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# Cause or symptom? Contentions surrounding religious melancholy and mental medicine in Late- Georgian Britain

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**CAUSE OR SYMPTOM? CONTENTIONS SURROUNDING  
RELIGIOUS MELANCHOLY AND MENTAL MEDICINE IN  
LATE-GEORGIAN BRITAIN**

Recent scholarship on melancholy, religion and enthusiasm in early modern England (see Schmidt, Hodgkin, Hawes), by contrast with earlier work (see MacDonald, Heyd, Lipsedge), challenges the extent to which melancholy was secularized after the Restoration. Underlying the vitality of the tradition of spiritual physic in Protestant ministrations to the melancholic, for example, Jeremy Schmidt takes firm issue with MacDonald's earlier thesis concerning the impact and extent of the late-seventeenth-century assault on enthusiasm. He argues that the latter not only provides too narrow a definition of secularization, but also that religious consolation remained an important option for melancholic sufferers well into the eighteenth century. Methodists, Quakers, and other evangelicals continue earlier traditions of consolation and spiritual ministration to the melancholic and mentally deranged, the former, for example, being regular visitors to patients at Bethlem/St Luke's, and the latter being heavily involved in lunacy reform. Leaders of lay opinion, too, including James Boswell, persist in emphasizing "How blessed is the relief which [the melancholic and hypochondriac] ... may have from the divine comforts of religion" (Boswell 45–46). While "melancholy as spiritual trouble of mind was [partially] ... displaced" by a stress on bodily symptoms and complaints, eighteenth-century writers continue to deploy moral philosophizing to "insist that hypochondriac melancholy was a disease of the mind" (Schmidt 6). Schmidt, also, however, accepts that eighteenth-century texts on melancholy are significantly "less moralistic and much more medical"—predominantly eschewing and rejecting supernatural explanations for melancholy, and providing more physiologized and naturalistic models (183). Katharine Hodgkin goes even further, suggesting that religious melancholy is regarded as little more than a symptom of mental affliction by the end of the century. In what follows, I argue that this is an exaggeration of the consistency and uniformity of the changes that had taken place by 1800, or even by the end of the Georgian era in 1834.

Confined primarily to a period before 1700 (in Hodgkin's case) or 1750 (in Schmidt's), neither of these studies attempts to trace social and medical discourse on melancholy in any detail for the later Georgian period. In an appropriately millennially dated article, George Rousseau's piece from 2000 controversially and somewhat hyperbolically alleges that depression's history has not been effectively written (especially, in lexicographic and genealogical terms), and that pre-eighteenth-century terminological categories such as melancholy, vapors, hyp, and hysteria remain unstable and ill-defined. Moreover, Rousseau argues that while evidence from the Enlightenment era might imply that older pre-medicalized concepts of melancholy were waning, in fact they "lingered, especially as religious melancholy" (74). Nonetheless, Rousseau appears overly dismissive of a welter of scholarship on melancholy, and despite drawing his net widely, he pays scant attention to religious melancholy. Much earlier, for example, Stanley Jackson's studies of the supplanting of humoral medical explanations for melancholy in the early Georgian era, with mechanistic models informed by Newtonian natural philosophy, as well as the psychological content of earlier Burtonian approaches to melancholy, did much to elucidate changing patterns of medical diagnosis and treatment of the disorder (see Jackson, "Melancholia" and *Melancholia*). More recently, Paul Laffey has stressed the important distinction being drawn by Georgian clergymen-physicians, such as Edward Syngé and John Wesley, in their accounts of religious melancholy (see "John Wesley," "Two Registers: Part 1"). On the one hand, they argue that the disorder was moral (related to fears, sins, and passions) and was remedial (via spiritual counsel, counter arguments, and practices such as prayer/vigil); on the other hand, it was physical/constitutional and was to be remedied via medicines and diet and exercise regimens. Such accounts clearly continue to make a strong counter-claim for the virtues of spiritual physic as well as, if not beyond, medicine in treating religious melancholy.

Recent revisionist work by historians significantly re-frames earlier scholarship on Methodism, Quakerism, and other evangelical religions (for example, see Mack, Hempton, Saliers and Steele, and Clapper). Previous scholars tended to underline how the elite practitioners of Georgian mental medicine tended to portray Methodist practices of vigil, fasting, prayer, and proselytizing as far from helpful to melancholic propensities to sleeplessness, self-starvation, and morbid imaginings. But the writings of evangelical preachers and devotees themselves present a not surprisingly very divergent picture. Focusing on the diaries, correspondence, memoirs, and published writings of both non-conformists and

orthodox advocates, revisionist studies have elucidated how positively sympathizers generally construed the “heart religion” of Methodism and its pastors, including its highly personalized, emotional practices. Methodist families were more often extremely grateful for the personal assistance of a preacher and the preacher’s familial, consolatory attendance to the sensibilities and spiritual torments of their members. Moreover, when clear, acute, or life-threatening physical symptoms of melancholy and self-destructive urges emerged, Methodists, like Wesley, were far from slow to recommend physical remedies and the consultation of a suitably sympathetic medical practitioner. Recent scholarship demonstrates how rarely the desponding images of hell-fire and damnation associated with sectarians appear to have been implicated in their battles with spiritual doubt, melancholy, and psychosomatic afflictions, and also how deeply they experienced and objected to the stigmas projected on them by some orthodox Anglican critics. Other scholars articulate a more complex picture of pre-1800 attitudes to enthusiasm, with Quakers positively identifying with enthusiasm, and Methodists themselves like Wesley critiquing it (for example, see Walsh; Gibson, *Church*; Klein and La Vopa; Gibson and Ingram; Gregory, “In the Church” and “Articulating”). They stress the limited impact of anti-enthusiasm campaigners on the popularity of evangelical religion, emphasizing how significant advocacy lent to Methodists from some quarters of the established Anglican Church contributed to the very success of Methodism.

This article concentrates on medical discourse concerning melancholy, religion, and enthusiasm during the later period, circa 1780–1830. While this is a period when these topics remained highly contentious, it is moreover one in which significant divergence and shifts of attitude are discernible in medical texts. By the 1830s, the majority of the British medicopsychologists and asylum-based practitioners were espousing the benefits of divine service and multid denominational religious consolation for their patients. Many asylums were constructed or remodeled with expensive chapels and churches at the epicenters of their spatial and recreational order. However, asylum authorities differed markedly on how religious observances should be administered. For much of the preceding century, furthermore, religious services were conspicuously absent from asylums. Eighteenth-century medical texts primarily counseled against the advisability of encouraging the mad towards religiosity, especially those prone to religious melancholy, enthusiasm, and mania. Historians have only partially addressed why such conceptual shifts occurred. How far can such changes be straightforwardly related (as Laffey and Smith have suggested)

to the rise of moral therapeutics that rearticulated spiritual help as a central therapeutic lynchpin? Or are significant transitions in perspective discernible before the published dissemination of moral therapy and linked to wider processes of change? This article provides a broader explicatory model for the stark divisions that emerged between medical authorities who continued to conceive certain genres of religion as causative of melancholy (and indeed mania), and others who increasingly posited that religious aberrations were more of a symptom than a cause of melancholy.

### STIGMATIZING AND PATHOLOGIZING RELIGIOUS MELANCHOLY

Virtually every broadly framed British insanity treatise (and a wide range of continental insanity treatises) published from 1780 to 1834 contained significant attention to the problem of religion and its role in mental afflictions. In England, my focus here, practitioners were partially influenced to attend to this subject in order to build on the attention to religious melancholy in previous writers, from Robert Burton and Timothie Bright to Lewis Southcomb and Richard Baxter. However, such authors were in fact rarely cited in late Georgian alienists' texts on religious insanity. More importantly, as Michael MacDonald, Michael Heyd, and others have argued, eighteenth-century medical texts were strongly inflected by a prolonged post-Restoration reaction against the putative excesses of sectarianism and religio-political enthusiasm, and subsequent Enlightenment rationalist critiquing of the irrationality of superstition, credulity, and fanaticism. This critique emerged most strongly from influential lay members of Anglican (and some Catholic) political, social, and literary elites, and from radical free-thinking proselytizers (see, for example, Jonathan Swift, Conyers Middleton, John Langehorne, the Earl of Shaftesbury, Ambrose Philips, and John Trenchard), though also from some prominent members of the professional medico-scientific elites. For leading early Augustan Anglican medicos like Richard Mead: "nothing disorders the mind so much as [love and] religion.... Superstition fills and distracts the mind with vain terrors, and notions of divine vengeance," while "madness ... is more generally ... [experienced by] superstitious people ... of the melancholic kind" (*Medical* 76; see also Mead, *Medica Sacra*). As Laffey somewhat differently puts it: "The Enlightenment medicalization of Enthusiasm, showing that irrational religious doctrines arose from the effects of sick bodies, formulated a deadly serious medical and political project" ("Two: Part 2" 68).

In our *Undertaker of the Mind*, Andrew Scull and I explore the widening of this campaign in the context of eighteenth-century mad-doctoring and

the Monros, physicians to London's Bethlem Hospital. Not only confrontations with problematic religious enthusiasts, like Alexander Cruden, but more particular personal interactions and disputes with leading Methodists plainly disposed this particular mad-doctoring dynasty to regard evangelical religion as highly productive of mania and melancholy in the patients they routinely attended. Other historians (for example, Lucia Dacombe) have helped to clarify how Georgian anti-enthusiast campaigners, from radicals (such as Trenchard and the *Free-Thinking Magazine*) to Anglican proselytizers (like George Lavington, Thomas Green, and William Mason), cast Protestant sectarians and Papists alike as purveyors of religious madness and melancholy. Mason claimed special autobiographical authority for such a perspective, alleging he had been personally led to "distress of mind" and becoming "melancholy mad" via initial seduction into the perplexing doctrines of Methodism (Mason, *Life* 6; see also W. Newnham). Moreover, campaigners blurred the lines between enthusiasm and melancholy (Dacombe 400). Typically, in his influential works on enthusiasm, Anthony Ashley Cooper, the third Earl of Shaftesbury—citing a wide range of authors from Aristotle to Moore—highlighted how frequently melancholy attended all forms of enthusiasm and how quickly "Excess of Zeal and Affection ... is resolv'd into the power of Melancholy" (*Letter* 21, also *Characteristicks* 2: 161).

By the 1740s, Wesleyans in particular were identified as most responsible of all for "engendering epidemics of collective melancholy" (Dacombe 400). The politico-educative dimensions of this campaign saw physicians asserting both common cause and competing claims with doyens of polite culture, moral philosophers, and clergymen/preachers in seeking authority to define and treat as abnormal not only religious melancholy but unusual fancies and dreaming. Anti-enthusiast authors also extended their campaigns to a nullification and pathologization of the putative spiritual meaning of revelation, dreams, and visions (Jeffrey 213–16; Dacombe). *Pace* Laffey, Dacombe stressed how such campaigners went beyond a mere critique of the appropriateness of moral over medical definitions and treatments of such conditions to emphasize religious enthusiasm and melancholy as problems of irrational, defective, and intuitively/superstitiously founded knowledge, best healed by a combination of physic and promotion of rational, "polite, cultivated and controlled" education (400–01).

Medical specialists were clearly encouraged to significantly attend to religious melancholy and madness because of a wider, if far from uniform, rationalizing, biologizing agenda at the heart of Enlightenment mental and medical science. Offering steadfastly naturalistic physiological and

psychosomatic interpretations of visions and diabolic possession, and special claims for divine inspiration and even reported miracles, medical writers from Friedrich Hoffman and Jean-Pierre Falret on the continent, to Nicholas Robinson, Mead, William Pargeter, Thomas Arnold, and Erasmus Darwin in England, extended what Porter has termed the “pathologization of religious madness” and religious melancholy (*Madness* 32; see also *Madmen*). Earlier in the century, as Porter observed, Robinson had interpreted the visions reported by Fox and other Quakers as having arisen from mental derangement, or the “stronger impulses of a warm brain” (qtd. in Porter, *Madness* 30). Mead’s *Medical Precepts and Cautions*, emphasizing the power of the passions and imagination as productive of mental derangements, analogously highlighted the process whereby superstition in propagating fear and terrifying imaginings frequently degenerated into (religious) melancholy. Professionally and educationally predisposed to sympathize with, if not significantly lead, the campaign to pathologize religious insanity, eighteenth-century mad-doctors were also led to fixate on religious melancholy and madness by a heightened concern to impose their primary authority to treat such cases in the context of continuing challenges by spiritual physicians. They were additionally influenced by empirical experience of numerous cases of patients whose mental problems were manifested in a significantly religious form.

From the 1780s, however, the subject of religious insanity assumed a larger and increasingly controversial prominence in contemporary British medical texts. Arnold, Leicester Asylum physician and proprietor of Belle Grove private asylum, devoted weighty portions of the first volume of his 1782–86 *Observations on Insanity* to prolonged moro-philosophical, literary, and medico-psychological analysis of religious insanity. For Arnold, religious melancholy was the preeminent pathological outcome of English religion, which despite sometimes elevating “its adherents with raptures of assurance,” more commonly “depresses and overwhelms them with the deepest despair” and thus “produces religious Madness” (1: 16). Arnold’s treatment of religion and insanity, plainly influenced by earlier medical writers like Cheyne and Sauvages, whom he cited, marks perhaps the most extreme late Georgian medico-moral conflation of religious deviance with madness. Arnold classified religious insanity under the headings “superstitious,” “enthusiastic,” and “desponding,” the latter substituting for melancholy (1: 218–41). In doing so, he was probably influenced as much by moral philosophers, like Shaftesbury, as by medical nosologists. Shaftesbury had similarly emphasized the: “many *Branches* [of Enthusiasm] ... as that of FEAR, MELANCHOLY, CONSTERNATION,



SUSPICION, DESPAIR. And [how] when the Passion turns more towards the *astonishing* and *frightful* ... it creates ... SUPERSTITION [rather] than ENTHUSIASM" (*Characteristicks* 1: 39). While dividing insanity in general between "Notional" and "Ideal" forms, Arnold sub-classified all three religious insanities as intimately related, but described "Desponding Insanity" in particularly catastrophic terms as:

a groundless apprehension of having lost the favour, and irretrievably incurred the resentment of the Deity; and of being destined, in consequence of some supposed unpardonable offence ... usually ... trifling, and ... not uncommonly merely imaginary, to the most unrelenting severities of everlasting torment ... the unhappy sufferers under this shocking calamity [are] sensible only to their present agonies [and] ... self-detestation ... which render them impatient to meet [their deaths] ... and eager to inflict on themselves the merited punishment. (1: 237–38)

Convinced that the putatively high incidence of insanity and melancholy in England was largely attributable to religious causes, he similarly accepted (with minor qualifications) the (prejudicial) constructions by continental writers of "the English disease" (1: 14; see 1: 14–16, 205). Arnold drew a, by now, commonplace, simplistic contrast between the religio-cultural composition of Catholic countries like France and divided Protestant countries like England. While in the former the ready availability of "penance," "absolution," and "pardon" for sins and the dominance of "superstition" were deemed inimical to melancholy, in England "less superstition" but more vigorous sectarian "enthusiasm" were reckoned proportionately more "apt to produce Melancholy" (1: 15–16).

Although Arnold claimed in his second volume preface that his nosological analysis was primarily derived from patients under his "own inspection," in fact he presented strikingly few original case histories, relying instead on recycling excerpts from existing lay and medical sources (2: iii). Over page after page, note after note, Arnold uncritically rehashed well over a century of post-Restoration, Anglican Enlightenment excoriation of the opponents of "pure and rational religion" (2: 250). Allegedly mad Fifth Monarchist enthusiasts of the Cromwellian period (for example, Thomas Venner) and millenary Calvinist enthusiasts (for example, John Mason) were arraigned alongside a motley band of astrological, alchemical, and occultist figures, including John Dee, Edward Kelly, and Simon Forman. Particular attention was accorded to the religious melancholy

of the notorious dissenting preacher, Simon Browne. During the 1760s, *The Gentleman's Magazine* and *The Adventurer* had unfolded Browne's history and agonized discourse about the death of his "rational soul" owing to God's supposed "abandonment," as a "curious" spectacle of enthusiastic madness and long quotations regurgitated over seven pages of Arnold's footnotes were adjudged to require little elaborative commentary. Nonetheless, these portrayals also signify a growing sense among such commentators that the high days of religious melancholy and mad enthusiasm were now declining in the face of Enlightenment. Arnold characterized the previous two centuries as "the dark ages of ignorance and credulity," when an "epidemic madness" abounded (1: 250). While irrationally "superstitious devotees, and fanatical enthusiasts ... abounded in the declining state of Christianity," mentally mired "in gloom" and "misled by a deluded imagination," Arnold was confident that "the mists of ignorance ... are now disappearing before the mild illumination of reason and truth [and] ... pure and rational religion" (1: 250).

For Arnold's contemporary, the Kent surgeon-practitioner William Perfect, whose publication of numerous praxis-derived case histories contrasted markedly with the former's approach, there was similarly no doubt that the apparent contemporary increase in insanity "owes much ... to the absurd tenets and ill-founded notions of an epidemic enthusiasm" (*Annals* 89). He characterized this epidemic of religious madness as originating in "absurd and gloomy notions of God and religion derived from vulgar prejudices, which excites the attention of the weak understandings to points of religion, which they contemplate without comprehending, to the entire subversion of their rational faculties" (*Select Cases* 119–20). Perfect excoriated Methodism and "the disciples of this pernicious doctrine" as constituting "an epidemic disease [which] had long spread its baneful influence through many ranks ... to the excitement of the most daring outrages, and the wildest extravagancies" (*Annals* 87). Quoting at length from a characteristically vicious contemporary theological diatribe, he relayed the standard criticisms of Methodism as converting religion from a doctrine of exaltation and forgiveness which "should make man cheerful," to one that "overspreads ... melancholy" (*Annals* 89). Such texts cast Wesleyans as worshipping the "God of Fear" and "punishment rather than the God of Love"; feeding the fancy and perplexing the brains of the gullible, superstitious, and unlearned "with unintelligible jargon"; declaiming constantly on the threat of future sufferings, "the terrors of the Lord," and other "gloomy subjects"; and exerting "a dreadful effect on weak minds" (87–88). Orthodox Anglican Georgian religio-medici, such

as Pargeter, also endorsed and amplified this discourse. Pargeter wrote at excoriating, declamatory length on the subject in his *Observations on Maniacal Disorders*, linking both mania and melancholy to religious enthusiasm and the particular tenor of Methodist sectarian preaching. Such medical commentators inevitably exchanged cases, and post-1787 editions of Perfect's *Annals of Insanity* included Pargeter's longest and most extreme case of sectarian-induced religious enthusiasm (Perfect, *Annals* 304–08; Pargeter 32–37).

Perfect described the “wretched” symptoms and transformed physical appearance of another case of religious enthusiasm combined with melancholy in especially vivid terms (see *Select Cases* 31–34).<sup>1</sup> This 40-year-old lady was alleged to have become: “from a violent fanatical affection ... indifferent to every enjoyment of life, unable to perform the domestic duties of her family ... her ideas ... gloomy, and depressed ... her life a burden to herself” (*Select Cases* 31–32). Following more than one attempted suicide attempt, and a period of treatment in London where “she received medicines usually given melancholics,” this “wretched” woman was conveyed to Perfect's house in 1773, where she was found to have: “A fixt pallid melancholy ... strongly impressed on her features; her eyes look'd wild and staring; her nights were watchful; and she often talked of religion in a confused, timorous, and mistaken manner” (*Select Cases* 32–33). In cases of religious melancholy, Perfect's frequent first resort was to completely isolate his patients from all spiritual media, and similar prescriptions appear relatively conventional in a number of eighteenth-century medical texts (for example, Burrows, *Certain Errors* 197–98). A former student of William Battie's, Perfect had adopted wholesale the latter's stress on mental derangement as arising from a misassociation of ideas, and regularly applied the therapeutic principle of removing the patient from the supposed associative source of derangement. In the latter case:

All books of religious tendency I ... removed from her sight; forbad her the use of the Testament, which she had been suffered to have continually in her possession, and ordered the servant not to answer any interrogations she might propose on pious matters, or even to speak to her thereon. (*Select Cases* 33)

In another female case, this time of religious mania characterized by “a fixed belief in the manifestation and interference of the deity in her behalf,” Perfect followed an almost identical set of strategies, combining

isolation with a lowering diet and depletive, antiphlogistic remedies (*Select Cases* 119–20). Her “enthusiastic raptures” were completely ignored and her “sectaries” forbidden access; while, once “her wild antics,” fervent “reveries,” and “frantic declamations” began to abate, relapse was safeguarded by continued “total prohibition of the zealous devotees to whom she owed the first impressions of her disorder” (122). In a contemporary climate of stigmatization of religious fervor, such approaches were controversial, arousing concurrent pious concerns about the potential harm to established religion *per se* while Weslyans and other evangelists more radically contested the appropriateness of medical over clerical interventions in spiritually tormented cases. Perfect’s aforementioned religious melancholy case itself aroused explicit objections from an unidentified clergyman he knew, the practitioner adding a footnote caveat in the second edition of his *Select Cases* aimed at assuaging this cleric and other pious readers who might also be offended (see *Select Cases* 33).

The influential Litchfield and Derby physician, poet, and naturalist, Erasmus Darwin (grandfather to Charles) was likewise damning in his writings of the culpability of religious agonizing for cases of mental unrest. He laid incidences of mental and physical deterioration, despair, suicide, and death firmly at the door of enthusiastic religion, assailing the gloom produced by “the curst spells of Superstition” which fettered “the tortured mind” in fears of damnation. Darwin blamed in particular the notoriously “theatrical” methods of Methodist sectarians, including hell-fire sermonizing, fasting, flagellation, and religious mortification: “Many theatric preachers among the Methodists successfully inspire this terror, and live luxuriously/comfortably upon the horror of their hearers. In this kind of madness the poor patients frequently commit suicide” (*Temple* 150). In his earlier *Zoonomia*, Darwin had reproduced a wide range of case histories by way of empirical proving ground. Espousing, like Perfect, a Lockean, sensationalist model of insanity, Darwin stressed the seat of melancholy in “mistaken” ideas, delirium and derangement of the sensorium. For such theorists, “tears” were themselves the product of “the sensorial faculty of association” and thus excessive or inappropriate tears signified a clear associative derangement (*Zoonomia* 1: 74). While mania was commonly attributed to passions such as pride or anger, and the “pleasurable insanities” regarded as “most frequently induced by superstitious hopes of Heaven, by sentimental love, and by personal vanity,” melancholy was most frequently the result of fear, whether “fear of poverty, fear of death” or “fear of Hell” (*Zoonomia* 2: 350). Perfect and Darwin were both cited by the Salpêtrière physician Jean-Pierre Falret in his work *On Hypochondria and Suicide* in

confirmation of the strong influence of religious proselytizing, and perverted religious education as a breeding ground for melancholy, hypochondria, and suicide. Just as he regarded the so-called cult of Wertherism as a strong ideational spur to suicide in Europe, Falret saw the prevalence of Methodism in England as a convincing explanation for the country's putative high suicide rates, continental authors having long stressed the special propensity of the English to melancholy and self-murder.

In most medical texts, the problem of religious enthusiasm/mania tended to loom larger than that of religious melancholy, but generally both subjects were examined analogously. Even where melancholy was subsumed, most texts engaged fundamentally with the extent to which gloom and fear, seen to characterize particular sectarian preaching, were implicated in the production of derangement. On the basis of statistics furnished him by John Gozna, Bethlem's apothecary from 1772–95, William Black confidently calculated that "Religion and Methodism" were the fourth largest cause of insanity, accounting for over 10% of all admissions (*Dissertation* 18–19; see also Black, *Comparative View* 250). Gozna's successor at Bethlem, John Haslam, was similarly disposed, offering sardonic thanks to the Methodists "for the supply of those numerous cases which has constituted my experience of this wretched calamity" in the second edition of his *Observations on Insanity* (titled *Observations on Madness and Melancholy*) (263).

Haslam defined Methodism broadly as embracing "Arminian and Calvinist Methodists," as well as Anglican "evangelical[s]," quoting an 1808 *Edinburgh Review* article which had lumped all together in a lunatic conspiracy against "common sense, and rational orthodox Christianity," and which other medical specialists quoted from at even greater length (*Observations* 267). He condemned "the whole of their doctrine" as "a base system of delusion, riveted on the mind by terror and despair" (266–67). Influenced by decades of Anglican elitist caricaturing of the unlearned, itinerant, often open-air nature of sectarian proselytizing, he assailed Methodism as a religion prosecuted by "the most ignorant of our race ... the dregs of society," particularly those who quack-like combined cordials with preaching "to dispel the gloom and dejection which their hallucinations infallibly excite" (267). Haslam was also content to endorse the popular polemic term of "methodical madness" as a useful encapsulation of the inveterate, difficult-to-cure nature of such "systematic" religious melancholy or enthusiasm (266–67).

## REHABILITATING RELIGIOUS MELANCHOLY

By the 1800s, however, medico-psychological opinion was shifting significantly as to the role of religion as a cause of insanity. A number of prominent medical texts began to stress, or at least recognize, that religious consolation might conversely serve as a valuable socio-moral and therapeutic aid. Continental German, French, and Italian alienists appear to have offered the most influential challenges to the prevailing medical consensus on religion and madness, arguing that the religious manifestations of both melancholia and mania were more often symptomatic than causative. As we shall see, British critics of the previous consensus tended to cite the works of Maximillian Jacobi, but also Esquirol in this connection, while concurrently being influenced by native moralists and divines and Quaker reformers like John Howard and the Tukes.

Even John Haslam, rather than merely excoriating Methodist sectarians, was equally concerned to defend other established denominations from such a taint and actually to champion the consolatory and morally therapeutic qualities of true religion. Declaring it “sinful,” “foolish,” and “impious” to accuse religion *per se* of causing mental derangement, Haslam endorsed its exalting value, whether in offering “consolation to the afflicted,” in regulating moral conduct, or in preserving intellectual “integrity” (*Observations* 263–64). Indeed, Haslam championed at some length the relative immunity of other religions, including Catholicism, Quakerism, and more particularly orthodox Protestantism, of which the Bethlem apothecary confessed himself a practitioner, from any implication in the production of enthusiasm and religious melancholy. In doing so, such commentators were also cementing vital preparatory ground for the reintroduction of most forms of religious worship and consolation into the asylum. Furthermore, despite confirming the consensus in “all authors whom have treated this subject ... respecting the difficulty of curing religious madness,” Haslam was adamant that religious forms of insanity were remedial by medicine. Even if “thinking persons” (including John Monro, whose 1758 *Remarks on Battie’s Treatise* he was evidently paraphrasing) supposed that the disorder was not “under the dominion of the medical practitioner” and thus that its cure was “accidental,” in fact the opposite was the case and its cure should be credited to “observation, skill, and experience” (*Observations* 263).

To some degree, medical and lay opinion divided along denominational and political lines as to the role of specific religions in producing melancholy and mania. While Whig Anglican satirists, like Addison,

and orthodox Anglican doctors, like William Pargeter, tended to tar both Protestant sectarians and Catholics with the same brush in depictions of the mad transports and despondencies of enthusiasm, practitioners with tolerant (country) Tory and Catholic/dissenting sympathies were often, understandably, keen combatants of such stigmatization. Yet Georgian medical discourse can scarcely be comprehended very easily along such party lines. Anglican Episcopal Tories like Swift and free-thinkers like Hogarth had freely satirized all forms of enthusiasm, irrespective of party or religion. On the one hand, William Saunders Hallaran, Irish-Catholic physician to the Cork Asylum for over two decades from 1789, was adamant in his 1810 rejection of Catholicism as a significant etiological factor in mental derangement. On the other hand, similar arguments were also asserted by the Ghent Protestant physician, Joseph Guislain, who attributed the allegedly higher incidence of religious madness in northern Germany to the “fanatical” practices of “the reformed Church,” by contrast with the Catholic south, and anticipated finding similar patterns in the diverging sectarian regions of his own Low Countries (Guislain 168; Prichard 193). Furthermore, the Catholic Italian physician, Chiaruggi, was quite prepared to accept, that “in Tuscany, at least, most instances of melancholy owe their origin to emotions excited by religion” (qtd. in Prichard 147).

Meanwhile, attempts in some medical and lay quarters to rekindle and expand older notions of religious melancholy, as Jane Darcy has argued persuasively in a recent analysis of Romantic biographies of William Cowper, were actively resisted by certain sectors of the medical profession, and by a range of evangelical dissenters during the 1810s, '20s, and '30s. What is clear is that a number of late Georgian insanity specialists were slowly drifting towards a more skeptical attitude to the alleged prevalence and causative significance of religious insanity. Hallaran accepted the increase in insanity (at least in Ireland) and that “indiscreet [religious] fulminations” had caused “some bad effects” (*Enquiry* 21). By explicit contrast with Perfect, Haslam, and Cox nonetheless, he stressed that such instances had “been comparatively small, and ... chiefly confined to the dissenters from the established Church,” and that no Catholics under his asylum care had been deranged “by terror from religious enthusiasm” (22).

Sensationalist, Lockean psychological models of educational and mental processes, sensorial impressions, and distorted imagination had long been readily adapted to substantiate conviction of religion's role in the production of mental derangements. In language of decidedly this mode, for

example, Hallaran accepted that “many ... sectarian” Protestants under his care had experienced “inverted ... sensations” and “transitions from the torpid state of melancholia, to the more vivid extremes of sensorial action” (*Enquiry* 22). However, Hallaran was generally critical of such conventional etiological models, objecting that it was only the “inconsiderate” who would be led to “conclude” that patients’ religio-moral education had been defective (22). His arguments were reinforced by reference to empirical experience of the commonality with which “perverted” religious ideas and manifestations “presented” themselves spontaneously, without a specific religious stimulus, or “altogether unconnected with the original excitement” (21). For Hallaran, therefore, it was entirely “unjust” to ascribe perverted religious notions to the “influence of religious terror, any more than ... other common causes” (21).

Underlying this medical reevaluation of the positive role of religion was also an espousal of “rational religion,” and a concern to offset the perceived harm done by the prolonged and virulent campaigns against religious enthusiasm to the cause of “right” religion. Highlighting the resilient, fertile roots often established by rational religio-moral principles, Hallaran emphasized that even in cases of profound mental degradation, sufferers were still sometimes capable of “consistent” and “regular” fervor. While practitioners were clearly becoming more critical of simplistic, symptom-led etiological explanations of religious melancholy/mania, they might also be concerned, like Hallaran, to combat the potential implications of either sectarian or free-thinking/atheistic libertarianism, in the desolation and suicidal despair of their patients. Expatiating on how “perceptions of real or imagined unworthiness” might lead to the additional crime of suicide, Hallaran, in the cause of prevention, forcibly appealed to readers to defy both “the distorted doctrines of the libertine” and “the circumscribed doctrines of our modern declaimers,” and to “resist all charlatanical efforts to dissuade them from the substantial blessings [of life] they now enjoy” (23). By contrast with anti-sectarian propagandizing by patrons and practitioners at lunatic hospitals like Bethlem, which had seen doctors regularly involved or else represented in conflictual encounters with dissenters and their ministers, divergent positioning by practitioners like Hallaran permitted more scope for common ground with a denominationally broader range of readers/clients. Often regular church-goers themselves, with social and economic imperatives for respecting the legitimate spiritual needs of their clientele, mad-doctors—especially those seeking to cement the client bases and patronage so crucial for successful private practices—were also concerned to guard themselves against charges of



prejudice and to insulate the secularizing tendencies in medical science from accusations of atheism.

A less critical disposition towards sectarian religion as a cause of melancholy or mania also often (though not invariably) coincided with a more positive attitude towards its curability, or the role of religion in a medical therapeutics. For Hallaran, as with Haslam, “cases of this description are in general the most obstinate, and the least disposed to submit to any mode of treatment,” as well as the most liable to relapse (*Enquiry* 22). Not only were such “unhappy” patients often afflicted by “*tædium vitæ*” and “insensible to the influence of ordinary agents,” they also “seldom derive benefit from the use of the more active antimaniacal remedies” (23). In this respect, Hallaran’s views were entirely consonant with many previous medical commentators, including Pargeter, who chose to illustrate his negative prognosis via quotation from a long poetic embodiment of “desperate” and “impetuous” suicide as “obsequious” to the will of melancholy. “We can scarcely expect enthusiastic madness to be relieved, much less cured,” averred Pargeter, while what was “still more deplorable” was that such individuals were also all the more determined in pursuing their self-destructive intent (136).

In pre-Revolutionary France, Enlightenment critiquing of superstition, fanaticism, and anti-clericalism had commonly combined with mental medicine to emphasize the culpability of Catholic hell-fire preaching in fanning the tides of irrationality. By contrast, in post-Revolutionary France specialists like Phillipe Pinel and J. E. Esquirol were emphasizing the new republic’s relative freedom from incidences of religious madness, enthusiasm, and melancholy. Moreover, the significant retreat from the terrors of old appears to have provoked Esquirol to highlight the downsides of what he saw as a new, amoral climate of societal selfishness, and loss of connection with moro-religious principles. The expression of such concerns furthered the emergence of a new, more positive climate for appreciating the consolatory role of religion in mental maladies. British alienists like James Cowles Prichard purposefully exploited Esquirol in this regard to query the effects of the prolonged, harsh climate of critique towards religion’s influence on mental maladies:

The changes which have taken place during the last thirty years in our moral sentiments and habits, have produced more ... madness in France than all our political calamities.... Religion ... no longer affords her consolations to the afflicted, or hope to the

desponding.... A cold egotism has dried up all the sources of sentiment. (Esquirol qtd. in Prichard 146)

Such discourse offers helpful insights into the medico-philosophical backdrop behind the psychiatric role of religion at this time. In France, of course, the secularizing impact of the Revolutionary era appeared all the more stark because of the prominent role of Catholic sisterhoods and fraternities in the nursing of the mentally deranged in the centuries before 1789.

Significantly, such commentaries were occurring and being strategically circulated at a time when the issue of the provision of divine service in English asylums was being rearticulated in a much more positive frame. Social reformers (in particular, Quaker sectarians) were increasingly seeing such provision as a key aspect of their reformist programs for asylums. Deterred in part, no doubt, by the virulence of Augustan and Enlightenment campaigns against religious enthusiasm, and by somewhat limited philosophical regard to ontology and sensibilities of the melancholy and maniacal, eighteenth-century lunatic hospitals like Bethlem, Bethel, St Luke's, and also second-generation voluntary asylums such as Manchester, Liverpool, and York, appear to have made little, if any, provision for offering divine service, let alone an asylum chapel. Previously, salaried weekly visitations from the Bridewell Chaplain had been introduced amid the flush of renovating optimism at new Bethlem at Moorfields from 1677, with the humane object of "offering 'Advice'" and "instruction," as well as "fitting prayers" to patients "capable of receiving" such (especially those in their "lucid intervals") (BCGM 30 Mar. 1677: 362; 20 June 1677: 389). However, initial ideas from a pious (presumably) Quaker lobby on the Committee for a separate salaried Bethlem pastor to act as "head of a family" and to "discourse with" and "instruct the family there twice a day" had been resisted by the orthodox Anglican majority on the board on the grounds that patients "fit" for such instruction would most be improper objects for a lunatic hospital (BCGM 30 Mar. 1677: 362; 20 June 1677: 389). Moreover, this practice soon fell into disuse and was abandoned by the hospital's Governors in 1713, after their damning verdict that there had been no "occasion for such attendance" (BCGM 26 June 1713: 2).

In England by the 1780s, Quaker reformers such as John Howard, heartily approving of the chapels they had observed in lunatic hospitals in France and elsewhere on the continent, as well as of the facilities for clerical "consolation and admonition" at ordinary foreign hospitals, were censuring the lack of such at English lunatic hospitals like Bethlem and

St. Luke's, and forcefully recommending asylum chapels for the specific, if limited, "advantage of recovering patients" (Howard 139–40). Including a six-page section entitled "Religion" in his *Practical Remarks on Insanity*, and taking a pointedly opposite course to that of Haslam, his apothecary colleague, Bryan Crowther, Bethlem's surgeon, quoted Howard's comments with enthusiastic approval (Crowther 80–85). Crowther had been keen enough to promote "a devotional system of worship for the insane" to approach the Bridewell Chaplain to discuss the issue, his fervent sentiments being further amplified by being shown an extract from the Governors' seventeenth-century court books (cited above) relating to spiritual instruction at the hospital during the 1670s (81). Crowther also provided a substantively variant reading from other medical commentators of Black/Gozna's statistics on causes, and their implication that a significant proportion of patients "were disordered in their minds by religion and methodism" (83; Black 250). Instead, Crowther asserted that Bethlem's causation statistics made "no invidious distinctions of sects," but rather implied "that persons of every religion are subject to ... insanity" (84).

Indeed, Crowther had earlier in the same publication taken issue with Gozna's statistics, which he persuasively emphasized were based on extremely incomplete data. Nonetheless, Crowther was far from objecting to the prevailing view that enthusiasm and madness were closely related, nor was he necessarily a proponent of congregational worship in asylums. He somewhat conservatively insisted that any asylum chaplain would need to be very carefully selected and moreover that all "prayers and discourses" should be sanitized from "controversial ... religious subjects" (81). As the concluding section of this article demonstrates, these concerns were regularly reiterated in ensuing decades of professional discourse and practice concerning religion in asylums. Offering little evidential support of his own to contest the relationship between religion and insanity, Crowther somewhat facetiously observed that: "the Quakers have their mad asylum, supported by themselves; and ... Papism its proportion of insane" (84). Crowther's conclusion regarding Methodism's alleged "prevalent effect ... in producing insanity," that only proof rather than "bare assertion" would settle this point, was contested but increasingly echoed in other professional quarters. Expressed with awareness and evident trepidation that such comments risked "criticism and attack," Crowther's analysis signifies how unsettled debates about asylums, religion, and religious melancholy/enthusiasm remained at this date (85).

Unfortunately, Crowther was to die a few years later, exposed as an unreliable, occasionally mentally unsound inebriate by the antipathetic and

even more egregiously exposed Haslam in his evidence before the ensuing 1815–16 Commons Enquiry into Madhouses. Crowther's suggestions for pastoral services were resisted at Bethlem and elsewhere over the next decades, while the designs by James Lewis (1751–1820) for new Bethlem at St. George's Fields initially included no chapel. Whereas fervent campaigners, like the Middlesex J. P., M. P., and asylum reformer, Robert (Lord) Seymour Conway, wrote to St. Thomas's Hospital, Exeter (and, probably, to other hospitals and asylums), "enquiring about religious provision," he was informed that the sole religious instruction was received by only a few patients at the parish church (Hervey 34). Not until 1825 was a chapel fitted up at Bethlem under the low cupola, above the central portico, while patients at St. Luke's appear to have waited until 1842 for the opening of a chapel and appointment of a minister there. In fact, though practices were changing voluntarily at a minority of asylums, it took 40 years for Howard's 1788 recommendations to result in any sort of legislative endorsement for all English asylums. Indeed, as late as the 1820s and '30s, some British medical commentators such as George Man Burrows were still striving to dismiss Howard's and kindred views as ill-judged "pious intention," rather than reflective of any informed knowledge "of the specific effects of religious worship on the insane" (Burrows, *Commentaries* 680–81).

Nonetheless, in the meantime, the significant role of sectarian religion in moral therapy and the foundation of the Quaker York Retreat, had clearly provided the most influential endorsement of the key role of spiritual consolation. Samuel Tuke in his 1813 *Description of the Retreat* had not only positioned religious attendance as central in the moral re-socialization of patients but had also actively denied that religious enthusiasm and melancholy were common among its largely Quaker clientele. He recognized only "a few" cases "connected with religious impressions" and stressed how closer enquiry had shown even these to have arisen "spontaneously" from internal (rather than external religious) causes and to have been previously attended by other, more significant, symptoms (208; see 207–09). In a later private communication to Prichard, he calculated that just 8 out of 334 cases could be ascribed to spiritual anxieties (qtd. in Prichard 199). Jacobi's German translation and commentary on Tuke's work had placed great emphasis on such evidence, concluding that the absence of religious insanity cases at the Retreat was attributable to the Quakers' "strictness of moral education and discipline ... the restraints imposed by them on the imagination and the indulgence of passions and to the absence of enthusiastic and mystical excitement" (qtd. in Prichard 198)

John Conolly was an adamant advocate of congregational service and the importance of a chapel in the architectural and social modus operandi of the morally reformed asylum, as his influential remarks on the *Construction of Lunatic Asylums* made only too clear (see also Malcolm). By the 1850s, most asylum superintendents would have concurred with practices at Hanwell under Conolly, where patients' "wishes respecting seeing ministers of their own persuasion were scrupulously attended" (*Familiar Views* 150). In the Georgian era, however, such attitudinal shifts had a difficult and inconsistent passage, in particular with regard to Methodists and Protestant dissenters, but also with regard to the wider psychological impact of religion, and appropriate care for cases of religious melancholy and mania. Shifts in professional, let alone public, opinion are rarely wholesale, and it was inevitable, perhaps, given the vigor of earlier debates and prejudices, that elements of controversy concerning religion and insanity remained. Substantial divisions of opinion are discernible among late Georgian medical practitioners. Most conspicuously, George Man Burrows devoted two chapters, a monumental 68 pages, (approximately 30%) of his *Inquiry into ... Insanity* to the conjoint issues of "Religion as a Cause or Effect of Insanity" and "the Efficacy of Religious Instruction of Lunatics" (171–221, 222–37). His arguments were reiterated in rather more succinct format in a six-page section tacked onto his fourth "Commentary" on "moral treatment," in his ambitious and comprehensive *Commentaries ... on Insanity*, under the sub-heading "Religious Communication" (679–85). Such coverage by so influential and much quoted a figure in early Victorian psychiatry as Burrows is an acknowledgement of the subject's controversial import and prominence "much occupying the attention" in contemporary debates (*Commentaries* 679).

Convinced that religion was "sometimes a cause of insanity," and only in particular cases of benefit, Burrows placed considerable stress on "the great mischief which certain fanatical preachers occasion to the weak and superstitious" (*Inquiry* 227). Underlining how religious doctrines conveyed "without distinction" to "unformed" and "weak" minds, aroused "the image of a SUPREME DEITY jealous and full of wrath and vengeance," Burrows also stressed how easily "terror and alarm, instead of confidence and hope, are inspired, and despair follows" (228). It was on these grounds that Burrows remained most adamant among late Georgian British alienists in opposing the introduction of divine service into asylums "as a general principle" (*Commentaries* 680). Keen to maintain medical authority over both moral and physical treatment of patients, practitioners like Burrows were also concerned with encouraging "want

of confidence” in medical means, that a counter-model of religio-moral therapeutics might entail, and fostering unwelcome familial and lay contestation of “the plan prescribed” (684).

Burrows was well aware (evidently having read Crowther’s work, from which he quoted) and appreciative of the earlier history of the chaplain’s ministrations at Bethlem (though not the reasons for its withdrawal), precisely because of its theoretical stress on selectivity as to mental capacities. He was even more acutely conscious of what he regarded as the much more questionable and recent introductions of normal congregational service and sermonizing at late Georgian public asylums, including Glasgow and Lancaster. Censuring the impracticality and dangers of offering collective worship to such “a motley congregation” as asylum lunatics, Burrows advocated careful selection of patients by medical superintendents and discriminating control of religious media “to meet the varied feelings and mental conditions of the congregation” (*Commentaries* 682). He appealed for spiritual ministrations to be confined to “the nicest discrimination of individual cases,” under the direction of an “experienced physician,” and for religious instruction to be limited initially to highly selective and experimental use (684). Furthermore, unconvinced that ministers would be sufficiently “well acquainted” with patients, let alone with “fathoming the recesses of the human mind,” to be permitted to assume responsibility for selection themselves, he stressed as imperative that the matter be subordinated to more informed, scientific clinical discretion (681). For Burrows, employing religion in “assuaging the anguish of the troubled mind,” or aiding convalescent recovery, necessitated meticulous enquiry into patients’ “former and present” religious dispositions, information that was often “difficult to obtain”—as, indeed, any analysis of contemporary patient records would underscore (680–81). Until such issues were clarified “every interference should be suspended” (679). For similar reasons Burrows was totally opposed to radical zealous proponents for extending “the efficacy of religion” so far as to allow patients “free access to religious books, and spiritual communication,” all the more objectionable when “clearly connected” with the subjects of their “mental aberrations” (683). Emphasizing the childlike ontology of the insane and the inappropriateness of any attempt to “apply reasoning to appease or correct” them, practitioners like Burrows similarly contested the view in some evangelical quarters that the faculties even of the insane were never completely impervious to spiritual intercession (682).

By contrast, in his famous 1835 *Treatise on Insanity*, Prichard was perhaps most emphatic of all previous contemporary British alienists that “the

influence of religious hopes and fears” was much less productive of insanity than “generally supposed” (187). Prichard devoted 14 pages (187–200) of his section on moral causes to the subject of “insanity connected with religious impressions,” challenging what he perceived as abounding “crude and ignorant notions ... on ... religious madness,” a term he had a dubious regard for (187). Following Jacobi and Tuke, and parting company with continental and British authors like Falret, Pargeter, Darwin, and Perfect, he argued that it was “more extensive” predisposing influences on the human mind that prepared the fertile grounds for derangements which took religious form. Like Jacobi, firmly distinguishing between original and exciting causes, Prichard stressed the primacy of prevailing mental predispositions to disease in generating pathologically “fearful thoughts and gloomy forebodings” (187). He stressed that such were generally more deeply rooted in earthly misfortunes or physical causes (including hereditary causes) than in ensuing religious anxieties about an anticipated future state.

Rather than attributing human anxieties and fears merely or primarily to religion, such authors employed natural philosophical, trans-historical, and anthropological analyses to argue for a much broader origination in human nature. Influenced by continental writers like Heinroth, who had underlined the presence of religious madness in antiquity and pre-Christian societies, Prichard underlined that the disease was far from confined to particular forms of religion in specific periods/nations. This altered perspective also reflects the impact of arguments of contemporary moralists and divines that people were generally less worried about eschatological issues of future life than about more immediate earthly concerns in “present life” (187).

Prichard was far from denying any link between religious enthusiasm/melancholy and styles of sectarian preaching. He accepted as indubitable that anxieties connected with the future state had been “exciting causes of madness,” and that “distress” caused by “religious terrors ... has really given rise to disorders of the mind” (188). He alluded illustratively to his own personal experience of religious insanity: “among persons who had frequented churches or chapels where the ministers were remarkable for a severe, impassioned and almost imprecatory style of preaching ... enforcing the terrors rather than ... the hopes and consolations [of] ... the Christian religion” (188). Yet, despite stopping short of exonerating Methodists “of such censure,” Prichard was convinced that by “the present time at least, it cannot be laid either generally or exclusively to their charge” (188).

His wider and more sustained project in this work, in consonance with some French, Italian, and German authorities, was less to undermine the grounds for earlier association of religion and melancholy than to spur mental science towards a much more comprehensive, carefully researched, empirically grounded grasp of the moral causes of insanity. Thus, Prichard deployed the detailed quantitative analyses of Chiarugi and Jacobi to question, if not expose, the fallacy of, the traditional medical association of specific denominational styles with religious insanity. Indeed, comparing data on religious insanity from both Protestant and Catholic nations, Prichard rejected out of hand Hallaran's arguments that Catholic faith was in any sense immune from cases of religious insanity: "Nothing can be more remote from the truth than the impression ... that Roman catholic countries possess an immunity from the prevalence of madness connected with religious feelings and ideas" (193).

Through characteristically pointed statistical analysis, Prichard also excoriated as entirely unfounded Burrows's earlier claims that Quakers were more liable to insanity due to the hereditary taint of intermarriage. While the Tukes had long been determined to deflect any concern that Quakerism itself might be productive of religious melancholy, such exchanges also served to emphasize a growing conviction among alienists and moral managers that the religious form of most derangements were essentially symptomatic, having (as Tuke put it) "succeeded" or simply "marked the commencement" of underlying disease (qtd. in Prichard 199). Through such propagandizing activities, as also through their own asylum and private-based medical practices, the new moral therapists bolstered the growing lobby reasserting the morally and psychologically therapeutic benefits of controlled religious observance for the insane. Significantly, Prichard reproduced and amplified Jacobi's conclusions at length, and doggedly exploited correspondence with Tuke to clinch the argument. Prichard quoted Tuke's proud assertion that there had been only 8 cases of "religious madness" out of 334 admitted to the York Retreat since 1811; Tuke moreover denied that even these cases "were excited by any special religious means" (qtd. in Prichard 199).

Such discourse may suggest that rather than any sea-change in previous medical views that certain brands of religious proselytizing were strongly implicated in religious melancholy or madness, it was Quaker moral therapy more than any other single factor which had begun to erode this prejudicial edifice and to provide a convincing model for the psychologically therapeutic role of religion. Len Smith has emphasized that it was primarily from around the 1810s and the dissemination of Tukean moral



therapy that “the role of religion as a therapeutic agent became increasingly emphasized” (209). Of course, two of the famous Willis family who had attended the royal malady of George III since the late 1780s were members of the Protestant clergy, but the Willis’ methods had placed no significant stress on spiritual guidance. Somewhat checkered introductory periods for divine service at the new (post-1808) Wynn Act asylums, such as Nottingham, by the 1820s—as Smith observes—were subsiding to confident claims by both clergymen and medical staff alike of its “great utility,” especially to “the melancholic and convalescent” (209). The 1828 Madhouses Act’s thirty-eighth clause imposed on asylums the official conviction of the benefits of religion. The clause expressed unswerving faith that: “the Hopes and Consolations of Religion may soothe and compose the Minds of Patients, and thereby tend to subdue the Malady under which they are suffering” (167). More practically, this clause demanded the appointment of an officiating chaplain at county asylums and the conduct of Sunday and festival day services, while Commissioners were to officially enquire at all private asylums about religious observances. This appears to be a rather stark sign of the significant shift in leading lay and professional opinion since the early 1700s. In accord with this enhanced stress on the importance of religion, Victorian public asylum reception orders certifying patients for admission routinely asked and recorded their religious persuasion, so far as known.

## CONCLUSION

The processes by which these apparent paradigmatic changes I have been discussing occurred, including the debates among alienists over the etiology and nature of religious melancholy and enthusiasm, have received insufficient historical investigation. I have argued that these changes in professional attitudes were far from wholesale. Some, like Haslam, remained violently opposed to asylum-based religious therapeutics and the 1828 Act’s provisions. Haslam penned a famous letter of protest to the Metropolitan Lunacy Commissioners, which portrayed clause 38 as “against all reasoning and experience” (*Letter 13*). Of course, Haslam was still personally aggrieved at his own earlier professional sacrifice at the hands of the moral reformers, which presumably heightened his conviction that experienced professional discretion was being cast to the ill-composed winds of pious moral zeal (see Scull, Mackenzie, and Hervey). But Haslam was far from the only contemporary practitioner to express such views, and to challenge the basis of indiscriminating conviction in

the benefits of religion for all the insane, and the expertise of those who supported it (Haslam 13–14). Others too like Burrows remained concerned about such challenges to medical authority, and about difficulties maintaining order in asylums offering congregational worship, advocating selective individualized attendance as the best means to avoid indiscretions and potentially enflaming spiritual concourse. Metropolitan Lunacy Commissioners' visits to private madhouses, such as Bethnal House Asylum and The Retreat, Chelsea, where divine service was performed once or twice weekly during the 1820s and '30s, found variable and often somewhat skeptical attitudes and reports from medical staff about its actual impact on patients. While some reports specified benefits, one claiming that patients "are very quiet while it lasts and ... behave very well during the service so that it appears for a time to have a calming effect," most noted "No ... beneficial" or "apparent effects" ("Metropolitan" 1830). Historians like Smith have similarly shown how some specialists like Lancaster Asylum's superintendent, Knight, expressed reservations about the permanence of religion's therapeutic impact on his patients. Evidence suggests that most late Georgian and Victorian county asylums exercised varying degrees of choice over religious worship for the insane, but that they were especially selective towards those with prevailing religious despondencies (and manias). Rarely, however, were Burrows's cautious but ambitious and highly personalized plans for asylum worship fully implemented, most asylums integrating congregational rather than individual worship, with personal pastoral visits, or leaves of absence to visit chapels in town, mainly reserved to minority denominations. In Scotland, some of the royal asylums, most notably Glasgow's Directors, took firm and somewhat nationalistic issue with Burrows's line, strongly dissenting from his reflections on collective Presbyterian worship (see Andrews and Smith). Nevertheless, one key aspect of the Burrows-model, whereby superintendents and medical personnel became the key arbiters of careful selection of patients' fitness for divine service, did ultimately prevail at most county asylums, though often in practice negotiated with patients, families, and the clergy. In accordance with the wishes of most alienists for such selectivity, less than a quarter of patients at English public asylums like Bethlem tended to attend chapel during the 1840s, though numbers fluctuated substantially at asylums in general, and at the latter the proportion had risen from 23.6% of patients in 1841 to 55% in 1862. British asylum annual reports, many of which began to include reports from asylum chaplains as well as medical superintendents, regularly reassured their patrons and the wider public by stressing the "decorum," "quietude," and "self-control"

achieved in the conduct of religious services. Previous worries about the “moral evils” and melancholic irrationalities that sectarianism and fanaticism might produce were now, as Smith emphasized in the case of Sussex Asylum, to be directly counteracted by the antidote of “Doctrinal Truth” (210). By the 1830s and 40s, the vast majority of county asylums had introduced, and were increasingly facilitating, multid denominational religious observance and congregational worship for patients, including (where in-house services were not available) trips out of the asylum for non-conformist, Catholic, and Jewish patients. Some, including Glasgow Royal, placed their new chapels center-frame in their moral-architectural plans (even if not always fully realized).

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#### WORKS CITED

- Andrews, Jonathan, and Iain Smith, eds. *“Let There be Light Again”: A History of Gartnavel Royal Hospital from its beginnings to the Present Day*. Glasgow: Gartnavel Royal Hospital, 1993.
- Andrews, Jonathan, and Andrew Scull. *Undertaker of the Mind: Dr John Monro and Mad-doctoring in Eighteenth-Century England*. Berkeley: U of California P, 2001.
- Arnold, Thomas. *Observations on the Nature, Kinds, Causes and Prevention of Insanity, Lunacy or Madness*. 1782. 2nd ed. 2 vols. London: Printed for Richard Phillips, 1806.
- BCGM (Bridewell and Bethlem Court of Governors Minutes). Bethlem Royal Hospital Archives. 30 Mar. 1677; 20 June 1677; 10 July 1679.
- Black, William. *A Comparative View of the Mortality of the Human Species, at all Ages: and of the Diseases and Casualties by which they are Destroyed or Annoyed*. London: C. Dilly, 1788.
- . *A Dissertation on Insanity; Illustrated with Tables, and Extracted from Between Two and Three Thousand Cases in Bedlam*. London: Ridgway, 1810.
- Boswell, James. “Hypochondriac.” *The London Magazine* 34 (1780): 45–46.
- Burrows, George Man. *Commentaries on the Causes, Forms, Symptoms and Treatment, Moral and Medical, of Insanity*. London: Thomas & George Underwood, 1828.
- . *An Inquiry into Certain Errors Relative to Insanity; and Their Consequences; Physical, Moral and Civil*. London: Thomas and George Underwood, 1820.
- Clapper, Greg. “Wesley’s ‘Heart Religion’ and the Righteousness of Christ.” *Methodist History* 35.3 (1997): 148–56.
- Conolly, John. *The Construction and Government of Lunatic Asylums and Hospitals for the Insane*. London: Churchill, 1847.
- . *Familiar Views of Lunacy and Lunatic Life: With Hints on the Personal Care and Management of those who are Afflicted with Temporary or Permanent Derangement*. London: John W. Parker, 1850.
- Crowther, Bryan. *Practical Remarks on Insanity: To which is Added, a Commentary on the Dissection of the Brains of Maniacs; with some Account of Diseases Incident to the Insane*. London: Thomas Underwood, 1811.

## Contentions Surrounding Religious Melancholy & Mental Medicine

- Dacombe, Lucia. "‘To What Purpose Does it Think?’: Dreams, Sick Bodies and Confused Minds in the Age of Reason." *History of Psychiatry* 15.4 (2004): 395–416.
- Darcy, Jane. "Religious Melancholy in the Romantic Period: William Cowper as Test Case." *Romanticism* 15.2 (2009): 144–55.
- Darwin, Erasmus. *The Temple of Nature*. 1803. *The Poetical Works of Erasmus Darwin*. Vol. 3. London: J. Johnson, 1806.
- . *Zoonomia*. 2 vols. London: J. Johnson, 1794–96.
- Falret, Jean-Pierre. *De L’Hypocondrie et du Suicide; Considérations sur ces Maladies, leur Siège, leurs Symptomes et les Moyens d’en Arrêter les Progrès*. Paris: Croullebois, 1822.
- Gibson, William. *Church, State and Society, 1760–1850*. Basingstoke: St. Martin’s, 1994.
- . *Religion, Reform and Modernity in the Eighteenth Century: Thomas Secker and the Church of England*. Woodbridge and New York: Boydell, 2007.
- Gibson, William, and Robert G. Ingram, eds. *Religious Identities in Britain, 1660–1832*. Aldershot: Ashgate, 2005.
- Green, Thomas. *A Dissertation on Enthusiasm; Shewing the Danger of its late Increase, and the Great Mischiefs it has Occasioned, both in Ancient and Modern Times*. 1755.
- Gregory, Jeremy. "Articulating Anglicanism: The Church of England and the Language of the ‘Other’ in the Eighteenth Century." *Religion, Language, and Power*. Ed. Nile Green and Mary Searle-Chatterjee. Abingdon: Routledge, 2008: 143–66.
- . "‘In the Church I will live and die’: John Wesley, the Church of England, and Methodism." *Religious Identities in Britain, 1660–1832*. Ed. William Gibson and Robert G. Ingram. Aldershot: Ashgate, 2005: 147–78.
- Guislain, Joseph. *Traité sur l’Aliénation Mentale et sur les Hospices des Aliénés*. Vol. 2. Amsterdam: J. Van der Hey, 1826.
- Hallaran, William Saunders. *An Enquiry into the Causes Producing the Extraordinary Addition to the Number of Insane: Together with Extended Observations on the Cure of Insanity; with Hints as to the Better Management of Public Asylums for Insane Persons*. Cork: Edwards and Savage, 1810.
- . *Practical Observations on the Causes and Cure of Insanity*. 2nd ed. Cork: Edwards and Savage; London: Longman, Hurst, Rees, Orme and Brown, T. and G. Underwood, 1818.
- Haslam, John. *A Letter to the Metropolitan Commissioners in Lunacy containing some Strictures on the Act of Parliament and Observations on their Report*. London: Whittaker, Treacher, 1830.
- . *Observations on Madness and Melancholy*. 2nd ed. London: J. Callow, 1809.
- Hawes, Clement. *Mania and Literary Style: The Rhetoric of Enthusiasm from the Ranters to Christopher Smart*. Cambridge: Cambridge UP, 1996.
- Hawes, Clement. "Enthusiasm’s Further Adventures." *The Eighteenth Century: Theory and Interpretation* 41 (2000): 247–53.
- Haydon, Colin, Stephen Taylor, and John Walsh, eds. *The Church of England c. 1689–c. 1833*. Cambridge: Cambridge UP, 1993.
- Hempton, David. *Methodism: Empire of the Spirit*. New Haven: Yale UP, 2005.
- Hervey, Nicholas. *Bowhill House: St. Thomas’s Hospital for Lunatics: Asylum for the Four Western Counties 1801–1869*. Exeter: U of Exeter, 1980.
- Heyd, Michael. "Be Sober and Reasonable": *The Critique of Enthusiasm in the Seventeenth and Early Eighteenth Centuries*. Leiden: Brill, 1995.
- . "Medical Discourse in Religious Controversy: The Case of the Critique of ‘Enthusiasm’ on the Eve of the Enlightenment." *Medicine as a Cultural System*. Ed. Michael Heyd and Hans-Jörg Rhei. Spec. issue of *Science in Context* 8.1 (1995): 133–57.

- Hodgkin, Katharine. *Madness in Seventeenth-Century Autobiography*. Basingstoke: Palgrave Macmillan, 2006.
- Howard, John. *An Account of the Principal Lazarettos in Europe*. Warrington: William Eyres; London: T. Cadell, J. Johnson, C. Dilly, and J. Taylor, 1789.
- Jackson, Stanley W. *Melancholia and Depression: From Hippocratic Times to Modern Times*. New Haven: Yale UP, 1986.
- . “Melancholia and Mechanical Explanation in Eighteenth-century Medicine.” *Journal of the History of Medicine and Allied Sciences* 38 (1983): 298–319.
- Jeffrey, David L., ed. “Dreams, Visions.” *A Dictionary of Biblical Tradition in English Literature*. Grand Rapids, MI: W. B. Eerdmans, 1992. 213–16.
- Klein, Lawrence E., and Anthony J. La Vopa, eds. *Enthusiasm and Enlightenment in Europe, 1650–1850*. San Marino, CA: Huntington Library, 1998.
- Laffey, Paul. “John Wesley on Insanity.” *History of Psychiatry* 12.4 (2001): 467–79.
- . “Two Registers of Madness in Enlightenment Britain. Part 1.” *History of Psychiatry* 13.52 (2002): 367–80.
- . “Two Registers of Madness in Enlightenment Britain. Part 2.” *History of Psychiatry* 14.1 (2003): 63–81.
- Langehorne, John. *Letters on Religious Retirement, Melancholy, and Enthusiasm*. London: 1762.
- Lavington, George. *The Enthusiasm of Methodists and Papists Compared*. 3 vols. London: 1748–52. 3rd ed. London: J. and P. Knapton, 1754.
- Lewis, James R. *Legitimizing New Religions*. New Brunswick, NJ: Rutgers UP, 2003.
- Lipsedge, Maurice. “Religion and Madness in History.” *Psychiatry and Religion: Context, Consensus and Controversies*. Ed. Dinesh Bhugra. London: Routledge, 1996. 23–50.
- MacDonald, Michael. “Insanity and the Realities of History in Early Modern England.” *Lectures on the History of Psychiatry*. Ed. R. M. Murray and T. H. Turner. London: Gaskell/The Royal College of Psychiatrists, 1990. 60–77. The Squibb Series.
- . *Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth Century England*. Cambridge: Cambridge UP, 1981.
- . “Popular Beliefs about Mental Disorder in Early Modern England.” *Münstersche Beiträge zur Geschichte und Theorie der Medizin*. Ed. Wolfgang Eckhart and Johanna Geyer-Kordesch. Munster: Burgverlag, 1982. 148–73.
- . “Religion, Social Change and Psychological Healing in England, 1600–1800.” *The Church and Healing*. Ed. W. J. Shiels. Oxford: Blackwell, 1982. 101–25.
- Mack, Phyllis. “Does Gender Matter? Suffering and Salvation in Early Methodism.” *John Wesley: Life, Legend, and Legacy*. Spec. issue of *Bulletin of the John Rylands University Library of Manchester*. 85.2 (2003): 157–76.
- . *Heart Religion in the British Enlightenment: Gender and Emotion in Early Methodism*. Cambridge: Cambridge UP, 2008.
- . “Religion, Feminism, and the Problem of Agency: Reflections on Eighteenth-Century Quakerism.” *Signs* 29.1 (2003): 296–318.
- . “Religious Dissenters in Enlightenment England.” *History Workshop Journal* 49 (2000): 1–23.
- “Madhouses Act.” *An Act to Regulate the Care and Treatment of Insane Persons in England*. London: HMSO, 1828. 9 George 4, c. 41.
- Malcolm, Elizabeth. “Australian Asylum Architecture Through German Eyes: Kew, Melbourne, 1867.” *Health and History* 11.1 (2009): 36 pars. Web. 7 Dec. 2010.
- Mason, William. “Life of the Author. From the London Evangelical Magazine.” *A Spiritual Treasury for the Children of God: Consisting of a Meditation for each Morning in the Year*,

## Contentions Surrounding Religious Melancholy & Mental Medicine

- Upon *Select Texts of Scripture*. Vol. 1. 1765. Rpt. New York: Deare and Andrews, 1803. 5–12.
- . *Methodism Displayed, and Enthusiasm Detected; Intended as an Antidote Against, and a Preservative from the Delusive Principles and Unscriptural Doctrines of a Modern Sett of Seducing Preachers*. 1756.
- Mead, Richard. *Medical Precepts and Cautions*. 2nd ed. Trans. Thomas Stack. Oxford: Printed for J. Brindley, 1755.
- . *Medica Sacra*. In *The Medical Works of Richard Mead*. 3 vols. Edinburgh: Printed by A. Donaldson and J. Reid, 1765.
- “Metropolitan Lunacy Commissioners Reports.” Bethnal House visits dated 15 July 1829, 14 July 1830, and 19 Feb. 1831; Chelsea Retreat visits dated 13 July 1829, 6 Mar. and 6 July 1830. Web. 1 Dec. 2010. N. pag. *The 1832 Madhouse Act and the Metropolitan Commission in Lunacy*. Ed. Andrew Roberts. Middlesex Univ. Web. 1 Dec. 2010.
- Middleton, Conyers. *A Free Inquiry into the Miraculous Powers, which are Supposed to have Subsisted in the Christian Church, from the Earliest Ages through Several Successive Centuries*. 3rd ed. London: Printed for R. Manby and H. S. Cox, 1749.
- Monro, John. *Remarks on Dr. Battie’s Treatise on Madness*. London: John Clarke, 1758. Ed. Richard Hunter and Ida Macalpine. London: Dawsons, 1962.
- Newnham, W. *An Essay on Superstition; Being an Inquiry into the Effects of Physical Influence on the Mind, in the Production of Dreams, Visions, Ghosts and Other Supernatural Appearances*. London: J. Hatchard & Son, 1830.
- Pargeter, William. *Observations on Maniacal Disorders*. 1792. Ed. Stanley W. Jackson. London: Routledge, 1988.
- Perfect, William. *Annals of Insanity: Comprising a Selection of Curious and Interesting Cases in the Different Species of Lunacy, Melancholy, or Madness, with the Modes of Practice in the Medical and Moral Treatment, as Adopted in the Cure of Each*. 5th ed. London: The Author, 1809. Rpt. of *Select Cases in the Different Species of Insanity or Madness with the Modes of Practice as Adopted in the Treatment of Each*.
- . *Cases of Insanity, the Epilepsy, Hypochondriacal Affection, Hysteric Passion, and Nervous Disorders, Successfully Treated*. 2nd ed. Rochester: T. Fisher; London: J. Dodsley; N. Conant; and J. Bew, 1787. Rpt. of *Methods of Cure, in some Particular Cases of Insanity, the Epilepsy, Hypochondriacal Affection, Hysteric Passion, and Nervous Disorders. Prefixed with some Account of each of those Complaints*. Rochester: T. Fisher, 1777.
- . *Select Cases in the Different Species of Insanity or Madness with the Modes of Practice as Adopted in the Treatment of Each*. London: J. Murray and J. Dew; Rochester: W. Gillman, 1787.
- Philips, Ambrose, ed. *The Free-Thinker*. Nos. 1–350 (1718–21). Rpt. London: 1722–23.
- Porter, Roy. *Madmen: A Social History of Madhouses, Mad-doctors and Lunatics*. London: Tempus, 2004.
- . *Madness: A Brief History*. Oxford: Oxford UP, 2003.
- Prichard, James Cowles. *A Treatise on Insanity and Other Disorders Affecting the Mind*. London: Sherwood, Gilbert, and Piper, 1835.
- Rousseau, George S. “Depression’s Forgotten Genealogy: Notes Towards a History of Depression.” *History of Psychiatry* 11.41 (2000): 71–106.
- Rubin, Julius H. *Religious Melancholy and Protestant Experience in America*. Oxford: Oxford UP, 1994.
- Saliers, Don E., and Richard B. Steele. “Heart Religion” in *The Methodist Tradition and Related Movements*. Lanham, MD: Scarecrow, 2001. Pietist & Wesleyan Studies.

- Scull, Andrew T. "A Bethlematical Mad-Doctor: John Haslam (1764–1866)." Scull, MacKenzie, and Hervey 10–47.
- Scull, Andrew T., Charlotte MacKenzie, and Nicholas Hervey, eds. *Masters of Bedlam: The Transformation of the Mad-Doctoring Trade*. Princeton: Princeton UP, 1996.
- Schmidt, Jeremy. *Melancholy and the Care of the Soul: Religion, Moral Philosophy and Madness*. Aldershot: Ashgate, 2007.
- Shaftesbury, Anthony Ashley Cooper [Third Earl of]. *Characteristicks of Men, Manners, Opinions, Times*. 3 vols. London: Printed by John Darby, 1711.
- . *A Letter Concerning Enthusiasm*. London: Printed for J. Morphew, 1708.
- Smith, Leonard D. *Cure, Comfort, and Safe Custody: Public Lunatic Asylums in Early Nineteenth Century England*. London: Leicester UP, 1999.
- Swift, Jonathan. "A Discourse Concerning the Mechanical Operation of the Spirit." *A Tale of a Tub*. London: Printed for John Nutt, 1704.
- Taylor, Isaac. *The Natural History of Enthusiasm*. London: Holdsworth and Ball, 1829.
- [Trenchard, John]. *The Natural History of Superstition*. London: Sold by A. Baldwin, 1709.
- Walsh, John D. "'Methodism' and the Origins of English-speaking Evangelicalism." *Evangelicalism: Comparative Studies of Popular Protestantism in North America, The British Isles, and Beyond, 1700–1990*. Ed. Mark Noll, David W. Bebbington, and George A. Rawlyk. New York: Oxford, 1994. 19–37.
- Young, B. W. "Religious History and the Eighteenth-Century Historian." *The Historical Journal* 43.3 (2000): 849–68.