

Earliest Description of Religious Melancholy in History

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The Handbook of Religion and Health provides the following definition of 'religion':

"Religion involves beliefs, practices, and rituals related to the transcendent, where the transcendent is God, Allah, Hashem, or a Higher Power in Western religious traditions, or to Brahman, manifestations of Brahman, Buddha, Dao, or Ultimate Truth/Reality in Eastern traditions...Religion is a multidimensional construct that includes beliefs, behaviors, rituals, and ceremonies that may be held or practiced in private or public settings, but are in some way derived from established traditions that developed over time within a community."^[1]

For that reason alone, religion plays a very important role in everyday psychiatric practise. Religious counsellors have played a very important part in dealing with distress associated with psychiatric symptomatology. During my days as a psychiatric resident in Edinburgh, our hospital chaplain, Rev. Murray Leishman,^[2] a very dynamic minister at the Church of Scotland. He was also a trained psychoanalyst and he used his clerical and analytical training to excellent effect. It was Murray who was very largely responsible for the development of my interest in psychoanalysis. Much later, I was to learn, that it was Murray again who had convinced Rev. John McIntyre, the Chief Moderator of the Church of Scotland, to include a mandatory spell in a psychiatric hospital for those training to be ministers.

He firmly believed that spirituality could not be separated from mental wellbeing and always used to remind us that many of the very early psychiatrists

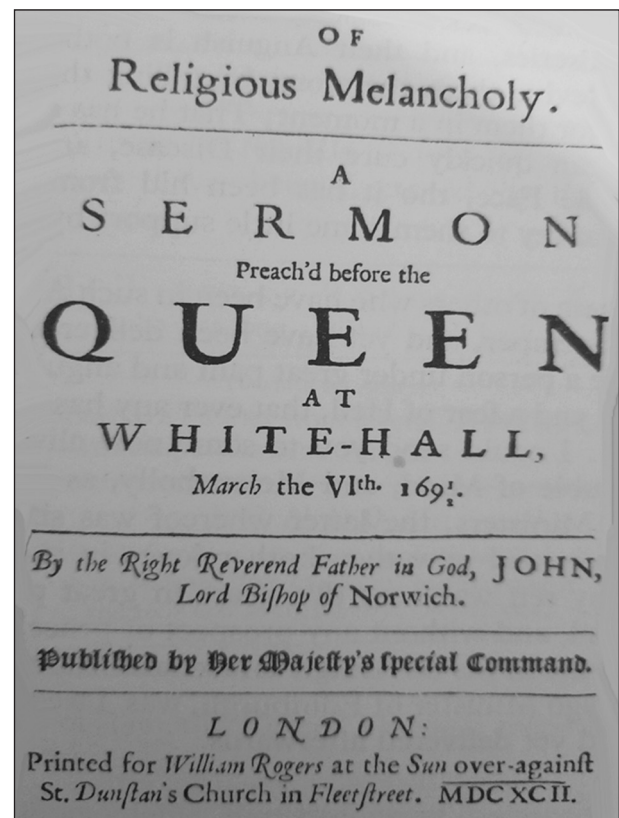


Dr. Ashoka Jahnavi Prasad is identified as the most educationally qualified person in the world by The Polymath. He has a dynamic resume with a PhD in history of medicine from Cambridge, LLM from Harvard among other notable qualifications. Dr. Prasad has also worked as a consultant to the World Health Organization (WHO) and helped prepare two of their reports.

(alienists) were trained clergymen. But he always cautioned the tendency to overemphasize guilt in vulnerable individuals, as that it could predispose people to severe depression and psychosis. Depression induced by over-religiosity was one of his favourite cliches.

I personally became familiar with the term 'religious melancholy' while working for my philosophy doctorate on existentialism and for years believed that it was coined by Soren Kierkegaard. Later, during a visit to Utah, I happened to visit the Utah State University Special Collections Archive where I came across a paper 'The Anatomy of Melancholy' dated 1628 which mentions:

"Excessive involvement in religious affairs can lead to persistent sadness."^[3]



Source: Author's doctoral dissertation

However, it was while I was working for my doctorate in history of medicine that I came across this term in a book that was published in 1692, and perhaps the only surviving copy exists in the Royal Society of Medicine Library. I am reproducing the front page of this book,^[2] which, I am sure would fascinate any student of history of psychiatric development. And one has to give a great deal of credit to the author, John Moore, for producing such a text in an era when the religious institutions in Britain were very powerful.

I have reproduced the text as it appears in the book. Readers would note how similar Moore's concepts were to Emil Kraepelin's, who is generally regarded as the father of modern psychiatry.

Religious Melancholy According to John Moore in 1692...^[4]

"Religious melancholy was the name given to any mental distress marked by a preoccupation with religious duties and relation to God and salvation. Often such persons are plagued by guilt feelings or 'dread of those Punishments which he has threatened to inflict on unrelenting sinners' despite 'their sincere love of God'; they have ideas of unworthiness, finding a flatness on their minds... which makes them fear, that what they do is so defective and unfit to be presented unto God, that he will not accept it; they suffer from scrupulosity and are overpowered by 'naughtiness and sometimes Blasphemous Thoughts' which 'start in their Minds, while they are exercised in the Worship of God' despite 'all their endeavours to stifle and suppress them.'"

This describes what are today called obsessions, namely recurrent, distressful thoughts, which enter a patient's mind against his will and in spite of his efforts to exclude them. And since the more they struggle with them, the more they increase, "such patients" grow more dejected. This was the least understandable to Bishop Moore as indeed it still is to those who suffer from "these perplexing thoughts" since they are mostly good people, who are exercised with them. For bad men... rarely know anything of these kinds of thoughts. Like others, he argued that this was a good reason "to judge them to be Distempers of the Body rather than Faults of the Mind."

However, his "Advice," accorded with what one might call seventeenth century psychotherapy:

"Thoughts" should be "engaged in a good matter," "Passions" kept "within due bounds." Attempts be made "to chase away... gloomy Apprehensions," and avoid being "mightily dejected" since "as you did not in-

vite them. So they continue with you much against your consent 'and' God... nowhere had said, 'that Men shall be condemned for their ungovernable thought, over which they have no dominion.'" Therefore, instead of "a furious Combat with Melancholy Thought's which are known to "increase and swell by vehement opposition ... and so make the Case worse" recourse should be had to "gentle Application of such comfortable things as restore the strength, and recruit the languishing Spirits that must quash and disperse these disorderly Tumults." Finally, he wrote, "I exhort you not to quit your Employment.... For no business at all is as bad for you as too much: and there is always more Melancholy to be found in a Cloyster, than in the Market-place."

That such a book filled a real need is shown by the fact that it went into seven editions (1708) and that as late as 1780 by when mental diseases were engaging the attention of so many medical men. There appeared yet another, and incidentally the last of its kind by a clergyman, Benjamin Fawcett's *Observations on the nature, causes and cure of melancholy; especially of that which is commonly called religious melancholy* in Shrewsbury.

Acknowledgement

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Note: The views expressed in this article are the author's own.

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