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Of witch crazes and health scares

AS a health psychologist, my contribution to medical history is, and is likely to remain, non-existent. However, one of my distant ancestors had the distinction of being examined by William Harvey (who discovered the circulation of the blood) – Mary Spencer, with sixteen others, had been found guilty of witchcraft.

Today we might be baffled by such inhumane and unscientific folly, but is modern society as enlightened as we might like to believe? In this article I hope to trace a line from my ancestor to the types of modern health scares that my profession should be attempting to understand and to reduce. Whilst we may no longer fear and invent stories about witches, we are more than capable of imagining illnesses, poisons and toxins. This fear can be as debilitating for us as fear of supernatural forces was for our forebears.

Science to the rescue

So what became of Mary? Fortunately, rather than being executed at Lancaster, as the other Pendle witches had been 21 years earlier in 1612, King Charles I and his privy council requested that four of the witches be sent to London. They were examined by a medical jury (led by William Harvey), which issued a certificate on 2 July 1635 stating:

We have inspected the bodies of Jennet Hargreaves, Frances Dickinson, and

Mary Spencer, and have found nothing unnatural, nor anything like a teat or mark. There was nothing on Margaret Johnson inconsistent with a well known disease.

Margaret Johnson, like many in earlier and later witch trials, had freely confessed to being a witch. As a child of nine, another of the accused, Jennet Device, had been the key witness in the Pendle witch trials in which ten women were executed as a result of her evidence and others' confessions (Peel & Southern, 1994).

John Webster, a physician and headteacher of Clitheroe Grammar School, published a book in 1677 entitled *The Displaying of Supposed Witchcraft*, in which he explained the confessions and accusations (such as the devil sucking on witches' bodies, witches turning themselves into cats, being able to fly through the sky) as being due to 'melancholy and fancy'. Sir Jonas Moore wrote a preface to the book on behalf of the Royal Society. He had lived in Pendle, and his family was said to have been bewitched by Chattox, who was executed at Lancaster. Despite these rumours Sir Jonas Moore's scientific training made him highly sceptical of the local witchcraft scares, and supportive of Webster's findings.

John Webster was grateful to Sir Jonas Moore and other notable figures for their support, because his book was heavily

criticised. Suggesting that the 'known facts' of witchcraft were due to psychological factors was not a popular view (Lumby, 1999). Webster (1677) makes the key point that the beliefs of witches had been learnt.

...and we shall find none of these deluded witches (if they must be so called) but they have been taught by others, that thought themselves to be such also. (p.35)

Webster, Harvey and Moore had used the emerging methods of observational and experimental science to break through hysterical and fanciful beliefs. Unfortunately, police investigations based on unfounded accusations in a similar area have occurred much more recently. Satanic ritual abuse allegations in the 1990s in Rochdale and Orkney ended without prosecutions being brought, but not until much damage had been suffered by the accused. Initial evidence had been listened to quite uncritically. Social workers were criticised for their suggestive questioning, and it appears that horror films provided the basis for the narratives (La Fontaine, 1994).

Health anxiety

So hysterical delusions have a long history, but have they been left there? In a modern introduction to Charles MacKay's book *Extraordinary Popular Delusions and the Madness of Crowds*, published originally in 1852, Stone (1995) suggests that phenomena such as witchmania have their modern counterparts. He puts forward the view that racial, religious and political hatred, holistic medicine, newspaper astrologers and faith healers are the 'new addresses' of these phenomena. In his book MacKay suggests that there are three primary causes of these irrational beliefs: fear of death, discontent with toil, and ignorance of the future. He believed that these three factors, by impelling us to seek remedies for irremediable problems, bewildered us in a maze of madness and

HEALTH HYSTERIA IN ACTION?

- Following a poison gas attack on the Tokyo underground, many shoppers and commuters reported symptoms of poisoning, later investigation finding that these were panic attacks.
- There have been several reported epidemics of nausea in children across the world: London, Portsmouth, Rhode Island and Albania (Wessely, 1995).
- The Coca-Cola scare was another example of how unwanted health anxiety can spread rapidly: following media reports of a possible poison in the drink, many children reported symptoms. It was later found that there was no such poison (Laurance, 1999).
- After the terrorist attacks on New York City on 11 September 2001 a mystery rash afflicted schoolgirls across the United States. At first the cause of the rashes was thought to be 'chemtrails' from planes, a terrorist attack, a toxin, a virus and anthrax. It became clear that the real cause was mass hysteria.

error. It is clear how this road could lead to anxieties over health. Wessely (1995) links present health anxiety with the same processes that in previous centuries could lead to a fear of demonic possession.

I believe that current epidemics of health anxiety and 'mysterious' illnesses fit the same mould. Typically, in the first instance, someone publishes a book *Living with Mysterious Disease X*. This is taken up by the mass media and, following this, thousands of patients are to be found visiting their general practitioners with the same symptoms (Spencer, 2000). This

Health professionals could do worse than follow the examples of Harvey, Webster and Moore and, despite what can be the strongest exhortations by patients not to, look objectively at the evidence and entertain the possibility that the strange, bizarre symptoms of patients may be due to 'melancholy and fancy'. Richmond (1989) has documented how illnesses such as the vapours, neurasthenia, hysteria, chlorosis, brain fever, melancholia and hypochondria were once all considered to be purely of physical origin but are now viewed as primarily psychological problems.

Recently there has been interest in a 'new disease': female sexual dysfunction. Commonly cited prevalence estimates reach 43 per cent – an epidemic indeed! But these prevalence estimates have since been described as exaggerated by leading scientists. Questions have been raised over the ties between the original researchers and the drug companies that sponsored meetings to define and classify this 'disorder'. Further, the role of drug manufacturers in medicalising sexual and other conditions, diseases and disorders has been highlighted as requiring close and critical scrutiny (Moynihan, 2003).

The invention of illness

Why are physical explanations favoured over psychological ones? Talbot (2002) indicates a possible answer:

Part of the problem with making a diagnosis of mass hysteria is that it carries such a freight of pejorative associations. Ever since the Salem witch trials, it has been seen as the kind of phenomenon that occurs only in 'backward communities' or among religious zealots or the delusional. (p.34)

Shorter (1993) has highlighted the phenomenon of 'fixed illness attribution' – the determination to cling to an organic label despite much medical reassurance to the contrary. He suggests that this propensity has increased in postmodern times because people are much more socially isolated. An important consequence of this social isolation is that people have relatively few significant others with whom they are able to talk about their interpretations of bodily symptoms. Faced with this lack of personal contact, individuals turn to the media – which tend to put forward the most frightening scenario possible.

People frequently misinterpret

sensations from their own bodies, often jumping to the most dramatic conclusions, whether a suspicion of serious illness or psychic phenomena. Blackmore (2000) tells how her own out-of-body experience led her to conduct 30 years of research into the area, before coming to the conclusion:

I found...only wishful thinking, self-deception, experimental error and, occasionally, fraud. (p.55)

This is not to belittle people's accounts of their experiences – the experience of chronic pain is just as valid whether or not there is a direct, underlying physical causation. But when the interpretation of these dramatic feelings leads to negative outcomes, psychologists should intervene. Although we don't condemn witches to be hanged these days, by reinforcing exaggerated health anxiety, we can condemn people to lives of chronic invalidism.

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phenomenon is further publicised, forming a vicious circle (Showalter, 1997). Any suggestion that there might be psychological factors involved is greeted with anger and indignation. Few people wish to consider that they may be suffering psychological distress: physical disease is much more acceptable (Herlihy & Gandy, 2002).

In the past, mass hysteria was blamed on demons, familiars and curses. Today we blame invisible gases, viruses and toxins (see box opposite).

...compared with the modern world, then, with all its hazardous chemicals...and secret deadly rays emanating from our tools around us, the world of the mediaeval witchfinder... was attributable to but a few malefactors, acting under the direction of the devil. (Dalrymple, 1998, pp.90–91)

James I believed that witches were the best witnesses against witches. Today reports of patients are accepted totally uncritically – the patient is the expert, irrespective of laboratory findings and the results of randomised control trials.

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