The Role of Psychological Distress and Social Contagion in Demonic Possession in Early Modern England

History Dissertation

Exam Number: B051909
Supervisor: Dr Tom Webster
Word Count: 12,000
Date of Submission: 4 April 2017
Acknowledgements

I would like to acknowledge my Supervisor, Dr Tom Webster, for his helpful advice, encouragement and sense of humour.
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Introduction

This Dissertation is a study of demonic possession in early modern England. ‘Belief in possession by demons was deeply ingrained in early modern European culture.’¹ By contrast, modern scholars are rather sceptical. They are reluctant to accept contemporary supernatural descriptions of demonic possession. Indeed, D. P. Walker states: ‘Whatever their personal beliefs, historians should not ask their readers to accept supernatural phenomena.’² Consequently, the historiography centres on rational explanations of what was ‘really’ happening in possessions. One common rationalisation is fraud; demoniacs feigned their symptoms. To be sure, in early modern England, some demoniacs, such as Anne Gunter (1604) and Katherine Malpas (1622), admitted to simulating (or ‘counterfeiting’) possession. Nonetheless, it is short-sighted to suggest that all demoniacs feigned their symptoms, as the pretence necessitated sustained commitment and coordination. Kathleen R. Sands asserts:

Cases such as these that involved dozens, scores, or hundreds of individuals are difficult to assess as fraudulent. Such an assessment would amount to a conspiracy theory attributing formidable powers of organisation, strategy, and communication to the individuals in the affected group – individuals who, for the most part, were relatively uneducated, immature, and socially powerless.³

This Dissertation concentrates on similar ‘group’ possessions in early modern England.

Natural illness is another common rationalisation. It has been suggested that demoniacs suffered from conditions such as autism, Tourette’s syndrome, Huntington’s disease, Parkinson’s disease, bipolar disorder, diabetic coma and epilepsy, among others.⁴ The problem is that none of the suggested conditions

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explains all of the possible symptoms. In reference to the demoniacs in Nicholas Starkey’s household, for instance, Tom Webster states:

Epilepsy might be suitable as an estimated cause of fits but it looks simply inadequate for most of the symptoms in the seven possessed in Lancashire. It offers no explanation for the vocal symptoms, the visions or the collection of herbs, for instance. Neither does it explain how seven people in one household were suddenly taken with epileptic fits.5

Furthermore, some scholars dismiss psychiatric diagnoses as ‘ahistorical’.6 Others, such as Walker, suggest a synthesis of fraud and natural illness. Initially, the demoniac genuinely suffers from fits and hallucinations. The surrounding group reacts sympathetically. Demonic possession is suggested. The surrounding group pays increasing attention to the demoniac. The latter begins to conform his/her symptoms to the former’s expectations. In short, ‘The patient begins by being sick, and becomes both sick and fraudulent.’7 Unfortunately, Walker fails to clarify whether demoniacs modified their symptoms consciously or unconsciously. J. A. Sharpe’s thesis is similarly problematic:

Afflicted children or adolescents may have suffered initially from a mild illness, either physical or mental, but found themselves dragged along by the logic of the situation into which they entered, and might eventually have believed that they were indeed suffering from that demonic possession which the adults surrounding them told them was afflicting them.8

Sharpe adds another dimension: ‘Whether simulated or not, possession, […], provided the opportunity for licensed misbehaviour.’9 The problem is that Sharpe indiscriminately applies this thesis to genuine and feigned possessions, including Anne Gunter, blurring the distinction between symptoms displayed

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6 Levack, Devil Within, p. 28
7 Walker, Unclear Spirits, p. 16
9 Ibid., p. 206
consciously and unconsciously.\textsuperscript{10} Anna French echoes Sharpe: ‘Such a position allowed children not only to trespass social boundaries, but also, much more significantly, to gain power and authority of their own.’\textsuperscript{11}

Brian P. Levack produces an alternate explanation. Demoniacs acted out cultural performances:

A more comprehensive understanding can be gained by viewing demoniacs as well as all those who participated in the effort to cure them as performers in religious dramas. Whether unconsciously or not, they were playing roles and following scripts that were encoded in their respective religious cultures.\textsuperscript{12}

The focus on the cultural specificity of demonic possession is praiseworthy, but Levack is non-committal about the consciousness or unconsciousness of demoniacs’ actions.

In my opinion, the aforementioned scholars’ common imprecision about the deliberateness of demoniacs’ actions is problematic. Despite some scholars’ apprehension, this Dissertation aims to use modern psychiatry to offer some insight into demonic possession and hypothesises that it is possible to interpret demoniacs’ actions as unconscious. It focuses on the dynamics in group possessions in early modern England, specifically those in the households of Robert Throckmorton (1589-93), Nicholas Starkey (1596-7) and Edward Fairfax (1621-2), since these are the best documented cases.

Unexpectedly, this Dissertation starts in the modern-day United States of America. Between August 2011 and January 2012, nineteen students in Le Roy High School, New York State, experienced sudden onset tic-like movements. These jerking movements affected their arms, necks and heads. In addition, some of the students suffered from syncope and non-epileptic seizures.\textsuperscript{13} In the end, specialists at the DENT Neurological Institute in Buffalo and Rochester


\textsuperscript{12} Levack, \textit{Devil Within.}, p. 28

diagnosed conversion disorder or mass psychogenic illness. The term ‘conversion disorder’ describes the transformation of psychological distress into physical symptoms. The American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders* lists its symptoms:

Motor symptoms include weakness or paralysis; abnormal movements, such as tremor or dystonic movements; gait abnormalities; and abnormal limb posturing. Sensory symptoms include altered, reduced, or absent skin sensation, vision, or hearing. Episodes of abnormal generalised limb shaking with apparent impaired or loss of consciousness may resemble epileptic seizures (also called *psychogenic* or *non-epileptic seizures*). There may be episodes of unresponsiveness resembling syncope or coma. Other symptoms include reduced or absent speech volume (dysphonia/aphonia), altered articulation (dystharia), a sensation of a lump in the throat (globus), and diplopia.

The term ‘mass psychogenic illness’ describes the spread symptoms that do not have an identifiable organic source in a cohesive group of people. In Le Roy, Katie Krautwurst, a high-school cheerleader, woke up from a nap twitching; a few weeks later, her best friend, Thera Sanchez, captain of one of the school’s cheerleading squads, woke up form a nap stuttering and twitching. Soon, Lydia Parker, a senior, and Chelsey Dumars, a cheerleader, also developed tic-like movements.

On account of the apparent parallels between the Le Roy High School students and group possessions in early modern England, it might be possible to use conversion disorder and mass psychogenic illness to better understand demonic possession. In Le Roy and early modern England, mysterious symptoms spread amongst a group and adolescent girls predominated amongst the

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15 Mink, ‘Conversion Disorder’, p. 41
17 Mink, ‘Conversion Disorder’, p. 43
patients. In Le Roy, the students attracted mass media attention, including appearances on the *Today Show* and *Dr Drew on Call*; the demoniacs attracted comparable attention from family members, neighbours, medical professionals and clergymen. In Le Roy, the patients’ parents sought alternate explanations, such as toxic exposure, while the demoniacs’ parent sought alternate explanations, such as ‘Falling Sickness’ and ‘Suffocation of the Mother’.

This Dissertation thus uses retrospective diagnosis in its methodology. Some scholars object to the use of psychiatric diagnoses for demonic possession. Levack states: ‘They suffer from the assumption that pathological or abnormal behaviour in all societies and at all periods of time can be attributed to the same psychopathological syndromes or complexes.’ ‘More seriously, they fail to recognise the cultural specificity of illnesses, especially those that have a mental or psychic component.’ Similarly, Stuart Clark suggests: ‘[…] we might still want to question the assumption that there is something universal in mental disorder lying beyond culturally relative accounts of causes and symptoms.’ Jon Arrizabalaga argues that phenomena labelled as diseases are not simply biological occurrences essentially continuous throughout time. ‘They are also, and above all, human constructs resulting from specific socio-cultural contexts and, as such, only understandable within these specific coordinates.’ In short, some scholars doubt the appropriateness of using modern medical concepts to describe phenomena that happened in a distinct socio-cultural setting.

I agree that using modern psychiatry to straightforwardly retrospectively diagnose demoniacs is problematic. The socio-cultural setting is fundamentally important. Consequently, I do not aim to definitively diagnose conversion disorder or mass psychogenic illness in group possessions in single households in early modern England. Instead, I suggest that the abilities to transform psychological distress into physical symptoms and unconsciously mimic the

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19 Goldstein and Hall, ‘Mass Hysteria’, p. 641
20 Ibid.
21 Levack, *Devil Within*, p. 28
22 Ibid., p. 29
symptoms of others are timeless aspects of human existence, irrespective of the
terms used by modern psychiatrists. In addition, I do not neglect the importance
of the cultural specificity of demonic possession. Indeed, the contemporary belief
in supernatural agency and the ability of demons to affect human beings is
central to understanding the demoniacs' actions.

This Dissertation uses the Witches of Warboys (1593), John Darrell’s A
True Narration (1600), George More’s A True Discourse (1600) and Edward
Fairfax’s Daemonologia (1621) as its primary sources. No other surviving
documents relate to the selected case studies. I conducted a close reading of each
document to collect details about the demoniacs. Naturally, these sources
introduce a number of difficulties; as Levack asserts, ‘Demonic possession is a
methodological landmine for historians.’

The most fundamental difficulty is in
determining the factual accuracy of the accounts. Of course, there are no
completely objective accounts of historical events, but the separation of fact from
fiction is especially difficult in accounts that contain unnatural or preternatural
components. The authors might have deliberately misrepresented events to
boost sales. However, it seems that the authors of the selected accounts had little
economic motive. Instead, the selected accounts share a need to defend the
authenticity of the possessions and justify the punishment of the accused.

In 1593, Thomas Man published the Witches of Warboys under the
patronage of Judge Edward Fenner. The latter had sentenced Alice Samuel, her
daughter, Agnes, and her husband, John, to death for bewitching Robert
Throckmorton’s daughters. Philip C. Almond suggests that Robert Throckmorton
edited the account himself. It is clearly intended to demonstrate the Samuels’
guilt; accordingly, it presents the Throckmortons in as flattering a light as
possible and the Samuels in a correspondingly poor one. Darrell’s A True
Narration and More’s A True Discourse were published in 1600, following their
imprisonment. Both authors intended to demonstrate the authenticity of the
possessions in the Starkey household and legitimise their dispossessions to
refute accusations of counterfeiting in Samuel Harsnett’s A Discovery of the

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25 Levack, Devil Within, p. 3
26 Philip C. Almond, The Witches of Warboys: An Extraordinary Story of Sorcery,
Fraudulent Practices of John Darrell (1599). Edward Fairfax wrote his Daemonologia in 1621, following the acquittal of those accused of bewitching his daughters. It remained unpublished in his lifetime, but he distributed some copies in manuscript form. His main aim is to demonstrate the authenticity of the possessions and condemn the outcome of the trial.

It is thus possible that the authors of the selected accounts consciously or unconsciously distorted the actual course of events in their determination to demonstrate the authenticity of the possessions. The accounts cannot, however, be dismissed as pure fiction; as Levack states, ‘Authors may have exaggerated the activities that they witnessed or read about, but they had little reason to invent the entire narrative.’ Consequently, I applied a suitable amount of scepticism in analysing the primary sources, without dismissing them as completely fictional.

This Dissertation is split into three sections. Chapter 1 assesses the (in)consistencies in the demoniacs’ symptoms. Chapter 2 analyses the interactions between the demoniacs and the accused witches. Chapter 3 considers the treatment processes for demonic possession.

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28 Levack, Devil Within, p. 5
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Symptoms: (In)consistencies

In the historiography on demonic possession in early modern England, some scholars, such as Darren Oldridge and Sharpe, claim that demoniacs' symptoms and actions became stereotyped.²⁹ Keith Thomas states: 'What is noticeable is the way in which the symptoms became stereotyped to conform to popular conceptions of what they should be.'³⁰ This Chapter assesses the (in)consistencies in demoniacs' symptoms, but before doing so, their social profiles need to be considered, as this is another central component in the historiography.

In the Throckmorton household, Jane, Robert Throckmorton's second youngest daughter, fell ill at the age of ten. Her older sisters, Elizabeth and Mary, then fell ill at the ages of twelve and thirteen, respectively. Subsequently, Robert's youngest daughter, Grace, fell ill at the age of nine and his eldest daughter, Joan, fell ill at the age of fifteen. The Witches of Warboys states that seven maidservants also fell ill, but it contains limited information about them, so they are omitted from the forthcoming analysis.³¹ It appears that Robert also had two sons, Robert,³² his youngest child, and Gabriel, his second eldest child,³³ who were not possessed. In the Starkey household, Anne, Nicholas Starkey's daughter, fell ill at the age of ten, before her brother, John, at the age of twelve. Subsequently, three other girls staying in the Starkey household fell ill: Margaret Hardman at the age of fourteen, her sister, Eleanor, at the age of ten and Ellen

³² Ibid., p. 119
Holland, at the age of twelve. In addition, Margaret Byrom and Jane Ashton fell ill at the ages of thirty-three and thirty, respectively. The social profiles of the demoniacs in the Starkey household, therefore, differ from those in the Throckmorton household. In the Fairfax household, Edward Fairfax's eldest daughter, Helen, fell ill at the age of twenty-one, and then her sister, Elizabeth, at the age of seven. Edward also had four sons, William, Thomas, Edward and Henry and another daughter, Mary, younger than Elizabeth. Edward's youngest son, Henry, fell ill for a couple of days at the age of three, but this is an incidental detail, so he is not included in the forthcoming analysis. In the Fairfax household, as in the Throckmorton household, only some of Edward's children were possessed.

In total, only one of the twenty-one demoniacs included in the selected case studies, John Starkey, was male. In addition, only two of the fourteen demoniacs for whom age can be ascertained, Jane Ashton and Margaret Byrom, can be considered adults. The social profiles of demoniacs in group possessions thus differ from those of demoniacs in early modern England in general. Almond calculates that forty-four of the sixty-two demoniacs for whom gender can be ascertained were female, amounting to 71 per cent. In the selected group possessions, 95 per cent of the demoniacs were female. The higher proportion of female demoniacs in group possessions shall be addressed shortly.

Some scholars connect the preponderance of adolescent female demoniacs to their social status. Sharpe states: ‘[...], possession by spirits characteristically afflicts the weak and disadvantaged: it gives the relatively powerless a temporary notoriety and moral leverage.’ Childrearing in early modern England prescribed particularly high standards for female adolescents. Possession permitted repressed children to rebel against the restraints of

35 Edward Fairfax, Daemonologia: A Discourse on Witchcraft as it was acted in the Family of Mr. Edward Fairfax, (1621), ed. R. Ackrill (Harrogate, 1882), p. 32
36 Ibid., pp. 36, 41, 92, 147
37 Ibid., pp. 92-3
38 Almond, Witches of Warboys, p. 30
39 Sharpe, Anne Gunter, p. 156
parental control and attract sympathy rather than condemnation.\textsuperscript{40} Marion Gibson and Sands echo Sharpe.\textsuperscript{41} On the surface, such arguments appear appealing, but the demoniacs’ actions in the selected group possessions do not necessarily corroborate them. In the Starkey household, for instance, Margaret Hardman spent more than an hour doing laundry.\textsuperscript{42} Similarly, Ellen Holland spent an hour and a half spinning.\textsuperscript{43} Such actions attracted attention, but can hardly be described as rebellious.

The Le Roy High School students and the current literature on mass psychogenic illness can be used to suggest an alternate schema. In Le Roy, eighteen of the nineteen patients were female.\textsuperscript{44} This is the same proportion, 95 per cent, as females in group possessions in early modern England. Therefore, the diagnosis of mass psychogenic illness in Le Roy might offer some insight into group possessions. Timothy F. Jones states:

\begin{quote}
Mass psychogenic illness has been defined as a constellation of symptoms suggestive of organic illness but without an identified cause in a group of people with shared beliefs about the cause of the symptoms. It is a social phenomenon, often occurring among otherwise healthy people who suddenly believe they have been made ill by some external factor. Outbreaks of mass psychogenic illness affect girls and women more frequently than boys and men.\textsuperscript{45}
\end{quote}

This sounds redolent of group possessions; as in mass psychogenic illness, no organic cause could be identified. In the Throckmorton household, Jane’s parents sent her urine to Dr Philip Barrow in Cambridge. He diagnosed worms, but the medicine he prescribed had no affect on Jane. Barrow then diagnosed

\textsuperscript{40} Ibid.
\textsuperscript{42} More, ‘True Discourse’, p. 211
\textsuperscript{43} John Darrell, A True Narration of the Strange and Grievous Vexation by the Devil, of 7 Persons in Lancashire, and William Somers of Nottingham (1600), p. 5
\textsuperscript{44} Mink, ‘Conversion Disorder’, p. 40
bewitchment. In response, Jane’s parents sought a second opinion from William Butler, a Fellow of Clare College, Cambridge. He also diagnosed worms and prescribed the same medicine as Butler, but Jane’s parents did not administer it to her a second time.\textsuperscript{46} Similarly, Nicholas Starkey apparently spent about £200 attempting to diagnose his children’s illness.\textsuperscript{47} Edward Fairfax consulted some publications on physic, but they did not accurately describe his daughters’ symptoms.\textsuperscript{48} Some time passed before demonic possession became the accepted diagnosis, but all members of the households shared a belief in the possibility of the phenomenon. In this sense, witches came to be seen as the external factor that made the demoniacs ill. This shall be discussed in more detail in Chapter 2.

Mass psychogenic illness is a social phenomenon, usually precipitated by an index patient’s illness. The symptoms can be spread through sight, sound or oral communication.\textsuperscript{49} In this sense, mass psychogenic illness is a type of unconscious mimicry. Imitation plays a central part in human interactions. In a conversation, for instance, participants habitually imitate each other’s movements, including facial expressions and stances, as well as accents, speech rates and tones of voice. It has been suggested that mirror neurons play a central part in such interactions. Recently, some psychiatrists suggested that these mirror neurons could actually be used to account for the high female to male ratio in mass psychogenic illness. This hypothesis is built on brain-imaging findings that demonstrate that female subjects’ mirror neuron systems are more active than males’ when observing others’ hand movements. If mirror neurons are the source of mimicry in human interactions, then females are more susceptible to the imitative behaviour involved in mass psychogenic illness, because their mirror neuron systems are more active.\textsuperscript{50} The spread of the symptoms of demonic possession can be seen as a type of unconscious mimicry, similar to mass psychogenic illness. In turn, this comparison could be used to account for the high female to male ratio in group possessions.

\textsuperscript{46} Anon., ‘Witches of Warboys’, pp. 78-9
\textsuperscript{47} More, ‘True Discourse’, p. 203
\textsuperscript{48} Fairfax, \textit{Daemonologia}, p. 36
\textsuperscript{49} Mink, ‘Conversion Disorder’, p. 43
\textsuperscript{50} Goldstein and Hall, ‘Mass Hysteria’, pp. 648-9
This is an apt point to discuss the (in)consistencies in the demoniacs’ symptoms. In the Throckmorton household, on 10 November 1589, Jane suddenly fell ill. Her symptoms included sneezing loudly for half an hour and then lying in a trance for the same amount of time. In addition, she sometimes arched her back and no one could unbend her; at other times, her legs, arms or head trembled.\textsuperscript{51} One month later, Elizabeth and Mary ‘fell into the same like extremities as the other sister before them.’\textsuperscript{52} Soon, Grace ‘fell into the like case’,\textsuperscript{53} while Joan ‘was in the same state and worse handled indeed than any of the other sisters were.’\textsuperscript{54} Joan’s symptoms included screeching and groaning fearfully. She also suffered from fits. These fits soon spread to her sisters. They all suffered from blindness, deafness and dumbness and lost their sense of touch in their fits. They also suffered from amnesia in the aftermath of their fits.

Joan accurately predicted that there would be twelve demoniacs in the Throckmorton household.\textsuperscript{55} To the modern reader, demoniacs’ apparently accurate predictions are one of the most suspect aspects of contemporary accounts of demonic possession. Joan’s sisters shared her foresight and could accurately predict the timings of their fits.\textsuperscript{56} Nonetheless, such prophecies become more understandable if the reader accepts that the psychological dimensions of mass psychogenic illness can offer some insight into demonic possession. In mass psychogenic illness, patients display symptoms because they believe that something has infected them, not because they suffer from an organic illness. On 12 November 1998, in Warren County High School, McMinnville, Tennessee, for instance, a teacher noted a ‘gasoline-like’ smell in her classroom before experiencing headache, nausea, shortness of breath and dizziness. Some of her students soon displayed similar symptoms. The school had to be evacuated and lessons cancelled. The same day, 100 persons proceeded to the local Emergency Room and reported symptoms that they believed were connected to toxic exposure at the school. However, an organic

\begin{flushleft}
\textsuperscript{51} Anon., ‘Witches of Warboys’, p. 77
\textsuperscript{52} Ibid., p. 79
\textsuperscript{53} Ibid.
\textsuperscript{54} Ibid., p. 80
\textsuperscript{55} Ibid., pp. 80-1
\textsuperscript{56} Ibid., pp. 96-7
\end{flushleft}
cause could not be detected. The case has thus been attributed to mass psychogenic illness.\textsuperscript{57} If it is possible for patients to display the symptoms of toxic exposure because they \textit{believe} that they have been infected, then it seems possible for persons in a culture that accepts the reality of demonic possession to unconsciously display its symptoms because they \textit{believe} that they are the Devil’s next target, especially if another demoniac, such as Joan Throckmorton, has predicted so. Furthermore, if the symptoms of demonic possession are psychologically determined, then it might be possible for demoniacs to unconsciously conform their fits to their predictions.

In the Throckmorton household, the demoniacs all reacted badly to religiosity, such as screeching during prayers.\textsuperscript{58} In addition, they all experienced contortions and muscular rigidity. The arched their backs, ‘their heads and their heels still touching the ground as though they had been tumblers.’\textsuperscript{59} They also interacted with spirits that appeared to them in their fits.\textsuperscript{60} However, the demoniacs did not share all of their symptoms. One experienced leg paralysis.\textsuperscript{61} Elizabeth could not eat for some time.\textsuperscript{62} Joan suffered from nosebleeds and pain in her head, stomach and legs.\textsuperscript{63} Jane apparently had suicidal tendencies: ‘For she has been often and divers times tempted to cast herself into the fire and into the water, and to deprive herself of life by cutting her throat with her own knife.’\textsuperscript{64} In sum, the demoniacs’ shared symptoms included sneezing, screeching, convulsions, rigidity of limbs, contortions, preternatural strength, swelling, loss of senses, trances, visions, amnesia, clairvoyance and reactions to religiosity.

In the Starkey household, in February 1594, ‘Anne the daughter was taken with a depressed heavy countenance, and with a certain fearful starting and pulling together of her body.’\textsuperscript{65} Soon, John started shouting uncontrollably. ‘After this they waxed worse and worse, falling often into strange and extreme

\begin{thebibliography}{99}
\bibitem{57} Jones, Craig, Hoy, Gunter, Ashley, Barr, Brock and Schaffner, ‘Mass Psychogenic Illness’, pp. 96-7
\bibitem{58} Anon., ‘Witches of Warboys’, p. 85
\bibitem{59} \textit{Ibid.}, pp. 82-3
\bibitem{60} \textit{Ibid.}, p. 92
\bibitem{61} \textit{Ibid.}, p. 98
\bibitem{62} \textit{Ibid.}, p. 107
\bibitem{63} \textit{Ibid.}, pp. 120-1
\bibitem{64} \textit{Ibid.}, p. 135
\bibitem{65} More, ‘True Discourse’, p. 203
\end{thebibliography}
fits.' The symptoms then spread to Margaret and Eleanor Hardman, Ellen Holland, Margaret Byrom and Jane Ashton. The demoniacs shared a number of symptoms, including visions, loss of senses, shouting, writhing, vomiting blood, face contortions, violence, extraordinary strength, blasphemy, delight in disreputable language, fasting, stiff and inflexible limbs and extraordinary knowledge. ‘After their fits, they were always as well as might be. And they felt very little or no hurt at all, although they had been ever so sorely tormented immediately before.’ They also had prophetic abilities: ‘For hence it came to pass that those in Lancashire foretold their fits, the number, the manner and continuance of them.’ However, some symptoms were more exclusive. Margaret Byrom experienced particularly frightening apparitions. Spirits appeared to her in the guises of a big black dog and a black man with half a face, among other things. John had particularly aggressive outbursts, ‘snatching at and biting everybody that laid hold on him not sparing in that fit his own Mother, smiting furiously at all that came near him, […]’. In addition to fasting, Eleanor Hardman and Ellen Holland sometimes vomited after meals. Margaret Byrom alternated between fasting and insatiable hunger and greediness. She also suffered from rancid breath. Anne and John, Ellen Holland and Eleanor Hardman experienced leg paralysis, as did Margaret Byrom. Finally, it appears that, like Jane Throckmorton, Margaret Byrom had suicidal tendencies: ‘And sometimes she was thrown to the bars of the fire, and there she lay as if Satan meant to roast her.’

The demoniacs also exhibited their extraordinary knowledge differently from each other. John spent considerable time sermonising and praying.

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66 Ibid.
67 Ibid., p. 205
68 Ibid., pp. 218-20
69 Darrell, True Narration, p. 15
70 More, ‘True Discourse’, p. 212
71 Ibid., p. 204
72 Darrell, True Narration, p. 5
74 Ibid., p. 215
75 Darrell, True Narration, p. 7
76 More, ‘True Discourse’, p. 212
77 Ibid., p. 209
Margaret Hardman ‘did most lively express both by words and gestures the proud women of our times, who cannot content themselves with any sober or modest attire but are ever ready to follow every new and disguised fashion, and yet never think themselves fine enough.’

She also spent an hour doing laundry. Ellen Holland spent an hour spinning, ‘yet she did it at that time so finely and with such expedition as was thought impossible for a very skilful woman to do the like’. Eleanor Hardman accurately announced each time fifteen minutes elapsed for three hours, despite closing her eyes. Anne and John, Ellen Holland and Eleanor Hardman each gathered one leaf from each type of herb in the garden and distributed them by type around the house. Finally, Anne and Eleanor Hardman suddenly understood Latin.

It appears that Helen and Elizabeth Fairfax displayed a limited number of symptoms compared to the demoniacs in the Throckmorton and Starkey households. On 21 October 1621, Helen suddenly fell into a deadly trance. In her subsequent trances, she supposed that she had conversations with her dead siblings. One particular trance made her vomit. In another, she spat up a lot of blood. She also experienced an episode of concentrated stitching, comparable to Ellen Holland’s intense spinning. Helen had amnesia in the aftermath of her troublesome fits. She also suffered from leg paralysis and blindness. In another trance, she lost the use of her left arm. Helen also had a period of deafness and dumbness. Unfortunately, there is little detail about Elizabeth’s symptoms, but they seem to be similar to Helen’s; for instance, ‘both the children were in a trance, and had many strange convulsions and risings in their bodies, and

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78 Ibid., p. 210
79 Ibid., p. 211
80 Ibid., p. 214
81 Ibid., pp. 214-5
82 Ibid., p. 215
83 Ibid., p. 217
84 Fairfax, Daemonologia, pp. 36-7
85 Ibid., p. 46
86 Ibid., p. 126
87 Ibid., pp. 52-5
88 Ibid., p. 105
89 Ibid., p. 128
stiffness in their arms and hands, and whole bodies sometimes’.\textsuperscript{90} In contrast to the demoniacs in the Throckmorton and Starkey households, religious actions, such as reading the Bible, comforted Helen and Elizabeth. ‘Then [Helen] was fallen in trance as we perceived; but she could not be appeased till I took the Bible and read and prayed beside her, and so she shortly became quiet.’\textsuperscript{91} Like Jane Throckmorton and Margaret Byrom, Helen and Elizabeth had suicidal tendencies. Spirits appeared multiple times to tempt Helen: ‘A little after he appeared to her again, but not so brave as before, and offered her a knife, moving her to kill herself therewith. She told him she would not. Then he offered her a rope, which she also refused.’\textsuperscript{92}

Helen and Elizabeth Fairfax thus displayed a limited number of symptoms compared to the demoniacs in the Throckmorton and Starkey households. They also differed from the other demoniacs in displaying one crucial symptom. In the Fairfax household, religiosity comforted the demoniacs. In contrast, it caused screeching in the Throckmorton and Starkey households. This alone challenges the supposed stereotyping of demoniacs’ symptoms, especially since ‘horror and revulsion at sacred things, at hearing Scripture’ is usually considered a ‘classic’ sign of demonic possession.\textsuperscript{93} Nevertheless, a number of symptoms are common to the demoniacs in the Throckmorton, Starkey and Fairfax households. The demoniacs all had apparitions, but the spirits did not appear in uniform guises. They all demonstrated clairvoyance, but the unusual behaviour of the demoniacs in the Starkey household is only paralleled in Helen Fairfax's concentrated stitching. The demoniacs all suffered from trances, in the sense that they appeared unconscious, as well as convulsions and seizures. They all had stiff and rigid limbs. They also experienced amnesia in the aftermath of their fits. In addition, the loss of senses, including sight, hearing, speech, taste and touch, leg paralysis and suicidal tendencies affected at least one demoniac in each household.

Clearly, the demoniacs in the Throckmorton, Starkey and Fairfax households had a number of symptoms in common, but there are sufficient

\textsuperscript{90} Ibid., p. 67
\textsuperscript{91} Ibid., p. 119
\textsuperscript{92} Ibid., p. 39
\textsuperscript{93} Walker, \textit{Unclear Spirits}, p. 12
differences to challenge the supposed stereotyping of the symptoms of demonic possession. In the demoniacs’ common symptoms, there appear to be some similarities to the symptoms of conversion disorder, included in the Introduction. The demoniacs’ trances could be described as unresponsiveness resembling syncope or coma. The demoniacs also had non-epileptic seizures. Paralysis is another common symptom, as are altered, reduced or absent skin sensation, vision or hearing and reduced or absent speech volume. In addition, conversion disorder can be associated with dissociative amnesia. However, there is a distinct difference between the symptoms of conversion disorder and demonic possession. The former is not associated with apparitions, but the latter is. In this sense, the cultural specificity of the contemporary belief in demonic influence is central to understanding possession. Judith Bonzol asserts: ‘People from all levels of society in this period, educated and uneducated alike, believed that it was possible for evil spirits or demons to inhabit the bodies of human beings.’ This adds a dimension that is not apparent in modern conceptions of conversion disorder and mass psychogenic illness, as modern medical professionals do not share the early modern belief in supernatural phenomena. This does not, however, disprove the idea that psychological mechanisms similar to those found in conversion disorder and mass psychogenic illness played a part in group possessions in early modern England. Instead, the psychological impact of the contemporary belief in the possibility of demonic possession needs to be considered.

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94 American Psychiatric Association, *DSM-5*, p. 320
Causes: Interactions between Demoniacs and Witches

Patients suffering from conversion disorder unconsciously convert stress into physical symptoms.\textsuperscript{96} The \textit{DSM-5} states: 'Onset may be associated with stress or trauma, either psychological or physical in nature.'\textsuperscript{97} It might be argued that in group possessions in early modern England the stress manifested in the form of witchcraft suspicions. This is most apparent in the Fairfax household, but the interactions between the demoniacs and the suspected witches in all three households are fertile grounds for analysis. England stands apart from the rest of Europe in this respect. Technically, the belief in demonic possession occurred independently of the belief in witchcraft. The Devil did not \textit{need} an intermediary to affect demonic possession, but in England contemporaries generally thought that witches were responsible for demonic possession. Thomas asserts: 'In seventeenth-century England, the epithets ‘possessed’ and ‘bewitched’ came very near to being synonymous.'\textsuperscript{98} Consequently, witchcraft suspicions played a central part in demonic possession in early modern England.

In the Fairfax household, in October 1621, before Helen fell ill, her infant sister, Anne, ‘died at nurse in a strange manner’.\textsuperscript{99} The effect of Anne’s suspicious death on Helen becomes apparent in her interactions with the suspected witches in apparitions. Edward Fairfax accused five women of bewitching his daughters. He claims that the suspected witches either had long-standing reputations or were the daughters of suspected witches. The first suspect listed in the \textit{Daemonologia} is Margaret Waite, ‘a widow that some years ago came to dwell in these parts, with a husband; who brought with them an evil report for witchcraft and theft; [...]’.\textsuperscript{100} The second is her daughter. The third is Jennit Dibb, ‘a very old widow, reputed a witch for many years; [...]’.\textsuperscript{101} The fourth is her daughter, Margaret Thorpe. The fifth is Elizabeth Fletcher, ‘daughter to one Grace Foster,'
dead long since; a woman notoriously famed for a witch, [...]."102 Of course, this testimony to the suspects’ long-standing reputations cannot be taken at face value, as it is in the author’s interest to demonstrate their guilt. Nevertheless, it is possible that the Fairfaxes, and Helen in particular, genuinely believed that the suspects had long-standing reputations and were witches.

Helen had numerous trances, ‘and in them supposed she talked to her brothers and sisters, who were dead long before.’103 This establishes the importance of her siblings’ deaths to Helen. On 5 December 1621, Margaret Waite appeared to Helen,

and brought in her arms a child in swaddling clothes, and with frowning looks said – ‘I will have thy life, and the child shall suck out thy heart’s blood!’ Whereupon she set the child to her breast, which, as she thought, sucked vehemently for the space of half an hour; all which time she lay in great agonies, a grieved sore, and seemed to us who stood about her to be very sick.104

The motif of breastfeeding an infant mirrors the circumstances of Anne’s death. In Helen’s mind, it is connected to malice and death, perhaps because of the circumstances of her sister’s death. The motif of malignant breastfeeding recurs on 7 March 1622; an unknown woman appeared to Helen and Elizabeth,

and they saw the woman let a spirit suck upon her breast; to whom Helen said, ‘Thou art a cunning witch indeed to let thy spirit suck there upon thy pap’s head, for nobody can find a mark upon thee if thou let thy spirit suck there. Hast thou any children?’ She said, ‘No.’ The other replied, ‘It is well: for God help the children that must suck where the spirit sucketh!’105

In addition, Margaret Thorpe appeared and suckled her familiar spirit.106 On 11 February 1622, Helen had accused Thorpe of murdering Anne, but she had denied it.107 In another trance, on 9 April 1622, Jennit Dibb informed Helen that

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102 Ibid., pp. 33-4
103 Ibid., p. 37
104 Ibid., p. 46
105 Ibid., p. 86
106 Ibid.
107 Ibid., p. 70
her sister had in fact been bewitched to death.\textsuperscript{108} On 16 April 1622, Dibb confessed to Helen that she had murdered Anne:

Further she declared that she was one of them that bewitched to death Anne Fairfax, my little daughter, and reported that upon a Friday in October she came to the house where the child was nursed, [...], and my daughter died the Tuesday after; indeed in strange sort by bleeding at whole and sound parts of her body, where the blood brake out to the admiration of all such as saw it.\textsuperscript{109}

On 4 December 1622, Dibb also confessed to Elizabeth.\textsuperscript{110}

In the Throckmorton household, it is possible that Alice Samuel distressed Jane. On 10 November 1589, Jane fell ill; a couple of days later, the Throckmorton’s neighbour, Alice, came to see the ailing child. The Throckmortons had only settled in the manor house at the end of September 1589 and Alice did the neighbourly thing in coming to see Jane. ‘To love one’s neighbour was not only a core element of Christian ethics. To live in love and charity with one’s new companions was an early modern ideal,’\textsuperscript{111} Unfortunately for Alice, her neighbourliness precipitated a chain reaction that ultimately resulted in her death. Upon Alice’s appearance, Jane had an outburst:

And all of a sudden she cried, saying, ‘Grandmother, look where the old witch sits’ (pointing to the said Mother Samuel). ‘Did you ever see,’ said the child, ‘one more like a witch than she is? Take off your black fringed cap, for I cannot abide to look on her.’\textsuperscript{112}

Almond suggests: ‘It is quite possible that she presented, to Jane’s mind, the stereotype of the witch with which the child would certainly have been familiar.’\textsuperscript{113} Unfortunately, there are no remaining records of Alice’s appearance. The \textit{Witches of Warboys} states that she had reached her eightieth year by the time of her trial in 1593, but Almond puts Alice at the age of fifty-seven by that

\begin{flushleft}
\textsuperscript{108} \textit{Ibid.}, pp. 103-4  \\
\textsuperscript{109} \textit{Ibid.}, p. 106  \\
\textsuperscript{110} \textit{Ibid.}, p. 148  \\
\textsuperscript{111} Almond, \textit{Witches of Warboys}, p. 15  \\
\textsuperscript{112} Anon., ‘Witches of Warboys’, pp. 77-8  \\
\textsuperscript{113} Almond, \textit{Witches of Warboys}, p. 16
\end{flushleft}
time. By contemporary standards, at fifty-seven, Alice was still an old woman, especially from the perspective of a child, but the apparent inflation of her age in the *Witches of Warboys* points to an inherent problem. It was in the author’s interest to present Alice as a stereotypical witch. Indeed, by mid-February 1590, Alice and her daughter, Agnes, are described as suspected witches. The *Witches of Warboys* does not directly indicate that Alice had a long-standing reputation, but it is possible that Jane had suspicions. Upon settling in Warboys, Jane might have found herself living next door to a woman, whom she believed was a witch. In this sense, it is possible that Jane’s suspicions against Alice Samuel acted as the psychological distress that she unconsciously converted into the physical symptoms of demonic possession. This suggestion is hypothetical, but it seems possible.

It might thus be argued that conversion disorder can offer some insight into demonic possession. There are considerable commonalities between the symptoms of conversion disorder and demonic possession, as discussed in Chapter 1. If it is possible for patients to transform stress into these physical symptoms, then it might be suggested that, in a culture that accepted the possibilities of bewitchment and demonic possession, it was possible for the stress associated with the perception of living in close proximity to a witch to be transformed into the symptoms of demonic possession. In addition, conversion disorder is believed to be two or three times more common in women than men. In the selected case studies, girls, Jane Throckmorton, Anne Starkey and Helen Fairfax, displayed symptoms first. In group possessions, it is possible that the symptoms of demonic possession then spread from the initial demoniac to others as a social contagion, using a similar mechanism to mass psychogenic illness.

The hypothesis that stress precipitated the symptoms of demonic possession is more ambiguous in the Starkey household. Indeed, the relationship between the demoniacs and the suspected witch, Edmund Hartley, is somewhat confused. In 1594, Anne and John fell ill. Nicholas Starkey had little success

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114 Ibid., p. 17
115 Anon., ‘Witches of Warboys’, p. 82
116 American Psychiatric Association, *DSM-5*, p. 320
finding a cure for his children and so sought the help of Hartley, a cunning man. His treatment seemed effective; Anne and John’s symptoms disappeared for about a year and a half. Hartley then threatened to go abroad and ‘John Starkey began bleeding.’ Hartley managed to secure a substantial pension from Nicholas in return for continuing to treat his children. In the meantime, Hartley coerced Nicholas’s participation in a dubious ritual. Shortly thereafter, Anne and John’s symptoms returned. In January 1596, the symptoms spread to other members of the Starkey household and suspicion focused on Hartley. ‘His manner was that, when he meant them mischief, then he would kiss them if he could, and therewith breathe the Devil into their bodies.’ Other incidents then appeared to corroborate the suspicions against Hartley. ‘As soon as [Margaret Bryom] saw him, she fell straight into a fit, in which she was more sorely handled than ever before.’ ‘And all the children, seeming to be well before he came, presently they fell into very violent and outrageous fits.’

Clearly, in the Starkey household, the interactions between the demoniacs and the suspected witch are problematic. In the end, Hartley seemed to act as a stressor. His presence apparently induced non-epileptic seizures in the demoniacs. In conversion disorder, increases in stress can cause patients’ physical symptoms to return. In the Starkey household, the presence of suspected cause of the demoniacs’ suffering, Hartley, can be seen as a stressor capable of inducing physical symptoms. Similarly, it might be argued that the demoniacs displayed symptoms after Hartley had kissed them because they believed that he had sent a demon into their bodies. Unfortunately, the facts that Anne and John’s symptoms predated their introduction to Hartley and their symptoms initially disappeared problematise this analysis. Nonetheless, as the upcoming assessment of the Throckmorton household aims to demonstrate, relationships between demoniacs and suspected witches were not straightforward.

118 Ibid., pp. 203-5
119 Ibid., p. 206
120 Ibid.
121 Dominus, ‘What Happened’
Like the demoniacs in the Starkey household and Hartley, the demoniacs in the Throckmorton household and Alice, Agnes and John Samuel had an unusual relationship. The demoniacs’ attitude to the suspects fluctuated considerably in the period from Jane’s outburst (November 1589) to their trial (April 1593). Initially, Jane demonstrated anger and aggression to Alice. In February 1590, for instance, ‘The child no sooner felt [Alice’s hand], but scratched her with such vehemence that her nails broke into splinters with the force and earnest desire that she had for revenge.’\footnote{Anon., \textit{Witches of Warboys}, p. 84} By December 1590, however, the demoniacs’ attitude had apparently changed. ‘And the spirits told them that, whenever they were in their fits and were either carried to Mother Samuel’s house or she forced to come to them, they would presently be well. This was proved true many times, and never once failed.’\footnote{\textit{Ibid.}, p. 93} The demoniacs believed that Alice had bewitched them, but their symptoms disappeared in her presence. Indeed, the demoniacs insisted that Alice reside in their house.

In November 1592, Alice finally agreed to stay in the Throckmorton’s house. The demoniacs’ attitude then began to change and they relentlessly petitioned Alice to confess. This had a detrimental effect on her health. She had almost daily nosebleeds and complained of physical pain throughout her body.

\begin{quote}
And to speak the truth of her, it would seem that there was something that troubled her, whatever it was, for she would so groan and moan in the night time, one time complaining of this part of her body, another time of that, that indeed she rested but little in the night time herself, and greatly disquieted those also that lay in the chamber by her.\footnote{\textit{Ibid.}, pp. 100-8}
\end{quote}

Alice’s suffering is testament to the tense atmosphere in the Throckmorton household and its physical strain. In December 1592, Robert put increasing pressure on Alice:

\begin{quote}
Master Throckmorton says, ‘[...]. Charge the spirit again, in the name of God, and speak from your heart and be not afraid, that he depart from them all now at this moment and that he never return to them again.’ These words she uttered very loudly and very boldly. As soon as she had ended, then those three children that were then in their fits and had so remained for the space of
three weeks, wiped their eyes. And at that instant, they thrust back the stools on which they sat and stood on their legs, being as well as ever they were in their lives.\textsuperscript{125}

The apparent efficacy of her statements prompted Alice to confess: “O Sir,” said she, ‘I have been the cause of all this trouble to your children.’\textsuperscript{126} To the modern reader, her confession is tragic and suicidal, but as Almond points out, ‘having herself been confronted with the obedience of the spirits to her commands, Alice may well have believed that she must have had truck with Satan.’\textsuperscript{127}

In the aftermath of the arrest of Alice and her daughter, Agnes, the demoniacs turned their attention to the latter suspect and a similar pattern occurred. In January 1593, Agnes agreed to stay in the Throckmorton’s house and the demoniacs’ symptoms initially disappeared. This respite lasted for three or four days before the spirits started informing the demoniacs that Agnes had bewitched them again. The demoniacs accordingly turned on Agnes and began to demonstrate more anger and aggression than Jane had done three years earlier. On 1 March 1593, Mary, surprisingly considering her hitherto minor role, insisted on scratching Agnes. Indeed, ‘[…] she fell to scratching of her so eagerly and so fiercely that it was a wonder to all that saw it, […]. So the child scratched her face until the skin came off the breadth of a shilling.’\textsuperscript{128} On 10 March, Elizabeth had her turn, ‘And she scratched one of her hands most fiercely to see, with both of her hands.’\textsuperscript{129} On 12 March, ‘Suddenly [Grace] fell to scratching the maid’s hands, marvellously fiercely to see.’\textsuperscript{130} On 19 March, Joan scratched Agnes. She also helped her sister, Elizabeth, scratch Agnes again. ‘So Mistress Joan came and took one of the maid’s hands and held it to her sister Elizabeth. And she scratched it until blood came.’\textsuperscript{131} In such acts of aggression to Agnes, the demoniacs demonstrated their group mentality, indicating that they learnt from and copied each other’s actions. Shared mentalities can play a central part in the transmission of symptoms in mass psychogenic illness. The notion that the

\textsuperscript{125} Ibid., p. 111
\textsuperscript{126} Ibid.
\textsuperscript{127} Almond, Witches of Warboys, p. 107
\textsuperscript{128} Anon., ‘Witches of Warboys’, p. 125
\textsuperscript{129} Ibid., p. 127
\textsuperscript{130} Ibid., p. 132
\textsuperscript{131} Ibid., pp. 133-4
demoniacs learnt from each other is apparent in the run-up to Jane scratching Agnes, on 15 March. 'Now this Mistress Jane had been often told by her other sisters being in their fits, that the spirit had told them that she would also scratch Nan Samuel before the next Assizes, happen when it would.'\textsuperscript{132} Subsequently, Jane announced that Joan must soon scratch Agnes and she did so four days later.\textsuperscript{133} It might be argued that demoniacs' cruelty denotes the strength of their belief that the Samuels had 'caused' their suffering. In this sense, scratching Agnes can be seen as retribution for the suffering that she had inflicted. It can also be seen as a desperate attempt to gain some relief. In early modern England, it was believed that victims could gain some relief by scratching the suspected witch until her blood ran.\textsuperscript{134}

Interestingly, after scratching Agnes, the demoniacs claimed that Satan had compelled them to do so. Elizabeth announced:

'I would not have scratched you, and it was completely disagreeable to my will to do it. But the Devil makes me scratch you, stretching forth my arms, and bending my fingers. Otherwise I would not do it. But I must do it, and so must all my sisters scratch you, though they be ever so unwilling to do it, as I myself now am.'\textsuperscript{135}

On the one hand, a cynic could argue that this is simply a fabrication intended to excuse the demoniacs' actions. On the other hand, conversion disorder can be associated with dissociative symptoms,\textsuperscript{136} so the claim that Satan 'made' the demoniacs scratch Agnes can be seen as culturally specific dissociative behaviour. In this sense, the demoniacs subconsciously transferred responsibility for their actions to Satan.

In the Fairfax household, the relationships between the demoniacs and the suspected witches differed somewhat from those of the Throckmorton and Starkey households. In the Fairfax household, the demoniacs usually interacted

\textsuperscript{132} Ibid., p. 136
\textsuperscript{133} Ibid., p. 137
\textsuperscript{135} Anon., ‘Witches of Warboys’, p. 127
\textsuperscript{136} American Psychiatric Association, DSM-5, p. 320
with the suspected witches in apparitions, but they had a peculiar physicality. On 17 March 1622, for instance, the unnamed ‘strange woman’ appeared to Helen and Elizabeth.

Then she threatened to kill Helen, but the wench got a rod, and starting up beat the woman until she kneeled down and prayed her to forgive her. Then I took the rod and struck at the place where the children said the old woman was, but they perceived it not, yet they saw the woman was much troubled and asked her what she ailed.\textsuperscript{137}

It seems that the suspected witch was not physically present, as Edward Fairfax could not see her, yet his and Helen’s physical actions affected the apparition. In the demoniacs’ minds, therefore, the distinction between physical presences and apparitions had been blurred. Similarly, on 3 May 1622, Jennit Dibb appeared to Helen, holding one of the Fairfax’s spoons. ‘Helen still contended with the woman for the spoon, and her hand went apace; yet she did not touch either table or wall, but something which the company saw not.’\textsuperscript{138} The spectators could not see Dibb, so Helen appeared to struggle against thin air. Nonetheless, Helen snatched the spoon from Dibb and produced it for the spectators to see.\textsuperscript{139} The tangible and the intangible are thus blurred in Helen’s mind. Such incidents indicate the demoniacs’ antipathy to the suspected witches, but this manifested in acts of aggression to apparitions.

In addition, the demoniacs negotiated some of their symptoms with respect to the apparitions’ actions. On 12 August 1622, for instance, Helen suffered from deafness because Margaret Thorpe put something in her ears. ‘Then she said she did not hear herself speak; and that Thorpe’s wife came to her in the parlour, and put into her ears one after the other, something that was black, and so her hearing was taken away.’\textsuperscript{140} On 11 September 1622, Elizabeth accused Thorpe of pushing her from a haymow, but it is clear that the suspect was not physically present at the time.\textsuperscript{141} This raises the possibility that Elizabeth unconsciously flung herself to the ground. Similarly, on 2 May 1622,

\begin{flushright}
\textsuperscript{137} Fairfax, \textit{Daemonologia}, p. 89
\textsuperscript{138} \textit{Ibid.}, p. 113
\textsuperscript{139} \textit{Ibid.}
\textsuperscript{140} \textit{Ibid.}, p. 128
\textsuperscript{141} \textit{Ibid.}, p. 140
\end{flushright}
Helen believed that Jennit Dibb and Thorpe carried her to and put her in the river, 'but she got from them, and returning towards the house, in the way she fell in a deathly trance, in which I found her, and did marvel to see her clothes wet; [...].'\textsuperscript{142} It is clear that the suspects did not physically manhandle Helen, but her sopping clothes indicate that she did go into the river. It might thus be argued that Helen and Elizabeth had suicidal tendencies, but they negotiated them in terms of the supposed actions of the suspected witches. This could be interpreted as a type of dissociative behaviour. In this sense, Helen and Elizabeth subconsciously transferred responsibility for their actions to another, malefic force, as the demoniacs in the Throckmorton household did.

Nonetheless, the real-life actions of the suspected witches also had an impact on Helen and Elizabeth's symptoms. During their imprisonment, the suspects did not appear to the demoniacs and their symptoms temporarily disappeared.\textsuperscript{143} Just as scratching offered one remedy, popular belief also held that witches could not harm their victims from prison. In conversion disorder, decreases in stress can cause patients' physical symptoms to disappear.\textsuperscript{144} It might be suggested, therefore, that the belief in imprisoned witches' impotency acted as a culturally specific form of stress relief that reduced the demoniacs' symptoms. In short, the demoniacs \textit{believed} that the cause of their suffering, the suspected witches, could not harm them, and so their symptoms disappeared for the time being.

\textsuperscript{142} \textit{Ibid.}, p. 112
\textsuperscript{143} \textit{Ibid.}, p. 95
\textsuperscript{144} Dominus, 'What Happened?'
3

Treatment: The Therapeutic Effects of Execution and Dispossession

It might be argued that popular beliefs also played a part in ‘curing’ the demoniacs. Technically, different occurrences cured the demoniacs in the Throckmorton, Starkey and Fairfax households, but it seems that each had a therapeutic element that precipitated the disappearance of the demoniacs’ symptoms. Psychiatrists usually contribute to the treatment processes for patients suffering from conversion disorder. Identification of the precipitating stressor, which may include psychological conflict, environmental stress, or trauma, and perpetuating factors are essential to guide treatment strategy.\textsuperscript{145} In mass psychogenic illness, patients’ symptoms normally disappear once their psychological origin is understood. Successful treatment processes are thus often similar in both illnesses. In Le Roy, the students’ treatments included cognitive behavioural therapy, supportive psychotherapy, education, pharmacotherapy and an alteration of social setting.\textsuperscript{146} In addition, the neurologists discouraged the use of social media and issued a statement that media attention increased the patients’ symptoms.\textsuperscript{147} Social media and media attention can be seen as culturally specific stressors. In group demonic possessions in early modern England, as discussed in Chapter 2, suspected witches can be seen as culturally specific stressors. In this sense, addressing the suspects’ influence on the demoniacs can be seen as central to the treatment process.

In the Throckmorton household, the possession drama culminates in Alice, Agnes and John Samuel being sentenced to death in April 1593. The author concludes:

If any desirous to know the present state of these children, how they are and have been since the death of these parties, you will understand that, since their day of execution, not any one of them have had any fit at all, neither yet grudging or complaining of any such thing. But they have all of them been in as good a state and as perfect health as ever from their birth.\textsuperscript{148}

\textsuperscript{145} Mink, ‘Conversion Disorder’, p. 42
\textsuperscript{146} Ibid., p. 43
\textsuperscript{147} Goldstein and Hall, ‘Mass Hysteria’, p. 644
\textsuperscript{148} Anon., ‘Witches of Warboys’, p. 149
The Samuels’ execution thus apparently cured the demoniacs. This can be connected to popular beliefs. ‘It was a commonly held belief that the power of witches could not be perpetuated beyond their own deaths, and that they had no capacity to harm others from beyond the grave.’\footnote{Almond, Witches of Warboys, p. 7} If the demoniacs’ symptoms can be understood as the unconscious transformation of psychological distress, caused by their belief in the suspected witches’ malice, into physical symptoms, then the idea that the Samuels’ execution cured the demoniacs is understandable, as popular beliefs held that the suspected ‘cause’ of their suffering had been neutralised. In this sense, the Samuels’ execution had a therapeutic effect on the demoniacs. This can also be interpreted as a placebo effect. In her article on the Le Roy High School students, Susan Dominus asserts: ‘Then again, even the benefits of therapy could be considered a placebo effect: to believe in mass [psychogenic illness] is to believe in the power of the mind to convince itself of almost anything.’\footnote{Dominus, ‘What Happened?’}

In the Starkey household, the demoniacs’ treatment process technically differed from the Throckmorton household, but ultimately relied on the therapeutic effects of culturally specific beliefs, too. Edmund Hartley was executed in March 1597, but this did not precipitate the complete disappearance of the demoniacs’ symptoms, as the Samuels’ execution did in the Throckmorton household. In the meantime, Nicholas Starkey petitioned the Puritan minister, John Darrell, to dispossess the demoniacs. On 16 March 1597, shortly after Hartley’s death, Darrell and his colleague, George More, came to the Starkey household. On the ministers’ entrance, the demoniacs’ symptoms dramatically recurred.

First, the eldest came near to the table and made a low curtsy. And presently, in a moment, she was thrown into a chair, about three yards distant from the place where she stood. There, she reared backward in the chair as though she had been asleep, her body stretched out to the furthest, and as stiff as iron.\footnote{More, ‘True Discourse’, pp. 222-3}
It is interesting that the demoniacs' symptoms returned upon seeing Darrell, a man famous for dispossessing Thomas Darling in 1596.\textsuperscript{152} It might be suggested that Darrell's appearance signalled to the demoniacs that Hartley's death had not in fact cured them, precipitating the return of their symptoms. Indeed, Nicholas had actually informed John of Darrell's imminent coming,\textsuperscript{153} perhaps creating a sense of apprehension.

Darrell and More used the accustomed Puritan methods of fasting and prayer to dispossess the demoniacs.\textsuperscript{154} This had a dramatic effect on the demoniacs: 'Towards the end whereof, they all of the sudden began to be most extremely tormented, beating up & down with their bodies being held by others, crying also (6 of them) aloud in strange and supernatural manner, [...].'\textsuperscript{155} Furthermore, the demoniacs claimed to see the demons depart from their bodies. The spirits had different appearances. Margaret Byrom's demon departed in the guise of a crow's head, whereas John and Margaret Hardman's demons departed in the guise of a man with a lump on his back. Anne's demon left in the form of an ugly man with a white beard and a large lump on his breast. Ellen Holland's demon looked the same, but without a white beard. Eleanor Hardman's demon departed in the guise of a hedgehog.\textsuperscript{156} '[Jane Ashton] perceived it to go out in the likeness of a great breath, ugly like a toad, and round like a ball.'\textsuperscript{157} In a sense, the fact that the demoniacs claimed to see the spirits physically depart from their bodies demonstrates the authenticity of the belief that they had been possessed. The demoniacs genuinely thought that a malefic force inhabited their bodies. This also attested to the efficacy of Darrell's dispossession rituals.

Darrell successfully dispossessed all of the demoniacs, apart from Jane Ashton.

\textsuperscript{153} More, 'True Discourse', p. 222
\textsuperscript{154} Thomas Freeman, 'Demons, Deviance and Defiance: John Darrell and the Politics of Exorcism in Late Elizabethan England', in \textit{Conformity and Orthodoxy in the English Church, c. 1560-1660}, eds. Peter Lake and Michael Questier (Woodbridge, 2000), p. 39
\textsuperscript{155} Darrell, \textit{True Narration}, p. 10
\textsuperscript{156} \textit{Ibid.}, p. 11
\textsuperscript{157} More, 'True Discourse', p. 237
[..], they being all dispossessed by fasting and prayer according to the ordinance of Christ, since that time all their swellings and torments have ceased, neither have they been troubled nor vexed with any more fits. Only Jane Ashton, repossessed, has manifested the same by sundry fearful signs, and is now become worse in every way than she was. But as for the rest, they have continued now for the space of two years and a half very peaceably and quietly.\(^{158}\)

Jane Ashton, however, later converted to Catholicism, potentially indicating that she did not share the same beliefs as the other demoniacs.\(^{159}\) It seems that, as in the Throckmorton household, contemporary beliefs played a central part in ‘curing’ the demoniacs in the Starkey household. Technically, the demoniacs in the Throckmorton and Starkey households responded to different treatment processes, but it might be argued that both had a therapeutic or placebo effect on the demoniacs because of culturally specific beliefs. In the Starkey household, the demoniacs apparently had confidence in Darrell’s use of fasting and prayer to affect dispossession, so the treatment process had the desired result. The demoniacs perceived the demons leave their bodies and so their symptoms disappeared, as the ‘cause’ of their suffering had been neutralised and no longer contaminated their bodies. Clearly, early modern perceptions of the human brain differed significantly from today’s and contemporaries did not use the terms ‘conversion disorder’ and ‘mass psychogenic illness’. Nevertheless, Sands notes that most educated contemporaries appreciated: ‘Both illness and cure are often induced by the mind’.\(^{160}\) They admitted that dispossession rituals could be efficacious if demoniacs had confidence in them. Indeed, ‘Modern studies show that recovery rates in patients who receive placebos \textit{that they believe are effective} are higher than recovery rates in patients who receive no medication, thus proving that hope and confidence contribute to curative success.’\(^{161}\)

Therefore, the demoniacs’ belief in the potency of Darrell’s dispossession rituals can be seen as central to their efficacy as a ‘cure’ for demonic possession. Her subsequent conversion to Catholicism indicates that Jane Ashton did not necessarily share the same beliefs as the other demoniacs. This could account for

\(^{158}\) \textit{Ibid.}, p. 238  
\(^{159}\) Almond, \textit{Demonic Possession}, p. 195  
\(^{160}\) Sands, \textit{Demon Possession}, p. 10  
\(^{161}\) \textit{Ibid.}, pp. 10-1
the apparent inefficacy of the treatment process and her repossession. In the Starkey household, therefore, as in the Throckmorton household, the demoniacs' treatment process points to the psychological and cultural underpinnings for group demonic possessions in early modern England.

Unfortunately, in the Fairfax household, the demoniacs' treatment process is less clear-cut. In contrast to the Throckmorton and Starkey households, the accused witches were acquitted, in August 1622.\textsuperscript{162} Helen and Elizabeth, therefore, continued to display the symptoms of demonic possession. Nonetheless, by 17 November 1622, most of Helen's symptoms, apart from her deafness, had disappeared. That day she attended evening prayer at the local church. Having returned home, she suffered from a sudden pain in her ears and then her hearing returned. Helen, however, had no memory of her possession.

Then questioning her of something which had happened to her, we found that she had forgot all, and her memory was so quite gone concerning the business, that she could not remember any of the witches or that she did see them or their spirits, or that she was ever in any trance, or sick, or troubled at all, to our great admiration.\textsuperscript{163}

The \textit{Daemonologia} does not record the reappearance of any of Helen's symptoms after that day and so it appears that she had been 'cured'. Frustratingly, there is insufficient information to unproblematically connect Helen's attendance at church to her being 'cured'. It appears that most of Helen's symptoms had disappeared by this day, so it could be speculated that attending church supplied the spiritual reassurance needed to completely 'cure' her.

In contrast, the \textit{Daemonologia} ends before Elizabeth has been completely 'cured'. Indeed, the account becomes increasingly concise and sporadic in the closing pages. The author jumps from 15 December 1622 to 29 January, 27 February and 25 March, before ending on 11 April 1623. Elizabeth continued to suffer throughout this period of time. On 27 February 1623, for instance, 'Elizabeth had three several trances, [...]. In these trances she had the stiffness of her members, and risings in her body, and the like passions as before.'\textsuperscript{164}

\textsuperscript{162} Fairfax, \textit{Daemonologia}, p. 127
\textsuperscript{163} Ibid., pp. 142-3
\textsuperscript{164} Ibid., pp. 152-3
Perhaps the increasing irregularity of such reports indicates that Elizabeth displayed symptoms less frequently than before. The last entry, 11 April 1623, reports: ‘[Elizabeth] fell into some agony, with risings in her body, and could not speak when she recovered.’\textsuperscript{165} This statement brings the \textit{Daemonologia} to an abrupt end. Nevertheless, Elizabeth got married in 1635, perhaps signalling that her suffering ultimately ceased, as a demoniac probably made an unappealing potential spouse. Similarly, Helen got married in 1636, perhaps suggesting that she did not relapse either.\textsuperscript{166}

The demoniacs’ treatment process in the Fairfax household thus differs from the Throckmorton and Starkey households. In the Fairfax household, the demoniacs’ symptoms did not disappear at the same time. Indeed, the \textit{Daemonologia} ends before Elizabeth had been ‘cured’. In addition, no dramatic occurrence, such as the accused witches’ executions or the Puritan dispossessions ritual, precipitated Helen’s apparent recovery. Instead, it appears that, in time, Helen and Elizabeth’s symptoms gradually disappeared. However, this does not necessarily indicate that the possessions in the Fairfax household did not have the same psychological underpinnings as those in the Throckmorton and Starkey households. Jonathan W. Mink states: ‘Mass psychogenic illness is usually self-limited,’ meaning that the condition can correct itself and symptoms disappear without treatment.\textsuperscript{167} The gradual disappearance of the demoniacs’ symptoms in the Fairfax household does not, therefore, necessarily discount the insight that the concepts of conversion disorder and mass psychogenic illness can offer into group demonic possession in early modern England.

\textsuperscript{165} Ibid., p. 153
\textsuperscript{166} Ibid., pp. 156, 159
\textsuperscript{167} Mink, ‘Conversion Disorder’, p. 43
Conclusion

This Dissertation aimed to demonstrate that conversion disorder and mass psychogenic illness could offer some insight into demonic possession in early modern England. It has focused on the group possessions in the Throckmorton, Starkey and Fairfax households.

Chapter 1 suggests that there are a number of similarities between the demoniacs’ symptoms and conversion disorder, including syncope or coma, non-epileptic seizures and dissociative amnesia. Nonetheless, this Dissertation has not attempted to simply diagnose the demoniacs as ‘actually’ suffering from conversion disorder. Patients suffering from conversion disorder convert stress into physical symptoms. The similarities to the demoniacs’ symptoms suggest that a similar mechanism might be in action in demonic possession. In this sense, it might be argued that the ability to unconsciously transform psychological distress into physical symptoms is a timeless aspect of human experience, regardless of the labels used in modern medicine. In turn, it might be suggested that a similar mechanism to mass psychogenic illness caused the symptoms to spread to other members of the households. In mass psychogenic illness, symptoms spread through sight, sound and oral communication. Social contagion thus plays a central part in mass psychogenic illness. Patients display symptoms because they believe that something has infected them. It seems possible that social contagion also played a part in group possessions; other members of the households displayed symptoms because they believed that they were the witches’ next targets. Again, this is not to suggest that demoniacs ‘actually’ suffered from mass psychogenic illness, but that a similar mechanism might be in action in group possessions.

There is, of course, one crucial difference between the demoniacs’ symptoms and conversion disorder: the demoniacs had apparitions. This highlights the cultural specificity of demonic possession. Chapter 2 suggests that the culturally specific stress associated with witchcraft suspicions precipitated the demoniacs’ symptoms. This is most apparent in the Fairfax household. The interactions between the demoniacs and the accused witches indicate that the suspected bewitchment of her deceased sister, Anne, had a significant impact on
Helen. In turn, she unconsciously converted this psychological distress into the physical symptoms of demonic possession. Similarly, in the Throckmorton household, it is possible to hypothesise that Jane’s personal suspicions that her neighbour, Alice Samuel, was a witch precipitated her symptoms. Unfortunately, the relationship between the demoniacs and the accused witch in the Starkey household is more problematic. Anne and John’s symptoms predated their introduction to Edmund Hartley, but the other demoniacs’ symptoms can be connected to his lecherous actions. It might thus be argued that the demoniacs converted the stress of witchcraft suspicions into the physical symptoms of demonic possession. They displayed these symptoms because they believed that they had been bewitched. In this sense, the cultural specificity of the belief that witches caused demonic possession is central to understanding the phenomenon.

Chapter 3 suggests that culturally specific beliefs are also central to understanding the treatment process for demonic possession. Therapy usually plays a central part in the treatment processes for conversion disorder and mass psychogenic illness. It is possible, therefore, that particular occurrences ‘cured’ the demoniacs because they had a therapeutic effect rooted in popular beliefs. In this sense, the Samuels’ execution had a therapeutic effect on the demoniacs in the Throckmorton household because of popular belief held that witches could not harm their victims from beyond the grave. Similarly, John Darrell’s dispossession rituals had a therapeutic effect on the demoniacs in the Starkey household because they had confidence in their efficacy. In the Fairfax household, the demoniacs’ treatment process is less clear-cut, but, as mass psychogenic illness is often self-limited, it is possible that, in time, the demoniacs’ condition corrected itself. It might be argued, therefore, that the combination of the importance of therapy in the treatment processes for conversion disorder and mass psychogenic illness and popular beliefs can offer some insight into the occurrences that ‘cured’ the demoniacs.

In conclusion, the foregoing analysis of the group possessions in the Throckmorton, Starkey and Fairfax households suggests that demonic possession in early modern England had psychological and cultural underpinnings. The current literature on conversion disorder and mass
psychogenic illness offers some insight into possible psychological mechanisms in group possessions. This is not to suggest that the demoniacs ‘actually’ suffered from conversion disorder or mass psychogenic illness, but it is possible that the unconscious transformation of psychological distress into physical symptoms and social contagion played a central part in group possessions. In this sense, the demoniacs displayed symptoms because they believed that suspected witches had targeted them. Ultimately, demonic possession’s causes, symptoms and treatment cannot be understood in isolation from culturally specific beliefs. This Dissertation has focused on three case studies, so further research is needed to assess its applicability to other instances of demonic possession in early modern England. In particular, the possibility that a psychological mechanism operated in single possessions needs to be considered. In turn, the psychological and cultural foundations of single and group possessions need to be compared to account for the reasons why the symptoms spread in some situations, but not in others. In the meantime, it seems that modern psychiatric disorders, such as conversion disorder and mass psychogenic illness, can offer some insight into demonic possession, as long as straightforward retrospective diagnosis is avoided and the cultural specificity of the phenomenon is appreciated.
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