

## **Diseases and demons:**

**Christianity's influence on mental healthcare in the Roman Empire in the third and fourth centuries.**

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## Introduction

During the last decade the World Health Organisation (WHO) reported a 13% increase in mental health conditions. The situation among adolescents is especially worrying. An estimated 14% of all teenagers experience mental problems.<sup>1</sup> A study among Dutch pupils by the Trimbos-Intitute and the University of Utrecht shows similarly worrying results (especially girls declared that they felt anxious, afraid or unhappy).<sup>2</sup> The cause of the rise in mental health conditions is not completely clear, although the pandemic, wars, climate-crisis and extensive use of social media are thought to have a significant influence.<sup>3</sup> The WHO recognized the importance of adequate mental healthcare and launched an action plan for mental health. The action plan strives to promote mental health in all member states and to make care widely available.<sup>4</sup> The WHO ascribes an important role to “faith-based” organisations and leaders. Religion can combat deterioration of mental health due to its importance within communities and social networks. The role of these networks is non-medical and goes “beyond formal services” but can be vital for both preventing and curing mental illness.<sup>5</sup>

Mental health, although a modern term, is not a modern problem. Mental illness is, like physical illness, part of human nature. In Roman elite culture, the importance of mental health was widely recognised. Living happily and healthily was an ambition for many Roman elites, but with the rise of Christianity the focus shifted.<sup>6</sup> The earthly life lost its pre-eminence, instead a pleasant afterlife became the most important goal. In this thesis I will analyse mental healthcare in the Roman empire in the third and fourth century CE. My focus will be on the influence of Christianity on mental healthcare in the Empire. I will research whether the ideological shift to Christianity had a profound influence on mental healthcare. The research question, discussed in this paper, is: How did the rise of Christianity in the third and fourth century Roman Empire influence mental healthcare?

The research is a comparison between early Christian healthcare and non-Christian healthcare in the Empire. It will be situated into the broader theme of the rise of Christianity.

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<sup>1</sup> World Health Organisation, *World mental health report: Transforming mental health for all*, (Geneva: World Health Organisation, 2022), 44.

<sup>2</sup> G. Stevens, et al., *Jong na corona: Welzijn van jongeren tussen 2017 en 2022 en inzet van NP onderwijsmiddelen door scholen*, (Utrecht: Universiteit Utrecht, 2023), 15-16.

<sup>3</sup> *Ibidem*, 62.

<sup>4</sup> World Health Organisation, *Comprehensive mental health action plan 2013-2030*, (Geneva: World Health Organisation, 2021), XVIII.

<sup>5</sup> World Health Organisation, *World mental health report*, 196.

<sup>6</sup> C. Gill, “Philosophical therapy as preventative psychological medicine,” in *Mental disorder in the classical world*, ed. W.V. Harris, (Leiden: Brill, 2013), 341-342.

This thesis will be structured around three sub-questions. The structure of the text is aligned to these sub-questions. Each sub-question will feature a comparison between Christian and non-Christian practices. Attention will also be given to the process of change from non-Christian to Christian, if the source material allows such an analysis. Most literature makes bipartite distinction between prevention and cure. I have decided to split the curative aspect into care and cure because it allows me to look beyond the medical efforts to relieve illness. Each sub-question discusses one of three aspects of mental healthcare: prevention, care and cure. By introducing care as a distinct category into the analytical framework I can look at the (non-medical) efforts that were being taken, which might not necessarily have aided recovery but could have provided comfort for the patient. The setup of care also gives an insight into the customs surrounding mental illness beyond the physician or doctor.

The three main chapters will be preceded by two chapters on conceptualisation and classification of mental illness in antiquity and an analysis of the reception of the mentally ill. These two chapters will provide important context for the three sub-questions. The three main chapters are concerned with one sub-question each. The first sub-question addresses how the rise of Christianity in the third and fourth century Roman Empire influenced the practices surrounding the prevention of mental problems. I will discuss the measures that were taken to avoid the occurrence of mental disorders. The second sub-question will focus on how the rise of Christianity in the third and fourth century Roman Empire influenced the care for persons with mental problems. This chapter will discuss how people suffering from a mental disorder were tended to and cared for. This included more than just medical attention; illness had important social consequences. The final sub-question addresses how the rise of Christianity in the third and fourth century Roman Empire influenced curative practices surrounding mental illness. In this last chapter I will discuss if and how people were cured from mental illness. All the analyses regarding the sub-questions will start by explaining non-Christian, after which the Christian influence will be discussed. Finally, I will end the thesis with a short summary, concluding remarks and suggestions for further research.

### **Status quaestionis**

The study of psychology is relatively young. The common conception is that it was established as an independent academic discipline in the late nineteenth century.<sup>7</sup> The concept of “mental health” finds its roots in the 19<sup>th</sup> century too, in the shape of its predecessor “mental hygiene.”

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<sup>7</sup> K.A. Schwarz, R. Pfister, “Scientific Psychology in the 18<sup>th</sup> century: A Historical Rediscovery,” *Perspectives on Psychological Science* 11, no. 3 (2016), 399; Schwarz and Pfister (2016) argue that the study of psychology

The historical study of psychology and mental health also gained traction only recently. Literature in the field of history of healthcare, medicine, science, handicaps, and philosophy, which are all considered in this thesis tend to focus on either Graeco-Roman or Christian perspectives and practices. The entanglement both is addressed in some works, where those focussing on Christianity usually mention the importance of the Graeco-Roman tradition. The interrelatedness and interdependence of the Graeco-Roman and Christian traditions are usually not explicitly analysed.

Research into mental healthcare in the Roman empire is not very extensive but over the past decades the discipline has gained more traction. An interdisciplinary edited volume by W.V. Harris explores the topic of mental health in antiquity from multiple angles, both historical and psychological.<sup>8</sup> The edited volume is made up of individual case studies, focussing on the Greek tradition and its incorporation into the Roman world from historical, classicist, psychological and psychiatric angles. When the literature speaks of the Graeco-Roman tradition it is usually primarily concerned with Hippocrates and Galen. It is typical that Harris' work hardly discusses any authors after Galen (except for two chapters on Justinian and his digest). Harris seems to adhere to the idea that after Galen not much was added to the existing corpus of medical writings. Writers after Galen have been coined by Nutton as the "refrigerators of antiquity," merely preserving ancient ideas.<sup>9</sup> Galen's pre-eminence can be explained by the sheer number of his writings that have survived. The fact that so many writings have survived, especially later copies, is also testament to his importance in antiquity. And it is true that Hippocrates and Galen's importance can hardly be understated, much of Galen's ideas remained influential for centuries, but to represent later authors as mere conservers takes away their agency and does not represent an accurate depiction of their efforts. R. Gäbel provided a comprehensive overview of the most important medical writers in late antiquity, breaking the focus on Galen in late antiquity, which persists in most literature.<sup>10</sup> Gäbel's work is, like much of the literature, focussed on healthcare as a whole, but includes a chapter on mental health in late-antique medical writing.

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was established much earlier by Ferdinand Ueberwasser, who declared himself "*Professor für empirische Psychologie und Logik*" at the university of Münster in 1783. This theory has not been commonly accepted yet, I will therefore stick to the late nineteenth century.

<sup>8</sup> C. Thuminger and P.N. Singer ed., *Mental Illness in Ancient Medicine: From Celsus to Paul of Aegina*, (Leiden: Brill, 2018); W.V. Harris ed., *Mental disorder in the classical world*, (Leiden: Brill, 2013).

<sup>9</sup> Nutton himself did not adhere to the refrigerator-theory; R. Gäbel, *Aetius of Amida on Diseases of the Brain*, (Berlin: Walter de Gruyter GmbH, 2022), 3.

<sup>10</sup> *Ibidem*, 3-4.

Over the last ten years the study of healthcare in early Christianity has gained traction. Holman, De Wet and Zecher even speak of a “medical turn” in early Christian studies.<sup>11</sup> The most important contribution that the “medical turn” added to the field is the introduction of a new paradigm. This paradigm places disability, healthcare and medicine in the broader context of health, including the social components of health and illness that are hitherto often neglected.<sup>12</sup> The study of mental illnesses too, has caught on in the last decade.

The previously mentioned publication by Holman, De Wet and Zecher, an edited volume was published earlier this year. Most chapters have a historical viewpoint, but it also includes research from the disciplines of disability studies and theology. It discusses the interactions between healing and religion, stressing their cohesion. The work mirrors a chapter by Gill in the Thumiger and Singer’s edited volume about the ambiguity between the role of the philosopher and the physician in pagan medical thought and writing.<sup>13</sup> Holman et al. present a similar intersectionality for healers and clerics in the Christian tradition. Their work focusses on the embeddedness of health and healthcare in the social and societal context. The mental health-aspect of this volume is concentrated primarily on monastic life.

The transition from pagan to Christian thought within mental healthcare specifically has not yet been addressed in the literature. Instead, I will turn to literature discussing healthcare, philosophy, disability and other related topics to fill this gap. C. Thumiger and P.N. Singer centered on a wider range of authors, relating them to one another and focussing on the terminology that they use. Thumiger and Singer do not fixate on mental healthcare per se but on healthcare in a broader context. They discuss the transition from pagan to Christian thought and how this intersected with medicinal thought, which is a rare occurrence in the literature. Their effort to show the interwoven nature of pagan and Christian tradition is best exemplified by N. Metzger, who contributed to this volume with a chapter in which she nuances existing ideas surrounding demon possession in both Christian and pagan thought. She shows that the belief in demons was not exclusively Christian but has its place in pagan tradition as well. Similarly, beliefs in natural causes for illnesses cannot be ascribed to one school of thought. Both could exist simultaneously and manifest themselves differently in individual cases. Her

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<sup>11</sup> S.R. Holman, C.L. de Wet, J.L. Zecher “Introduction: Discourses of Health between Late Antiquity and Postmodernity” in *Disability, medicine, and healing discourse in early Christianity: new conversation for health and humanity*, ed. S.R. Holman, C.L. de Wet, J.L. Zecher (London: Routledge, 2023), 1.

<sup>12</sup> *Ibidem*, 1.

<sup>13</sup> C. Gill, “Philosophical Psychological Therapy: Did It Have Any Impact on Medical Practice?,” in *Mental illness in ancient medicine*, ed. C. Thumiger and P.N. Singer, (Leiden: Brill, 2018), 379-380.

conclusion makes it very clear that it is impossible to analyse religion and medicine separately in late antiquity as they are inherently intertwined.<sup>14</sup>

In *From monastery to hospital* A.T. Crislip discusses the rise of the hospital, which is inherently linked to religion and Christianity due to its roots in monastic culture.<sup>15</sup> Unlike most other authors, Crislip describes a process starting in Egyptian early monastic culture. This study is based primarily on six texts from Lavra monastic communities and twelve texts with a coenobitic monastic background.<sup>16</sup> The work shows how the Graeco-Roman medical tradition lives on in Christian institutions and how in turn these Christian institutions are incorporated into the Roman empire's medical infrastructure.

This thesis adds to the understanding of the transition of healthcare by avoiding a focus on either Roman or Christian tradition as static states. By showing similarities between the two and the process of change I hope to show that there is no hard line. This thesis can add to our understanding of mental healthcare in early Christianity and issues of everyday life. The geographical and temporal scope of this thesis is broad, but this is dictated by the scarcity of source material. The research will be concerned with wider trends rather than local peculiarities.

## **Method and Sources**

I use an array of primary sources. These include literary texts, handbooks and codices. The source material will span a temporal area of a couple of centuries. Although the research matter at hand is concerned primarily with two centuries, the source material will include earlier works. This is dictated by the scarcity of sources and the importance that some earlier works might have had in the third and fourth century.

To analyse the source material, I rely on the discourse analysis method, as presented by Ziemann and Dobson.<sup>17</sup> This method was originally meant to analyse nineteenth and twentieth century documents, but it is suitable for older material as well. I will pay particular attention to certain aspects of their method. Firstly, the importance of narrator and reader. It is important to establish who wrote the texts and in what time and against which background they were written in. Secondly, mode of emplotment. The term, coined by Hayden White, refers to the way in

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<sup>14</sup> N. Metzger, ““Not a *daimōn*, but a severe illness”: Oribasius, Posidonius and later ancient perspective on superhuman agents causing disease,” in *Mental illness in ancient medicine*, ed. C. Thuminger and P.N. Singer, (Leiden: Brill, 2018), 106.

<sup>15</sup> A.T. Crislip, *From monastery to hospital: Christian monasticism and the transformation of health care in late antiquity*, (Michigan: The University of Michigan Press, 2005).

<sup>16</sup> *Ibidem*, 5.

<sup>17</sup> M. Dobson and B. Ziemann, “Introduction,” in *Reading primary sources: The interpretation of texts from nineteenth- and twentieth-century history*, edited by M. Dobson and B. Ziemann, 1-18. (Abingdon: Routledge, 2009).

which events are presented to create the narrative of a text. Lastly, the context of the source will be considered. Context influences the source material and should always be considered.

Other than discourse analysis, the comparative aspect is an important pillar of this research. I have chosen to include a comparative aspect because I believe it will provide additional clarity. Showing both similarities and differences will break the hard dichotomy that is all too present in modern literature. The comparison will also provide a good basis of similarities and differences from which the process of change from pagan to Christian thought can be examined.

I want to dedicate a short part of my thesis to the problem of terminology. Terminology for mental health has been and still is problematic. Mental health is described by Oxford Reference as “The branch of health care and public health concerned with prevention and control of diseases of the mind.”<sup>18</sup> Mental hygiene is presented as a synonym, though this term has not gained the popularity of mental health and therefore comes across rather anachronistic. Mental hygiene first appeared in the English language in 1843. However, it was not until 1946 that the term “mental health” was used to refer to a distinct scientific discipline. Only two years later the Mental Health association was created in tandem with the better-known World Health Organisation (WHO).<sup>19</sup> The American Psychiatric Association (APA), the leading Psychiatric association in the world, broadened the definition of mental health. They included “the effective functioning in daily activities resulting in productive activities, healthy relationships, the ability to adapt to change and cope with adversity” in their definition.<sup>20</sup> According to this definition being mentally healthy is more than not having contracted a disease of the mind. It means being able to function well in society. Throughout this thesis I will be adhering to the broader definition presented by the APA.

The use of the terms ‘mental health’ and ‘mental illness’ in the study of antiquity is inherently anachronistic. There was no conception of mental illness in the classical world, yet our conception of mental illness is discussed by numerous ancient authors and therefore I believe it appropriate to use the modern terms. Roman medicinal thinking never established a clear category of illnesses similar to the modern categorisation of mental health. This is not to say they did not try, as multiple efforts at categorisation were made, which will be discussed in

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<sup>18</sup>“Mental Health,” Oxford Reference, May 2, 2024, <https://www.oxfordreference.com/display/10.1093/oi/authority.20110803100150428?rskey=xwmqCd&result=7>.

<sup>19</sup> J.M. Bertolote, “The roots of the concept of mental health,” *World Psychiatry* 7 (2008), 113.

<sup>20</sup> “What is mental illness?,” American Psychiatric Association, May 2, 2024, <https://www.psychiatry.org/patients-families/what-is-mental-illness>.

the next chapter.<sup>21</sup> An additional complicating factor is the demarcation of mental illness. Which illness was considered mental and which physical? Different mental illnesses in antiquity encompassed a much wider array of illnesses than modern standards. Galen included both malfunctions of the brain and harmful passions in the same category.<sup>22</sup> Epilepsy, commonly known as the ‘falling disease’ or the ‘sacred disease’ was thought to be caused by disturbances in the brain, although its symptoms were manifested physically.<sup>23</sup> The ancient conception of diseases of the brain encompassed a much wider array of illnesses than our modern conception of mental illness does.

It is not the aim of this thesis to analyse the ancient categorisation of mental illness. The thesis does not concern itself with individual mental illnesses beyond the necessary context of medical thinking that is presented in the next chapter.<sup>24</sup> In the last decades multiple historical publications have tried to post-mortally diagnose ancient figures, primarily emperors.<sup>25</sup> Retrospective diagnoses based on ancient depictions in combination with biases and propaganda in ancient writings are questionable at best. When methodological difficulties are added to the terminological discrepancies between modern and ancient medicinal thinking, a blurry picture remains. It is therefore also not the aim of this thesis to arrive at retrospective diagnoses.

## **Mental health and illness in ancient sources**

Modern mental disorders are classified in the DSM, published by the APA. Its most recent publication is *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)*.<sup>26</sup> J.C. Hughes, with a sarcastic undertone, writes “If only the ancients

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<sup>21</sup> See page 9.

<sup>22</sup> W.V. Harris, “Thinking about mental disorders in classical antiquity,” in *Mental disorder in the classical world*, ed. W.V. Harris, (Leiden: Brill, 2013), 9.

<sup>23</sup> O. Temkin, *The falling sickness: A history of epilepsy from the Greeks to the beginning of modern neurology*, second ed. (Baltimore: The John Hopkins Press, 1971), 5.

<sup>24</sup> See page 9.

<sup>25</sup> For example see: L. Tritle, “Xenophon’s portrait of Clearchus: A study in post-traumatic stress disorder,” In *Xenophon and his World*, ed. C. Tulpin (Stuttgart: Franz Steiner Verlag, 2004); or P.A. Mackowiak, and S.V. Batten, “Post-Traumatic Stress Reactions before the Advent of Post-Traumatic Stress Disorder: Potential Effects on the Lives and Legacies of Alexander the Great, Captain James Cook, Emily Dickinson, and Florence Nightingale,” *Military Medicine* 173, no. 12 (2008): 1158-1163; or T. Benediktson, “Caligula’s Madness: Madness of Intercrural Temporal Late Epilepsy?,” *Classical World* 82, no. 5 (1989): 370-375; or J.F. Ratcliffe and R.D. Milns. “Did Caesar Augustus Suffer from Psoriasis and Psoriatic Arthritis?,” *Ancient History Bulletin* 22 no. 1-2 (2008): 71-81.

<sup>26</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, Fifth ed. Text Revision (Washington D.C.: American Psychiatric Association Publishing, 2022).

had had DSM, all would have been crystal clear”.<sup>27</sup> Hughes draws parallels between modern and ancient problems of categorisation. The classification of mental disorder is as problematic nowadays, as it was in antiquity. Nevertheless, there were attempts at classification in antiquity. I will discuss some prominent attempts at classification, which were influential for the period that is discussed in this thesis.

Plato (427-347 BCE), in his *Phaedrus*, which was written as a dialogue between Socrates and Phaedrus, tried to create a framework for classification. He wrote that diseases should be classified in accordance with nature. The classification of diseases was compared to the butchering of an animal. Plato wished to “dissect [...] according to its natural joints and not to smash any part, acting like a bad butcher.”<sup>28</sup> He believed that there was a natural division, which could be achieved by collecting all the individual pieces and putting them in their logical place.<sup>29</sup> He made the distinction between two types of *Mania* or “madness”.

Socrates: And that there are two forms of madness: one resulting from human illnesses, the other arising from a divinely-inspired change in our normal behavior.

Phaedrus: Very much so.

Socrates: Of the divine madness, when we distinguished four parts belonging to four gods, proposing the prophetic part to be the inspiration of Apollo, mystic rites to be associated with Dionysus, again poetic madness associated with the Muses, and the fourth belonging to Aphrodite and Eros, we said that the madness of love is the best<sup>30</sup>

The first type of madness stemmed from human illness; the second type was divinely instigated. The latter was then once again classified into four categories, which all aligned with a corresponding divinity. Plato seemed to imply that madness of either of these four categories only occurred when one was overloaded with them. A healthy dose of divine inspiration was fine, but when the balance was lost it could cause madness.

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<sup>27</sup> J.C. Hughes, “If only the ancients had had the DSM, all would have been crystal clear: Reflections on diagnosis,” in *Mental disorder in the classical world*, ed. W.V. Harris, (Leiden: Brill, 2013), 41.

<sup>28</sup> Plato, *Phaedrus* 265e-266a, translated by C. Emlyn-Jones and W. Preddy. Cambridge, MA: Harvard University Press, 2022.

<sup>29</sup> B. Simon, “‘Carving nature at the joints’: The dream of perfect classification of mental illness,” in *Mental disorder in the classical world*, ed. W.V. Harris, (Leiden: Brill, 2013), 32-33.

<sup>30</sup> Plato, *Phaedrus* 265a-265c.

## Hippocratic Corpus

The most influential medical corpus available at the time of Plato was the “Hippocratic corpus.”<sup>31</sup> This corpus included medical ideas from the fourth and fifth century BCE, which traced back to Hippocrates and his followers.<sup>32</sup> Hippocratic medicine was largely based upon the four humours theory, which was first expressed in the work of Polybus, a student of Hippocrates.<sup>33</sup> The term ‘humour’ comes from the Greek word for ‘juice’ (χυμός).<sup>34</sup> Antique medicinal thought knew many humoral theories, all of which recognised a different number of humours. The four humours that were recognised in Hippocratic thought were blood, phlegm, yellow bile and black bile. Each humour had a corresponding temperature and moistness, which lead them to be influenced greatly by the changing of seasons.

Phlegm increases in a man in winter; for phlegm, being the coldest constituent of the body, is closest akin to winter. A proof that phlegm is very cold is that if you touch phlegm, bile and blood, you will find phlegm the coldest. [...] And in spring too phlegm still remains strong in the body, while the blood increases. For the cold relaxes, and the rains come on, while the blood accordingly increases through the showers and the hot days. For these conditions of the year are most akin to the nature of blood, spring being moist and warm. [...] But in summer phlegm is at its weakest. For the season is opposed to its nature, being dry and warm. But in autumn blood becomes least in man, for autumn is dry and begins from this point to chill him. It is black bile which in autumn is greatest and strongest. When winter comes on, bile being chilled becomes small in quantity, and phlegm increases again because of the abundance of rain and the length of the nights. All these elements then are always comprised in the body of a man, but as the year goes round they become now greater and now less, each in turn and according to its nature [...], if any of these congenital elements were to fail, the man could not live. In the year sometimes the winter is most powerful, sometimes the spring, sometimes the summer and sometimes the autumn. So too in man sometimes phlegm is powerful, sometimes blood, sometimes bile, first yellow, and then what is called black bile. The clearest proof is that if you will give

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<sup>31</sup> C. Thuminger, “Ancient Greek and Roman traditions,” in *The Routledge history of madness and mental health*, ed. G. Eghigian, (London: Routledge, 2017), 46.

<sup>32</sup> There is fragmentary evidence for a long medical tradition before the Hippocratic corpus. However, the Hippocratic corpus is the first and most extensive body of ancient medical ideas which has been preserved; Thuminger, “Ancient Greek and Roman traditions,” 46.

<sup>33</sup> J. Jouanna, *Greek Medicine from Hippocrates to Galen*, trans. N. Allies and P. van der Eijk (Leiden: Brill, 2012), 335.

<sup>34</sup> K.A. Stewart, *Galen’s Theory of Black Bile: Hippocratic Tradition, Manipulation, Innovation* (Leiden: Brill, 2018) 8.

the same man to drink the same drug four times in the year, he will vomit, you will find, the most phlegmatic matter in the winter, the moistest in the spring, the most bilious in the summer, and the blackest in the autumn.<sup>35</sup>

A person whose humours were in balance would show no signs of illness. Imbalance in turn, would cause illnesses. The occurrence of mental disorders was generally, though not exclusively, thought to be caused by black bile. Black bile was especially associated with *melancholia*, to which I will return later.<sup>36</sup>

One mental disorder that was discussed in the Hippocratic corpus is Phrenitis.<sup>37</sup> References to phrenitis have survived in multiple texts from the Hippocratic corpus.<sup>38</sup> Phrenitis is peculiar because it seems to have been very well-known, already in the fourth and fifth century BCE. This can be deduced from its clear demarcations and characteristics, which form a strong contrast to the heterogenous nature of most other mental illnesses that have been described by various authors throughout history.<sup>39</sup> Phrenitis was characterised by its acute and fatal nature coupled with high fevers. The extreme fevers were thought to heat the body and the blood, which in turn caused the mental derangement that was often observed in patients.<sup>40</sup>

### **Aulus Cornelius Celsus**

At the start of the first millennium another author created an exceptionally important work for the classification of mental illness: Aulus Cornelius Celsus. Celsus based his writings on a very large corpus of sources.<sup>41</sup> He showed his knowledge of the Hippocratic corpus, the Alexandrian anatomists and contemporary practitioners. In his work *De medicina*, the encyclopaedist discussed the classification of diseases. Celsus discussed the Greek classification into two categories. These categories were acute and chronic. However, these categories were, like most at the time vague and not conclusive. Celsus therefore proposed the following:

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<sup>35</sup> Polybus, *Nature of man 7*, translated by W.H.S. Jones. Cambridge, MA: Harvard University Press, 1931.

<sup>36</sup> Jouanna, *Greek Medicine from Hippocrates to Galen*, 229

<sup>37</sup> C. Thuminger and P.N. Singer, "Introduction. Disease classification and mental illness: Ancient and modern perspectives," in *Mental illness in ancient medicine*. Ed. C. Thuminger and P.N. Singer, (Leiden: Brill, 2018), 2.

<sup>38</sup> Phrenitis is referenced in *Affections, Aphorisms, Coan Prenotions, Crises, Diseases 1 and 3, Epidemics 1, 3, 4, 5 and 7, Regimen in Acute Diseases, Prognostics and Prorrhetics 1*; G.C. McDonald, "Concepts and treatments of phrenitis in ancient medicine," (PhD-Thesis, Newcastle University, 2009), 15.

<sup>39</sup> C. Thumiger, *Phrenitis and the pathology of the mind in Western medical thought (fifth century BCE to twentieth century CE)*, (Cambridge: Cambridge University press, 2023), 21-22.

<sup>40</sup> *Ibidem*, 23-24.

<sup>41</sup> Thuminger and Singer, "Introduction. Disease classification and mental illness," 7.

Some of the Greek writers have placed among the acute what others have placed among the chronic; from this it is clear that there are more than two classes. For some diseases are certainly of short duration, which carry off the patient quickly, or themselves come quickly to an end; some are chronic, in which neither recovery is near at hand nor death; and there is a third class, at one time acute, at another time chronic, and that occurs not only in fevers, where it is most frequent, but in other affections also. And besides the above there is a fourth class which cannot be said to be acute, because it is not fatal, nor really chronic, because if treated it is readily cured. When I come myself to speak of diseases singly, I will point out to which class each belongs. But I shall divide all diseases into those which appear to have their seat in the body as a whole, and into those which originate in particular parts.<sup>42</sup>

Not only did Celsus propose two more categories, he also proposed an extra factor for classification, that of localisation. Localising an affliction to a particular body part was an important aspect of treatment at the time. However, Celsus proposed that there were diseases that could not be localised. Mental disorders were placed into this category.<sup>43</sup> The eighteenth chapter of book three of *De medicina* is the first account of mental illness from a medical point of view. It is therefore also the starting point for the history of the concept of mental illness.<sup>44</sup>

The primary categorisation of mental illness that Celsus is credited with is the tripartite distinction between *phrenitis*, *melancholia* and *mania*, although it is assumed that this system has much older origins.<sup>45</sup> Celsus was aware of the fact that abnormal behaviour could accompany a normal fever. True ‘Insanity’ should only be recognised when it was constant. At this time imaginations would occur to a person, who was hitherto completely sane, then “the mind became at the mercy of such imaginings.”<sup>46</sup> Once this distinction had been established Celsus sets out to categorise insanity:

I shall begin with insanity, and first that form of it which is both acute and found in fever. The Greeks call it phrenesis (φρένησις). [...] But there are several sorts of insanity; for some among insane persons are sad, others hilarious; some are more readily controlled and rave in words only, others are rebellious and act with violence; and of these latter,

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<sup>42</sup> Celsus, *De medicina* 3.1, translated by W.G. Spencer. Cambridge, MA: Harvard University Press, 1935.

<sup>43</sup> Thuminger and Singer, “Introduction. Disease classification and mental illness,” 7.

<sup>44</sup> *Ibidem*, 14.

<sup>45</sup> Harris, “Thinking about mental disorders in classical antiquity,” 7-8.

<sup>46</sup> Celsus, *De medicina* 4.18.

some only do harm by impulse, others are artful too, and show the most complete appearance of sanity whilst seizing occasion for mischief, but they are detected by the result of their acts.<sup>47</sup>

The main distinction between the three disorders was their duration. *Phrenitis* was the most acute and short-lived of the three cases of ‘insanity.’ In the excerpt above Celsus tried to make a subdivision within the category of *phrenitis*. However, the subdivisions he made remains relatively vague and unstructured compared to the three-way division of mental illness that he established earlier. The desire for subdivision nonetheless shows the author’s taxonomic intentions.<sup>48</sup> Celsus was much more thorough in his description and discussion of *phrenitis* than in his discussion of the latter two, this reflects the notoriety of *phrenitis*, which seems to have been a well-known affliction for a long time:

There is another sort of insanity, of longer duration because it generally begins without fever, but later excites a slight feverishness. It consists in depression which seems caused by black bile.<sup>49</sup>

Celsus did not mention *melancholia*, or later *mania* by name. Their description and discussion were much less thorough than his discussion of *phrenitis*. *Melancholia* had a longer lifespan than *phrenitis*, which was the main distinction between the two according to Celsus. Interestingly the main feature of *melancholia* was the sadness (*tristia*) that accompanied it; the classification of melancholia thus truly rests upon a feature that would nowadays be considered truly psychological.<sup>50</sup> Whereas sadness was one of many possible expressions of *phrenitis*, it was the main expression of and condition for the diagnosis of *melancholia*.

The third kind of insanity is of all the most prolonged whilst it does not shorten life, for usually the patient is robust. Now of this sort there are two species: some are duped not by their mind, but by phantoms, such as the poets say Ajax saw when mad or Orestes; some become foolish in spirit.<sup>51</sup>

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<sup>47</sup> Celsus, *De medicina* 4.18.

<sup>48</sup> Thuminger and Singer, “Introduction. Disease classification and mental illness,” 10.

<sup>49</sup> Celsus, *De medicina* 4.18.

<sup>50</sup> Thuminger and Singer, “Introduction. Disease classification and mental illness,” 12.

<sup>51</sup> Celsus, *De medicina* 4.18.

The third category, once again unnamed is *mania*. Celsus established another subdivision between those who were deceived by phantoms and those deceived by their own mind. He created yet another subdivision within those troubled by phantoms. This division was between the depressed and the hilarious, not unlike two of the subtypes proposed for *phrenitis*.<sup>52</sup> The tripartite distinction between *phrenites*, *melancholia* and *mania* made by Celsus remained influential in medical thought long after his time.

### **Rufus of Ephesus**

In the late first century Rufus of Ephesus wrote a work, which would remain the *melancholia* unit of reference for centuries.<sup>53</sup> His writings were partially based on his own experiences. In 1971 six case histories and twenty-one clinical reports of patients suffering *melancholia* have been found, which since then have all been attributed to Rufus of Ephesus.<sup>54</sup> His main source of inspiration, other than practical experience, remains uncertain.<sup>55</sup> In *On melancholy*, which has been handed over to us only partially, Rufus asserted that the focus of medical professionals should rest with the patient. To create a clinical picture and finally get to a fitting treatment, physicians should talk to their patients. He stated the importance of asking questions, since this could present important information. What the patient said and what the physician could observe from his answers, such as stuttering, or unusually fast talking should be considered by the medical professional.<sup>56</sup>

Rufus constantly stressed the importance of the mental over the physical, though both were considered thoroughly. The result was a much more complete picture of *melancholia* than that presented by Celsus. Rufus presented a plethora of symptoms and possible treatments, which were all spread across numerous sections of books and case notes.<sup>57</sup> *Melancholia*, according to Rufus was most commonly caused by the physical problem of an excess of black bile. An excess of black bile can be innate but not necessarily. A surplus could be caused by the heating of the body by a fever, which was often associated with mental disorders. However,

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<sup>52</sup> Celsus, *De medicina* 4.18.

<sup>53</sup> Even Galen, famously critical of other authors, praises Rufus of Ephesus for being the best ‘modern’ writer on *melancholia*, though this might have a sarcastic undertone. However, we can assume that Galen is sincere, since many others sing Rufus’ praises too. Even in the thirteenth century Arab physicians express their appreciation for his work on *melancholia*, which was “second to none in the art of medicine”; M. Letts, “Mental perceptions and pathology in the work of Rufus of Ephesus,” in *Mental illness in ancient medicine*, ed. C. Thuminger and P.N. Singer, (Leiden: Brill, 2018), 177.

<sup>54</sup> *Ibidem*, 178.

<sup>55</sup> *Ibidem*, 179.

<sup>56</sup> *Ibidem*, 177, 184.

<sup>57</sup> All symptoms, causes and treatments have been compiled and listed by Letts; Letts, “Mental perceptions and pathology in the work of Rufus of Ephesus,” 177, 184.

mental problems not only result from *melancholia*, but they can also be its cause. Rufus mentioned the dangers of thinking: “no-one who devotes too much effort to thinking about a certain science can avoid ending up with melancholy.”<sup>58</sup> *Melancholia* could have a plethora of other causes, most of which could influence psychological wellbeing. Examples of such causes of *melancholia* presented by Rufus are social pressure, ascetism or working long hours. Rufus of Ephesus’ relatively sophisticated understanding and application of what we would now call psychology was an important contribution to the medical corpus, especially for the understanding of mental disorders.

### **Aelius Galenus**

Building upon the findings of Rufus, Galen also addressed mental disorders.<sup>59</sup> One of the main problems when dealing with Galen’s extensive corpus is that it is unclear what he contributed himself, and for which parts he was indebted to others.<sup>60</sup> This is also true in relation to Rufus, we simply do not know what part of Galen’s work on mental illness should be traced back to Rufus. It is clear that large parts of Galen’s discussions of mental illness were based upon Rufus’ writings.<sup>61</sup>

Galen, who saw Hippocrates and Plato as his primary sources of inspiration, was convinced that soul and body were connected.<sup>62</sup> The idea that the body could influence the mind was a rather mainstream conception at the time. This can for example be observed by the plethora of dietary changes that were prescribed by physicians for both physical and mental discomforts. However, Galen recognised that the relationship between body and soul could work the other way around too.<sup>63</sup>

In the second century CE Galen wrote a *Commentary to Prorrheticum I*, in which he criticised the old Hippocratic tradition for being too vague.<sup>64</sup> Galen was amongst the first to

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<sup>58</sup> Rufus of Ephesus, *On melancholy* F36, translated by P.E. Pormann. Tübingen: Mohr Siebeck, 2008.

<sup>59</sup> Julien Devinant (2018) warns us to be wary of using the term mental disorder when referring to Galen. He notes how Galen was well aware of the complexity of mental illness and possibly remained relatively vague for that reason. However, his small corpus of examples, which are repeated constantly gives away that dealing with mental illness was most likely not an everyday occurrence for Galen. I acknowledge that the terminology is far from ideal, this does not apply to Galen exclusively but to the study of mental illness of the past as a whole. Because of a lack of a better alternative, I will be adhering to the modern terminology; J. Devinant, “Mental disorders and psychological suffering in Galen’s cases,” in *Mental illness in ancient medicine*, ed. C. Thuminger and P.N. Singer, (Leiden: Brill, 2018), 1.

<sup>60</sup> V. Nutton, “Galenic madness,” in *Mental disorder in the classical world*, ed. W.V. Harris, (Leiden: Brill, 2013), 119.

<sup>61</sup> Letts, “Mental perceptions and pathology in the work of Rufus of Ephesus,” 177.

<sup>62</sup> Jouanna, *Greek Medicine from Hippocrates to Galen*, 261, 332.

<sup>63</sup> Nutton, “Galenic madness,” 121.

<sup>64</sup> Thuminger and Singer, “Introduction. Disease classification and mental illness,” 2.

attempt a categorisation of mental illness. His focus lie with finding the “proper” symptoms of diseases. A “proper” symptom was one that was inseparable from and exclusive to a particular affliction. Such “proper” symptoms were of great importance for diagnosing a patient.<sup>65</sup>

Galen’s categorisation of mental illness was twofold. The two categories were *phrenitis* and *mania*, which were characterised by their respective presence or absence of fever. Those that occur with fever were thought to be caused by an excess of yellow bile in the body and brain specifically.<sup>66</sup> The only exception was *melancholia*. This was where Rufus’s influence on Galen is visible. Galen notes that melancholia could be caused without an external disturbance of humours. This could happen when a fever heated the body after which the yellow bile was heated, which made it more dangerous, and ultimately turned it into black bile. Black bile caused *melancholia*, as had already been concluded by Rufus and Celsus before him.

The most sophisticated addition that Galen brings to the understanding of mental illness is that a disorder can effect only a certain function of the brain.<sup>67</sup> He recognised that it was possible for a patient’s function of speech to be completely intact, and yet they could not control functions related to motor skills.

### **Posidonius of Byzantium**

Posidonius is known to us through the works of Aetius, a sixth century author, who frequently refers to him.<sup>68</sup> Posidonius was a fourth century Byzantine physician who is thought to have been the specialist on illnesses of the head and madness.<sup>69</sup> He must have been very influential at the time because he was referenced more often than Galen in Aetius’ works.<sup>70</sup> Posidonius’ work was referenced, sometimes solely, sometimes in combination with other authors on multiple topics.<sup>71</sup> The trio of *Phrenitis*, *mania* and *melancholia* featured as three of the topics, however other lesser-known afflictions are also discussed. The first discussion that he was referenced in is concerned with *lethargia*, which was a very old affliction, which could already be found in the Hippocratic corpus. *Lethargia* causes forgetfulness and a longing of sleep.

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<sup>65</sup> Thuminger and Singer, “Introduction. Disease classification and mental illness,” 1.

<sup>66</sup> Nutton, “Galenic madness,” 123-124

<sup>67</sup> Nutton, “Galenic madness,” 124-125.

<sup>68</sup> There is a debate about whether Aetius refers to Posidonius of Byzantium or Posidonius of Apamea, but it most likely is Posidonius of Alexandria because of his specialist knowledge on madness and illness of the head, which are the subjects of the chapters of Aetius in which he is frequently referenced; Gäbel, *Aetius of Amida on Diseases of the Brain*, 23-24.

<sup>69</sup> Thuminger and Singer, “Introduction. Disease classification and mental illness,” 16; Metzger, “Not a *daimōn*, but a severe illness,” 79.

<sup>70</sup> Gäbel, *Aetius of Amida on Diseases of the Brain*, 22.

<sup>71</sup> The following summary of the afflictions and their symptoms was taken from Gäbel, *Aetius of Amida on Diseases of the Brain*, 157-457.

Ancient authors agreed that it originated in the brain, though its exact cause was debated. Secondly, *katalepsis*, an affliction like paralysis in which the patient was ‘held’ from the moment that the illness manifested itself. The most common symptom was speechlessness. Next, he discussed *karos*. *Karos* was a disease which was often associated with brain trauma, temporal muscles, or brain ventricles. Second to last *koma* was discussed. This related to a very deep sleep but could also refer to sleeplessness or very light sleep. This is not like the modern concept of ‘coma’ in which a person is unconscious for a long period. Instead, the affected person was unable to stay awake. Finally, *skotoma* was discussed. *Skotoma* was poorly defined and referenced by many different authors with different names and symptoms. The elements which were most frequently connected to the affliction were a sudden “darkness” overcoming the eyes, and “whirling” of the head.

### **Oribasius of Pergamon**

Oribasius of Pergamon, who lived in the late fourth century, was a different kind of medical writer than those before him. He did not set out to compile as much information as possible. He was a practicing physician, who tried to create a pragmatic manual. Oribasius was a friend and personal physician to Emperor Julian.<sup>72</sup> Oribasius’ main source was Galen, but he included many other authors in his compilation.<sup>73</sup> Posidonius was a contemporary of his. Their discussion of *Ephialtes*, which could overcome a person at night and cause pressure on the chest and leave them short of breath is exemplary for the nature of medical thinking on mental illness.<sup>74</sup> Some ancient literature suggested that *Ephialtes* was caused by supernatural agents, such as demons (*daimōn*). At the beginning of Posidonius’ and Oribasius’ works the tentative nature of the subject becomes immediately clear. They both asserted that *Ephialtes* was not a demon, however Posidonius referred to the affliction as a sickness, while Oribasius saw it as a sign of Asclepius.<sup>75</sup> It is unknown if the two were aware of each other’s texts or whether they based themselves on the same source.<sup>76</sup> Some connection would seem likely, due to the similarities in their formulation. It is not unreasonable to conclude that popular opinion at the time regarded *Ephialtes* as a demonic affliction, otherwise there would have been no reason to

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<sup>72</sup> P. Bouras-Vallianatos, “Galen in late antique medical handbooks,” in *Brill’s companion to the reception of Galen*, ed. P. Bouras-Vallianatos and B. Zipse, (Leiden: Brill, 2019), 39.

<sup>73</sup> M. Grant, *Dieting for an emperor: A translation of books 1 and 4 of Oribasius’ Medical compilations with an introduction and commentary*, (Leiden: Brill, 1997), 16.

<sup>74</sup> Metzger, “Not a *daimōn*, but a severe illness,” 94.

<sup>75</sup> Aetius of Amida, *Lbri medicinales* 6.12, translated by R. Gäbel, Berlin: De Gruyter; Metzger, “Not a *daimōn*, but a severe illness,” 97.

<sup>76</sup> Metzger, “Not a *daimōn*, but a severe illness,” 97.

refute its supernatural origins directly at the start of both works. Posidonius was adamant that demons could not be the cause of madness, instead he opted for a humoral explanation in the tradition of Hippocrates.<sup>77</sup> Oribasius also denied the demonic origins of *Ephialtes* but did not deny its supernatural character. Instead, he referred to the healing practices of Asclepius, which were closely associated with sleeping and will be discussed later.<sup>78</sup> Oribasius believed that the occurrence of *Ephialtes* had positive connotations, it was a sign that the sick would get better again. He had a Neoplatonic worldview, which opposed itself to the growing Christian influence. He even played an active role in the restoration efforts of Julian.<sup>79</sup> His views on demonology also seem to have been influenced by Neoplatonic ideas.

With this short example, I hope to have illustrated the complex nature of mental illness in antiquity. Not only was there a discussion about whether illnesses could be caused by supernatural beings, the nature of these supernatural beings was also open to debate. Candidates included evil Christian demons or messenger *daimōnes* from pagan gods. The matter is made even more complex by Christian compilers' later additions to or omissions of excerpts refuting the demonic origins of *Ephialtes*. Oribasius' entry was removed by Paul of Aegina, while Paulus Nicaeus saw no problem in keeping the text intact.<sup>80</sup>

## Readership

To understand the influence of medical writings one should look at their readership. Unfortunately, much remains unclear about the readership of ancient medical texts. Not all authors present their sources, and some do only partially. I will therefore focus on the readership of the Hippocratic corpus and Galen's writings, since these are the most frequently cited sources of information for late antique writers. First, I will look at the Hippocratic corpus. When the Hippocratic texts were written, they were most likely intended to be delivered orally. There is ample evidence in the Hippocratic corpus that debate on medical topics was part of intellectual life in the fourth and fifth centuries BCE.<sup>81</sup> This did not only include doctors; in *Affections the* layperson was directly addressed.

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<sup>77</sup> Gäbel, *Aetius of Amida on Diseases of the Brain*, 24.

<sup>78</sup> See page 41.

<sup>79</sup> Metzger, "Not a *daimōn*, but a severe illness," 101.

<sup>80</sup> *Ibidem*, 103.

<sup>81</sup> M.J. Schiefsky, *Hippocrates on ancient medicine: translated with introduction and commentary*, (Leiden: Brill, 2005), 38.

Any man who is intelligent must, on considering that health is of the utmost value to human beings, have the personal understanding necessary to help himself in diseases, and be able to understand and to judge what physicians say and what they administer to his body, being versed in each of these matters to a degree reasonable for a layman. Now a person would best be able to understand such things by knowing and applying the following: all human diseases arise from bile and phlegm; the bile and phlegm produce diseases when, inside the body, one of them becomes too moist, too dry, too hot, or too cold. [...] All diseases in men, then, arise from these things. The layman must understand as much about them as befits a layman; and what it is fitting for the expert to understand, to administer, and to manage, about these matters, both what is said and what is done, let the layman be able to contribute an opinion with a certain amount of judgement.<sup>82</sup>

The most important contribution of the Hippocratic corpus to medicinal thought might have been the four humours theory. At the time of its conception, the four humours theory did not immediately catch on in Greek medical thought. It was Galen who clarified that the four humours theory was the basis for all other Hippocratic work.<sup>83</sup> This would be the basis for the status that the theory would enjoy in the coming centuries. The centuries following Galen are referred to by Jacques Jouanna as the “Golden Age of the theory of the four humours.”<sup>84</sup>

During his lifetime Galen was somewhat of a celebrity. He came from a respected family and gained publicity in Rome through public lectures and anatomical demonstrations.<sup>85</sup> Galen wrote most of his works for his friends, throughout the empire. His friends were keen to display his works in public libraries.<sup>86</sup> He also produced texts which were intended to be read by a larger audience.<sup>87</sup> Apparently there was demand for such texts. Galen was also revered by contemporary Christians in Rome. He served as a model of logical thought for the Christians who were trying to create a Christian philosophy. The admiration went both ways, as Galen spoke favourably of the Christians for their self-control.<sup>88</sup> We should expect medical men in late antiquity to be well-aware of at least the writings of the Hippocratic corpus and Galen. This

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<sup>82</sup> Hippocrates, *Affections* 1, translated by P. Potter. Cambridge, MA: Harvard University Press, 1988.

<sup>83</sup> Jouanna, *Greek Medicine from Hippocrates to Galen*, 338.

<sup>84</sup> *Ibidem*, 341.

<sup>85</sup> A. Pietrobelli, “Galen’s early reception (second-third centuries),” in *Brill’s companion to the reception of Galen*, ed. P. Bouras-Vallianatos and B. Zipser, (Leiden: Brill, 2019), 11.

<sup>86</sup> Galen, *On avoiding distress* 5, 8-9, translated by I. Polemis and S. Xenophontos. Berlin: De Gruyter 2023.

<sup>87</sup> Pietrobelli, “Galen’s early reception,” 12.

<sup>88</sup> *Ibidem*, 25.

is exemplified by the position of Hippocrates as the quintessential doctor, and Galen as his student in Byzantine medicinal thought.<sup>89</sup>

This chapter has shown the plurality of medical theories in antiquity. But it has also shown that certain things remained relatively constant throughout the period. The importance of balance in general healthcare for example. But also, the terminology that was used to describe mental illness. Terms like *phrenitis*, *melancholia* and *mania* returned in the texts of numerous authors. It is worth noting that while the terminology might remain the same, the conditions they described might not be. *Melancholia* for example could mean different things to different authors.<sup>90</sup> Hippocrates and Galen are the basis of medicinal thought during and long after the period that this thesis will analyse. However, this does not mean that later writers simply copied older works. They made useful contributions to the art of medicine, and medical thought about mental health.

However, this was not the only medical tradition that people adhered. Traditional healing methods and folk-beliefs prevailed under the general populace. A example can be found in Egypt, where traditional Egyptian medicine, based on Egyptian religion and magic remained popular. Even within the monastic context, people saw no harm in the use of traditional healing methods and magic, instead of or in combination with medicinal healing and prayer.<sup>91</sup>

## **Recognition**

Before looking into the mental healthcare system of the late empire, it is important to understand how people suffering from mental distress or illnesses were received in late antique society. The reception of these people is at the base of the possibilities for the prevention, care and cure of the illness. The problem of mental health needs to be recognised and understood before proper action could be taken.

## **Jurisdiction**

The attitude towards people with mental illnesses in the Roman tradition is best described as ambiguous. On the one hand, the existence of mental illnesses seems to have been accepted. Roman law had provisions for the mentally impaired in case they had to defend themselves in court. A Roman equivalent of extenuating circumstances seems to have been

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<sup>89</sup> Jouanna, *Greek Medicine from Hippocrates to Galen*, 359.

<sup>90</sup> Letts, "Mental perceptions and pathology in the work of Rufus of Ephesus," 180.

<sup>91</sup> Crislip, *From monastery to hospital*, 31.

present. People who were thought to be ‘mad’ would be protected from harsh punishment by labelling them as *infantes*, which translated to “non-speaking” or “children.”<sup>92</sup> A fragment from Justinian’s Digest written by third century Roman jurist Macer makes a provision for those who were not constantly incapable of constraining themselves. If the defendant could prove that he was temporarily insane at the moment of committing his crime, he would not be punished.<sup>93</sup> The defendant would, in this case, not be considered as a child but instead as a sleeping person, symbolising the temporary inability to account for one’s actions.<sup>94</sup> People who were thought to be insane could however still be constrained or locked up if they were thought to be a danger to themselves and their surroundings.

When anyone, while insane, kills his parents, he shall go unpunished, as the Divine Brothers stated in a Rescript with reference to a man who, being insane, killed his mother; for it is sufficient for him to be punished by his insanity alone, but he must be guarded with great care, or else be kept in chains.<sup>95</sup>

This excerpt from Justinian’s Digest was originally written by Herennius Modestinus, a third century jurist. The writings perfectly show the Roman judicial attitude of sympathy towards the insane. The law shows awareness of the implications of the subject’s mental condition and is supposed to protect the defendant from unreasonable punishment and work in his or her best interest.<sup>96</sup>

The earliest source of Roman law, the laws of the Twelve Tables, already provided jurisdiction for the care of property of somebody who was mentally disturbed. If the person in question was unable to attend to his or her own property this task befell their family. It was also possible to appoint an official curator or guardian, who would tend to the person’s property and wellbeing. If the curator was found to be incompetent, he could be removed from his function. This law remained in place for centuries and has been handed over to us in Justinian’s digest.<sup>97</sup>

Laws surrounding the discharge of soldiers who suffered from mental distress show that mental trauma and physical trauma were both regarded as equally viable reasons for discharge.

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<sup>92</sup> C. Laes, *Beperkt? Gehandicapt en in het Romeinse Rijk*, (Leuven: Christian Laes en Davidsfonds Uitgeverij, 2014), 60.

<sup>93</sup> *Dig.* 1.18.14, translated by S.P. Scott. Cincinnati: The central trust company, 1932.

<sup>94</sup> Laes, *Beperkt?*, 60.

<sup>95</sup> *Dig.* 48.9.9.2.

<sup>96</sup> Laes, *Beperkt?*, 62.

<sup>97</sup> Justinian’s digest even makes a differentiation between those who can supposedly still be treated and those who are thought to be permanently ill; Laes, *Beperkt?*, 61.

The Roman state and judicial system made no distinction as both mental and physical discomfort could be reasons to grant *missio causaria*, medical discharge. Medical discharge, as was confirmed by law, was an honourable discharge.<sup>98</sup> If soldiers committed suicide while serving, they would be treated like deserters. The soldiers would be dishonoured, and their will would be void. There was only one exception to this law:

But where anyone, through weariness of life, or because he is unable to endure the suffering of illness, or through a desire for notoriety commits suicide, as certain philosophers do, this rule does not apply, as the wills of such persons are valid. The Divine Hadrian also made this distinction with reference to the will of a soldier, in a letter addressed to Pomponius Falco, stating that if anyone belonging to the army preferred to kill himself because he was guilty of a military offence, his will shall be void; but if he does so because he is tired of life, or on account of suffering, it will be valid, and if he should die intestate, his property can be claimed by his relatives, or, if he has none, by his legion.<sup>99</sup>

Roman judicial writings show that mental impairments were recognized. The people suffering from them were not shunned but they were understood and protected, even after death. However, the fact that the soldier's good reputation had to be defended by law also shows that their condition was by no means universally accepted. Another excerpt makes this even more clear:

Anyone who becomes insane is considered to retain the position and rank he previously held, and also his magistracy and authority; just as he retains the ownership of his property.<sup>100</sup>

If their distress was universally sympathized with, there would have been no need to create laws stipulating the way they should be received by others. Laws had to enforce the fact that 'insane' persons retained their dignity, revealing that the general populace might not have perceived them so favourably. Unfortunately, we cannot do much more than speculate about the popular

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<sup>98</sup> K. van Lommel, "The Recognition of Roman Soldiers' Mental Impairment," *Acta Classica* 56, no. 1 (2013): 177.

<sup>99</sup> *Dig.* 28.3.6.7.

<sup>100</sup> *Dig.* 1.5.20.

opinion. The fact that laws were included in Justinian's Digest shows their continuous influence in Roman legal thought throughout late antiquity.

### **Supernatural diseases**

Multiple diseases have been named the "sacred disease" throughout antiquity, most notably epilepsy. Though epilepsy is nowadays no longer understood to be a mental disorder, ancient physicians would have classed it as an illness of the soul. Galen had written a 'medical' explanation for epilepsy, yet the sacred origins of the disease remained part of popular belief.<sup>101</sup> This popular belief was fuelled by magicians, who related most diseases to a specific deity. Epilepsy was closely related to the moon and thus the Greek goddess Hekate, or its Roman variant named Trivia.<sup>102</sup> It is unknown how widely spread such popular beliefs were. A lack of source material means that they will not be considered in this thesis, instead it will focus on the writings of well-known antique writers.

The divine nature of mental illness is widely spread among early Christian writers, though they by no means formed a united front. Augustine of Hippo, a fourth century Church Father, struggled with the existence of (innate) mental impairments. He tried to reason why God would allow the existence of such suffering, because in his eyes there was no joy for the father of a fool.<sup>103</sup> Augustine concluded that mental impairments must have been an accident, which was allowed by God; the other possibility was that it was a lingering effect of the original sin.<sup>104</sup>

In a collection of letters from John Chrysostom, the fourth century archbishop of Constantinople to a monk called Stageirios in 380 CE, the Church Father's views on mental health were made very clear. Stageirios suffered from what he called "the falling disease."<sup>105</sup> In his letter Stageirios discussed how the attack of demons had caused *arthumia* (depression) within him, he is even experiencing suicidal thoughts.<sup>106</sup> John Chrysostom's reverses Stageirios' thought process, and in doing so presents his views on mental health. He writes: "It is not the demon which moved *arthumia*, but [*arthumia*] which makes the demon strong, and which introduces the wicked thoughts."<sup>107</sup> John Chrysostom viewed mental health as an individual's defence against demons. It is not the demons which cause bad mental health, good

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<sup>101</sup> Temkin, *The falling sickness*, 16.

<sup>102</sup> *Ibidem*, 16.

<sup>103</sup> Augustine, *De peccatorum meritis et remissione et de baptismo parvulorum* 1.66, translated by P. Holmes and R.E. Wallis, Buffalo, NY: Christian Literature Publishing Co., 1887.

<sup>104</sup> *Ibidem*, 1.32.

<sup>105</sup> J. Wright, "Between despondency and the demon: Diagnosing and treating spiritual disorders in John Chrysostom's *Letter to Stageirios*," *Journal of late antiquity* 8, no. 2 (2015): 352.

<sup>106</sup> *Ibidem*, 352-353, 360.

<sup>107</sup> *Ibidem*, 360.

mental health prevents demons from corrupting the soul. This view gives agency to the individual in the prevention of distress. Chrysostrom's opinion on this matter should not be considered normative; it is in fact an extreme view of mental health which lays the blame on the patient. It shows the wide range of views on mental health.

Around that same time, the Byzantine physician Posidonius completely denied that illnesses could be caused by supernatural agents, which led to criticism from contemporary Christian writers. It is unclear to which extent Posidonios' opinion was representative.<sup>108</sup> We do not know if Posidonius was a Christian. No source mentions his religious views. The fact that his religion was unimportant to contemporary writers shows that the difference of opinion on demon possession was not at all aligned with religious preferences.<sup>109</sup> Many medical thinkers of late antiquity seemed at least willing to consider the possibility of demon possession as the cause for illness. This was less common during the time of Galen.<sup>110</sup> It is important to note that the writings only reflect the view of medical men. The prominence of demons in the beliefs of the general populace is well attested for in earlier periods as well.<sup>111</sup>

Most authors made a distinction between demonic and non-demonic (natural) diseases.<sup>112</sup> The distinction seems to be heavily influenced by the pre-existing Graeco-Roman distinction between sicknesses of the soul and sicknesses of the body. Demonic diseases are also well-attested for in the Bible and will be considered later in this thesis.<sup>113</sup> Muteness and deafness, for example were often seen as symptoms of a person possessed by one or more demons.<sup>114</sup> At other times the subject would be very loud instead, or they might become violent and dangerous to themselves and people around them.<sup>115</sup>

The perception of people suffering from mental distress thus changed considerably during the first few centuries of our age. Roman law remained in place throughout late antiquity. The fact that demonic illnesses became more mainstream must have had considerable implications for the 'insane' or the 'possessed.' The different theories about demonic possession placed the

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<sup>108</sup> Metzger, "Not a *daimōn*, but a severe illness," 80-81.

<sup>109</sup> Ibidem, 81.

<sup>110</sup> V. Nutton, "Galen to Alexander: Aspects of medicine and medieval practice in late antiquity," *Dumbarton Oaks Papers* 38, no. 1 (1984): 9.

<sup>111</sup> Metzger, "Not a *daimōn*, but a severe illness," 81.

<sup>112</sup> Crislip, *From monastery to hospital*, 23.

<sup>113</sup> See page 42.

<sup>114</sup> A.R. Solevåg, "Christ, the physician, and his deaf followers: Medical metaphors in the letters of Ignatius of Antioch," in *Disability, Medicine and Healing Discourse in Early Christianity: New conversations for health humanities*, Ed. S.R. Holman, C.L. de Wet and J.L. Zecher, (New York: Routledge, 2024), 22.

<sup>115</sup> A.R. Solevåg, *Negotiating the disabled body: Representations of disability in early Christian texts*, (Atlanta: Society of Biblical Literature, 2018), 101.

individual into a different light. The most extreme example is John Chrysostom, who regarded the suffering monk as the one responsible for the demonic attack on him. Although this might not represent the dominant view, views like Chrysostom's must have harmed the perception of the mentally disturbed, even if the law still constituted that they kept their good reputation.

## Prevent

The first area of analysis will be the prevention of mental health problems. Accepting the possibility of prevention in mental healthcare implies that the problems were not thought to be inherent. The nature-nurture debate, which has still not been resolved today, stems from the time of the Greeks. Plato gave prominence to nature, which spawned the rationalist school of thought. Aristotle, a student of Plato's, had different ideas: he argued that humankind was shaped through experience. This idea would become the basic principle of the empiricist school.<sup>116</sup>

Looking at contemporary biographies, one would be led to believe that the Romans tended more towards Plato's ideas. Roman writers usually presented the madman as having shown indications of a wicked disposition as a child.<sup>117</sup> The supposed evil could remain locked up within the child, youth or adult for years, until finally a trigger would finally cause it to be set free and take over the individual who would then go mad.<sup>118</sup> Suetonius (69/70-140 CE) wrote of Caligula (12-41 CE), for example, that he eagerly watched tortures and executions when he was 19 years of age.<sup>119</sup> However, the final trigger came in the form of a love-potion, presented to him by his wife Caesonia. The consumption of the love potion had the final effect of "driving him mad."<sup>120</sup>

These writings might suggest that the prevention of mental disorders, such as madness would be considered, was thought to be futile. However, the biographies seem to be tainted by hindsight. Galen presented a much more nuanced view. He wrote that children had innate character traits, which could be either positive or negative. Personality traits were thought to be determined by the makeup of a person's bodily mixture.<sup>121</sup> These traits came from the soul, and

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<sup>116</sup> D.J. Lewkowicz, "The biological implausibility of the nature-nurture dichotomy and what it means for the study of infancy," *Infancy* 16, no. 4 (2011): 331-332.

<sup>117</sup> Laes, *Beperkt?*, 53.

<sup>118</sup> Laes, *Beperkt?*, 53-54.

<sup>119</sup> Suetonius, *De vita caesarum* 4.10-4.11, translated by J.C. Rolfe. Cambridge, MA: Harvard University Press, 1914.

<sup>120</sup> *Ibidem*, 4.50.

<sup>121</sup> Galen directly quotes Aristotle in his work; Galen. *The soul's traits depend on bodily temperament* 791-792, translated by Ian Johnston. Cambridge, MA: Harvard University Press, 2020.

the soul could be corrupted by external circumstances. In fact, Galen criticised the societal tendency to hate the ‘wicked’ without considering the origins of their behaviour.<sup>122</sup>

### **Philosophical therapy**

The fact that health could and should be maintained was an important part of classical culture in the first two centuries CE. Selfcare, as we would now call it, was an everyday preoccupation for the Roman elite.<sup>123</sup> The goal was to live a healthy and happy life. Preserving health became an active and even social practice. The preservation of mental health could be achieved through three ways.

Firstly, balance was considered paramount in almost all medical theory at the time. Restoring balance was not only often the objective of healing methods, upholding balance could prevent health problems. A balanced life could preserve health and prevent (mental) illnesses. Creating or conserving such a balance was done through *diata* or regimen. This was similar to our conception of life-style management. The most important factors of this ancient life-style management were a good diet, exercise, and a healthy environment.<sup>124</sup>

Secondly, we should consider the importance of virtue. Virtue, in the case of mental health seems to be just as much an effect as a cause. On the one hand classical moral philosophy was based upon the common conception that every human had the ability to take rational actions that would lead to a happy and virtuous life.<sup>125</sup> On the other hand virtue was often linked to health. Lack of the former was thought to have a detrimental effect on the latter.<sup>126</sup> A wicked life would corrupt the soul, which could potentially cause illness.

Thirdly, philosophical therapy was an option. Because practicing physicians in the Graeco-Roman medicinal tradition were primarily concerned with health of the body, the health of the soul became the philosophers’ domain.<sup>127</sup> Philosophical therapy stemmed from ancient ethical theory and moral philosophy.<sup>128</sup> The theory was built upon the idea that mental disorder and distress stemmed from within the persons themselves. The reasons for their distress were their false beliefs about what would make them happy. Therapy was centred on the creation of a new framework of thinking in which the false beliefs were to be replaced by true thoughts.<sup>129</sup>

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<sup>122</sup> Galen. *The soul’s traits depend on bodily temperament* 815-816.

<sup>123</sup> Gill, “Philosophical therapy as preventative psychological medicine,” 341-342.

<sup>124</sup> Gill, “Philosophical therapy as preventative psychological medicine,” 340.

<sup>125</sup> *Ibidem*, 350.

<sup>126</sup> W. Mayer, “Medicine in transition: Christian adaptation in the later fourth-century east,” in *Shifting Genres in late antiquity*, ed. G. Greatrex and H. Elton, (Abingdon: Ashgate Publishing, 2015), 14.

<sup>127</sup> Gill, “Philosophical therapy as preventative psychological medicine,” 346.

<sup>128</sup> *Ibidem*, 346; Mayer, “Medicine in transition,” 14-15.

<sup>129</sup> Gill, “Philosophical therapy as preventative psychological medicine,” 348-351.

This new framework became the basis for the creation of a new set of beliefs, which paved the way towards happiness and a healthy soul.

An example of such a framework can be found in Galen. He explained his frame of mind through his own experience in *Avoiding distress*. This work, in epistolary form, was written shortly after a great fire in Rome in 192 CE. Galen criticises ‘some philosophers [who] professed that the [true] philosopher will never be distressed.’<sup>130</sup> He rendered the possibility of complete liberation from distress preposterous. His reference to a similar view on affection reveals that ‘some philosophers’ are Stoic and Epicurean.<sup>131</sup> Instead Galen opted for a different framework, for which he quotes Euripides’ Theseus:

Having learned this from a wise man,  
I used to be thrown into worry about disaster,  
attaching exile from my home country to myself  
and untimely deaths and other routes of misfortune,  
so that, if I ever suffer anything of what I was imagining,  
it will not come upon me as something unprecedented and grieve my soul.<sup>132</sup>

Galen constantly reminded himself of the possibility that something might happen to him. Therefore, when disaster struck, his mind was ready to deal with the situation. Disaster did strike in 192 CE. The great fire burned a lot of Galen’s possessions. In the aftermath of this event Galen wrote *Avoiding distress*. He explained how he dealt with the loss of his possessions:

This is the only [training] I discover when it comes to distressing situations. For I am of course not superior to them, and for this reason I always try to say to my friends that I have not once promised to be able to do that which I have not demonstrated through my actions. Furthermore, I scorn every loss of property, provided that a sufficient quantity of it is left to me that I am not hungry or cold. And [I disregard] suffering, provided it still allows me the following, to be able to converse with a friend and keep up with what is being said when someone reads a book aloud to me (for serious pains deprive us of these activities), and if I manage to display perseverance amidst such circumstances.<sup>133</sup>

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<sup>130</sup> Galen, *On avoiding distress* 16.

<sup>131</sup> Gill, “Philosophical therapy as preventative psychological medicine,” 353.

<sup>132</sup> Galen, *On avoiding distress* 16.

<sup>133</sup> Galen, *On avoiding distress* 16.

Galen put his losses into perspective and focussed on the things that he still had. This is the kind of framework that we should imagine was promoted through philosophical therapy.

It is important to keep in mind that the ideal of a happy and healthy life is predominantly part of elite culture. Most of the population, although they would have aspired a happy and healthy life, would not have had the necessary facilities to actively pursue such goals. Practicing the mind, the way that Galen prescribes, would of course be possible for everyone, but it seems unlikely that the lower classes had access to the writings of Galen. Galen's public lectures might constitute a more accessible alternative. The makeup of Galen's audience is unknown, although it would seem unlikely that the poor could and would attend his lectures due to time constraint and work commitments. The preservation of mental health as an active preoccupation therefore remained primarily part of elite Roman culture.

### **Christian influence**

The rise of Christianity led to gradual changes in the perception of health and happiness. The way that Christians viewed life on earth was completely different to the Roman perception. Non-Christian Romans had to make the most of their lives on earth. They did believe in an afterlife, which is suggested by the making of offerings to the dead, as well as the celebration of festivals like the *Parentalia* and *Lemuria*.<sup>134</sup> Graeco-Roman religion believed the soul, which had separated from the body after death, descended into the underworld. In the underworld the souls existed in a neither pleasant nor unpleasant state. This was the same for everybody, regardless of the life they lived.<sup>135</sup>

For Christians the afterlife was of much greater importance because there was a judgement first. Those who lived a virtuous life would go to heaven, those who did not descended into hell forever. This suggests that the emphasis on happiness and health would wane. In theory, this life was only temporary, the eternal afterlife was what mattered. This would mean that the active prevention of (mental) illness would similarly lose some importance. However, in practice people probably still wanted to live happily.

The perception of illness seems to have been a divisive topic in early Christian discourse. Two contradictory theories arose. The first presented illness as "negative and

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<sup>134</sup> *Parentalia* was a festival in honour of dead ancestors. During *Lemuria* the Romans performed rites to expel restless ghosts from their homes; B.E. Daley, "Death afterlife and other lasting things: Christianity," in *Religions of the ancient world*, ed. S.I. Johnston, (Cambridge, MA: Harvard University Press, 2004), 493.

<sup>135</sup> S.I. Johnston, "Death afterlife and other lasting things: Greece," in *Religions of the ancient world*, ed. S.I. Johnston, (Cambridge, MA: Harvard University Press, 2004), 486.

diminishing,” while the second viewed illness as “meaningful suffering.”<sup>136</sup> The former called for curing the illness, while the latter preached acceptance and endurance.<sup>137</sup>

Graeco-Roman medicine remained the prominent medical tradition in the empire far beyond the rise of Christianity. This means that the importance of *diata* and regimen theories remained in place. This is confirmed by looking at medical practices in monastic Egypt in the fourth century CE. Regimen, especially dietary care, was still the most important component of healthcare.<sup>138</sup> Similarly, authors from the third and fourth centuries like Oribasius still present diets as an important part of medicine.<sup>139</sup> In fact not much had changed about the medical theory behind dietetics since the Hippocratic treatise *On regimen*.<sup>140</sup>

The importance of living a virtuous life also remained strong with the rise of Christianity. The propagation of virtue and moderation were an important part of the message of early Christian preaching.<sup>141</sup> This shows the continuity between traditional Roman and Christian medical thinking. The importance of virtue persisted, though the perception of what constituted virtue changed. Furthermore, Christian thought ascribed a larger meaning to virtue, balance and illness. Disease became a metaphor for religious and social deviance of the society as a whole. This framework of thinking gave a society-wide moral dimension to illness, which was entirely lacking in Graeco-Roman thought.<sup>142</sup> It also placed the sick individual within the larger frame of a sick society. Mark 2.17 shows the direct link between illness and moral deviance:

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<sup>136</sup> J.L. Zecher, “Medical art in spiritual direction: Basil, Barsanuphios, and John on Diagnosis and Meaning in Illness,” *Journal of early Christian studies* 28, no. 4 (2020): 596.

<sup>137</sup> Zechner (2020) writes that Basil makes a distinction between two types of illnesses, with three sub-categories each. The first are natural illnesses, and the second are illnesses that come to people from the outside. He recommends curing the former and enduring the latter. However, there is no consensus in early Christian thought on this topic; Zecher, “Medical art in spiritual direction,” 611-612.

<sup>138</sup> Crislip, *From monastery to hospital*, 28.

<sup>139</sup> See: Grant, *Dieting for an emperor*.

<sup>140</sup> Grant, *Dieting for an emperor*, 4.

<sup>141</sup> Mayer, “Medicine in transition,” 14-15.

<sup>142</sup> Mayer, “Medicine in transition,” 13; Flower (2018) presents a very clear picture of the metaphoric use of medical terminology in early Christian writing. His focus on bishop Epiphanius of Salamis’ use of medical terminology to refer to heresy and deviance. Epiphanius of Salamis writes in the fourth century and his use of medical metaphoric speech is representative for more examples in early Christian writings; R. Flower, “Medicalising heresy: Doctors and patients in Epiphanius of Salamis,” *Journal of late antiquity* 11, no. 2 (2018); In a similar work, focusing on Augustine of Hippo, Wright (2020) explains this theologian’s use of specifically mental illnesses as metaphors for religious deviance; J. Wright, “Preaching phrenitis: Augustine’s medicalisation of religious difference,” *Journal of early Christian studies* 28, no. 4 (2020).

[...] Jesus said to them, “It is not the healthy who need a doctor, but the sick. I have not come to call the righteous, but sinners.”<sup>143</sup>

‘Healthy’ and the ‘righteous’ are presented almost as synonyms, whilst at the same time being juxtaposed to the ‘sick’ and ‘sinners.’

This excerpt also implies the futility of preventative methods. For the ‘healthy’ were not in need of healing. However, in practice there were striking similarities between early Christian preaching and moral instruction and philosophical therapy. Whereas the philosopher was regarded as the doctor for the soul in Graeco-Roman tradition, this role was largely taken over by the Christian priest or bishop.<sup>144</sup> The priest-philosopher is a very good example of the Christian appropriation of classical healthcare to fit within the Christian framework. Preaching was seen as an important part of (preventative) mental healthcare. John Chrysostom wrote about the importance of preaching for mental health.<sup>145</sup> He stressed the importance of the use of intermitted harsh and gentle speech, based on the distress and the personality of the subject. By addressing the patient with gentle speech and speaking to the disease, the patient was thought to become receptive for treatment. Based on the specific problem that they were experiencing harsh speech could be applied as a sort of shock-therapy.<sup>146</sup>

This chapter has shown that there was a lot of continuity between the Graeco-Roman and the Christian tradition. Much of the practices remained in place, while the social and cultural circumstances and the performing actors changed. The introduction of the Christian priest in a role, where one would traditionally encounter a philosopher meant that access to preventative mental care would have increased substantially. Most people could not afford philosophers’ therapies, but priests were much more accessible to the general populace. However, the importance that was ascribed to the personal character of such preaching does suggest that this was done in a private context, as a priest could never attend to the personal needs of multiple people all at once. Whether or not an individual session with a Christian priest was free of

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<sup>143</sup> Mark 2:17, translated by D. Moo, M.L. Strauss, D. Instone-Brewer, M. Boda, J.K. Brown, S. Gathercole, R.S. Hess, E. Mburu, B. Mounce, S. Richter, A.G. Sheard, P. Swarup, D.B. Wallace, B. Waltke and M.J. Williams. New York: Biblica 2011, <https://www.biblica.com/niv-bible/>.

<sup>144</sup> Crislip, *From monastery to hospital*, 117; Mayer, “Medicine in transition,” 21.

<sup>145</sup> Mayer (2015) argues that John Chrysostom was directly influenced by the theoretical framework of Graeco-Roman preventative therapy that Gill (2013) discusses in his chapter. She uses the exact parameters that are set forth by Gill and compares them with works by John Chrysostom. Concluding her work, she argues against the dichotomy between Graeco-Roman and late antique (early Christian) medical tradition. But emphasises the remarkable continuity throughout this period instead; Mayer, “Medicine in transition”; Gill, “Philosophical therapy as preventative psychological medicine”.

<sup>146</sup> Mayer, “Medicine in transition,” 23.

charge is unclear and might significantly reduce the number of people that had access to preventative mental healthcare.

## Care

The second aspect of healthcare that I will analyse is care. As presented in the introduction, care and cure are often considered as one in existing literature. I have opted for an explicit distinction between the two because of the important developments of the aspect of care in this period. It also gives me the opportunity to look at care not merely as a medical phenomenon.

## Family

The burden of care in the Graeco-Roman medical tradition was often bestowed upon the family of the patient. The Roman *familia* included everyone under the authority of the *pater familias*. Therefore when I speak of the family in this section, it includes enslaved people and non-resident children. Caring for the ill was typically a task for enslaved people or women. Especially the role of women seems to have been considered very important.<sup>147</sup> Cassius Dio (c. 165-229 CE) wrote that there was nothing better than a wife “to tend you in sickness.”<sup>148</sup> The traditional practice of women caring for the sick was settled very deeply in Greek culture, it was already addressed in its most ancient works, including Homer’s *Iliad*.<sup>149</sup> Treating the ill, as will be discussed in the next chapter, was done by professionals. They were called into the home of the patient and provided medical care on location. If the professional needed more than two hands, family members would aid him. After the consultancy ended, further care would be expected to be provided by the family for the duration of the sickness.<sup>150</sup> There appears to be no distinction between care for those suffering from sickness of the body and sickness of the soul in this regard.

Many less fortunate families were not able to dedicate their time towards caring for their kin. These families often did what they could to care for their loved ones, but it was not unheard of for the (chronically) ill to be ejected because their illness threatened the wellbeing of the other family members. One reason to cast out sick family members could be economic pressure,

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<sup>147</sup> Crislip, *From monastery to hospital*, 1.

<sup>148</sup> Cassius Dio does not solely address the wife’s ability to care. Other female qualities are listed in the full quote, the ideal Roman wife should be: “chaste, domestic, a good housekeeper, a rearer of children; one to gladden you in health, to tend you in sickness; to be your partner in good fortune, to console you in misfortune; to restrain the mad passion of youth and to temper the unseasonable harshness of old age?”; Cassius Dio, *Roman history* 56.3, translated by E. Cary and H.B. Foster. Cambridge, MA: Harvard University Press, 1924

<sup>149</sup> Crislip, *From monastery to hospital*, 166.

<sup>150</sup> *Ibidem*, 44.

the ill would cost money but could not contribute to the family resources. Another reason was fear of contamination. If other family members would be infected, this would cause even more economic pressure on the family, or worse.<sup>151</sup>

### *Valetudinaria*

I will shortly discuss two institutions in which the non-elite could get access to professional healthcare: slave infirmaries and military wards. These large medical facilities were called *valetudinaria*. Celsus loathingly writes about *valetudinaria*:

For in like manner those who treat cattle and horses, since it is impossible to learn from dumb animals particulars of their complaints, depend only upon common characteristics; so also do foreigners as they are ignorant of reasoning subtleties look rather to common characteristics of disease. Again, those who take charge of large hospitals (*valetudinaria*), because they cannot pay full attention to individuals, resort to these common characteristics.<sup>152</sup>

Celsus was not convinced of the use of large medical facilities because of their lack of personal care. The *Liber de munitioibus castrorum* refers to *valetudinaria* as facilities that were typically constructed with space for two hundred men inside.<sup>153</sup>

The lack of adequate care for the enslaved in general is highlighted by Pliny the younger (61- c. 113 CE), who wrote: “Illness is the same in a slave as in a free man, but you will have observed how a doctor will treat the free man with more kindness and consideration.”<sup>154</sup> Medical care for enslaved people in such infirmaries arose in the first century CE, when the influx of enslaved people into the empire stagnated.<sup>155</sup> They were located primarily on large estate which housed large amounts of enslaved people.<sup>156</sup> The plummeting supply of new enslaved people meant that the life of an enslaved person became economically more important. Slave infirmaries were quite rudimental regarding the healthcare that was provided in them. We know much less about the size and layout of slave infirmaries than we do about their martial equivalent. Columella wrote about the cleaning of a slave infirmary as one of the tasks for the

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<sup>151</sup> Ibidem, 44.

<sup>152</sup> Celsus, *De medicina, prooemium* 65.

<sup>153</sup> Hyginus, *Liber de munitioibus castrorum* 4.1, translated by D.B. Campbell. Glasgow: Bocca della Verità Publishing, 2018.

<sup>154</sup> Pliny, *Epistulae* 8.24, translated by B. Radice. Cambridge, MA: Harvard University Press, 1969.

<sup>155</sup> Crislip, *From monastery to hospital*, 126.

<sup>156</sup> L. Cilliers, “Medical practice in Graeco-Roman antiquity,” *Curationis* 29, no. 2 (2006): 38.

bailiff's wife. According to Columella the *valetudinaria* should be cleaned "even if they contain no patients."<sup>157</sup> The fact that the slave infirmaries might regularly have housed no patients at all implies that they were of a much smaller scale than the military infirmaries. We can suppose that they might be able to house not much more than a handful of people, although their size could vary greatly depending on the size of the workforce in a particular household.

One should also question to what extent mental healthcare was provided in these slave infirmaries. Though a lack of source material means that we cannot make conclusive statements, it does not seem unreasonable to assert that mental healthcare was less readily provided than physical healthcare. The link between the rising prices of enslaved people and the rise of slave infirmaries indicates that the slave masters were trying to maximise profit. The care for somebody with a fever or any other run of the mill illness might have taken some days, after which they would be on their feet and working again. Mental healthcare tends to be of longer duration, which might have made it much less economically attractive for the slave master, who was trying to maximise profit. It therefore seems unlikely that slaves suffering mentally would have received adequate treatment.

Soldiers' infirmaries were very different from slave infirmaries because of their sophistication. They were first introduced by Augustus, as part of his military reforms.<sup>158</sup> Military *valetudinaria* were run by medical professionals, divided into three categories. *capsarii*, *medici* and *nutrici*. They functioned as first aid, physician, and nurse respectively.<sup>159</sup> The medical professionals in the soldiers' infirmaries were well trained and had access to all kinds of medical instruments, bandages, deterrents and a range of anaesthetics.<sup>160</sup> We can deduce from judicial texts that mental healthcare for soldiers was provided. Roman law states that a Roman soldier could apply for (honourable) medical discharge based on mental disturbances. If multiple physicians (most likely two or three) and one judge declared that a legionary was "unsound of mind" and that there was no hope of recovery, he would receive the medical discharge.<sup>161</sup> Soldiers for whom there still was a hope for a cure would not be discharged. From this we can logically conclude that soldiers who were "unsound of mind" would receive proper treatment to get them fit for service again.

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<sup>157</sup> Columella, *De re rustica* 12.3.8, translated by H.B. Ash. Cambridge, MA: Harvard University Press, 1941.

<sup>158</sup> E.H. Byrne, "Medicine in the Roman Army," *The Classical Journal* 5 no. 6 (1910): 269.

<sup>159</sup> V.J. Belfiglio, "Treatment of Traumatic Brain Injury in the Roman Army," *Balkan Military Medical Review* 18, no. 4 (2015): 102.

<sup>160</sup> *Ibidem*, 102-104.

<sup>161</sup> Van Lommel, "The Recognition of Roman Soldiers' Mental Impairment," 176-177.

## Christian hospitals

The evolution of the first hospitals for the general population was a crucial development for healthcare in late antiquity. I will discuss the development of the charitable hospital as a primarily Christian phenomenon and the implications this had for mental healthcare in the Roman empire. The development started in monastic communities in Egypt.

There were two main types of monasticism in Egypt in the third and fourth century, which were distinguishable by their social organisation. Firstly, *Lavra* monasticism which was decentralised by nature and consisted of cells which should be considered neither as individual nor as a unit.<sup>162</sup> The second type, *coenobitic* monasticism had a highly centralised authority, accompanied by an astute hierarchy within the monastery and a very clearly regulated lifestyle.<sup>163</sup> *Coenobitic* monasticism was established in the early fourth century by Pachomius (c. 292-c. 348). Pachomius had been conscripted into the army for the civil war between Maximinus Daia and Licinius in 313. While he was stationed in Greece he was reportedly impressed by the local Christian community's loving manners. After his discharge from the army, he was baptised and instructed in the Christian faith in Chenoboskion in Upper Egypt. Pachomius was later instructed by a voice he heard while praying that he should build a monastery at this site.<sup>164</sup> He would found multiple monasteries in Egypt in the following years which were all centred around his monastic rule.<sup>165</sup> The *Coenobitic* model of in-patient care facilities would become the model for the care provided in Christian charitable hospitals.

The monastics had given up their previous non-monastic life, and thus their familial bonds that would normally have supported. Monastic communities tried to replace the traditional social networks that people outside of the monastery would have had within the monastery. The monastery became, as Crislip writes, a kind of "surrogate family."<sup>166</sup> As we have seen, healthcare was primarily a task within the family in the traditional social and medicinal tradition in the Roman empire. *Coenobitic* monasteries featured infirmaries where monastics with health problems could be treated. There seems to have been a place dedicated to treating the sick from the very start. Houses were designated for specific tasks. One of these

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<sup>162</sup> Crislip, *From monastery to hospital*, 4-5.

<sup>163</sup> *Ibidem*, 5-6.

<sup>164</sup> P. Rousseau, *Pachomius: The making of a community in fourth-century Egypt*, (Berkeley: University of California Press, 1999), 58-59.

<sup>165</sup> R. Haight, A. Pach and A.A. Kaminski, *Western monastic spirituality: Cassian, Caesarius of Arles and Benedict*, (New York: Fordham University Press, 2019), 3; J.W. De Gruchy, *This monastic moment: The war of the spirit and the rule of love*, (Cambridge: The Lutterworth Press, 2023), 47.

<sup>166</sup> Crislip, *From monastery to hospital*, 41-42.

tasks was the caring of the sick, from this arose the sick house.<sup>167</sup> These likely grew along with the monasteries until they became proper infirmaries. The infirmaries were staffed with medical professionals, including doctors and nurses.<sup>168</sup> It was the nurses' task to care for the patient, like the family would normally do within the context of the household.

In western monastic culture there is less evidence of organised healthcare. One of the most important Church-fathers in the west, Saint Augustine of Hippo (354-430), wrote about caring for the ill in his *Rules*. Caring for the ill was the task of one monastic, who was authorised to take whatever the patient needed from the monastery's supplies.<sup>169</sup> There is no mention of specialised infrastructure or professionalisation in the rules. Other western monastic rules similarly created exceptions for sick monastics, most commonly regarding food rations.<sup>170</sup> However, beyond these basic exceptions little was written about healthcare within the monastery in western rules.

The sixth century *Rule of saint Benedict* was written more than a century after the *Rules* discussed above. By this time there appears to have been a development in the healthcare system in western monasticism, like what happened in Egypt more than a century prior. The Rule included a chapter dedicated to caring for the sick, which stressed the importance of this task. Sick monastics should be cared for "as if they were Christ in person."<sup>171</sup> The sick monastic was "assigned a special room and an attendant."<sup>172</sup> Benedictine monasteries had a permanent infirmary that was led by the infirmarian. The infirmary functioned as a parallel institution in which the monastics who were too sick or too old to take part in the daily monastic activities resided.<sup>173</sup>

The use of professional nurses and the emphasis of in-patient care were not necessarily new. As previously discussed, Roman military infirmaries already had both.<sup>174</sup> In fact, the Roman military infirmary and the monastic infirmary seem very similar. It seems likely that Pachomius encountered the military *valetudinarium* during his service and later incorporated this into his monastic community.

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<sup>167</sup> These sick-houses were not staffed by skilled personnel. Instead, monastics were rotated in and out of all the different houses so that they would not grow too attached to their tasks; Rousseau, *Pachomius*, 83.

<sup>168</sup> Crislip, *From monastery to hospital*, 10-11.

<sup>169</sup> Augustine, *Praeceptum* 5, translated by V. Hunink, Amsterdam: Athenaeum Polak & Van Gennep, 2005.

<sup>170</sup> See, for example: John Cassian. *De institutes Coenobiorum* 18.3, translated by C.S. Gibson. Buffalo, NY: Christian Literature Publishing, 1894.

<sup>171</sup> Benedict of Nursia. *Regula Benedicti* 36, translated by L.J. Doyle. Collegeville, MN: Liturgical Press, 2001.

<sup>172</sup> *Ibidem*, 36.

<sup>173</sup> C.H. Lawrence, and J. Burton. *Medieval monasticism: Forms of religious life in Western Europe in the middle ages*, (London: Routledge, 2024), 111.

<sup>174</sup> See page 34.

During the fourth century people that went on pilgrimage would usually sleep in *xenodochia* (stranger-houses). *Xenodochia* were facilitated by nearby monasteries or bishops. These institutions were widely spread throughout the eastern and western parts of the empire. The end of the fourth century even saw the first of such institutions constructed near Rome.<sup>175</sup> The *Xenodochia* were a mix of Roman and Christian charity. They were understood as buildings built for the community. Therefore, the construction of a *xenodochium* was an appreciated act of euergetism.<sup>176</sup> On the other hand the use of the building, namely the housing of pilgrims was a part of Christian charitable thought. Over time, the *Xenodochia*'s primary function as hostels for travelling pilgrims would be overshadowed by their conversion to hospitals and poor houses.

The earliest Christian charitable hospital that we have evidence for is the *Basileias* in Caesarea. This *Basileias* was established in the second half of the fourth century, when the monastic world was gradually brought under the control of the ecclesiastical hierarchy. The merging of these two systems resulted in the merging of the *xenodochia*, facilitated by local ecclesiastical authority, and the monastic healthcare system.<sup>177</sup> The early Christian hospital was an extra-monastic version of the professional in-patient care facilities of the *coenobitic* monastery, situated within the existing framework of the *xenodocheion*. Early hospitals were aimed specifically at people who did not have enough money to care for themselves. This led to them being called *ptôchotropheion*, which translates to “poorhouse.”<sup>178</sup> Charitable hospitals spread rapidly throughout the Mediterranean.

Emperor Julian the Apostate (R. 361-363) recognised the Christian efforts to care for strangers and the sick and declared this as one of the reasons that Christianity was spreading.<sup>179</sup> He tried to imitate the Christian efforts by planning to build *xenodochia* in every city, in order to curb the growing influence of Christianity. Julian died and his plans were not realised until almost a century later, when emperors Leo (R. 457-474) and Anthemius (R. 487-472) ordered the building of numerous *xenodochia*.<sup>180</sup>

Paulinus of Nola (354-431) constructed a *xenodocheion* in the vicinity of the grave of saint Felix during his time as governor of Campania.<sup>181</sup> The *xenodocheion* was a basilica, which

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<sup>175</sup> I. Sassi, *Paulinus und sein Nola: Werbung für ein spätantikes Pilgerzentrum*, (Basel: Schwabe Verlag, 2020), 69.

<sup>176</sup> Ibidem, 69.

<sup>177</sup> Crislip, *From monastery to hospital*, 100.

<sup>178</sup> Early hospitals were multifunctional, they had various hospitable, hospice- and social functions, but their primary function was healthcare; Crislip, *From monastery to hospital*, 104, 107.

<sup>179</sup> Julian the Apostate, *Epistulae 22*, translated by Wilmer C. Wright. Cambridge, MA: Harvard University Press, 1923.

<sup>180</sup> L. Cilliers, “The evolution of hospitals from antiquity to the Renaissance,” *Acta Theologica* 7, no. 1 (2005): 222.

<sup>181</sup> Sassi, *Paulinus und sein Nola*, 70.

was a two-story building in 400 CE. We know a little bit about the layout of this structure. The basilica was very close, possibly even attached to the site's church. The monastic community of which Paulinus of Nola was the leader lived in rooms on both sides of the building, men on one side, women on the other. The interior of the Basilica featured a central hall with rows of rooms on each side. The rooms were designated for important guests, the central hall functioned as a shelter for the poor and sick.<sup>182</sup>

Caring in these institutions had a strong religious component. Care was provided by monastics and patients who came to the hospital became part of the monastic community for the duration of their stay. This meant that they were supposed to uphold certain Christian morals. If patients were thought to be deviant from the Christian morals they would be provided with moral instruction, which Basil regarded as healthcare for the soul.<sup>183</sup> Preaching and moral instruction was not only thought to prevent, but also to combat mental illness. The requirement to uphold Christian morals might have led to difficulties regarding patients suffering from mental disorders. A person who was not able to control himself due to a mental affliction might not have been able to uphold Christian morals. This would be completely out of his power, but it would cause expulsion from the hospital. Basil writes that any patient who cannot uphold the proper Christian morals should be corrected and receive guidance, but in the case of repeated offences the subject would be expelled.<sup>184</sup> Unfortunately no sources referencing this custom in practice have survived.

The access to proper care in antiquity was very restricted. The importance of family caused problems for the poorer classes, who could not take the burden of care for their kin. The rise of Christian charitable hospitals, starting in the second half of the fourth century, meant that more people got access to proper care. The position of people with mental health problems inside these hospitals seems ambiguous. On the one hand they had access to professional care, which alleviated the burden of care for their families. On the other hand, their affliction might mean that they could not uphold Christian morals, which would cause them to be cast out of the hospital and be without care once again. Whether or not the patient was able to control their actions varied per individual based upon the specific mental from which they were suffering.

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<sup>182</sup> R. Alcati, "And the villa became a monastery: Sulpicius Severus' community of Primuliacum," in *Disciplina monastica: Studies on medieval monastic life*, ed. H. Dey and E. Fentress, (Turnhout: Brepols Publishers, 2011), 94.

<sup>183</sup> Crislip, *From monastery to hospital*, 117.

<sup>184</sup> Basil of Caesarea, *Regulae brevius tractatae* 150, translated by V. Hunink, Amsterdam: Athenaeum Polak & Van Genneep, 2005.

The hospital's reputation as 'poorhouse' implies that the elite would not seek help in such institutions. They would instead uphold the traditional system of being cared for at home by the *familia*.

## Cure

In the Graeco-Roman tradition curing could be performed by several actors, who had different methods to their disposal. Physicians and philosophers are the first healers that I will discuss. I have decided to discuss them as one group. Strictly speaking mental healthcare would be the domain of the philosopher; however, the line between philosophy and medicine is often very thin in antiquity, especially regarding mental illness. Sickness of the soul could have physical causes, but also consequences. Similarly, sickness of the body could originate in the brain and seriously affect it.<sup>185</sup> Furthermore, both physician and philosopher based their methods primarily on Greek medicinal theory, which does indeed have a philosophical element.

### Physicians and Philosophers

Contrary to the great medical writers, many physicians were enslaved men or freedmen. The reason for this is the hierarchy of the active versus the passive body. The passive or relaxed body (patient) being served or in this case treated by the active body (physician) was regarded as superior.<sup>186</sup> Practicing the profession of physician was therefore regarded as unworthy by the social upper classes, although physicians did belong to the economic elite. Trained physicians would follow the Graeco-Roman medical tradition. They would work either in the homes of their patients, paying visits to them, or they could have their own space where patients could visit them. Such *taberna medica*, were located on the streets, in the market or at the public baths.<sup>187</sup>

Physicians were expensive, and not many people could afford to enlist their help, although occasionally philanthropically wired physicians would offer their services free of charge. The professionals providing free healthcare would be greatly praised in inscriptions that record such events. We find an example of this phenomenon in an inscription on a stele from Brycounti from the third century BCE:

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<sup>185</sup> Nutton, "Galenic madness," 121.

<sup>186</sup> S.R. Joshel and L.H. Petersen, *The material life of Roman slaves*, (Cambridge: Cambridge University Press, 2014), 59.

<sup>187</sup> Cilliers, "Medical practice in Graeco-Roman antiquity," 37.

(So) the citizens of Brycounti have said: Behold that Menocritos, son of Metrodotos, of Samos, (who) has been a public physician for more than twenty years, never ceased to cure all people with zeal and enthusiasm; [...] Behold that instead of earning his living in (his poverty) he saved many infected citizens from dangerous diseases without accepting money, in accordance with law and justice; that he never hesitated in taking the right path (of visiting those) citizens who were living in the suburban areas; For this the people of Brycounti show evidence, (and) also for him, of (their) gratitude by rewarding out of honour the worthy physicians with tributes; The decree has been ratified; It is up on the people of Brycounti to praise Menocritos, son of Metrodoros, of Samos, through crowning (him with) a crown of gold, and to proclaim on the Asclepius games that the people of Brycounti praise and crown Menocritos, son of Metrodoros, of Samos, with a crown of gold due to his knowledge and his virtue; They give permission to Menocritos to assist on the festivals that the Brycountis celebrate; The public treasury will supply the fund for the crown in full; After the ratification of the present decree the people elect right then and there a citizen; the citizen elected (and announced in the assembly) will take charge of the delivery of the crown; he will consecrate and erect in the temple of Poseidon Porthmios a marble stela, on which the decree will get inscribed that the people of Brycounti honour Menocritos, son of Metrodotos, of Samos for his knowledge (and his virtue)...<sup>188</sup>

The fact that Menocritos was willing to tend to all people is especially noteworthy because of the Graeco-Roman attitude towards charity. Roman charity was not aimed towards the needy, it was aimed towards those that were thought to be worthy of help.<sup>189</sup> Due to this attitude, the lowest classes would be left to fend for themselves, while those marginally higher on the social ladder would be seen as ‘worthy’ of help. The huge praises that Menocritos received for his efforts are a testimony to the rarity of such displays in antiquity.

Public physicians were not out of the ordinary in ancient Greece, although it unlikely that they provided medical care free of charge. Menocritos is therefore not an example of a public physician, as he plied his trade for free. Instead, public physicians were paid by the city

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<sup>188</sup> Stela 1864,1007.54, Inscription / The Collection of Ancient Greek Inscriptions in the British Museum, translated by C.T. Newton, E.L. Hicks, G. Hirschfeld and F.H. Marshall, London: British Museum, 1874-1916, [https://www.britishmuseum.org/collection/object/G\\_1864-1007-54](https://www.britishmuseum.org/collection/object/G_1864-1007-54).

<sup>189</sup> Crislip, *From monastery to hospital*, 1.

to guarantee the availability of a physician, whose qualities were approved, within the city.<sup>190</sup> On top of this salary the physician would charge patients for his services. Roman Egypt similarly had such public physicians, although their exact function is even more unclear.<sup>191</sup> With the rise of Christianity the attitude towards charity changes. Instead of the ‘worthy,’ the Christians care for the ‘needy.’ This change manifests itself through the earlier mentioned *xenodochia* in which strangers and poor people could receive medical treatment.

### **Religious healers**

The second group I want to discuss includes non-medical religious healers. There were no such things as healing gods and goddesses in the pagan tradition. One could appeal to any god for help with one’s health.<sup>192</sup> However, some gods were more often related to healing than others, the most prominent divine healer was Asclepius. The cult of Asclepius was practiced in so-called *Asclepieia*. These sanctuaries functioned as places of pilgrimage for the sick.<sup>193</sup> Inside the *Asclepeion* the sick would purify themselves before going to bed. It was thought that the god Asclepius would visit them in their dreams and provide them with information on the best treatment plan. If the god’s advice proved to be too cryptic, visitors could enlist the help of the temple wardens for the correct interpretation of their vision.<sup>194</sup> This shows a clear link between religion and healing long before the advent of Christianity.

Seeking divine help was not uncommon in the Graeco-Roman medical tradition, although the first course of action would usually be to consult a professional. Graeco-Roman medicine could work in unison with divine healing. The decision to request either medical or religious remedies was a matter of personal preference.<sup>195</sup> In practice alternative methods were primarily consulted when Graeco-Roman medicine failed.<sup>196</sup> In the early Christian tradition seeking divine help remains important, although the divinity changes. An example of this is

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<sup>190</sup> L. Cohn-Haft, *The public physician of ancient Greece*, (Northampton, MA: Department of history of Smith college, 1956), 44; The importance of physicians is well-attested for in ancient literature. For example, in Suetonius, *De vita caesarum* 1.4, when Caesar retires to Rhodes, he is said to have left everyone behind except a physician and two servants; Similarly in Suetonius, *De vita caesarum* 2.59, Augustus’ personal physician received a statue next to Asclepius after the emperor had recovered from dangerous illness against all odds; Tiberius is also said to have been very weary of his physician ever leaving his side in Suetonius, *De vita caesarum* 3.72.

<sup>191</sup> Cohn-Haft, *The public physician of ancient Greece*, 70-71.

<sup>192</sup> V. Nutton, *Sciences of antiquity: Ancient medicine*, third ed. (New York: Routledge, 2024), 222.

<sup>193</sup> Other than the sick, loved ones could also go to the *Asclepeion* to ask for the healing of their sick relative by proxy. Furthermore, the majestic architecture of the sanctuaries often attracted a large number of casual tourists; Crislip, *From monastery to hospital*, 120-123; Nutton, *Sciences of antiquity*, 224.

<sup>194</sup> Nutton, *Sciences of antiquity*, 224.

<sup>195</sup> *Ibidem*, 226.

<sup>196</sup> Mayer, “Medicine in transition,” 13.

presented by saint Augustine in *De civitate Dei contra paganos*. Augustine describes how Innocentius, an ex-advocate of the deputy prefecture of Carthage and fellow Christian, had to be operated. The operation was unsuccessful and multiple doctors were brought in from as far as Alexandria in order to heal the man without the need for another operation, for which Innocentius seemed very afraid. All doctors agreed that operation was the only option. Throughout this time holy men would visit him to offer comfort, and the day before the planned operation the holy men prayed to God for his wellbeing. The next morning when the physicians removed the cloth bandages there was no trace of the fistula that was pestering him, the man had been healed.<sup>197</sup>

To investigate the transition from Graeco-Roman mental healthcare to Christian mental healthcare I will once again return to the monastic healthcare system. As has been previously discussed, the healthcare professionals of early monastic culture were trained in Graeco-Roman medicine. Like the practices of the cult of Asclepius the monastic healthcare system also incorporated non-medical healing into its process of curing the ill. Examples of non-medical healing can be found in the Gospels. A boy suffering from epilepsy provides us with a good example:

“Teacher, I brought you my son, who is possessed by a spirit that has robbed him of speech. Whenever it seizes him, it throws him to the ground. He foams at the mouth, gnashes his teeth and becomes rigid. I asked your disciples to drive out the spirit, but they could not.”

“You unbelieving generation,” Jesus replied,

(...)

“It has often thrown him into fire or water to kill him. But if you can do anything, take pity on us and help us.”

“If you can?” said Jesus. “Everything is possible for one who believes.”

Immediately the boy’s father exclaimed, “I do believe; help me overcome my unbelief!”

When Jesus saw that a crowd was running to the scene, he rebuked the impure spirit. “You deaf and mute spirit,” he said, “I command you, come out of him and never enter him again.”

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<sup>197</sup> Augustine, *De civitate Dei contra paganos* 22, translated by G.E. McCracken, Cambridge, MA: Harvard University Press, 1957; other examples of people turning to divine help (both christian and pagan) after doctors had failed to heal them can be seen in: Aristides, *The sacred tales* 1.4, translated by C.A. Behr, Chicago: Argonaut inc. Publishers, 1967. ; *Mark* 5; *Luke* 8; and *Matthew* 9.

The spirit shrieked, convulsed him violently and came out. The boy looked so much like a corpse that many said, “He’s dead.” But Jesus took him by the hand and lifted him to his feet, and he stood up.

After Jesus had gone indoors, his disciples asked him privately, “Why couldn’t we drive it out?”

He replied, “This kind can come out only by prayer.”<sup>198</sup>

In this excerpt, Jesus healed a boy suffering from epilepsy. Jesus asserted that “this kind can come out only by prayer” rendering medicinal healing in the case of epilepsy superfluous. This attitude regarding medical healing is generally not reflected in the sources from late antiquity, neither Christian nor Pagan. There were monastics who insisted on only consulting non-medical healing, since they thought that resorting to medical healing questioned the power of God.<sup>199</sup> However, in general medical healing in the Graeco-Roman tradition was complemented with non-medical healing. Divine help could be sought through multiple media: praying, invocation of the name of Jesus, exorcism, laying on of hands, application of holy water, holy oil and the sign of the cross.<sup>200</sup> Not everyone could perform non-medical healing: it was a divine gift bestowed on excellent ascetics. Although it was strictly speaking not the monastic that was able to heal, it was the Lord, who used the monastic as an intermediary, through which His divine powers would be manifested.<sup>201</sup>

Another important aspect that is stressed in the excerpt above is believing. Only when the father of the child exclaimed that he believed, did Jesus perform the exorcism. Christian medicinal tradition placed a lot of emphasis on the relationship between the sick and the healer, and between the healer and God.<sup>202</sup> The importance of the relationship between healer and patient was already discussed in the Hippocratic corpus and by Celsus. He wrote that it was of great importance for the physician to gain the patient’s trust, since this would make the chances of healing much greater.<sup>203</sup> In essence this is the same principle: the patient had to believe (or trust) that the course of action, which can be either be medicinal or non-medicinal, would work. A similar relation of trust is expected from the person seeking help in the *Asklepieion*. Only

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<sup>198</sup> Mark 9:17-27.

<sup>199</sup> Crislip, *From monastery to hospital*, 26.

<sup>200</sup> *Ibidem*, 22.

<sup>201</sup> Crislip, *From monastery to hospital*, 22.

<sup>202</sup> Nutton, *Sciences of antiquity*, 232.

<sup>203</sup> C. Thumiger, “Patient function and physician function in the Hippocratic cases,” in *Homo Patiens: Approaches to the patient in the ancient world*, Ed. G. Petridou and C. Thumiger, (Leiden: Brill, 2016), 117; G. Ecce, “The Μισθάριον in the Praecepta: The Medical Fee and its Impact on the Patient,” in *Homo Patiens: Approaches to the patient in the ancient world*, ed. G. Petridou and C. Thumiger, (Leiden: Brill, 2016), 335.

those who had full trust in the course of action presented by the God and who devoted themselves completely to the healing process would see results.<sup>204</sup>

Curing the ill could be done through either medical or non-medical healing. The exclusive use of either of them, or a combination of both could be sought by individuals throughout late antiquity. Once again, the corpus of medical healing hardly changed throughout the third and fourth centuries. Medical writers, physicians and philosophers remained dependent upon the Graeco-Roman tradition. If medicinal healing proved insufficient to cast out the illness or demons, one would turn towards pagan gods or priests, in sanctuaries like the *Asclepieion*. The invocation of divine help was common practice among Christians too, although the media through which one could get access to their God changed. Therefore, I would conclude this chapter by stressing the continuity of practices surrounding the healing of the mentally ill. Medical practices did not undergo major alterations. Non-medical practices did undergo significant changes in form, but their use alongside medical practices remained. Although we may assert that non-medical practices became more prominent, since they would be invoked in a much earlier stage in the Christian tradition, whereas the Graeco-Roman gods functioned primarily as a last resort.

## Conclusion

People suffering from mental illnesses appear to have been understood to some degree, although the perception of mental illness remains ambiguous. On the one hand they were protected by law against themselves and against people who tried to take advantage of them, while on the other hand their afflictions were regularly associated with moral deviance or demon possession.

The prevention of mental illnesses in non-Christian medical thought was primarily the domain of the philosopher. The example of Galen shows how philosophers would teach people to create a new framework of thought that was better suited to deal with problems that might occur in the future. In the Christian tradition the role of the philosopher appears to have been taken over by the priest. Preaching was thought to be of great importance for mental health, which might be closely linked with the idea of moral deviance as a cause for mental illnesses. It is noteworthy that the individual character of preaching was stressed. It might therefore be better to imagine individual sessions with a priest. With the rise of Christianity, the practices of

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<sup>204</sup> O. Panagiotidou, "The placebo drama of the Asclepius cult," *Trends in Classics* 13, no. 1 (2021): 210.

prevention hardly changed, the actors who performed the ‘therapy’ changed. The change in personnel might have had the added consequence that these methods were available to more people. Although it remains unclear whether individual sessions with a priest would have been paid.

Caring for the ill remained primarily the task for family members throughout antiquity. Within the households of the economic elite this would not have posed any problems, since family members or enslaved people could care for sick family members. Within the poorer classes the burden of a sick family member would have placed real constraints on the economic situation of the household. The sick person would (temporarily) drain resources without contributing to the financial means of the family. Financial constraints and fear of contagion could result in a sick family member in a poor family being cast out. In the fourth century the professional nurse was created in monasteries. The monastic system of in-patient care with professional carers was later adopted by Christian *xenodochia*, which became the first hospitals. Poor people got access to proper care without draining the family resources in such hospitals. Patients in hospitals were expected to uphold Christian morals. People suffering from mental illnesses can control their own actions and behaviour to varying degrees. For some, upholding Christian morals might therefore have been an impossible task. Unfortunately for them repeat offenders could be cast out of the hospital, leaving them without proper care. The Christian hospital’s reputation as ‘poorhouse’ suggests that the rich did not attend such healthcare facilities as they most likely preferred to be cared for by their families and receive treatment from visiting physicians. So, the rise of Christian hospitals in the second half of the first century would have increased the number of people who had access to proper care in case of illness but might not have been of much help to the mentally ill.

Curing an illness could be done in one of two ways, either medical or non-medical. Personal preference would be the deciding factor on whether to consult a physician or philosopher; or a priest or divinity. In practice most people consulted trained professionals and only turned to the superhuman if the professionals failed. There seems to have been little change in this practice that can be attributed to be the rise of Christianity. Similarly, to the aspect of prevention, the practices hardly change, the actors do. The Graeco-Roman medicinal tradition remained the most important for medical healthcare. Consulting the gods or priests also remained important although the divinity in question changed.

The conclusion answers the main question: How did the rise of Christianity in the third and fourth century Roman Empire influence mental healthcare? Contrary to what much of the modern scholarly literature suggests, there appears to be much more continuity than change.

Modern literature tends to focus on either Graeco-Roman (mental) health or Christian (mental) health. There was not such a stark distinction in reality. Most of the practices related to all discussed aspects of mental healthcare showed great continuity. The Graeco-Roman medicinal tradition, built upon Hippocratic Corpus, remained the most important medicinal tradition throughout antiquity and long after. Non-medical healing practices such as preventative therapy, exorcism or divine intervention were already commonplace before the rise of Christianity and were appropriated to comply with Christian ideology. This is exemplified by the priest taking the role of the philosopher. The biggest innovation that Christianity brought is the Christian hospital. Stemming from the Christian efforts to provide for the needy, the Christian hospital spread rapidly throughout the empire. This innovation made proper healthcare available for people beyond the economic elite. Unfortunately, it appears unlikely that the Christian hospital would have provided much care to people suffering from a mental affliction that caused them to be unable to control themselves. Although sources attesting to the expulsion of people who could not uphold Christian morals in practice are lacking.

Building upon this thesis, future research could focus on comparing more aspects of Christian and non-Christian healthcare. The dichotomy that much of the current literature presents was largely lacking from the source material, which generally presented continuity between the Graeco-Roman and Christian tradition. I suspect the same trend will be visible for many other aspects of healthcare. Creating comparative works and highlighting similarities and differences equally can help us rethink the now closed boxes within which both schools of thought are contained separately. If we revisit the boxes' contents I suspect it will become clear that there is no hard dichotomy but rather a continuation of practices, which were appropriated to fit into a new ideology.

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