In the presentation of the history of psychiatry, most textbooks devote a section to ‘demonology’. They usually propound the theory that belief in witchcraft invaded Western Europe at the end of the Middle Ages and that, thanks to the courageous activities of enlightened physicians, this mania was soon overcome. Nearly all textbooks conclude that this episode marked the ‘first psychiatric revolution’ and perhaps the true birth of psychiatry.

We may wonder whether this is how psychiatry was born. Or is such an account only a myth just as Philippe Pinel’s unchaining of the madmen of Bicêtre, as Jacques Postel proved several years ago?¹ I think it is. Within this article, I intend to uncover the origin and true meaning of the myth of psychiatry’s victory over demonology.

To avoid any misgivings, I wish to emphasize that, by this undertaking, I do not deny the historical fact of witch-hunts nor do I deny the existence of the very interesting medical attempt to offer a ‘natural’ explanation of witchcraft and possession. Indeed, many enlightened people, physicians and non-physicians alike, risked their lives in order to save innocent victims from the witch-hunting mania. In my opinion, these facts are in no way related to the birth of psychiatry at the beginning of the nineteenth century. Thus, there is no continuity between the struggle against demonology and the psychiatric practice of Pinel.

However, some sort of link does exist. The reason that textbooks on the history of psychiatry insist upon mentioning demonomania can be ascribed to a crisis within the psychiatric practice in the 1840’s and 1850’s. The myth of psychiatry’s victory over demonology was created precisely in order to solve - or rather to cover up - the problematic relationship between religion and psychiatry which had not been dealt with at the time of the birth of psychiatry, a half century earlier. It was not until the mid-nineteenth century that psychiatrists were reminded of the witch-hunting period and started using it as proof of the meaninglessness of the religious claims of their own days.

The Standard Presentation of the Myth

Before I begin to uncover the true roots of the myth, I would like to recall how it is usually presented. In 1484, Pope Innocent VIII issued a bull entitled *Summis Desiderantes Affectibus* which aimed at removing all possible hesitation with regard to the persecution of those accused of witchcraft. Shortly thereafter, in 1486, the famous book *Malleus maleficarum* (also known as *The Witches’ Hammer*) appeared. This work was written by the Dominicans Jacob Sprenger and Heinrich Kramer and provided the Catholic Inquisition with rules for the indictment, trial, judgment and punishment of witches.

Quite a few hypotheses have been advanced concerning the actual situation of the alleged witches. Were they poor, lonesome, simple-minded or somewhat strange women who had become the scapegoats of a society disturbed by the wars of religion? Or, as has been stated more recently, were these women still practicing remnants of archaic fertility cults? Whatever the case, the fact that witch-hunting pervaded Europe, especially in the sixteenth and seventeenth centuries, cannot be denied. I would like to draw specific attention to these dates. Witch-hunting does not belong to the ‘dark Middle Ages’ as one might too readily assume. For my purpose, it is also important to stress the end of the episode. The age of witchcraft trials ended in the second half of the 17th century.²

Johann Weyer (1515-1588) was one of the people who courageously reacted against the belief in witchcraft early on. Every survey of the history of psychiatry does homage to this outstanding physician. In their *History of Medical Psychology*,³ Zilboorg and Henry devoted entire chapters to ‘The Restless Surrender to Demonology’ (pp.118-143) and ‘The Blows of the Witches’ Hammer’ (pp.144-174). They discussed Weyer’s *De praestigiis Daemonum* (1653) at length in the following chapter ‘The First Psychiatric Revolution’. The authors acknowledge Weyer’s statements that he personally believed in the existence of devils. However, his intention was to assert that devils, as mere creatures, had only limited power on human beings. He therefore accused witch-hunters of respecting neither the biblical texts on possession nor the sane theological views on creation. Zilboorg and Henry however offer a broader interpretation of Weyer’s position. While admitting that Weyer described cases in which a physician performed some medical therapy - the administration of a purgative drug - to alleviate the somatic illness and to give the Church’s minister the opportunity to apply his own treatment for expelling the spirit, they continue:

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³. New York, 1941.
"Weyer seems to have known more than he himself suspected. To him, the ‘evil spirit’ means illness, since in speaking of the priest’s efforts following successful medical intervention he uses the word ‘treatment’ or ‘cure’. ... This method of treating the mentally ill - first putting them in the hands of a physician and then turning them over or leaving them to the good graces of the Church - has survived till our days, as has the old and worn tradition of considering neuroses inseparately within the province of the Church and its alleged psychotherapeutic wisdom. ... It would be a mistake, however, to impute to Weyer the considered approval of this type of psychotherapy. What he stresses are such innovations - almost revolutionary wisdom - as consulting a physician when an executioner is stuporous or when a girl is possessed with the spirit of Virgil. It was indicative of the coming victory of medicine over stubborn, self-satisfied ignorance that Weyer was inspired to report such cases. He knew that the answer to the problem was to be found in medicine; he knew that the doctors were woefully inadequate; he knew also that medicine itself was not yet ready to meet the problem. He felt that psychiatry must be created, and he sensed that it would be brought about by medicine and not by theology, philosophy or jurisprudence."

These last three words should be kept in mind since we will re-encounter them as allied opponents of medical psychiatry in the nineteenth century. But before I develop this idea, I should return to the standard account of the victory of psychiatry over demonology. Zilboorg and Henry still needed to prove why Johann Weyer should be considered as the founding father of psychiatry. In more recent works, this fact is presented as self-evident. Abraham A. Roback’s History of Psychology and Psychiatry\(^4\) devotes a section to Weyer entitled ‘The Father of Modern Psychiatry’ (pp.244-248). In the first chapter of his Comprehensive Textbook of Psychiatry,\(^5\) entitled ‘Historical and Theoretical Trends in Psychiatry’, George Mora incorporated a section with the heading ‘Johann Weyer: a Pioneer of Modern Psychiatry’ (p.44-45). The myth has become common knowledge. Every psychiatrist is told to keep in mind that his profession introduced a humanitarian approach to lunacy by discovering that possession was in fact ‘illness’. Anticipating Philippe Pinel who unchained the madmen of Bicêtre by as much as three centuries, Johann Weyer liberated lunatics from the cruel treatments which

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religion afflicted upon them. These became the two founding myths of the psychiatric practice.

**Discovering the Body or Discovering Humanization?**

Was Johann Weyer not too easily accepted as the principal figure of the myth? In order to answer this question, we should obviously examine Weyer’s *De praestigiis daemonum* to see if it contains elements of what is called, perhaps inappropriately, a myth. One of my students researched this and provided me with the results. She demonstrated that Johann Weyer was nowhere presented as one who opposed the theological approach by means of a medical approach. Admittedly, he pointed to certain ‘somatic’ causes which affected the physical constitution of witches and which predisposed them to be influenced by the peculiar materiality of the devil’s ‘spirit’. Weyer even spoke of ‘melancholia’ when he described the specific somatic constitution of the witches. But in this he did not differ from the philosophers, theologians and physicians of his time. The same can be argued regarding the second element of the myth. Certainly, Weyer pleaded for a humanitarian approach and acted courageously against unnecessary cruelty, just as Montaigne and other did. However, does this imply that he was defending an approach which foreshadowed the specific psychiatric practice? I find it impossible to draw this conclusion. If textbooks present Johann Weyer in this manner, then they are perpetuating a myth. Weyer did not place medicine in opposition to religion nor did he strive to establish an autonomous psychotherapeutic practice completely independent from religion. The alleged opposition between enlightened medicine and obscurantist theology as well as between the humanitarian physician and the cruel churchman are myths.

Nevertheless, the debate around witch-hunting was of historical significance for modern times because of the changes which it introduced in the Western concept of man. More elements are involved than are usually related in the traditional Weyer myth. The witch-hunt period was also the period during which the disciplines of theology and philosophy started to diverge. The Reformation and the subsequent wars of religion were partly responsible for this development. It was also influenced by the new findings in human biology. Around that time, the circulatory system was discovered. One had also become aware of the existence and importance of the nervous system although its precise way of functioning was not yet fully understood. The theory of physiological humors was being gradually discarded and along with it, the belief in ‘spirits’, the very tiny but distinct material elements in the body’s center. The manner in which Descartes, for example, attempted to construct a theory of the blood’s circulation which did not abandon the belief in these material spirits, demonstrates how difficult it was for modern thought to leave the old experience of the body behind. Moreover, religion
was linked to this bodily experience. The beliefs that a human being was part of the harmony of creation, that mankind was influenced by the cosmos, that all kinds of spirits existed; the moral consequences derived from these key beliefs and the more particular religious statements such as, for example, transsubstantiation as the core of the Eucharist, were shaken by the new conceptions of the human body which focused on ‘man as a machine’. It is characteristic of the changes in this period that the Church did not attack Descartes’ philosophical system for its sceptical point of departure. At that time, scepticism was an attitude favored by many Catholics in order to refute the Reformation and its belief that the individual’s mind could get in touch with God’s wisdom. Rather, Descartes was attacked on the grounds that the dualism between body and soul which he defended was incompatible with the belief in transubstantiation which had been formulated in Aristotelian terms.

Considered within the changing cultural environment, the discussions also touched upon a broader debate concerning the new concept of human nature linked to a new concept of the human body. One might state that the foundation for the medical notion of ‘illness’ was established at this point. Consequently, one could argue that there still are bona fide reasons for devoting a section to ‘demonology’ in the historical survey of psychiatry. One cannot but approve of the manner in which Jacques Postel and Claude Quétel treated this issue in their *Nouvelle histoire de la psychiatrie*.

It includes Jean Céard’s article entitled ‘Entre le naturel et le démoniaque’ which focuses on the changes in the concept of ‘nature’ at the beginning of modern times. We can only regret that more historical research has been not done with regard to this topic.

However, one has to realize that these new concepts of human nature and the body did not immediately lead to a renewed and dynamic medical practice. It was the philosophers who were primarily interested in these new findings, not so much the physicians. The official practice of medicine at the universities resisted the new theoretical insights as much as possible. The attempts toward a radical reform of this practice were opposed with the same energy. It was not until the French Revolution that modern medicine, based on clinical experience, was firmly established. This provides us with a valid reason for denying the debate concerning witch-hunts as being the forerunner of medical psychiatry, despite its influence on the emerging philosophical concepts of the human person and body.

There is a second, even more fundamental reason for this denial. Medical psychiatry’s birth at the time of Pinel was not linked to any conviction concerning the physical cause of mental illness. Precisely the

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contrary occurred. Under the name ‘moral treatment’, the psychiatric practice proceeded from the insight that a human mind, even a deranged human mind, was subject to what we would now call psychological manipulation. Perceived in this manner, there was no continuity between the concepts of the human body which emerged at the beginning of modern times and the birth of the psychiatric practice as such.

The Moral Treatment and the Seat of Authority

In line with Jacques Postel, I have already stated that the unchaining of the madmen at Bicêtre was a myth. Nevertheless, in Pinel’s case, there are definite grounds for considering Pinel the founder of psychiatry. Although he used English insights concerning the nature and the possibilities of the ‘moral treatment’, he was the first person to present this approach in a systematic manner, to apply it in a organized way and to arrange its adoption in several institutions. Moreover, it was Pinel who authored the book which was to become the manifest of psychiatry when psychiatry succeeded in being recognized as a specific and autonomous branch of medicine, namely *Traité médico-philosophique sur l’aliénation mentale ou la manie* (1801).

Pinel did not hesitate to openly discuss the distinction between healthy and unhealthy forms of religion. According to him, pathological conditions stemming from passionate religious belief were some of the most difficult conditions to cure. The treatment he would employ in order to achieve full recovery reveals much of his views:

While one must admit that the attempts made in England as well as in France to cure religious mania were unsuccessful, some possibilities for treatment are perhaps still open. In some cases, recovery might be achieved by a wise combination of moral and physical means. If the situation of Bicêtre would have permitted, I would have isolated the lunatics of this sort in a spacious part of the institution, conducive to agriculture or to several kinds of physical exercises. By putting them in a situation of need, by using the lure of some lucre or by appealing to some higher motive, I would have encouraged them to work. I would have taken away every object relating to religion, every painting and every book bearing its trace. Philosophical readings would have been given to them at fixed times. With the use of some dexterity, I would have opposed certain traits of the lifes of the ancient philosophers or of

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the great deeds of humanity and patriotism, to the pious nullity and the strange delusions of the saints and the eremites. Finally, I would have organized situations in which their imagination would be heavily shaken in the opposite direction to their chimeras.

More cautiously, Pinel added that it was his intention to discuss neither the general problem of religion nor the particular problem of Catholic services conducted in the mental hospital. However, he could not resist telling the story from the time of the French Revolution about the clever way in which an attendant executed the order to demolish all the statues of the saints in the hospital’s chapel. He did so by leading an enthusiastic, patriotic army of lunatics. The action proved to be very healthy for most of the patients:

Due to the sympathy and the attachment he gained for his devotion to justice and philanthropy, he was able to execute the ticklish task entrusted to him. An overwhelming majority of the patients adopted his will. The melancholic devotees, overwhelmed by impotent anger, retired to their rooms.

Another example sheds some light on Pinel’s own religious feelings. A patient had murdered two of his own children in order to make sure that they would go to heaven. In his treatment, Pinel asked the patient to memorize Voltaire’s poem concerning natural religion. 

In Pinel’s treatise, there was even a section on demonology bearing the title ‘What should one think of those supposedly possessed by the demon?’ Johann Weyer is referred to yet, surprisingly enough, in a completely different way than one would expect. According to Pinel, the reader might find it odd that Weyer truly believed in the strange activities of the devil and that he offered a detailed description of all possible formulae for exorcism, but, Pinel continued, Weyer was subject to ‘the common errors of his time,

8. Ibid., p.73. Pinel could not resist the temptation to quote the part of the poem which he personally enjoyed:

"Penses-tu que Trajan, Marc Aurèle, Titus,
Noms chéris, noms sacrés que tu n’as jamais lus,
De l’univers charmé, bienfaiteurs adorables,
Soient au fond des enfers empalés par les diables;
Et que tu seras, toi, de rayons couronné,
D’un chœur de chérubins sans cesse environné,
Pour avoir quelque temps, chargé d’une besace,
Dormi dans l’ignorance ou croupi dans la crasse."

Upon hearing the last phrase of the poem, however, the patient became so furious that Pinel did not dare to repeat the experiment.
and one should forgive him’. The core of Pinel’s rather brief section on demonology expounded his conviction that patients suffering from this delusion were almost always struggling with violent passions and were in fact dangerous. The moral treatment was not strong enough to cure their condition. The only way to overcome the disorder would be to administer a severe emotional shock. The way priests had organized exorcisms contained profound wisdom:

The enlightened physician knows how he has to understand this religious ceremony, but he has to credit it to the dexterity of the priests of all times and all places, that they knew the art of dominating people and of gaining their respect by means of spectacular ceremonies tackling the sense for the marvelous and by means of strong and lasting emotions.

The Mid-Century Crisis and the Concomitant Religious Polemic

When reading these texts of Pinel, we should keep in mind that his treatise was published in the same year as Chateaubriand’s *Génie du Christianisme* (1801). Also around this time, Napoleon concluded the Concordat with the Holy See. Soon afterwards, it was not *de bon ton* to criticize religion. Actually, the truth of religion as such gradually ceased to be a burning issue. Rather, the debate focused on the social usefulness of religion and, more specifically, on the role of the Church as an autonomous institution within the modern state. Should the Church still be allowed to perform social tasks? As long as France was ruled by the Emperor, this question was answered with a cautious mixture of positive and negative elements. After Waterloo (1815) and during the period of the Restoration, the Church recovered its lost power making it difficult for critical remarks to be heard.

The 1830 Revolution in France bore distinct anticlerical features. After some time, however, a more open and social Catholicism emerged and became very influential. Again, anticlericalists felt threatened. It was this background which formed the context for the rediscovery of demonology by psychiatrists. The myth of psychiatry’s victory over demonology was created. It served as a polemic argument in a specifically French situation of crisis during which a specifically French concept of religion was wrestling with a specifically French concept of state.

At first, the period of witch-hunts was recorded in a rather loose manner. In 1838 and 1839 respectively, Esquirol and Brierre de Boismont referred to

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earlier times when witchcraft, possession by the devil, vampirism and the typically French phenomenon of *convulsionnaires* were common occurrences but stressed that these events definitively belonged to the past. When speaking about demonology, Esquirol stated explicitly:  

This illness became very rare due to the fact that religious education, the better upbringing education of children and widespread schooling have equally enlightened all social classes.

Brieree de Boismont defended Catholicism as a more stabilizing and the most placid form of religion since it did not induce those passionate excesses one encountered in Protestantism. For both authors, religion posed no difficulties as long as it remained within rational boundaries.

Soon afterwards, however, matters started rapidly changing. In an 1843 article, Macario began in the following manner:

Esquirol pretended - and other authors have repeated what he said - that demonomania is extremely rare in the nineteenth century and that this kind of lunacy is only to be found in uneducated, superstitious and pussilanimous people. It is said that the demons were replaced by a groundless fear of the police, of magnetism, of electricity. ... Esquirol as well as the authors writing after him were wrong. They only observed lunatics in Paris.

Macario seemed to be keenly aware of the fact that he was ending a period of silence with regard to this topic.

The topic is large and it provides an enormous opportunity for a philosophical meditation. As far as I know, no one has dealt with the topic since Esquirol. However, I have seen many possessed people. I know that some have recovered and I was able to cure some of them myself. Hoping to be useful to others, I decided to publish the results of my experience.

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12. A. Briere de Boismont, *De l’influence de la civilisation sur le développement de la folie*, in: Annales d’hygiène publique XXI (1839). The tiré à part we used does not permit us to mention the original page numbers.
Macario viewed possession or demonomania as a form of melancholia or, to use the terminology of his time, a form of lypemania. The characteristic description consisted of an unrestrained, almost ‘demonic’ vitality. Passions became perverted: the person once loved turned into the object most intensely hated. Patients were driven toward murder, incendiarism and suicide and were tortured by all kinds of hallucinations.

Macario’s article is mainly comprised of case studies. Its theoretical basis, however, remains rather obscure. The author’s concept of religion and his view concerning clinical diagnosis are never clearly expounded. Macario’s point of departure was the statement: ‘Demonomania is essentially a matter of hereditarian transmission. As all nervous illnesses, it is spread by mental contagion or by imitation.’¹⁵ He also mentioned several other, plausible causes including sedentary life, religious fanaticism, jealousy, anxiety, dipsomania and celibacy. Moreover, he stressed the presence of a predispositional condition of the intestines and of the liver. Concerning the therapeutic treatment to cure these patients, Macario sided with F. Leuret without the least hesitation. Leuret was severely criticized at that time for the manner in which he had developed Pinel’s moral treatment into a radical system of coercion,¹⁶ using even pain and terror to achieve the salutary emotional shock needed by the patient. Despite of this, Macario gives following advise:¹⁷

If you want to break the vicious chain of ideas in the demonomaniac’s mind, bring about the heaviest moral shocks and shake the whole organism; destroy one spasm by inflicting another; place a real passion against an imagined one; stir the only chord vibrating in his soul: pain.

Furthermore, Macario pointed to the period of witch-hunts in order to stress the morbid effects of religion. He praised Weyer for his courage in reacting against demonomania ¹⁸. He also regretted that Martin Luther had not been diagnosed as being ill due to his belief in the devil.¹⁹ However, he opposed faith in materialism which could become the source of other forms of mental illness.²⁰

In Macario’s text, Weyer appeared for the first time as the predecessor of the psychiatric practice.\textsuperscript{21} His polemic tone is in stark contrast to the cursory tone adopted by Esquirol and Brière de Boismont only a few years earlier. At the same time, French psychiatry was focusing its research on the theme of hallucination. Prior to this, the theme had barely been investigated because the debate around Esquirol’s demonomania drew the interest of the larger public. Parchappe wrote a long commentary on \textit{Malleus maleficarum}.\textsuperscript{22} Brière de Boismont devoted an extensive work to the history of visions, ecstasies and other religious phenomena, in which he attempted to interpret the facts in a non-judgmental way.\textsuperscript{23} Also during that period, Calmeil authored a book on the same topic which employed a more aggressive tone and which was to become more popular: \textit{On Lunacy from the Point of View of Pathology, Philosophy, History and Law, from the Renaissance of Sciences in Europe until the nineteenth Century. Description of the Big Epidemics of Simple or Complicated Delirium Overwhelming the People of Earlier Times and Dominating the Monasteries. Exposition of the Judgments Injustly Passed because of Ignorance of Madness}.\textsuperscript{24} His work contained more than a thousand pages on such topics as ‘The Demonopathy of the Nuns at Cambray’, ‘A Case of Hystero-Demonopathy at the Monastery of St. Brigit’, ‘The Theo-choreomany (the religious mania of dancing) in Some Religious Sects’ and so forth.

An plethora of articles followed in the wake of Calmeil’s book. In 1859, B.A. Morel wrote on Swedenborg.\textsuperscript{25} In Germany, where this French trend of studying hallucinations was initially met with astonishment, it soon became a

\begin{footnotesize}
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\item Information with regard to Weyer was provided in France by the French translation of KURT SPRENGEL’S \textit{History of Medicine: Histoire de la médecine}, translated by A.J.L. Jourdan, Paris, 1815-1820. In this work, however, no link was established between Weyer’s opposition to demonology and psychiatry. On the other hand, one notices a shift in Weyer’s image. He is considered to have feigned his belief in demonology: ‘Au début de son ouvrage, il emploie l’artifice d’admettre l’influence du diable, et de rapporter plusieurs anecdotes qu’il était bien éloigné de croire véritables.’ (Vol.III, p.234-235)
\item Parchappe’s article appeared in the \textit{Revue de Rouen} but I was not able to obtain the original text. I know of the article through its review in the Annales Médico-psychologiques 2 (1844) 145-151.
\item L.-F. CALMEIL, \textit{De la folie considérée sous le point de vue pathologique, philosophique, historique et judiciaire, depuis la renaissance des sciences en Europe jusqu’au dix-neuvième siècle; Description des grandes épidémies de délire simple ou compliqué, qui ont atteint les populations d’autrefois et regnés dans les monastères. Exposé des condamnations auxquelles la folie méconnue a souvent donné lieu}, Paris, 1845. Reprinted with a foreword by M. COLLÉE at Lafitte Reprints, Marseille, 1982.
\item B.A. MOREL, \textit{Swedenborg: sa vie, ses écrits, leur influence sur son siècle, ou coup d’oeil sur le délire religieux}, Rouen, 1859.
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popular topic. For example, K. Marx published a work on the merits of physicians fighting the witchcraft mania.26

Around that time, something very unexpected - hardly providential - occurred. In the town of Morzine in the French Alps, the belief in possession had not disappeared at all. For more than 18 years, a true epidemic of ‘hystero-demonopathy’ flourished involving dozens of people. Time and again, people believed that they were possessed by the devil and, during Sunday Masses, the most unbelievable scenes of hysteria unfolded. Finally, the bishop, in cooperation with the civil authorities, managed to restore some semblance of normalcy.27

In 1865, a special lecture on Weyer was delivered by Axenfeld at the Faculté de Médecine in Paris.28 Bourneville, the famous neurologist at the Salpêtrière, was very interested in religious phenomena. The puzzling appearance of hysteria aroused his curiosity with regard to paralyses, prolonged fasting and ecstasies.29 He was fascinated by the fact that people believed in the devil. He became the founder of the ‘Bibliothèque diabolique’, a series which reprinted old texts on possession.30 Weyer’s De praestigiis daemonum was translated into French and appeared in the series with the help of ‘Progrès Médical’. Bourneville provided the foreword to this edition.31

It was clearly Bourneville’s intention to present Weyer as the patron saint of psychiatry. So as to provide a biographical sketch of Weyer, he included Axenfeld’s lecture. However, he shortened Axenfeld’s text where it was explicitly stated that ‘Johann Weyer was definitely not a person whom we would call a free thinker’. Moreover, he added a footnote expressing his

27. The best known report of the case was written by the physician who had been commissioned by the government to halt the epidemic and who incorrectly thought that he had succeeded. A. Constan, Relation sur une épidémie d’hystéro-démonopathie en 1861, Paris, 1862. See also G. Wajerman, Le maître et l’hystérique, Paris, 1982, p.35-77 and 282.
30. According to the preface to the French translation of Weyer’s book which was the third issue of the series, the first two titles were: Le sabbat des sorciers and Procès-verbal de la possession de François Fontaine.
31. Histoires, disputes et discours des illusions et impostures des diables, des magiciens infâmes, sorcières et empoisonneurs; des ensorcelez et démoniaques et de la guérison d’îceux; Item de la punition que méritent les magiciens, les empoisonneurs et les sorcières, Paris, 1885.
disagreement with Axenfeld’s view. According to Bourneville, Weyer was undoubtedly an unbeliever, ‘un impie’. 32

Along with this, Bourneville mentioned what he especially admired in Weyer: 33

He strived to demonstrate that the crimes the witches were accused of were fictitious; that those women were not criminals but patients suffering from mental illness; that they should not be sentenced by priests, monks nor judges; that they consequently should not be put in prison, tortured and burned but that they should be entrusted to the care of physicians.

The significance of this statement is obvious. Along these same lines, Richer devoted 150 pages of his *Etudes cliniques sur l’hystéro-épilepsie* to a survey of Church history, demonstrating how religion misjudged nervous diseases when it did not favor them. 34

These works formed the main sources for Zilboorg and Henry when they prepared the publication of their *History of Medical Psychology* in 1941. 35 Until recently, their chapters on ‘The Restless Surrender to Demonology’ and ‘The Blows of the Witches’ Hammer’ determined the content of the historical surveys given in most psychiatric textbooks.

**Conclusion**

The problem with the myth of psychiatry’s victory over demonology is that it does not merely involve the existence of an untrue story, unjustly related to the history of psychiatry. Much more is at stake than the historical inaccuracy regarding an event from the past is at stake. What is important is that the rather recent problematic concerning the relationship between psychiatry and religion had been concealed by the myth and that it still has not been solved. I add these last words with some hesitation. It is not my intention to plead for some sort of integration between religion - as we conceive it now - and psychiatry or psychotherapy - as they have developed over the past two centuries. However, it seems important to me to understand exactly what happened during the debate between psychiatry and religion in

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the nineteenth century. It would be too simplistic to state that, at that time, religion had to give way to other approaches of reality and to different social structures organizing modern society. What occurred was not merely a shift from one agency to another. Social interactions were completely reorganized causing religion to undergo a profound mutation. The emergence of psychiatry was linked to this reorganization of the social field. The rivalry between psychiatry and religion, simmering even until today, is related to the complex processes which are often too easily summarized under the general title of ‘secularization’. As I have expounded in more detail elsewhere, one of the significant causes of the religious mutation during the past century can be ascribed to the use of new psychological elements employed to unify a religious society within a secularized state. Despite some common characteristics, this development occurred differently in the various countries and religious denominations and it should be kept in mind that French history was very peculiar in this regard.

Therefore, I do not plead for erasing the myth of psychiatry’s victory over demonology but for a further investigation into the motives which created this myth in the particular French framework. This should be the first objective. Afterwards, the findings should be compared with those of research undertaken in other countries and within other denomination. Only then will we be able to draw more general conclusions regarding this conflictual history of psychiatry and religion.