

# Bedeviled Minds: Reflections on the History of “Satanic Thoughts”

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In his classic account of Christian awakening, *Grace Abounding to the Chief of Sinners* (1666), John Bunyan described how the Devil planted evil thoughts in his mind. The spiritual enemy assailed him with “whole floods of blasphemies, both against God, Christ and the scriptures”. These shocking ideas came with unbidden and terrible force; suddenly his mind would be “strangely snatched away” by thoughts that he could not control, which assailed him like “a mighty whirlwind”.<sup>1</sup>

Bunyan’s experience was by no means uncommon. Indeed, it belonged to a long tradition of ascribing extremely wicked and unnatural cognitions to the immediate influence of Satan. This tradition was strong in Tudor and Stuart England, where the Protestant Reformation did much to promote the Devil’s role as an invisible tormenter of the godly.<sup>2</sup> While most bad thoughts arose from the sinful nature of those that experienced them, a special category of evil ideas were viewed as demonic “injections”. These were transmitted directly into the minds of individuals by unclean spirits. As late as 1698, the English minister William Chilcot noted that it was a “matter not questioned” that “Satan can throw wicked thoughts into our minds”.<sup>3</sup> Most physicians agreed. While they focused their attention on the natural causes of mental distress, medical experts acknowledged that evil spirits could act alongside physical maladies to produce shocking and unwanted thoughts. As the physician David Irish observed in 1700, the Devil “hath spiritual access into our spirits to trouble them”, and could thereby create “molestations” of the mind.<sup>4</sup>

The existence of “satanic thoughts” led to some obvious questions. How could they be distinguished from the ordinary, sinful ideas to which fallen men and women were prone? The conventional answer was twofold. First, satanic cognitions were exceptionally shocking and extreme; and second, they blasted the mind with a sudden, irresistible force. As a consequence, the Devil’s injections were a cause of acute distress to their unwilling recipients.

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Welcome to the fall/winter 2017 edition of *Synergy*.

Our first essay explores the history of “satanic thoughts” in Early Modern England. Do our current ways of understanding and diagnosing psychiatric symptoms sully our appreciation of the past? Or might the past inform and clarify our present understanding of the human mind? Professor Darren Oldridge brings some differences in the “interior world of the mind” over four centuries into focus. “The shock of this discontinuity,” he writes, “is bracing, but also stimulating.”

Dr. Dusan Kolar then reflects on what may be an insidious but monumental shift in how we are thinking about treatment in psychiatry. He examines two current drugs that do not fit with our traditional understandings of how to treat and care for our patients.

Finally, Dr. Anees Bahji writes about the emotion of sadness, and whether it has a role, not just in dysfunction and pathology, but in function. Should we attend to sadness, not just to define and eradicate it, but to give it its due?

We hope you enjoy the prose and, as always, welcome your comments.

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Another question concerned responsibility. Were the victims of satanic cognitions accountable for the horrible ideas in their own minds? Here the conventional answer was no. Wicked thoughts implanted by demons belonged to their spiritual authors: they were “set on Satan’s score”.<sup>5</sup> There was an important caveat, however. The recipient of an invading thought became culpable if he or she chose to entertain or act upon it. At this point the person became an accomplice of the spiritual enemy that sought to lead them astray.

The dreadful ideas injected by demons were of three broad kinds. Many were blasphemies. This was the case with a London stationer who felt impelled to curse God on his sickbed in 1647.<sup>6</sup> Others involved extreme and unorthodox religious speculations, often tending towards unbelief. John Bunyan was vexed with diabolical “suggestions” of this kind; and in 1683 the minister Samuel Annesley described others who were assailed with unholy “injections at which they tremble, and yet cannot keep them out of their mind, either to doubt of the scripture or Christianity, or the life to come”.<sup>7</sup> The third kind of satanic idea was the suggestion of homicide. Sometimes this involved conjectures about murder – like the one described by a godly woman in London in 1652.<sup>8</sup> More often, the Devil invited his victims to contemplate suicide in moments of religious despair.

What should twenty-first-century people make of these experiences? Perhaps the first response is to assume that men and women in the past were simply mistaken to ascribe such powers to evil spirits. As an atheist I take this view myself: whatever else may have vexed the mind of John Bunyan during his conversion experience, I cannot accept that the Devil launched “blasphemous thoughts” into his head. Many Christians will share these reservations. While some Catholics and evangelical Protestants today accept that demons can intervene directly in human affairs, this view is considerably less prevalent among believers than it once was.<sup>9</sup> At the same time, psychological and physiological explanations for aberrant mental experiences are now widely embraced in western culture.

It is at this point that the historical evidence of “demons in the mind” raises some fascinating and tricky problems. Should the experiences of men such as Bunyan be recognized, retrospectively, as symptoms of mental illness as it is understood today? In some ways, the satanic incursions that troubled the minds of pre-modern Christians resemble the recurrent and unwanted thoughts associated with obsessive compulsive disorders. The way that sufferers understood these experiences, however, echoes a symptom of schizophrenia: the belief that alien thoughts have been placed inside the subject’s mind. As a sign of psychosis, this belief is described as “thought insertion”.

According to *Sims’ Symptoms in the Mind* (5th ed. 2015), “thought insertion” involves a state of cognitive passivity in which the subject perceives “his thoughts as foreign or alien, not emanating from himself and not within his control”. When no organic cause can be identified for this phenomenon, and it occurs recurrently, it can be used by psychiatrists to confirm a diagnosis of schizophrenia.<sup>10</sup>

Does this mean that Bunyan, and fellow victims of satanic “injections”, should be diagnosed in this way? This view is hard to sustain. It involves the importation of modern-day assumptions into a very different cultural context. Significantly, the men and women who endured the Devil’s mental assaults did not normally

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think of themselves as mentally ill; nor did the wider community in which they lived. Moreover, the identification of “satanic thoughts” was made not only by those that experienced them, but also by the churchmen and doctors from whom they sought advice. As the English pastor Robert Bolton observed in the 1620s, some Christians only realized that the evil thoughts that tormented them came from the Devil when this was explained by sympathetic ministers.<sup>11</sup>

In other words, the belief that is now viewed as a signifier of mental illness was shared, and endorsed, by experts in the community at large. The idea of “satanic injections” belonged to a wider understanding of the activity of the Devil, rather than the aberrant perception of distressed individuals. We may never know what caused particular men and women to experience apparently demonic thoughts, but we can be confident that the meaning of the experience was determined by the culture in which it occurred.

Experts in mental health will not be surprised by this conclusion. Modern psychopathology is sensitive to the cultural circumstances in which unusual states of mind occur. To take a contemporary example, the experience of spiritual rapture that takes place in some evangelical congregations is not normally defined as pathological. This is because it is consistent with “recognizable religious traditions”. Similarly, a study of trance and possession experiences in the context of Latin American spirituality in 2011 found that these conditions were not psychotic: they emerged naturally from local religious culture, and their recipients showed no concomitant signs of mental illness.<sup>12</sup> A similar case could be made for the victims of “demonic thoughts” in the pre-modern world.

Such a sympathetic approach can help us to understand the inner lives of pre-modern men and women. The alternative approach—to pathologize their perception of their own experience—makes such understanding more difficult. In most cases the victims of satanic “injections” were not mad: rather, they belonged to a religious culture profoundly different to our own, in which these experiences, while sometimes traumatic, made sense.

By taking seriously the belief in powerful invisible spirits—whether or not we feel able to accept this belief ourselves—we can also appreciate the complexity of the world view to which they belonged. It is sometimes asserted that people in the past lacked explanations for things; but in fact the opposite was often true. In the case of early psychology, the acceptance of evil spirits meant that thoughtful investigators had, if anything, too many explanations for the phenomena that they observed. The pioneers of Tudor and Stuart psychology, Thomas Bright and Robert Burton, sought to explain the “inward and natural causes” of mental distress. But they also accepted that demons could meddle in human minds. Burton noted in 1621 that the Devil tortured his victims with strange thoughts: “things opposite to nature, opposite to God and His word, impious, absurd, such as a man would never of himself, or could not conceive”.<sup>13</sup> These incursions were sometimes combined with the natural causes of mental unrest, which made their unlucky targets particularly vulnerable to Satan’s assaults.

Above all, the bedeviled minds of the pre-modern world point to an important transition in western self-consciousness in the last four hundred years. The philosopher Charles Taylor has argued that in the sixteenth and seventeenth centuries people believed themselves to be open to supernatural influences of various kinds: divine interventions, good and bad spirits, and objects imbued with magical or religious power. Their sense of self was porous, or “unbuffered”. For Taylor, the emergence of an insulated sense of self, immune to these external forces, was part of the process of secularization. Viewed from this perspective, the demonic interventions described in this essay provide a striking illustration of the unbuffered sense of identity that once characterized western Christians.<sup>14</sup>

The shock of this discontinuity is bracing, but also stimulating. It invites us to reflect on the role of historical context in shaping the facts of lived experience, including the interior world of the mind. It may also encourage us to engage imaginatively, and sympathetically, with the rich and complicated—and sometimes frightening—way of thinking that underpinned the lives of many pre-modern people.

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REFERENCES

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- <sup>1</sup> John Bunyan, *Grace Abounding to the Chief of Sinners*, ed. W. R. Owens (Penguin, London: 1987), 27-9.
- <sup>2</sup> For the spiritualized Satan of the English Reformation, see Nathan Johnstone, *The Devil and Demonism in Early Modern England* (Cambridge University Press: 2006), and Darren Oldridge, *The Devil in Tudor and Stuart England* (History Press: 2010).
- <sup>3</sup> William Chilcot, *A Practical Treatise Concerning Evil Thoughts* (1698), 118.
- <sup>4</sup> David Irish, *Levamen Infirmi: Or Cordial Counsel to the Sick and Diseased* (1700), 48-50.
- <sup>5</sup> This phrase was used often in English texts on the phenomenon. See, for example, Robert Bolton, *Instructions for a Right Comforting Afflicted Consciences* (1631), 339.
- <sup>6</sup> For this case, see Darren Oldridge, *The Supernatural in Tudor and Stuart England* (Routledge: 2016), 71-2.
- <sup>7</sup> Samuel Annesley, *A Continuation of Morning-Exercise Questions and Cases of Conscience* (1683), 271.
- <sup>8</sup> See Oldridge, *The Devil*, 127-8.
- <sup>9</sup> On this point there is a marked divergence between Europe and North America. While only around 20% of Europeans believe in the Devil, a US poll in 2005 found that as many as 60% accepted his existence.
- <sup>10</sup> I am grateful to Profs Eleanor Bradley and Lisa Jones for their guidance on the clinical manifestations of this experience. Femi Oyebode, *Sims' Symptoms in the Mind: Textbook of Descriptive Psychopathology* (Saunders Elsevier, Philadelphia: 5th edition 2015), 152-3.
- <sup>11</sup> Robert Bolton, *A Three-fold Treatise* (1634), 206-7.
- <sup>12</sup> Oyebode, *Sims' Symptoms in the Mind*, 199, 264.
- <sup>13</sup> Robert Burton, *The Anatomy of Melancholy* (1621), part 3, section 4, member 2, subsection 6.
- <sup>14</sup> Charles Taylor, *A Secular Age* (Harvard University Press, Cambridge, Massachusetts: 2007), 27-41.

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