

Insanity and Christianity in the 19th Century

Brett Zimmerman

On August 17th, 2012, Canada lost one of its most compassionate and notable secular humanists in Dr. Wendell Watters, whom Walt Michalsky, in a touching biographical tribute in *Humanist Perspectives* (Winter 2012-13), calls “God’s Psychiatrist.”

Watters was a professor of psychiatry at McMaster University in Hamilton, Ontario, who specialized in couples’ therapy and who noticed, over the years, how often religious beliefs have “had a devastating impact on interpersonal relationships and human health” (p 25). Over a period of several decades, Watters contributed articles to *Humanist Perspectives* (back when it was called *Humanist in Canada*) with such titles as “Christianity and Mental Health,” wherein he calls Christianity “a shared psychosis” (p 6), “Christianity on Trial for Crimes against Humanity,” wherein he writes that that religion “is a very harmful existential soother, like a pain-killer with serious side effects” (p 33), and “Christianity on Trial,” wherein he notes that Christian socialization “causes intense conflict of a kind and an intensity that can contribute to serious psychiatric and psychosomatic illnesses”; “the teachings of Christianity contribute in no small way to much of the suffering that ends up being dealt with by the health care system” (p 20).¹

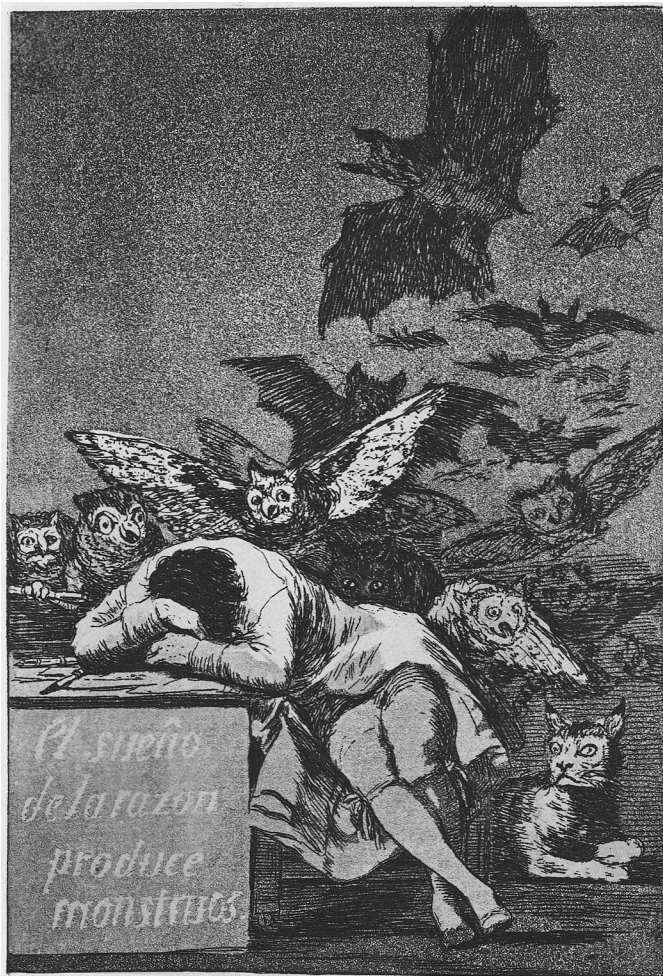
Some things never change. I wonder if Watters knew he had a 19th-century predecessor in Dr. Amariah Brigham, who founded and contributed numerous articles and book reviews to the *American Journal of Insanity*. He also wrote a number of books but the one for which he attained some notoriety is *Observations on the Influence of Religion upon the Health and Physical Welfare of Mankind* (1835), and for which he was attacked by a reviewer in, not surprisingly, the *Christian Spectator* (Dain, *Concepts of Insanity in the United States 1789-1865*, 188-91). Brigham was not alone, however, in his concern over the detri-

mental effects of religion on psychological health. As Norman Dain observes, “Psychiatrists did not believe that religion was an underlying cause of insanity, even of religious mania, but they did think that excessive religious zeal was responsible for precipitating the disease in persons who were predisposed” (p 187).

From a 21st-century perspective, it is difficult to deny the charge that religion can be the cause of psychological and physiological grief. Certainly religious “insanity” seems to fall into a least three categories: (1) apocalyptic despair (Millerism, for example), which can overlap with or cause (2) salvational melancholy (my term), and (3) demonomania (whereby a person thinks she is possessed by demons or is otherwise under the influence of Satan).² Sometimes the mental illness is private; other times it appears in the form of mass delusions.³

America has always furnished examples of the connection between religious fanaticism and mental illness on a grand scale, including the Salem witchcraft scare of 1692 and the Great Awakening of the 1730s and 40s.⁴ “One sermon by the eighteenth-century evangelist George Whitefield allegedly drove 15 people insane” (Dain, p 190); more notorious were the suicides caused by Jonathan Edwards’ fire-and-brimstone sermon “Sinners in the Hands of an Angry God,” which he preached several times in 1741.

Revivals of the next century were certainly a concern for the early pioneers of the psychiatric profession. Brigham devotes 80 pages to the subject in *Observations*, concluding that “modern revivals are injurious to health” (p 265). Boston pastor Otis Ainsworth Skinner was convinced by his research of the cause-and-effect relationship between revivals and derangement: one pamphlet he cites, published in the 1830s, contains accounts of 100 cases of insanity due



Francisco Goya's *Caprichos* (1799) image #43, *El sueño de la razón produce monstruos*. (The sleep of reason brings forth monsters.)
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to Christian revivals; he also examined asylum reports, concluding that “something like one sixth [of the insane] are made crazy by gloomy views of religion and terrific preaching!” (Dain, p 190). We might wonder if he had access to the statistics Pliny Earle published in the *American Journal of Insanity* for the January, 1848, number. Earle lists a number of “moral” (mental, as opposed to physiological) causes of insanity: pecuniary difficulties, want of employment, remorse, death of relatives, disappointed affection, home-sickness, too-intense application to study, mental excitement, fright, mental shock, domestic trouble, anxiety, mortified pride, disappointed ambition, faulty education, ungoverned passions, avarice, jealousy, seduction, novel reading (!), dealing in lottery tickets (!) – and “Religious excitement, &c” (p 195). The total number of cases is 522 and of those, religious excitement accounts for 93 – close to one-sixth the total.

The psychological literature has numerous case studies of men and women negatively affected by the enthusiasm of religious reviv-

als. The *American Journal of Insanity* (Jan. 1845) lists several in a chapter titled “Cases of Insanity, illustrating the importance of early treatment in preventing suicide.” Case VI concerns a young woman: “From much attention to religion during a revival, became nervous and sleepless...”

She also lost flesh, became melancholy, said she should never be any better.... Her melancholy increasing, her friends became apprehensive of her committing suicide, as she said she did not wish to live – and therefore brought her to the Asylum” (p 248). Case V involves a farmer who “became much disturbed in mind while attending a protracted religious meeting.” He “soon became melancholy, and despaired of his salvation.” Once he became inclined toward suicide, he was brought into the asylum (p 247). Case II is about a woman who “Thought she had committed the unpardonable sin, became very melancholy... and manifested a tendency to suicide, and endeavoured to cut her throat.” She “became insane from continued religious excitement, in connection with the doctrines of Miller” (p 246).

The lay Baptist preacher from upper New York, William Miller, had become convinced that the Second Coming of Christ would occur on or before 1843; he began preaching his message in August 1831. The movement gained momentum and became national by the early 1840s through preaching and the “Millerite publications,” even spreading beyond the

States into Canada, Britain, Australia, Norway, and Chile. Some men, of course, attempted to counter the influence of Miller's prophecies; Skinner, for example, published *The Theory of William Miller Concerning the End of the World in 1843, Utterly Exploded* (1840), but he could not stem the tide of religious idiocy.

Writing in January, 1845, in his article "Millerism," Brigham confessed in frustration, "We do not believe that much, if any, good has resulted from the numerous sermons and tracts that have been published exhibiting most clearly the calculations and predictions of Mr. Miller to be erroneous" (p 251). In fact, he complained, the more one attempts to reason with the Millerites, the more resolutely they cling to their delusions. Miller had originally been vague on the exact day of the Second Coming but eventually settled on October 22nd, 1844. After the world did not end on this date – the "Great Disappointment" – the Millerites fragmented into various groups each with its own explanation and alternative dates, as always happens in these situations.

For many people, however, the damage had been done psychologically. In the January, 1848, number of the *American Journal of Insanity* (4.3), Earle wrote of the "exciting doctrines of Miller, the self-styled prophet of the immediate destruction of the world," stating that "in those sections of the country where they obtained the most extensive credence, the institutions for the insane became peopled with large numbers, the faculties of whose minds had been overthrown thereby" (p 207). Brigham reinforces Earle's assertion: "we have scarcely seen a newspaper for some months past but contains accounts of suicides and insanity" produced by Millerism (p 249). He then provides instances, citing a Boston newspaper account of a man and a woman committed to the asylum on account of "this horrible delusion," the man having cut his throat. He was prevented from killing himself but another man succeeded by the same method (p 250). Brigham studied reports from the Lunatic Hospitals of the northern States and discovered that within the last year three of them had received thirty-two patients whose insanity was

directly attributable to Millerism. "Thousands who have not yet become deranged, have had their health impaired to such a degree as to unfit them for the duties of life forever" (p 250). We now live in the midst of many, he protests, who had been the most worthy and pious in the land but "who are now and probably will be while they live, tenants of a Lunatic Asylum" (p 252). Tapping into the nosological terminology of his time, he labels the Millerite delusion "*epidemic or contagious monomania*" (p 251). "Monomania" was the term used in those days to describe an obsession with a single idea.

Let us now say a few words concerning individual cases of religious mania not necessarily caused by revivals or the Millerite delusion. James Cowles Prichard, in *A Treatise on Insanity and Other Disorders Affecting the Mind* (1837), and W. C. Ellis, in *A Treatise on the Nature, Symptoms, Causes, and Treatment of Insanity* (1838), devote several pages to individual cases of mental disquietude brought on by religiosity. Ellis begins with a general observation: "Too intense thought upon religious subjects is the moral cause, which, next to distressed circumstances and grief, has produced, as far as we have been able to ascertain, the greatest number of cases in the institution at Wakefield" (p 67). Prichard is of the persuasion that humans have a natural tendency to look into futurity but also a naturally gloomy predisposition when it comes, indeed, to questions of our eschatological fate (p 144). Adding to this problem, as other psychologists noted also, is that too often preachers would intensify this gloom-and-doom outlook by engaging in strongly denunciatory sermons, leaving people to consider the gap between their own and ideal Christian conduct, the morality of the gospel, as Ellis puts it; Prichard reinforces this point (p 143). Preachers could devote too much time behind the pulpit focusing on eternal punishment – "Sinners in the Hands of an Angry God" is the classic example – at the expense of celebrating the glorious promise of salvation. For the easily impressionable member of the flock, "the anticipation of that eternal misery, which he fancies to be his inevitable doom, continually fills his mind with gloomy apprehen-

sions, and eventually sinks him into the most suffering state of insanity . . .” (Ellis, p 68).

Ellis then provides several case studies:

The disease came on gradually, from intense thought and anxiety on religious subjects. He was married, but had led rather a dissolute life, and, though not a drunkard, was in the habit of spending his time, and the money which ought to have supported his family, at the public-house. He became awakened to the true state in which he stood as a sinner before God; and overlooking all the promises of pardon contained in the gospel to those who truly repent, or imagining they could not apply to him, he became miserable. He saw nothing but condemnation before him, without any ray of hope (p 70).

The theme that came up often in cases of religious insanity was the idea of the “unpardonable sin.” One woman had lived with her cousin and her husband but was in the habit of repeating to the husband derogatory remarks made about him by his wife. Consequently, they separated, and the woman was deeply remorseful: “to this hour she entertains the distressing and erroneous idea, that she has sinned the unpardonable sin against the Holy Ghost, and that eternal misery is her inevitable doom” (p 69).

Brigham provides the sad history of certain religious melancholics by quoting from two of his favourite sources, the pioneering French psychologists Philippe Pinel and Jean-Étienne Dominique Esquirol:

Pinel says – “one went away, after hearing a sermon that convinced him he was damned, and killed his children to spare them the same fate.” “A young woman,” says Esquirol – “after having experienced some domestic trouble, believed herself damned; and for six months she was tormented by a desire to kill her children, to save them from the torments of another life.” Many similar instances might be cited from medical books, but there are few people in this part of the United States, who have not witnessed such in their own neighborhoods. I have the particulars of above *ninety* cases of suicide from religious melancholy, which have occurred in six of the northern states (the New England states and New

York) within the last twenty years; and also, of thirty cases in the same states, of this disease leading the unhappy sufferers to kill or to attempt to kill their children or dearest relatives, believing they should thereby ensure the future happiness of those they destroyed. I have heard of many more cases of a like character, and have seen accounts of others in the public papers. . . . (*Observations*, p 291).

It is difficult to believe such cases could have existed. A few decades ago I visited the home town of a buddy of mine in the Salvation Army. For a lark, I went to hear him give a sermon, the first time I had ever heard him preach. After, I met some members of his flock but one woman stood out and stays in my memory because *she looked so damned miserable*. In the nineteenth century, she would have been diagnosed a religious melancholic.

We have covered the first two types of religious “insanity” listed at the beginning of this article: apocalyptic despair and salvational melancholy. Let us say a few words about the third type, demonomania, belief that one has been possessed by demons and/or is in Satan’s power. On this subject, Brigham quotes Esquirol, who recommends that we expand the definition: “We ought to consider as a variety of demonomania, that state of some insane, who, struck with the terrors of hell, believe they are damned. They are fearful, superstitious, and imagine they have committed great crimes, the punishment of which they are not able to avoid.” Says Brigham, sadly, “This last mentioned variety of demonomania, is not unfrequent in this country. I have seen several cases within the last year. Of all kinds of insanity, it is the most deplorable...” (p 290). This expanded definition, however, clearly overlaps with salvational melancholy, especially the type involving the conviction that one has committed the unpardonable sin. At any rate, despite the nosological confusion and disagreement that existed in the early decades of psychology and psychiatry, we have seen the many ways in which the religious mentality was very often a thoroughly *messed up* mentality. The modern insights of Dr. Wendell Watters are very, very old, harkening back to the late

eighteenth century and the birth of Dr. Watters' profession.

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Given the very real phenomenon that Alexis de Tocqueville, in *Democracy in America*, named the “tyranny of the majority,” it was even less socially acceptable to attack religion in the 19th century, especially in the USA, than it was for Wendell Watters in ours. Even the psychologists who credited a connection between religion and mental illness were reluctant to write about the subject without qualifications. Here is Pliny Earle – a Quaker, by the way (Dain, p 226 n10) – in the *American Journal of Insanity* (4.3):

It is difficult to believe that “pure religion and undefiled” should overthrow the powers of the mind to which it was intended to yield the composure of a humble hope and the stability of a confiding faith. Nor do facts authorize any conclusion thus hostile to Christianity, for a great majority of the cases of insanity attributed to religious influence, can be traced to the ardor of a zeal untempered with prudence, or a fanaticism as unlike the true religion which it professes, as a grotesque mask is to the face which it conceals (p 207).

We recognize the fallacy of special pleading in Earle's profession to be able to distinguish between “true” religion and false. One always favours one's own religion and absolves it of charges one would readily apply to others. British psychologist John Haslam, writing nearly thirty years earlier, simply refused to believe that religion could cause madness. To believe that religion, which expounds God's laws, teaches us our duties in life, gives comfort to the afflicted, instructs us to treat one another with charity and benevolence – the idea that something so pure and good could “decoy a human being into madness, is a foolish and impious supposition” (*Observations on Madness and Melancholy*, p 264).

It is worse than foolish and impious; it is downright sinful, he goes on to assert. However, he then qualifies his remarks by suggesting that certain wrongheaded Christian

denominations tend to create fanatics. He lets the Catholic Church off the hook (surprisingly), as well as Quakers and the “established church of this country, of which I am an unworthy member”; the Church of England, he continues, “will delude no one, by its terrors, to the brink of fatuity” (p 265). He is less kind in his remarks concerning “three classes of fanatics”: Arminians, “Calvinistic methodists, and the evangelical clergymen of the church of England” (267n). Prichard also takes up the question of which Christian sects, if any, might be more likely to create religious mania; he even provides a chart in which he includes Judaism as well (p 150). Unlike Haslam, he concludes that “the catholic religion is rather more favourable to the manifestation of insanity than the protestant.”

I doubt that early “mental philosophers” ever agreed on the question of which Christian denomination led more psychologically and emotionally sheared sheep to the madhouse. What is more important, and truly fascinating, is that the Age of Enlightenment was when the “science of mind” joined the older and established sciences in their ongoing battle against the magical thinking of religious belief. It was not long after the birth of the profession that physicians, psychologists, and psychiatrists determined that, indeed, the mind is a manifestation of the brain.

Whenever a “lunatic” died, which was a frequent occurrence in the asylums, especially before the advent of the “moral treatment” that revolutionized the handling of the mentally ill, an autopsy was performed to determine what, if anything, was abnormal about the unfortunate person's brain. Just outside of mainstream psychology, the phrenologists argued that each human characteristic and impulse could be located in a particular cranial organ, and that mental illness was the result of an organ, a faculty, becoming hypertrophied (overused) or atrophied (underused).

Clearly, this view of humanity more than smacked of philosophical materialism and determinism; the implication seemed to be that people lack free will, being simply victims of our biology, and that we have no soul but a mind that dies when the brain dies. Of course, no phrenologist

or mainstream psychologist would dare express such opinions, at least in public; nevertheless, for the Catholic and Protestant Churches – those very institutions whose teachings were sending adherents in droves to the asylums – the science of mind was a new threat to their tyranny over the minds of men and women. •

Notes

1. I build upon and apply some of Watters' insights in my article "Freethinker vs. Puritan: Mental Health in Hawthorne's *The Scarlet Letter*," which appeared in *Humanist in Canada*. It has been reprinted in my book *Pensées: Moral and Intellectual Objections to Christianity from a Multi-disciplinary Point of View*, available from Amazon.
2. A fourth type we can add is superstitiousness, which early psychologists, like modern psychologists, would have considered a type of delusional thinking. For a powerful fictional illustration of this and other types of religious mania, read Edgar Allan Poe's tale "The Black Cat."
3. I should say at the outset that early psychologists entertained broad notions of "insanity" – that is, they had a broad definition that included much more than hallucinations, psychotic delusions, and incomprehensible ravings, all of which symptoms probably constitute the popular notion of insanity in our own day. Many of the cases discussed in the literature of the late eighteenth and early nineteenth centuries illustrate numerous symptoms of what we now certainly consider mental illness, such as anxiety or clinical depression, but they applied the term *insanity* (and its variants) to any deviations from normal mental health and functioning.
4. See my articles "'Now Heaven and Hell grapple on our backs...': The Salem Witchcraft Delusion" in *Humanist in Canada*, and "Everybody 'got religion': Edwards, Whitefield, Franklin, and the Great Awakening" in *Humanist Perspectives*. The Salem piece also appears in *Pensées*.

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