



Jennifer Radden

## De praestigiis daemonum

### Another Look<sup>1</sup>

Johann Weyer gold als een van de meest voortuitstrevende geleerden van de zestiende eeuw. In zijn aanklacht tegen de heksenvervolgingen neemt de duistere invloed van melancholie een prominente plaats in. In haar artikel vergelijkt Jennifer Radden Weyers behandeling van deze 'ziekte' met die van zijn tijdgenoot Teresa van Avila.

One of the most intriguing texts from Early Modern times is *De praestigiis daemonum*,<sup>2</sup> by sixteenth century Low Countries physician Johann Weyer. This book's central themes are of witchcraft and demonic influence. But it has also been read as an early work of psychopathology and often praised for its enlightened, humane, and sensitive treatment of the psychological mechanisms at play in alleged cases of witchcraft.<sup>3</sup> In the context of the present volume, then, it seems fitting to consider *De praestigiis* as it illuminates Weyer's understanding of melancholia itself.

The town of Grave, in the duchy of Brabant in the Habsburg Netherlands, was Weyer's birthplace. After a classical education, he was medically trained in France. First published in 1562, the 700-page work for which he is best known was produced during Weyer's years as court physician to Duke William V of Cleve, patron of the new ideas and humanism of the trans-Alpine Renaissance.

- 1 Versions of this paper were read at the International Conference on Philosophy and Mental Health in Florence (Italy) in August 2000, and at Dowling College, New York in April 2001. Insightful comments on those occasions have strengthened the paper. In addition, I am grateful to members of PHAEDRA: Jane Roland Martin, Barbara Houston, Ann Diller, Janet Farrell Smith, Susan Fransoza and Beatrice Kipp Nelson, as well as my colleague Dick Cluster for valuable suggestions.
- 2 Translated as *Of Deceiving Demons, or Of the Illusions and Enchantments of the Devil*.
- 3 This judgement is not universally endorsed. Baxter, for example, judges Weyer's work to be an attack on Catholic idolatry and superstition rather than an innocent work of non-sectarian tolerance. C. Baxter, 'Weyer's *De presigiius daemonium*: Unsystematic Psychopathology', in: Sydney Anglo ed., *The Damned Art* (1977).

In both book learning and practice, Weyer was impressively prepared to undertake this scholarly effort. At the University of Paris in the 1530's, his medical education is known to have included works by the Greek and Arabic physicians; moreover, he was familiar with the writing of Aristotle, whom he quotes, and that of Neo-Platonist humanists such as Iamblichus and Ficino. As a youth, he had served as an apprentice to one of the most prominent experts on magic, alchemy and occult lore, Heinrich Cornelius Agrippa (1486-1535). Agrippa's lifelong focus on these matters and his writings concerning them, a complex and even contradictory mixture of skepticism and mysticism, seem likely to have formed Weyer's own interests. And many of Weyer's central themes have been traced to Agrippa's writing. Like the great Desiderius Erasmus (1467-1536),



Johann Weyer.

Agrippa was a humanist, and Weyer's own humanism, including his reverence for classical texts, reveals the influence of both thinkers. Weyer's emphasis on a return to a simpler, Biblical Christianity, and preference for Scriptural and patristic writing over that of the medieval, scholastic thinkers, also finds models in Agrippa's work. Weyer's concern to protect from accusations of witchcraft those women he saw as the pitiable, deranged victims of melancholic delusions, echoes an early episode in his master's life. When he worked as orator and counselor in Metz, Agrippa was able to

free a woman accused of sorcery by Church inquisitors. Passages in Agrippa's work *De occulta philosophia* (1511) also appear to foreshadow Weyer's later insistence that minds are susceptible to the influence of words, and that healing can result from faith or trust alone. A final influence on Weyer was the work of his near contemporary Paracelsus (1493-1541), whose emphasis on chemistry and chemical remedies, at least as other practitioners employed them, Weyer found wanting, and frequently derides.

As its title indicates, Weyer's text is primarily directed towards accusations of witchcraft and sorcery. Melancholia enters the discussion indirectly: Weyer offers a more naturalistic explanation of the magical power attributed to witches, insisting that their distorted experiences and delusional beliefs were often brought about by the disordered imagination of melancholia.<sup>4</sup> Concerning melancholia itself, the ideas and approach in *De praestigiis daemonum* can be summed up in five claims. (i) Melancholic people suffer disturbances of their imaginations. As he remarks: 'certain things are thought to exist or to take place outside of the individual which in fact are not real and do not take place, and often do not even exist in the natural world' and that some melancholics: 'think that they are dumb animals (...) some suppose they are earthen vessels (...) Many imagine that they are guilty of a crime, and they tremble and shudder when they see anyone approaching them, for fear that the person may lay hands upon them and lead them off as prisoners and haul them before the tribunals to be punished.'<sup>5</sup> The falsity of these beliefs seems to have been the core feature of melancholia for Weyer. Traditionally, emphasis had been placed on the fearful and dejected mood states of melancholic subjectivity: 'Fear and sadness without cause' had formed part of its definition since Hippocratic times. But in Weyer's account the mistaken and deluded beliefs engender, rather than merely accompanying, these feelings.

(ii) Melancholics, and those around them, often believe they have supernatural powers, it is true, but this belief is mistaken. Weyer supports this claim with a *reductio* argument. Should witches actually possess such powers, the world would be quite different: if 'these demented old women could do what they confess to doing, the crops would scarcely survive in

4 Aside from this particular issue of false accusation, the extent of Weyer's own belief in magic is not easy to assess; in quoting with approval from skeptics and doubters, however, he seems to reveal considerable skepticism.

5 J. Weyer, *Witches, Devils, and Doctors in the Renaissance*. Translation by John Shea (Tempe 1998) 183. All page references are to this edition.

sufficient amount to sustain humankind.<sup>6</sup> Not even man himself would endure, he insists, if this were true.

(iii) Weyer's approach has the particularity of clinical writing. Individual cases and specific symptoms are described with acute attention to detail. Emphasis is on individuating characteristics such as the bizarre responses triggered by delusions and hallucinations in particular patients. Much of Weyer's long book is devoted to carefully described cases - clinical tales such as that of the 'certain noble born man' who 'would sometimes suddenly leap from his chair thinking that he was being attached by enemies (...)' and the peasant who 'vomited glass and hair and nails and heard the sound of glass breaking in his belly.'<sup>7</sup> Not all are cases he has treated himself, some he has merely heard about. But each is depicted with this minute attention to the sufferer's unique person, disorder and story.

(iv) Although they act together in any given case, the several causes of melancholia must be carefully distinguished and classified into their constituent sub-causes. Humoral imbalance does not explain melancholia entirely; the Devil is also implicated. So these two factors must both be identified. Evidence of such precise, analytic thinking is found in an interesting passage where Weyer observes that victims of melancholia are '(...) beset by twin diseases - that of the body, produced from the melancholic humor, and that of the spirit, such as the madness, grief, fear, hatred of life and despair - with which the sworn enemy of mankind torments such persons day and night.'<sup>8</sup> (He speaks loosely here: there is one disease, melancholia, with several causes.) Another passage illustrating the care with which Weyer tries to identify the causal directions of the phenomena he observed occurs under the sub-heading 'Many Persons Beset by Melancholia are Thought to be Possessed, and Vice Versa.' Not all melancholics are driven by demons, he points out, although, 'it usually happens that all possessed persons are rendered melancholic because of their bitter torments and previous afflictions.' He illustrates this generalization with reference to a particular woman of whom, he says, it was popularly supposed at the time that she was being harassed by an evil spirit when in fact her condition resulted from a seasonally exacerbated, humoral imbalance.

(v) Because of the bodily and spiritual sources of melancholia, and its complex, multi-causal etiology *both* spiritual and bodily cures must be

6 Weyer, *Witches, Devils, and Doctors*, 217.

7 Ibidem, 183.

8 Ibidem, 447.

sought. Thus, remedies include medicines and regimens to expel the black bile, given by trained doctors, followed by the 'cure by the minister of the church', who will 'bring back these people to the faith.'<sup>9</sup> Weyer was by all accounts a pious Christian, but his recognition of human suggestibility would also have allowed him to endorse the power of spiritual ministrations.

## **Weyer and Teresa of Avila**

In an effort to further place *De praestigiis daemonum* within medieval, early modern, modern, and even postmodern thought, I want to now turn to additional writing from Weyer's era, that of the Spanish nun, Teresa of Avila. Born in the same year of 1515, Weyer and Teresa de Ahumada each possessed powerful intellects and were important historical figures. And Teresa, too, wrote about melancholia, though as an abbess guiding communities that included melancholic nuns.<sup>10</sup> Humanity, subtlety and psychological sophistication are equally evident in the writing of each author, but so also are differences of conceptual frame, purpose, and moral psychology, and distinguishable presuppositions about human nature – these last differences, we might say, of epistemology. As well as reaching a better understanding of each author through the work of the other, we can see our present day analyses more clearly in light of both.

Teresa de Ahumada (1515-1582) came from Avila and read only her native Castilian. A Carmelite nun, mystical writer and poet, and a reformer, Teresa wrote in several works about the melancholy she encountered in the cloistered world of the nunneries in her charge, and made recommendations for those suffering melancholy within them. Teresa's insights on melancholy, in contrast to those of Weyer, would have come from direct observation, and what her own suffering from that complaint could teach her.<sup>11</sup>

Given the obvious differences between these two thinkers, the commonalities in their ideas about melancholy are quite notable, and can serve

9 Idem.

10 Teresa's major discussions of melancholia are found in her work on prayer and the spiritual life *The Interior Castle* (1577) and *The Foundations* (1573-82) describing her reforms. Page references are to *The Collected Works of St. Teresa of Avila*. Translated by Kavanaugh and Rodriguez (Washington 1985).

11 There is some suggestion that melancholy lore may have also been learned from contact with converso doctors or Jesuit confessors. See A. Weber, *Teresa of Avila and the Rhetoric of Femininity* (Princeton 1992).

as a revealing guide to lore that was widespread in the Europe of their era. In each text melancholia is understood very broadly, for example, as it seems to have been throughout the medieval and early modern period. As we have seen, its symptoms included the disordered imagination we would today deem delusions and hallucinations, as well as dejected, sad and fearful mood states. And Weyer names as symptoms of melancholia what would now be separated as mania, apparent possession and other dissociative conditions, and states of psychogenic paralysis. Teresa includes other afflictions as well: loss of concentration, the excessive remorse over faults and failings then known as scruples that seem to correspond to today's obsessional states, and religiously-framed visions and raptures mistakenly believed of divine origin.



Bernini's famous sculpture: *Ecstasy of St. Teresa* (1647-52).

Remnants of Greek humoral explanation are evident in each author: the disorder manifested itself bodily in humoral imbalance. Weyer speaks of the way the melancholics: 'senses are distorted when 'the melancholic humor seizes control of the brain and alters the mind.'<sup>12</sup> That references to black bile were not so much biological explanations as loose and careless metaphors, used unthinkingly, seems likely, however. Certainly neither Weyer's nor Teresa's discussions contains anything comparable to the minute and literal account of the way variations in the humors bring about the 'adusted' condition of the black bile that causes severe disorder to be found in the writing of their English contemporary Timothie Bright (*Treatise of Melancholy*, 1568). And certainly the claim that the humor or some other bodily state might predispose a person to melancholia was not an expres-

12 Weyer, *Witches, Devils, and Doctors*, 183.

sion of any reductionistic naturalism. Weyer and Teresa each presuppose complex, multi-causal models. The body's humoral state was in turn acted upon by non-bodily elements to bring about the disorder, when each element was necessary, and none alone sufficient, for the resulting condition. As this indicates, the division between mental or psychological disorder on the one hand, and physical disorder on the other, which came to frame later analyses, is absent here. In involving physical as well as psychological symptoms, and accepting that both physical and psychological remedies had psychological effects, these accounts of melancholia blurred any separation between the mental and the bodily.<sup>13</sup>

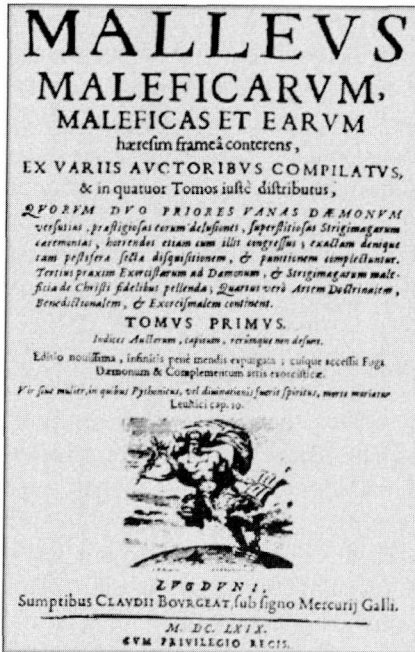
For both authors melancholia (when rightly identified), constitutes disorder and ill-health, appropriately subject to treatment. The medieval emphasis, derived originally from the Greeks, that those with melancholy temperament might yet be entirely normal and have no need of treatment, is not evident here. The four temperamental types or characters, that included the melancholy man, continued to be demarcated and embroidered until well into the following (seventeenth) century. But neither Weyer nor Teresa seems to be committed enough to humoral theory to find use for such a category. Also absent from their accounts is another distinction employed in the following century, most notably by Burton in his *Anatomy*, where melancholy as a passing mood state experienced at one time or another by all of humanity, is described as melancholy the disposition, while the more entrenched disease state, associated with adustion, is melancholy the habit.<sup>14</sup>

Demonic influence, too, in combination with a melancholic temperament (among other factors), is acknowledged by both authors. The Devil, Weyer remarks, '(...) loves to insinuate himself into the melancholic humor, as being a material well suited to his mocking deceptions.'<sup>15</sup> Witches can harm no one, he explains elsewhere, but their imaginations: 'inflamed by the demons (...) and the torture of melancholy, make them (...) fancy that they have caused all sorts of evil'. In very similar passages, Teresa speaks in

13 As Foucault puts it, in that era 'psychology did not exist' so guiding metaphors were consequently unrestricted: when the consumption of bitters was prescribed, for example, 'it was the soul as well as the body that was to scoured (...)', Michel Foucault, *Madness and Civilization. A History of Insanity in the Age of Reason*. Translated from French by Richard Howard (New York 1965) 197.

14 Richard Burton, *The Anatomy of Melancholy* (New York 2001) 143-144.

15 Weyer, *Witches, Devils, and Doctors*, 346.



Title page of the *Malleus Maleficarum* ('The Hammer of Witches'), by Heinrich Kramer and Jacob Sprenger.

the *Foundations* of the devil using melancholy as 'a means for trying to win over some persons'.<sup>16</sup>

The Devil is certainly depicted as a real force here. Yet these were dangerous times to diverge from religious orthodoxy, for both Weyer and Teresa, so we cannot be sure how much literal reading these remarks will bear.<sup>17</sup> At least it seems that demonic influence is for neither author reduced to a mere metaphor for generalized spiritual distress, as in some Humanist thinking of the era, and nor is it entirely discounted, as by Reginald Scot, writing in 1584, who attributed to delusions alone all claims concerning possession and supernatural powers.

Each author's voice is humane and sympathetic, contrasting strongly with those from earlier eras. Entirely absent is the cruelty and harshness of the infamous *Malleus Malificarum* (1485), singled out by Weyer for repeated critical condemnation over its vengeful attitude toward those sought and accused as witches.

In dismissing a punitive approach towards the melancholic Weyer draws a moral and forensic contrast between the impaired and the sane mind:

'...if anyone should argue...that the will or intent should be punished (...) Let him first distinguish between the fully-formed will of a sane person, which has truly begun to be directed toward action, and the feelings of an impaired mind (...) God, who searches the heart and the reins, does not allow [melancholics, fools and children] to be punished equally with those of sound mind; far less they should be so punished by mere men.'<sup>18</sup>

16 Avila, *The Collected Works*, 346.

17 Of Teresa, at least, it has been insisted, that she: 'does not reduce the Devil to a metaphor (...) The Devil was an extrapersonal presence, capable of inflicting physical pain as well as inner anguish,' Alison Weber, op.cit., 175.

18 Weyer, *Witches, Devils, and Doctors*, 542.



Teresa's attitude is more qualified on this point, or perhaps somewhat inconsistent. She can sound as humane as Weyer as, in the *Foundations*, she offers guidance to prioresses dealing with melancholia so severe as to 'subdue reason,' however: in that case 'the person is not at fault, just as insane people are not at fault for the foolish things they do.'<sup>19</sup>

That suggestibility constitutes an inescapable element of human nature is a theme that recurs throughout each text. And each author exhibits a sophisticated and respectful acknowledgement of the power of suggestion, Weyer's, as we saw, echoing that of his teacher, Agrippa. Melancholia is rendered a condition to be named and interpreted to its sufferer with the greatest discretion, if at all, because of the effect that even its name alone could wield. The critical role of trust and confidence in healing is acknowledged, particularly by Weyer. And melancholia is understood as a socially imparted disorder, able to be transferred from one sufferer to others by nothing more than social contagion.

He notes that we observe 'the power of medication sometimes to grow stronger as a result of the patient's confidence in the doctor', and evaluating claims made about the curative effects of good luck charms (or talismans), for example, Weyer emphasizes the power of words:

'(...) the success of these cures does not derive from the charm; but the power of our mind is so great that if the mind convinces itself of some honorable object, and firmly perseveres in this object that it has conceived, it carries out and powerfully brings to completion the very object that it has conceived, provided that it does not encounter resistance or want of faith in the mind of the other person - the person upon whom it acts. If it finds the other mind trusting and cooperative it will accomplish its purpose more quickly; if it meets with a mind that neither trusts nor distrusts, the power of the agent-mind will still work its effect.'<sup>20</sup>

If we believe in the curative power of magic, he is acknowledging, and especially if we believe it strongly, and are not disabused of that belief, the belief itself might be sufficient to have an effect. This will be a psychological effect, not a magical one.

The broader context in which this sophisticated understanding of suggestibility must be understood was one so alien to our modern day frame of reference that it requires a word of further explanation. Influenced by the

19 Avila, *The Collected Works*, 135.

20 Weyer, *Witches, Devils, and Doctors*, 420. My emphasis.

Neo-Platonism that had swept throughout Europe in the Renaissance, the natural world was viewed as enchanted, and alive with magical forces. This was the view expounded by Agrippa in *De occulta philosophia*. The cosmos was viewed as an organic unity in which 'every part bore a sympathetic relationship to the rest.'<sup>21</sup> By insisting that it was beliefs, and the power of the human mind, rather than charms and talismans that could bring about effects, Weyer was countering a pervasive acceptance of magic and occult causes that went well beyond a belief in witchcraft as such.

Speaking of melancholia in the cloister, Weyer recommends isolation for those afflicted - as does Teresa - and he advises against allowing young nuns to witness the afflictions brought on by melancholy lest they '(...) be terrified by the strange and violent torments, and lest they contract something of the disease - since the Devil lies in eager wait for them.'<sup>22</sup> Teresa is similarly explicit, and adamant, over the socially contagious nature of melancholia, discouraging abbesses from telling the sufferer her states are melancholia to avoid aggravating her condition, and even proposing a ban on the use of the term melancholia in monasteries because of the harm which can be wrought by its use.

Space does not here permit a proper account of the complex and apparently evolving ideas about melancholia scattered unsystematically throughout Teresa of Avila's several, temporally separated works.<sup>23</sup> So it is at risk of considerable over-simplification, that those required for our comparison with Weyer's are summarized in the following points. (i) Different kinds of melancholia are distinguished only for purposes of treatment and in terms of severity. (ii) Severe cases should be regarded as having a serious illness and treated as such, given medicine, kept in the infirmary, and excused from misdeeds. In contrast, those in whom the melancholy 'doesn't reach the point of madness'<sup>24</sup> are harder to deal with. (iii) Milder cases of melancholia involve willfulness, or disobedience that must be countered through domination. Teresa also believes that (iv) severe melancholia, at least, places its sufferer beyond religious consolation or ministrations. No

21 K. Thomas, *Religion and the Decline of Magic* (Oxford 1971) 223.

22 Weyer, *Witches, Devils, and Doctors*, 459.

23 For some further exposition of Teresa's ideas, see Alison Weber, *Teresa of Avila and the Rhetoric of Femininity* (Princeton 1992); E. Perry, *Gender and Disorder in Modern Seville* (Princeton 1990); G. T. W. Ahlgren, *Teresa of Avila and the Politics of Sanctity* (Cornell 1996), and Jennifer Radden, 'Melancholia in the Writing of a Sixteenth Century Spanish Nun', *Harvard Review of Psychiatry* 12 (2004) 293-297.

24 Avila, *The Collected Works*, 134.

remedy exists, but practical steps to prevent the condition from worsening include keeping the melancholic nuns occupied. (v) Melancholia represents less an individual affliction than a community problem, and a widespread and growing one. Finally (vi), three possible sources of locutions (voices) can be identified: the Devil, God, and the individual's imagination (and, thus, only indirectly the Devil). The last kind, brought on by the humoral disorder of melancholia, are in some sense illusory or unreal.<sup>25</sup>

Some differences of assumption and approach distinguishing Weyer's from Teresa's writing on melancholia are apparent even from the above, superficial summaries. These writers' starting point, approach, and assumptions, both about the self and about the world, are strikingly opposed, for example. Weyer's work reveals the epistemological framework associated with metaphysical realism: its primary focus is to describe and explain melancholic states viewed as objective phenomena in the natural world. In addition, it reflects an individualist conception of self, as I shall explain below. Teresa's presuppositions, in contrast, are relational and collectivist, her approach pragmatic. She strives to understand melancholia not for the sake of the individual sufferer but in order to remedy it for communal purposes.

With its emphasis on the individuating features and distinguishing aspects of his patients and those whose cases he has heard about, Weyer's work is typical of medical writing of this, and any, era. Clinical medicine is an inductive science, drawing broader conclusions from the carefully accumulated observation of the illness located within particular individuals. For his application of this medical method to psychological symptoms, Weyer has been highly praised; he has even been said to have laid the foundation of what, in time, would result in the distinctively psychiatric evaluation of the individual patient.<sup>26</sup>

25 The dangers of summarizing Teresa's views on melancholia in this way are several. The two works from which these ideas are drawn were written with very different purposes; Teresa is known to have shaped and selected her writing with the greatest care, particularly when, later in her life, all such writing was scrutinized by authorities for signs of heresy or disobedience; moreover, since time elapsed between the writing of the early parts of the *Foundations* and the writing on melancholy in the *Interior Castle*, the main purpose of which had come to be offering reassurance to her nuns against fear of demonic possession, a shift in emphasis between the two works can be attributed to a change in her ideas.

26 J. Weber, 'Introduction', in: Johann Weyer, *Witches, Devils, and Doctors in the Renaissance*. Translated by John Shea (Tempe 1998) xxvii-lxxxvii, specifically lxxix.

In this respect, Weyer's writing also reveals a model of self associated with early modern individualism. Both political and metaphysical individualism and the language of individual self-representation flowered in a special way with the cultural and political changes of the sixteenth century in Europe, and Weyer's work reflects each of these separable strands of modernist individualism.<sup>27</sup> First, he represents himself as an autonomous subject and inquirer; in addition, his view of others is atomistic, each melancholic case he describes is strongly differentiated and distinct.

Like Weyer's, Teresa's personal voice is also strikingly individualic, yet other people are for her effaced, and unfocused. Rather than taking care to individuate the particular melancholy nuns of whose disorder she writes, Teresa avoids identifying descriptions entirely. In this respect Teresa's model of self brings to mind the relational self-theories of our own times. Rejecting the classic conception of the self found in the individualism and liberalism of the early modern period, these theories describe a self 'embedded' in its social context, and as constituted relationships with others, social roles and personal ties.<sup>28</sup>

That the cloistered setting would have perpetuated medievalist communal and collectivist conceptions longer than did the secular and worldly *milieu* inhabited by Weyer is not surprising, of course. But whatever accounts for the difference, it remains true that Teresa's references to melancholia are unwaveringly focused on the larger social purposes for which the melancholy nun must be treated and the self in Teresa's writing is inseparable from the collective of which it is part.

Some of the contrasts found in these two texts are so radical that their authors can usefully be regarded as not so much differing in their beliefs - which we have seen they in certain respects do, for all their shared ideas - but as employing different epistemologies. Weyer's descriptions and explanations of the world he painstakingly observes place him within the epistemological category of metaphysical realism or objectivism. Through-

27 Only after the Middle Ages, in the words of one authority, 'man became a spiritual individual, and recognized himself as such.' J. Burchhardt, *The Civilization of Renaissance Italy*. Translated by S.G.C. Middlemore (Oxford 1945) 81. See also Thomas Heller and David Wellbery eds., *Reconsidering Individualism: Autonomy, Individuality and the Self in Western Thought* (Stanford 1986).

28 For an account of this conception of self, see M. Moody-Adams, 'Self/other', in: Alison Jaggar and Iris Marion Young eds., *A Companion to Feminist Philosophy* (New York and London 1998).

out, his long book exhibits what has been called the enduring faith most working scientists have in the objectivity of their enterprise.<sup>29</sup> He accepts that the world, including his patients' symptoms, exists independently of human observation and interpretation. His disposition is that of an empirical scientist. He is intent on establishing the illusory nature of the allegedly demonic powers that result in accusations of witchcraft, even if he does not eliminate all reference to non-natural influences. Weyer, it has been said, 'spared no effort to learn firsthand (...) the phenomena – physical, mental, social or purely superstitious – which he came across with his inquisitive, critical, and medical mind.'<sup>30</sup> His was the spirit of detached scientific observation.

Teresa, in contrast, is not mapping the world; she is attempting to solve a communal problem. Nor does she describe or explain melancholy as a distinct phenomenon existing in isolation from the treatment context. Her interest in melancholia is limited to two pragmatic concerns: preventing its damaging effects on the whole community, and distinguishing it from the states of distress sent by God which require spiritual ministration. These concerns in turn dictate the structure of her writing, which contrasts so markedly with Weyer's carefully separated descriptions of cases and symptoms and recommendations for, and accounts, of treatments. If Weyer's epistemology is modern and realist, Teresa's seems to anticipate this almost postmodern pragmatism and non-foundationalism.

## **Conclusion**

In conclusion: discussions by his contemporary Teresa provide a broader context for Weyer's work and invite us to probe its methodology and pre-suppositions. Her writing seems to prefigure twentieth century relational self theories, and the pragmatism of such thinkers as James, Dewey and, more recently, Rorty, that measures true belief not in terms of the accurate representation of an independent reality but in terms of which beliefs are successful in helping us realize our purposes. Weyer begins with a conception of the person that is consistently individualistic and he is guided by the goal of first understanding and then treating the malady in that individual. His work reflects modern individualism and scientific realism.

Such fundamental differences of approach and assumption aside, these

29 See E. Fox Keller, *Reflections on Gender and Science* (Yale 1985).

two contemporaries, Johann Weyer and Teresa of Avila, shared much of the lore attached to melancholy and melancholia in the middle of the sixteenth century, and that shared understanding points to, and confirms, the vitality and prevalence of such ideas.

# **Supplement**



Kleio, de muze van de geschiedschrijving.