

Juan J. López-Ibor^{1,2,3,4}
María I. López-Ibor^{2,3}

Religious experience and psychopathology

¹Instituto de Psiquiatría y Salud Mental
Hospital Clínico San Carlos.

²Psychiatry Department
Facultad de Medicina
Universidad Complutense.

³CIBERSAM (Centro para la Investigación Biomédica en Red en
Salud Mental)

⁴Instituto de Investigación Sanitaria del Hospital Clínico
San Carlos (IdISSC), Madrid, Spain

Psychiatry needs to deal with spirituality and religious subjects because these are ubiquitous concerns of the patients and frequent manifestations of the different mental diseases. In schizophrenia and other delusional disorders, the concerns center on the meaning of life, origin of the universe and natural and social setting. In the depressive states, the question is why regarding losses and death. In obsessive disorders, there are preoccupations about what is good and what is bad, in anorexia nervosa on the identity and body subjugation, in substance dependence on pleasure and self-distraction and in stress reactions on the meaning of the disasters.

The study of demonic diseases and of witchcraft throughout the centuries helps to understand the important contribution of medicine to the improvement of the fate of persons who suffer mental diseases, something that should be promoted for the recovery of the aspects of mental disease related with spirituality.

Key words: Spirituality, Religion, Delusions, Depression, Witchcraft

Experiencia religiosa y psicopatología

La psiquiatría necesita ocuparse de la espiritualidad y de temas religiosos porque estos son preocupaciones ubicuas de los enfermos y manifestaciones frecuentes de las distintas enfermedades mentales. En la esquizofrenia y otros trastornos delirantes las preocupaciones giran en torno al sentido de la vida, el origen del universo y el entorno natural y social, en los estados depresivos la pregunta es el porqué de las pérdidas y de la muerte, en el trastorno obsesivo aparecen inquietudes sobre lo que es bueno y lo que es malo, en la anorexia nervosa sobre la identidad y el sometimiento corporales, en la dependencia a sustancias sobre el placer y la autodestrucción y en las reacciones de estrés sobre el sentido de los desastres.

El estudio de las enfermedades demoniacas y de la brujería a través de los siglos ayuda a comprender la importante contribución de la medicina a la mejora del destino de las personas que padecen enfermedades mentales, algo que

debe promocionarse por la recuperación de los aspectos de la patología mental que se relacionan con la espiritualidad.

Palabras clave: Espiritualidad, Religión, Delirios, Depresión, Brujería

SPIRITUALITY AND PSYCHIATRY

Psychiatry should deal with spiritual questions, among other reasons, because mental patients often have philosophical, religious and spiritual concerns. Mental diseases are *spiritual diseases, at least in the German language (Geisteskrankheiten)*.

Spirituality "is the quality of being concerned with deep, often religious, feelings and beliefs rather than physical aspects of life."¹

For many persons, religious preoccupations are one of the most relevant values of their own culture and sociocultural factors, including religion, play an important role in the manifestations, etiopathogeny, course, treatment, prevention and rehabilitation of mental disorders. On the other hand, religiousness may be an important factor in clinical decisions. Religion plays a role in coping with the disease and sick persons give more importance to spirituality than the general population. This influence is generally positive (71%) although in other cases it is negative (14%).² In the first case, religion grants meaning to the disease as a heavenly gift, test or ordeal or revelation.

In spite of this, there is limited bibliography on this subject. A search in PubMed (October 2011) on the subjects of *theology, spirituality, religion* provided 46,690 results, of which only 2,051 correspond to *psychiatry*, 38 to *mental disorders*, 391 to *schizophrenia* and 1,446 to *depression*. On the contrary, there are proportionally higher levels for *cancer* (2,397), *nursing* (5,352) and *palliative* (817).

Theology and psychopathology deal with fundamental aspects of the human condition, but they are in disagreement due to methodological and ideological reasons. From a wider

perspective, it can be stated that psychiatry requires spirituality, among other important reasons, because mental patients are faced with questions of this nature. Religion implies specific, personal and defined values. Should the physician conceal his religiousness? Are psychiatrists less religious than other physicians?³ Should a scientist be, or at least behave like, an agnostic?

Supernatural subjects are considered by science as natural phenomena. The final point of this process is rejection of religiousness, which, if it remains, is only as the expression of a human need. The climax of this position is rejection of religiousness, which must be considered as the expression of a human need. Voltaire: *Si Dieu n'existait pas, il faudrait l'inventer. Mais toute la nature nous crie qu'il existe.*⁴

From the perspective of psychiatry, by far, the religious phenomena have been considered restrictively either as symptoms of severe mental disease or as traits of an insufficiently developed personality. Other times, it is considered as something that is too private and personal to be evaluated and, above all, as being difficult and uncomfortable to study in the patients. In spite of this, many severe patients recur to religious beliefs to cope with their disease. In a meta-analysis of 850 study, those who were religious experienced better health and adapted better to the stress.⁵ Another meta-analysis has shown that religious persons are physically healthier and need to go to health care services less.⁶

Oman and Thorensen⁷ distinguish between common factors, such as personality traits, and physical, genetic and social-type factors, capable of influencing both religiousness, spirituality, malaise and psychopathology, and from the factors mediating between both settings. These factors would be the style of personal life and behavior in relation to health, social resources, self-esteem and personal efficacy, coping resources, attitudes, beliefs and positive emotions.

To resolve these questions, it is necessary to remember Talcott Parsons, who considers that human action is more than the result of biological factors. It is the result of four systems:⁸ the behavioral system ("energetic") of biological needs; the personality system ("motivations") of the individual characteristics that affect their functioning in social life; the social system ("rules") formed by patterns of social interaction, especially status and social role and the cultural system of values that regulate social action symbolically.

PSYCHOPATHOLOGY AND SUPERNATURAL PHENOMENA

There is a certain relation between the different types of psychopathological disorders and spiritual concerns of the affected person, which we summarize in the following.

Delusional activity and schizophrenia

Delusion patients generally have important concerns about the meaning of life and the reason of being of nature. However, for the clinician, these religious phenomena are mere symptoms, that is, signs of an underlying condition whose meaning the physician cannot explain. However, schizophrenia is the "religious" disease par excellence. The delusion patient creates fantastic worlds, made up of fantastic subjects and new meanings which, in some cases, become astonishing apocalyptic visions. This is so true that it has frequently been considered that Shamens and visionaries of other cultures would have been diagnosed of schizophrenia in ours. It has also been stated that patients with schizophrenia are only failed geniuses in a society that does not tolerate their revelations and that requires complicity of psychiatrists to silence them.

The important presence of religious and spiritual subjects in schizophrenia can increase the stigma of the disease in a very secularized society in which the negative image of mental disease is complemented by that of superstition, credulity and ignorance.

Treatment adherence may also be affected by religiousness. In a sample of more than 100 patients with stabilized schizophrenia, the rate of partial or total lack of adherence determined by means of measuring drugs in blood was 32% with almost one third manifesting that their religious beliefs were against taking psychodrugs, while in the group with good treatment adherence, the figure was 8%. In all the sample, 57% of the patients considered that the representation of their disease was affected by their spiritual beliefs, 31% of this positively and the remaining 26% negatively.²

Depression, anxiety disorders and suicide.

In the depressive states, preoccupations frequently appear regarding the meaning of loss and death, on responsibility and guilt. In regards to anxiety, Jung should be recalled. For him, neurosis "must be understood, ultimately, as the suffering of a soul which has not discovered its meaning" (*Leiden der Seele die ihren Sinn nicht gefunden hat*).⁹

Religious practice is associated to a lower number of suicide attempts in the general population and in the mental patients, regardless of its effects on social supports. That is, it does not have an indirect effect of better social integration.¹⁰

In a sample of patients with bipolar disorder, 78% stated they had strong religious beliefs and, in fact, 81.5% were practicing their religion. Most of them believed that there was a relation between their beliefs and disease and one-fifth of them had some type of conflict between their

beliefs and the model of the disease and the recommendations of their doctor.¹¹

Anorexia nervosa

Voluntary starvation has been described since the Hellenistic era¹² and the catholic calendar of saints is full of persons who, practicing starvation, have expressed their spirituality through an extreme control of their body, including eating abstinence.¹³

The most paradigmatic case is that of Librada (that also appears with the names of Liberata, Lisvrade), whose legend. Heroic deeds have been added to her legend and this has been transforming into other Saints over a millennium. We say legend because like so many other Saints in the early centuries of the Christian era, this Saint is not mentioned in either the catholic calendar of Saints and it does not appear documented in the *Acta Martyrum*,¹⁴ or in the Roman Martyrology¹⁵ although, strangely, some of her sisters, such as Saint Quitterdo do appear.

The case began in Bellagio, the current Baiona (Monteverdi). Around the year 119, when Lucia Casteless (or Cathleen) Severus was praetor of Lusitania and Gallaecia. His wife, Calsia, while her husband was away visiting his possessions, gave birth at the same time to nine girls. A multiple birth was considered as a dishonor, an offense for all the lineage, because it meant that each child is a son of a different father and a monstrosity because only animals have births of this nature, especially the pig, which is a dirty and impure animal par excellence. For these reasons, Calsia ordered her servant, Sila, who had helped her in the difficult time, to, in the greatest of secrecy, drown the nine newborns in the river before their father found out that the mother had given birth, a good test of the improper behavior of a human being.

However, Sila was a devoted Christian and did not obey the order. She decided to secretly take care of them, and they were educated by Saint Ovidus, bishop of Braga, and they, in their adolescence, took the vow of chastity. In one of the many persecutions that the Roman authorities subjected the Christians to, Liberate and her sisters were imprisoned and taken before the praetor. Calsia recognized them and had to confess the whole truth. Then Castelius wanted his daughters to renounce their faith in Jesus Christ, which the sisters refused to do, even though they had been offered riches and honors. Then the praetor had no other possibility than to condemn them to death, as ordered by the law. To avoid that their father would have to order their execution and the subsequent tragedy, the sisters decided to escape, knowing that in the end, the Romans would kill them, as occurred. All suffered martyrdom in different places and for some historians, Saint Liberate died on the crucifix on 18 January 139 in Sainte-Livrade-sur-Lot, in the Aquitania,

where some historians had also been born and not in Balcagia.¹⁶

The legend of Saint Liberate and her eight sisters brings to mind the fate of Moses, saved from the waters of the Nile to lead the people of Israel to the promised land. Analogically, the fate of the nine sister saints is that of freeing the nations from the pagan oppression and leading them to Christianity, through the example of the martyrdom.

Other versions indicate much later dates in the history, since the first pursuits of the Christians in the Gaul are in 177, during the persecution of Marcus Aurelius and are limited to the area of Lugdunum, the current Lion. Another hypothesis place the events during the domain of Diocletian at the onset of the IV century and others in the V century during the barbarian control of the Aquitania.¹⁷

Another version of the legend places Liberata (in Spanish, *Librada*) in the 8th century and tells how, when while she was still a girl, her father the King of Portugal, probably a pagan, promised her in marriage to the Moorish king of Sicily. What is most likely is that Liberata took a vote of chastity and prayed to God for help in making her body less feminine, while she actively combated her femininity by fasting. Weight loss was soon accompanied by the appearance of body hair, including a beard. Finally, God had no other choice than to reward her by freeing her from the last vestige of her femininity, her menstruation. At the end of the story, her father, the King, ordered her crucifixion.

The legend of St. Liberata overlaps that of St. Wilgefortis, who also fasted to ward off marriage. Many dictionaries of saints combine the stories of Wilgefortis and Librada, although it is now clear that they were different people with different histories that share some common points.¹⁸ It should be noted that the representations of St. Librada and her sisters highlight her beauty, prudence and eloquence, the adornments a good medieval queen, since they did not cease to be daughters of the earthly king, Lucius Castelius (or Cathelo) Severus, as well as the King of Heaven, Jesus Christ, while the different representations of Wilgefortis show her as a bearded and masculinized woman.

The case is that the rebellion of Wilgefortis, which was unforgiveable in the Middle Ages, ruined her father's wedding plans because her first suitor broke his nuptial contract. In reprise, Wilgefortis' father ordered her to be crucified, a mode of execution that had not been used since the fall of the Roman Empire. The martyrdom of Wilgefortis had enormous impact and fasting spread widely as a way to avoid marriages arranged by parents. As a result of the visible evidence of Wilgefortis' fast, the loss of her feminine form and the growth of her body hair and beard, this saint became known for and was represented as a bearded woman, sometimes with masculine features, or was depicted as a crucified Christ-like figure. The message could not be clearer.

The rebellion of an adolescent girl could only lead her to renounce her feminine condition and lose her femininity in order to be strong and remain virgin. Hence she received the name Wilgefortis, meaning the "strong virgin" and others such as Dignefortis ("strong in dignity") or Eutropia ("the well bred woman").

Another etymological origin of Wilgefortis has been proposed, which may possibly be more exact but remains unknown among the people who passed on the legend. According to this etymology, the name comes from the old German *hilge Vartz* or *Fratz*, the "holy face," which is a translation of the name of a famous image, the *Volto Santo*,¹⁹ long attributed to Nicodemus, a disciple of Jesus, who was venerated in the Basilica de Lucca. The painting shows Christ crucified and bearing a crown of thorns, with a beard, long hair and a somewhat androgynous appearance as he is dressed in a long tunic.²⁰

The Saint is invoked at times of crisis in the lives of women, such as in cases of infertility, when a wife is "unable to give" her husband a child, when a woman seeks to free herself from an unwanted marriage or to end the torment of a consummated marriage, or for help in hiding or releasing her from an unwanted pregnancy. That is why the saint is also known by the names of *Uncumber* in English, *Oncommer* or *die heilige Kummernis* in German, *Comera*, *Cumerana*, *Komina*, *Kummernis*, *Kümmernis*, *Ontcommene* and *Ontcommer*, and *Ontkommen* and *Uncumber* in other Germanic languages. All these names derive from *kummern*, or "concern" and the faithful supplicate the saint for release from an onerous load or concern. The practice even extended to the invocation of the saint at death's door. Therefore, the saint has also received the names of *Hulfe* (from *Hilfe*, or "help") and *Regenfledis*.

Bell²¹ has described how many women who we would currently diagnose of anorexia nervosa went into convents and were subjected to voluntary fasting to become sanctified. In other cases, as that of Sister Juana Ines, did so to be able to live in social settings reserved to males and women at risk of being "courtesans." The brilliant biography of Octavio Paz²² on her is the best description that can be made about the psychology of anorexia nervosa, in its creative aspect.

In the current times, there is evidence of the religiousness in this disease in studies in which the patients with anorexia nervosa significantly respond affirmatively more frequently to the items "I read the Bible several times a week," and "I pray several times a day."²³

Post-traumatic stress disorders

The September 11th, 2011 terrorist attacks in New York unleashed a great increase in attendance to religious services

and in religious practices. Religiousness is part of the resilience,²⁴ that is, of the initiation of protective mechanisms against trauma and its consequences. In fact, a traumatic event can give rise to a spiritual crisis and to changes on the scale of values of the person.

In a disaster, from the psychological point of view, the true trauma is the lack of meaning. An outstanding example is that of the poem of Voltaire on the Lisbon earthquake.²⁵ It can be recalled that this occurred on Saturday, 1 November, 1755, on All Saints Day, at the time of the High Mass. During the previous early morning, the light effects had already been observed in the sky, which could have corresponded to a comet or meteorite. Its epicenter was located in the Atlantic Ocean southeast of the Cape St. Vincent. In Lisbon alone, 10,000 persons died, although the total number of deaths may have been greater than 50,000 and important damage was caused due to, above all, the fires it generated, although it could be perceived in almost all the Iberian Peninsula, Maghreb and even the Atlantic coast of America due to the concomitant tidal wave.

The earthquake had great repercussion in the advance of scientific knowledge and in fact gave rise to the birth of modern seismology. However, the disease was considered by most persons as divine punishment or interpreted as an expression of the will of God and therefore beneficial. Illustrious minds repelled against this fatalism, among them father Feijoo,²⁶ who had to flee from Lisbon to not be condemned as a heretic and Voltaire whose preface of his poem *Poème sur le Désastre de Lisbonne*, contains the following text:

Si jamais la question du mal physique a mérité l'attention de tous les hommes, c'est dans ces événements funestes qui nous rappellent à la contemplation de notre faible nature, comme les pestes générales qui ont enlevé le quart des hommes dans le monde connu, le tremblement de terre qui engloutit quatre cent mille personnes à la Chine en 1699, celui de Lima et de Callao, et en dernier lieu celui du Portugal et du royaume de Fez. L'axiome Tout est bien paraît un peu étrange à ceux qui sont les témoins de ces désastres. Tout est arrangé, tout est ordonné, sans doute, par la Providence; mais il n'est que trop sensible que tout, depuis longtemps, n'est pas arrangé pour notre bien-être présent.

From the poem, the following verses stand out :

*Enterrés sous leurs toits, terminent sans secours
Dans l'horreur des tourments leurs lamentables jours!
Aux cris demi-formés de leurs voix expirantes,
Au spectacle effrayant de leurs cendres fumantes,
Direz-vous: "C'est l'effet des éternelles lois*

*Qui d'un Dieu libre et bon nécessitent le choix?
Direz-vous, en voyant cet amas de victimes:
"Dieu s'est vengé, leur mort est le prix de leurs crimes?"
Quel crime, quelle faute ont commis ces enfants
Sur le sein maternel écrasés et sanglants?
Lisbonne, qui n'est plus, eut-elle plus de vices
Que Londres, que Paris, plongés dans les délices?*

Obsessive-compulsive disorder and scrupulosity

Okasha²⁷ has analyzed in detail the relation between cultural and religious factors in compulsions, but it was John Moore, Bishop of Ely, who wrote in 1691:²⁸ *scrupulosity is a "Religious Melancholy, that makes people fear that what they do is so abnormal and unfit to be presented unto God, that He would not accept it... they experience scandalous and blasphemous thoughts that they present, while they exercise the cult to God... In spite of all their efforts to repress and contain them.... the more they fight against them, the more they increase.... They are mostly good persons.... since bad men rarely have this type of thoughts.*

On the other hand, 10.0% - 30% of the patients with obsessive disorder experience religious obsessions²⁹ and 5.0% of patients with obsessive disorder experience those having religious content as the primary obsession type.³⁰

For Freud, obsessive neurosis was a form of individual religiousness and religiousness a collective obsessive neurosis.³¹ However, scruples are a psychological defense mechanism whose objective is to control anxiety, individual in the first case, collective in the other and thus, religion is a metaphor of mental disease. However, this is not true. Scruples of conscience of obsessive neurotics are the expression of a subjective morality, which gives priority to the cleanliness of a person's own conscience, which is the antithesis of religious phenomena which always transcend the individual.

Substance abuse and alcoholism

Every culture imposes strong pressures against the use of substances that lead to intoxication or control their use in specific sites, in specific periods of time during religious ceremonies, beginning with the Eleusinian mysteries in ancient Greece.³² During these, twice a year, persons from all of Greece meet for several days to participate in ceremonies whose objective was "to elevate man above the human sphere into the divine and to assure his redemption by making him a God and so conferring immortality upon him."

Getting drunk and inebriation are the consequence of the intoxication with alcoholic drinks and by extension of other substances that provoke a decline of certain mental and physical faculties. In inebriation, normal patterns of

behavior are lost. Those students lacking religious affiliation have significantly higher levels in the frequency of alcohol intake and amount, episodes of getting drunk and festive events to drink.

Some religions, specifically Islam, forbid alcohol consumption completely. Many others allow alcohol consumption but condemn intoxication which is considered as a limitation of the free will or as a demoniac action, as is expressed in the Bible: *"Because you are all children of the light and children of the day. We do not belong to the night or to the darkness. So then, let us not be like others, who are asleep, but let us be awake and sober. For those who sleep, sleep at night, and those who get drunk, get drunk at night. But since we belong to the day, let us be sober, putting on faith and love as a breastplate, and the hope of salvation as a helmet.* (Thessalonians I, 5: 5-8).

Spiritual autism

Spiritual and religious experiences in mental disease are idiosyncratic and therefore conflicting with religious practices whose foundation is the cult that assembles the congregation. Patients with schizophrenia never share their delusions and almost never their worries. Their isolation is not only made up of the world of the healthy but also of that of other patients. Delusional ideas are individual and therefore frustrated truths.

In insanity, there is a loss of common sense. For Kant (*Anthropology*), the universal thread of insanity (*Verrücktheit*) is "loss of common sense" (*sensus communis*): The flow of thoughts of a person follows its own rule, contrary to that made up by the laws of experience." The "dull" person (*Schwach*), lacking intelligence and does not have the faculty to discover the universal from the particular."³³

For Heidegger, there is a more radical concept of truth than that of Aristotle and that underlies it, which is found in the pre-Socratic philosophy, this being that of *aletheia*, which is disclosure.³⁴ Truth is always something hidden, that must be disclosed. In this way, Heraclitus states that nature jealously hides its secrets. This is, according to Heidegger, to respect freedom, to not impose one's own truth. Truth and freedom always go hand in hand. But, in addition, Heidegger continues, this is a process that arises from an interpersonal relation, from communication. Truth is not something that can be imposed, it must be reached with another one. Consequently, the error of the delusion and its lack of freedom are also a lack of communication. Blankenburg³⁵ explains it through one of his patients whose processes contained Blankenburg³⁵ explains it through one of his patients whose processes contained luminous metaphors that were almost identical to others of Rilke. What is the difference between him and the poet? At the end of the analysis, he reached the conclusion that there is only one: at

the end of the poem, Rilke runs to his publishers to publish it and make it known while the patient abandons it, he does not even keep it for himself. Deep down, it deals with the world per se, *idios kosmos* predominates over the common world, *koinos kosmos* and loses the natural flexibility when passing from one to another.³⁶

From this perspective, the *falsity* of the delusional idea is clearer. It is based on it being a false truth which, with sheep's skin, is imposed as a certainty and approval from isolation. It is an autistic truth, inaccessible to the common search from the recognition of the contingent, of the present ambiguity. The problem is not that the idea of jealousy is true or not, but rather the lack of mutual trust of the jealous person that prevents him/her from going beyond his/her own jealousies.

The approach of Heidegger has very important implications for psychiatry. The disclosure of the truth in Heidegger has an equivalent on the clinical level with the psychoanalytic process. Only in the relation of transference (and contratransference) can the patient recover the truth of one's past. The relation is so significant and powerful that in the end it is the object of analysis in the transference neurosis.

UNIVERSALITY OF PREOCCUPATIONS AND RESPONSES

For Ramón Sarró,³⁷ the subjects of delusions correspond with those of the myths of the cultures. *Mythologems*: the limited number of subjects of delusions and mythos: the creation and destruction of the world, the fight between good and bad, immortality; metempsychosis; the ouroboros, androgynus, etc. They are the expression of the responses of the human beings to the mysteries and enigmas of nature.

DEMONIAC ILLNESSES

The history of medicine is the history of natural explanations to phenomena considered up to

the moment as supernatural. For Hippocrates:³⁸ *hiëra nosos* (later *morbus sacer* or *morbus demoniacus*: "it appears to me to be nowise more divine nor more sacred than other diseases... *It is the brain that is guilty of this disease...* "

Demoniac illness in the middle age

God has the power of inflicting epilepsy on a person (as a punishment, penitence or test) and of freeing the person from it. There is a divine disease: *morbus divinus*, *morbus deificus*, *morbus coelestis*, *morbus astralis* or *morbus*

lunaticus, *Zuchtrute Zuchtrute Christi* (rod of Christ), *Gewalt Gottes* (power of God), *schedelnde* (*schüttelnde*) *Gottesstraf* (convulsive punishment of God); *Gichterle*, *gichtige Krankheit*, 'illness passed on through witchcraft and magic,' *Hagiotherapia*: 'treatment with the sacred and with saints.' Some Saints were true epilepsy specialists: Saint Valentine, Saint John (St. John's Disease), Saint Paul (St. Paul's disease).

Witchcraft and mental illness

Alonso Salazar de Frias,³⁹ in the second process of the Spanish Inquisition, reached the conclusion that witchcraft was not a demoniac question. The stories of quartering of children and macabre Witches Sabbath ceremonies held in 1610 in Logroño ended with 53 death sentences, but Alonso de Salazar y Frias obtained permission to review the evidence and thus examined 1348 children and 420 adults, collecting the potions used and he administered them to animals to verify their lethality, commending the secretaries of those judged to identify with great perseverance the sites where the witches Sabbaths were held to verify if they took place on the days of the demoniac rituals and ordered the physicians to examine the supposedly violated adolescents. The result was that the potions were harmless, the sites were deserted and the women continued to be virgins and their conclusions were that the declarations before the court were the product of suggestion and local revenges.⁴⁰ That is why he was called the "Witches' Advocate." These are his words:

The problem is: Should we believe that in such determined occasion there was witchcraft, only because the witches say so? No, naturally, we should not believe the witches, and the inquisitors believe that no one should be judged unless the crimes can be documented with specific and objective tests, sufficiently clear to convene those hearing them. More, how can it be documented that a person, at any time, flies through the air and covers 700 km. in one hour; that a woman can leave a whole through which a fly would not fit; that another person can become invisible in the eyes of those present or become submerged in the river or in the sea and not get wet; or that one can be sleeping in bed and at the same time attend a Witches Sabbath... or that a witch is capable of metamorphosing into any kind of animal as one pleases, whether a crow or a fly? These things are so contrary to all healthy reasoning that even many of them surpass the limited given to the power of the devil.

This is the same that Johannes Weyer (Wier) (1515-1588) proposed in his *De Praestigiis Daemonum et Incantationibus C.a. Venificiis* (1563)⁴¹ in which the witches

are considered as "poor melancholics," a thesis that was been extended on by López Ibor.⁴²

REFERENCES

- Audi R. The Cambridge Dictionary of Philosophy. 2nd. ed., Cambridge, UK: Cambridge University Press, 1999.
- Borras L, Mohr S, Brandt PY, Gilliéron C, Eytan A, Huguélet P. Religious beliefs in schizophrenia: their relevance for adherence to treatment. *Schizophr Bull.* 2007 Sep;33(5):1238-46.
- Curlin FA, Lawrence RE, Odell S, Chin MH, Lantos JD, Koenig HG, et al. Religion, spirituality, and medicine: psychiatrists' and other physicians' differing observations, interpretations, and clinical approaches. *Am J Psychiatry.* 2007 Dec;164(12):1825-31.
- Voltaire. Epître à l'auteur du livre des Trois imposteurs. In: Moland L, Ed. *OEuvres complètes de Voltaire*. Tome 10. Paris: Garnier, 1877-1885; p. 402-5.
- Ano GG, Vasconcelles EB. Religious coping and psychological adjustment to stress: a meta-analysis. *J Clin Psychol.* 2005 Apr;61(4):461-80.
- Liu SS, Amendah E, Chang EC, Pei LK. Satisfaction and value: a meta-analysis in the healthcare context. *Health Mark Q.* 2008;23(4):49-73.
- Oman D, Thoresen CE. Do Religion and Spirituality Influence Health? In: Raymond F, Paloutzian Crystal L. Eds. *Park Handbook of the Psychology of Religion and Spirituality*. New York / London: The Guilford Press, 2005; p. 435-60.
- Parsons T. *Societies: Evolutionary and Comparative Perspectives*. NJ: Prentice Hall, 1966. Parsons T. La sociedad. *Perspectivas evolutivas y comparativas*. Mexico: Editorial Trillas, 1983.
- Jung C. *Psychologie und Religion*. In: Jung C. *Gesammelte Werke*. Band 11, Zur Psychologie westlicher und östlicher Religion. Düsseldorf: Patmos-Walter-Verlag, 1963. Trad.: *Acerca de la psicología de la religión occidental y de la religión oriental*. En: *Obra completa de Carl Gustav Jung*. Volumen 11. *Psicología y religión*. Madrid: Editorial Trotta, 2008.
- Rasic DT, Belik SL, Elias B, Katz LY, Enns M, Sareen J. Swampy Cree Suicide Prevention Team. Spirituality, religion and suicidal behavior in a nationally representative sample. *J Affect Disord.* 2009 Apr;114(1-3):32-40.
- Mitchell L, Romans S. Spiritual beliefs in bipolar affective disorder: their relevance for illness management. *J Affect Disord.* 2003 Aug;75(3):247-57.
- van Deth R, Vandereycken W. Was nervous consumption a precursor of anorexia nervosa? *J Hist Med Allied Sci.* 1991;46(1):3-19.
- Huline-Dickens S. Anorexia nervosa: some connections with the religious attitude. *Br J Med Psychol.* 2000;73(Pt 1):67-76.
- Ruiz Bueno D. *Actas de los mártires*, Madrid: Biblioteca de Autores Cristianos, 1968.
- Sánchez Ruiz V. *Martirologio Romano*. Madrid: Apostolado de la prensa, 1953; p. 194-5.
- Bislinghi A. *Luces y sombras*. Mil años de amor y devoción a Santa Librada. Sigüenza: Gráficas Carpintero, 2003.
- Díaz Tena ME. La vida de Santa Librada y su fuente medieval. *Culturas Populares*. Revista Electrónica 8 (enero-junio 2009). <http://www.culturaspopulares.org/textos8/articulos/diaz.pdf>
- Martínez Gómez-Gordo JA. *Leyendas de tres personajes históricos de Sigüenza*. Sigüenza: Centro de Iniciativas y Turismo de Sigüenza, 1971.
- Schnürer G, Ritz JM. *Sankt Kümmernis und Volto Santo*. Düsseldorf: Schwan, 1934.
- Friesen IE. *The female crucifix: Images of St. Wilgefortis since the middle ages*. Ontario: Wilfrid Laurier University Press Waterloo, 2001.
- Bell R. *Holy Anorexia*. Londres: Chicago Univ. Press, 1985.
- Paz O. *Sor Juana Inés de la Cruz o Las trampas de la fe*. Barcelona: Seix Barral, 1982.
- Wilbur CJ, Colligan RC. Psychologic and behavioral correlates of anorexia nervosa. *J Dev Behav Pediatr.* 1981 Sep;2(3):89-92.
- Winter U, Hauri D, Huber S, Jenewein J, Schnyder U, Kraemer B. The psychological outcome of religious coping with stressful life events in a Swiss sample of church attendees. *Psychother Psychosom.* 2009;78(4):240-4.
- http://un2sg4.unige.ch/athena/voltaire/volt_lis.html
- Feijoo BJ. *Cartas eruditas y curiosas (1742-1760)*, tomo quinto (1760). Texto tomado de la edición de Madrid 1777 (en la Imprenta Real de la Gazeta, a costa de la Real Compañía de Impresores y Libreros), tomo quinto (*nueva impresión*), p. 423-34. <http://www.filosofia.org/bjf/bjfc529.htm>
- Okasha A, Saad A, Khalil AH, el Dawla AS, Yehia N. Phenomenology of obsessive-compulsive disorder: a transcultural study. *Compr Psychiatry.* 1994 May-Jun;35(3):191-7.
- More J. Of religious melancholy. A sermon preach'd before the Queen at White-Hall, March 6. 1691/2. John Lord Bishop of Ely. Bruselas: Gale Ecco, Print Editions, 2010.
- Eisen JL, Goodman WK, Keller MB, Warshaw MG, DeMarco LM, Luce DD, et al. Patterns of remission and relapse in obsessive-compulsive disorder: a 2-year prospective study. *J Clin Psychiatry.* 1999 May;60(5):346-51.
- Tolin DF, Abramowitz JS, Kozak MJ, Foa EB. Fixity of belief, perceptual aberration, and magical ideation in obsessive-compulsive disorder. *J Anxiety Disord.* 2001 Nov-Dec;15(6):501-10.
- Freud S. *The Future of an Illusion (1927)*. In: Freud S. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*. Vintage, 1999. El porvenir de una ilusión, *Obras Completas vol. XXI*. El porvenir de una ilusión, El malestar en la cultura y otras obras. Buenos Aires: Amorrortu editores, 2008.
- Wasson R, Hofmann A, Ruck C. *El camino a Eleusis: una solución al enigma de los misterios*. México: Fondo de Cultura Económica, 1993.
- Eisler R. *Kant-Lexikon. Nachschlagewerk zu Kants sämtlichen Schriften, Briefen und handschriftlichen Nachlaß*. 1930. <http://www.textlog.de/rudolf-eisler.html>.
- Heidegger M. *Vom Wesen Der Wahrheit*. In: *Gesammelte Werke*. vol 9. Frankfurt am Main: Vittorio Klostermann, 1976.
- Blankenburg W. *Differentialphenomenologie der Wahnwahrnehmung*. *Nervenarzt.* 1965 Jul;36(7):285-98.
- Kuhn R. *Daseinanalyse und Psychiatrie*. In: Gruhle H, ed. *Psychiatrie der Gegenwart vol 1*. Berlin-Gotinga-Heidelberg: Springer, 1963; p. 852.
- Mediavilla Sánchez JL. *Mito y Delirio*. *Cartas de Ramón Sarró*. Fundación Benito Feijoo. Oviedo: KKK, 2001.
- García Gual C. *Tratados Hipocráticos*. Madrid: Gredos Biblioteca Clásica, 1990.
- The Witches' Advocate Basque Witchcraft and the Spanish Inquisition (1609-1614)*, Reno: University of Nevada Press, 1980. Versión española: Henningsen G. *El abogado de las brujas*. Madrid: Alianza.
- Caro Baroja J. *Las brujas y su mundo*. Madrid: Alianza, 1990.
- Weyer J. *Witches, Devils, and Doctors in the Renaissance: Johann Weyer, De Praestigiis Daemonum*. *Medieval and Renaissance Texts and Studies*.
- <http://www.quedelibros.com/libro/7691/Como-Se-Fabrica-Una-Bruja.html>