 'articulation of psychic processes with and in culture' (p. 15), Hodgkin also stresses the 'need to find ways of hearing the voices of unreason in history' (p. 14), and thus counteract the excessive emphasis placed on the rationality of early modern Protestantism by historians and literary scholars in the last 40 years.

Hodgkin undertakes this by engaging with crucial theoretical and practical questions about how we may best approach the historical study of madness. She acknowledges the controversial reception in Anglo-American academia of Foucault's approach, but nonetheless defends the validity of his general suggestions about how madness has been constructed through language and through the institutions which have dealt with the mad. While Foucault's emphasis was on how 17th-century French institutions created an artificial separation between the sane and the insane, confining the latter to silence, Hodgkin demonstrates on a much smaller scale how the division between sanity and insanity, reason and unreason, is indeed artificial.

Inspired by Foucault's label 'archaeology of silence', Hodgkin shows awareness of the practical implications of seeking to give a voice to the mad. In her theoretical discussion she takes on board the seemingly extreme view that 'language itself excludes the possibility of mad speech' (p. 21). However, her ensuing analysis offers a much more nuanced picture of the fluidity of the early modern conceptions of madness, and of mad people's access to language. The protagonists of the three chosen narratives show a wide range of symptoms related to speech. For instance, Fitzherbert was speechless for many days (p. 36), while Trosse went from an inability to control his filthy language during his episodes of raving delirium to biting his tongue forcefully, or refusing to speak by closing his eyes and sealing his lips (pp. 56-7). Similarly, Allen's melancholy manifested as two extreme forms of linguistic behaviour: at times she could not stop her obsessive lamenting and dreadful expressions of sorrow and fear of damnation, whereas other times she refused to speak or simply gave short scornful answers (p. 57).

The three narratives discussed by Hodgkin also show how the experience of madness is necessarily shaped by 'language' in a broader sense, by being inscribed in the available discourses which grant it meaning. Thus, Fitzherbert's and Trosse's retrospective accounts of transient, reversible states of 'confusion' and 'delusion' resort to religious discourse to make sense of those experiences in terms typical of spiritual autobiography: sin, the fear of condemnation, conversion and the hope of redemption. Whether they had actually been mad, as Trosse seems to believe, or simply been perceived as mad, as Fitzherbert argues, their narratives shed important light on the blurred boundaries between reason and unreason, and on the intricate relationship between religion and mental disorder.

It is possible to argue that some 17th-century religious practices might have exacerbated mental disturbance, and that religion might have been particularly attractive to those with 'turbulent personalities'. Nonetheless, Hodgkin's study demonstrates how religion, rather than being a cause or effect, acted as a language through which mental disorder was both experienced and articulated. The experience of madness was not only understood but also shaped by the available medical, religious and moral ideas.

Thus, for instance, Fitzherbert recounts how she was 'as one utterly deprived of all sense and understanding' (MS e Mus. 169, f. 3v; in Hodgkin, p. 36), claiming that her condition was not the effect of melancholic humour, but that it had a clear spiritual origin: after her backsliding in her religious practices, she began to be tormented by Satan; she was not possessed, but lost all ability for self-government, and this had a serious impact on her health. Even though people might have seen her distracted behaviour as laughable, or attributed it to physical causes, Fitzherbert insists that they should be made aware of the true religious significance of her distractedness, caused by her intense affliction of conscience.

Allen, on the other hand, does not appear to have perceived any separation between the mental, spiritual, emotional and physical aspects of the melancholia she suffered following her husband's death. However, even though sexual abstinence was perceived by her contemporaries as a possible cause of melancholia in women, Allen makes no reference to this. She provides instead a religious explanation: her melancholic disorder was a form of punishment for the excessive love, the 'inordinate affection' she had had for her husband.

In 17th-century England, it was not uncommon for madness to be perceived as a punishment from God. The early modern interaction between religion and medicine in explaining and dealing with mental disturbance is well illustrated by the autobiographical accounts of Fitzherbert, Allen and Trosse. Their experience of madness was related to, and often indistinguishable from, affliction of conscience for sin. The methods used to deal with their madness clearly show that the medical was not clearly separated from the spiritual: they included the standard Galenic cures (vomits, purges, bleeding, and a regimen of sleeping and forced feeding) and other traditional methods such as physical restraint, combined with prayer, bible reading and godly conversations with family members and spiritual advisers.

In contrast with the unsympathetic and brutal methods of restraint and discipline which have tended to be associated with early modern mental care, these socially privileged individuals were treated primarily through reasoning and persuasive methods. In Hodgkin's account one can discern three main reasons for this. First, Fitzherbert, Allen and Trosse were looked after within domestic environments by family members, friends, advisers and housekeepers, who often occupied ambivalent positions of power and authority. Second, some of the fears they expressed, such as being damned or having committed a certain sin, were topics on which godly people with no special qualifications would have felt free to give advice. Third, the unclear boundaries between religious despair and mental disorder allowed room for negotiation about the meaning and consequences of extreme expressions of emotions.

Hodgkin also discusses how the boundaries between religious fervour and mental disturbance shifted during the 17th-century with the growth of sectarian religion. By the mid-century, England had seen a marked increase in the public expression of religious enthusiasm, eccentric behaviour and extreme manifestations of emotion, which some religious groups took as a guarantee of authentic religious experience but which would be out of fashion by the 1660s and generally perceived as mental disorder by the end of the century.

When Trosse wrote his spiritual autobiography, in the last decade of the 17th-century, he was an established minister within the moderate Dissenting community of Exeter. His life narrative, intended for posthumous publication, is openly exemplary and uses a polemical, homiletic tone to emphasise his idle and morally unprincipled youthful activities of drinking and travelling in France and Portugal, and his subsequent collapse into raving madness and delirium, before he was cured and went on to study at university to become a Nonconformist minister, and to experience religious prosecution under Charles II and James II. The young Trosse was confined in a private house in Glastonbury three times. But, unfortunately, Trosse's

autobiography does not mention the methods used by the Glastonbury 'mad-doctor', since this episode of his life is only relevant in as far as it illustrates the wider religious significance of his life changes.

As autobiographical narratives, the three texts chosen by Hodgkin pose a number of questions related to selectivity, accuracy and reliability. Besides the modesty generally expected of self-narratives, a common pattern of spiritual autobiography in the Augustinian tradition is for the writer to stress his or her personal shortcomings in religious terms (with reference to vices such as pride, vanity, greed and hypocrisy), while focusing on a selection of episodes which fit the pattern of salvation and show how the old self has given way to the new, more spiritual self. The fact that Fitzherbert, Allen and Trosse structured their life-narratives around conversion encouraged them to see their madness as resolved, as belonging only to their past.

In questioning the accuracy of their descriptions of their past episodes of madness, Hodgkin explores a number of lay perceptions of what it means to be mad. She asks how one might interpret narratives of madness if 'to be mad is to be dislocated from one's past, unable to recognise or remember one's closest friends and families' (p. 20). This somewhat reductive view of madness is corrected by Hodgkin's ensuing discussion of the less radical forms of madness and dislocation experienced by Fitzherbert, Allen and Trosse.

In connection with the more general question about the 'bare possibility of representation, of articulating the condition of madness' (p. 21), Hodgkin comments on Trosse's uncritical attitude towards the 'reliability of his knowledge of what happened when he was distracted' in a passage in which he describes how he fancied that God was looking for opportunities to destroy him (p. 34). Alternatively, one can argue that it is likely that Trosse was aware of the content of his delusions even though he did not recognise them as such. This can be best understood in connection with the early modern conception of the mind (found in Richard Burton and Thomas Adams, and discussed by Hodgkin in a later chapter) as consisting of three functions: memory, understanding and fantasy, each occupying a different ventricle of the brain. Fitzherbert, Allen, Trosse, and people around them, were probably familiar with the idea that it was possible to be mad and still be able to reason, if only the imagination (fantasy) was impaired. Hodgkin (p. 47) refers to a passage from John Locke that makes it very clear that, unlike idiots, mad people may be able to reason, even if they make the right deductions from the wrong ideas, 'having taken their Fancies for Realities' (*An Essay Concerning Human Understanding,* p. 161).

This conceptual framework can help understand why spiritual advisers and family members appear to have spent a considerable amount of time trying to persuade Fitzherbert and Trosse out of their errors. Fitzherbert recounts that even during her early episodes of raving, people pointed out to her that she was mistaken, while Trosse acknowledges that in his most delirious raving states he was not receptive to people's advice. This non-professional spiritual counselling was not limited to conversations, but also offered through letters. Hodgkin stresses the therapeutic effects of 'logical deduction' (p. 112) and notes that the reading of good books also had 'a role to play in reawakening the reasoning faculties' (p. 110). One may add here that devotional books, like spiritual counsel, did not simply work on people's intellect, but addressed the affects, and thus some of the underlying affective causes of mental disturbance.

Fear, sorrow and despair were clearly at the root of the obsessions, fantasies and delusions described by Fitzherbert and Trosse. The biblical connection between lust and madness, which appears to underlie Trosse's progress from his 'amorous Glances, Words and Actions' and 'Lewdness of Heart' to his 'filthy Language' (*Life,* pp. 58-9, 81, 105), was also drawn upon in a passage by Edward Reynoldes cited by Hodgkin (p. 44): 'so Lust and Anger are sometimes, in the Scripture, called Madnesse; because it transporteth the Soule beyond all bounds of Wisdome or Counsell' (*Treatise of the Passions,* p. 72). As Hodgkin notes (p. 43), the connection between the passions and madness was also made explicit by Thomas Wright: 'passions ingender Humours, and Humours breed passions' (*The Passions of the Mind,* p. 64). Even though Hodgkin does not dwell on how the passions were perceived to have a direct impact on physical and mental health, this notion can explain the 17th-century use of spiritual counselling and devotional reading as methods for dealing with madness. It is then possible to see how religion would not have simply contributed to exacerbate certain emotions, such as sorrow or affliction of conscience, but that it may have had a more positive impact in channelling desire, fear, sorrow and despair, and reducing their interference with the

workings of the mind. These, like other questions arising from Hodgkin's stimulating discussion, invite further study in a broader European context.

Hodgkin succeeds in covering a large number of issues related to articulations of the self in 17th-century England. She does not engage in a theoretical discussion of 'spiritual autobiography', but she refers to the *Book of Margery Kempe,* the 17th-century spiritual autobiographies of John Bunyan, the Quaker Dorothea Gotherson, the Baptist Jane Turner, and those of Alice Hayes and Elizabeth Stirredge from the 18th century. There is curiously no mention of the *Life* of the Antwerp-based English Discalced Carmelite nun Catherine Burton (1668-1714), based on the influential spiritual autobiography of the 16th-century Spanish religious reformer Teresa of Ávila. One can thus assume that when Hodgkin refers in her discussion to 'conventional' or 'traditional' spiritual autobiography, she is simply alluding to the English Protestant tradition.

After this fascinating study of madness in 17th-century English autobiography, one can only look forward to Hodgkin's forthcoming edition of the autobiographical writings of Dionys Fitzherbert.

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Notes

1. J. Schmidt, *Melancholy and the Care of the Soul: Religion, Moral Philosophy and Madness in Early Modern England* (Aldershot, 2007). This monograph, like A. Gowland's excellent study, *The Worlds of Renaissance Melancholy: Robert Burton in Context* (Cambridge, 2006), appeared too late to have been taken into account by Hodgkin. It is nonetheless surprising that she does not refer to Schmidt's earlier 'Melancholy and the therapeutic language of moral philosophy in seventeenth-century thought', *Journal of the History of Ideas*, 65 (2004), 583-601. Back to (1)

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