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Medieval Medicine for Sin

FROM EARLIEST TIMES, man has sought a way to get rid of sin. Today, he swallows pills for his headache, takes penicillin for infection; but his search for a cure for diseases of the spirit continues.

Organized religion has always struggled with the problem of sin. But in the Middle Ages, certain theologians believed they had found the cure. By following a medical principle, they set up parish clinics in which they dispensed what they thought to be excellent therapy for sin.

We find the application of this principle in the treatment of sin prescribed in the medieval handbooks of penance, commonly called the Penitentials. Disciplinary regulations in Christian communities and rules for the treatment of the lapsed recorded in the literature of the post-Apostolic age probably gave rise to the first Penitential, known as the *libellus*. Subsequent Penitentials are important in the early history of pastoral care.

Written for the most part by Welsh and Irish monks to serve as manuals for the guidance of priests of the Catholic Church in assigning due penalties for sin, these books contained minute classification of sin and exact prescriptions of penances for each transgression. In early times, they were used also for the moral education of the barbarians. During the sixth to sixteenth centuries, they were used by many parish priests in Europe as well as in the British Isles. Throughout the Middle Ages, the Penitentials played an important role in Christian life.

Prescriptions for penance appear in the *Canons of St. Patrick* in Ireland in the fifth century. Then followed the Penitentials of St. Finian (552 A.D.) and, in the Celtic British Church, those of St. David of Menevia (544 A.D.) and of Gildas (583 A.D.). These provided the material for Columban in the compilation of his *Liber de poenitentia* (615 A.D.), which greatly influenced the church in Europe. Theodore of Tarsus, Archbishop of Canterbury, incorporated many Penitentials in a work attributed to him—the *Poenitentiale Theodori* (690 A.D.), the

most important of all Penitentials, which became the authority of the church in England and elsewhere in Europe through the next four centuries in the treatment of sinners.

As one reads the Penitentials, it is evident that an individual who committed a sin was regarded as sick. The term "physician" was generally applied to those who administered penance. Origen suggested that sinners go to a "skilled and merciful physician." Therapy involved penalties, but the penalties were applied much more as a kind of medicine than as punishment; they were referred to as "remedia," "medicamenta," or "formenta." It is not clear whether or not the physician of souls was always a clergyman, but probably he was.

The word "physician" is also found in a document of the Council of Chalon (813 A.D.), which states that sins may be purged by the work of varied types of physicians. The *Penitential of Bartholomew Iscanus*, written in the early part of the twelfth century, says, "If therefore physicians who try to apply medicine to bodies in no wise spare on account of respect for the person of anyone in the use of cautery or knife or other severe measures those whom they desire to heal, much more is this principle to be observed by those who are physicians not of bodies but of souls." Theodore of Tarsus directed his therapy to the "physicians of souls among the Catholics in England."

The emphasis on correct diagnosis in cases of spiritual illness reflects the practice of the medical profession. Diagnosis was considered essential before the physician could prescribe the specific remedy for the spiritual illness. We read in the selections from the Bigotian Penitential of the early eighth century that "Jerome, a man of blessed memory, carefully admonished the pastors and teachers of the church, that they should take note of the qualities of the faults of sinners, saying: Let the power of the physician become greater in the degree in which the fever of the sick man increases. Hence, those who take care to heal the wounds of others are to observe carefully what is the age and sex of the sinner, with what learning he is instructed, with what courage he is distinguished, with how great force he has been driven to sin, with what kind of passion he is assailed, how long he remained in sinful delight, with what sorrow and labor he is afflicted, and how he is separated from worldly things. . . . We have arranged, piece by piece, compendious selections on the various remedies of wounds, according to what is approved by the ancient authors. Every irreligious person is unright-

eous and a sinner, but it does not follow conversely that we can say that every sinner and unrighteous person is also irreligious.”

Confession was considered to be a form of self-diagnosis of spiritual illness. Jerome wrote: “Let no one find it irksome to show his wound, because without confession it cannot be healed.” Many early church fathers refer to sin as a “disease” that must be treated by the spiritual physician. “All diseases of Christians are to be ascribed to demons,” flatly stated St. Augustine (420 A.D.). He warned sinners that “an abscess had formed in your conscience; it tormented you and gave you no rest . . . confess and let the pus come out and flow away.” St. Cyprian (258 A.D.) also thought that confession was therapeutic and, in many instances, would clear up the disease without severe forms of treatment. He spoke of confessions as a “salutory remedy even for wounds that are slight.” Origen wrote that if men “accuse themselves and confess, they at the same time vomit the sin and cast off every cause of disease.”

The penalties prescribed for each sin were held to be the remedy for the offense. Theodore employs the phrase “penitential remedies.” Regino’s *Ecclesiastical Discipline* (circa 906 A.D.) promises that the penitent “shall receive the remedies of penance according to the scale prescribed by the canonical authorities.” In the *Corrector and Physician* of Burchard of Worms (circa 1008-12 A.D.), there are ample cures for the body and medicines for the soul. The Penitential ascribed by Albers to the Venerable Bede in the early eighth century tells how the fathers “established the remedies of salvation for those who repent of and bewail their passions and vices, since a diversity of offences occasions a diversity of remedies for penitents, just as the physicians of bodies pursue diverse remedies or are accustomed to make potions against the diversities of sicknesses.”

In the *Capitularies of Theodulf of Orleans*, written in the late eighth century, one reads that “since after baptism the sinner cannot be baptised again, the remedy of penance is given by the Lord that by it instead of a second baptism, post-baptismal sins may be washed away.” Theodulf also refers to “the medicine for sin.”

What was this medicine for sin, and how was it supposed to effect a cure? The word “medicine” has its roots in the Latin word *mederi*, “to heal.” The use of the word in the Penitentials obviously implies a form of healing. The penance administered to the offender was regarded as the appropriate medicine or healing agent.

There seems to be some evidence that the treatment prescribed in the Penitentials often involved the application of a medical principle that had flourished for centuries, particularly since the time of the early Greeks. Two groups of theorists dominated ancient Greek medicine. In the attempt to explain the existence of disease, one group held that diseases were caused by residues that breed poison in the human system. The other group maintained that disease was due to disturbances in the balance of the elements of which the body is composed. In Hippocratic medicine, the dominating theory of disease was *humoral*. According to this theory, the body contains four humors: blood, phlegm, yellow bile, and black bile. The right proportion and mixture of these humors produces health. An irregular distribution or improper proportion of humors causes ill health. The history of medical development has been influenced by these two viewpoints; even modern medicine reflects these early theories of health and disease, from which arose "the law of opposites," or "the law of contraries."

The principle of these laws was based in part on the theory that disease was caused by a disturbance of bodily harmony. To regain good health, one must first restore equilibrium in the body. It was believed that this could be achieved by opposing conditions in the body with their opposites.

Apparently, the Pythagoreans based much of their philosophy and medical principles on the theories of "opposites" or "contraries." Alkmaion of Crotona (circa 500 B.C.), who laid the foundation of Greek medical literature, stressed this doctrine of the equilibrium of material qualities. Cold should be treated with warmth, moisture with dryness, sweetness with bitterness. In this way the correct mixture or bodily balance would be accomplished and a feeling of well-being achieved.

Themison of Loadicea (circa 50 B.C.), who is reputed to have founded the Methodist school of medicine that influenced the healing arts of the Roman period up to the early Middle Ages, simplified earlier medical concepts and gave formulation to the principle of contraries. The Methodist school of medicine considered the principle of contraries one of its basic medical axioms, and thus helped to preserve the theory for centuries. Soranus of Ephesus, who wrote extensively on the art of healing and whose influence among physicians and theologians was widely recognized in the Middle Ages, also accepted these prin-

principles. Alexander of Tralles (525-602 A.D.), one of the foremost medical writers of his day, wrote: "The duty of a physician is to cool what is hot, to warm what is cold, to dry what is moist, and to moisten what is dry."

The relation between the principle of opposites and penance is evident in the work of John Cassian, who visited many monasteries in the early part of the fifth century and was apparently familiar with medical principles. In the *Conference of Abbot John*, it is explained that the cure of anger, dejection, and other sins lies in "opposing to them their opposites."

The Celtic Penitentials of the sixth century declare, "But if a cleric is avaricious, this is a great offence. Avarice is pronounced idolatry, but it can be corrected by liberality and alms. This is the penance of his offence, as we have said, let us hasten to cure contraries, and cleanse away the faults from our heart and introduce virtues in their places,—and let patience arise for wrathfulness; kindness, or the love of God and of one's neighbor, for envy; for detraction, restraint of heart and tongue; for dejection, spiritual joy; for greed, liberality."

The principle of contraries is also noted in the *Penitential of Columban* (615 A.D.): "The talkative person is to be sentenced to silence, the disturber to gentleness, the gluttonous to fasting, the sleepy fellow to watchfulness, the proud to embarrassment, the deserter to expulsion." The *Penitential of Cummean* asserts, "And so they determine that the principal vices contrary to human salvation shall be healed by these eight contrary remedies. For it is an old proverb, 'Contraries are cured by other contraries.' Those who are drunk with wine and beer—if they have taken the vow of sanctity, shall expiate the fault for 40 days with bread and water; laymen, however, for seven days. He who is not able to sing psalms, being benumbed in his tongue, shall perform a special fast. The idler shall be taxed with extraordinary work, and the slothful with a lengthened vigil. Any wandering or unstable man shall be healed by residing in a single place and by application to work."

The use of the law of opposites or contraries as medicine for sin is also seen in the many references to diet found in Penitentials. Apparently, it was known that certain foods or excesses of certain foods cause an imbalance in body chemistry. Some attempt was made to regulate behavior by balancing body chemistry through a change of diet. Many types of penance required that one abstain from fat, meat, beer,

and wine. Milk and buttermilk were often prescribed as aids in curing sin. The Celts required severe fasting as a type of penance, and penitents occasionally died because of rigid diets or lack of food.

Theft was to be cured by fasting on foods containing no fat. Alcoholism was treated with various remedies, including forty days on bread and water, the singing of psalms, various types of fasting, and abstinence from fat and beer. The existence of witches and those possessed with devils was taken for granted. No doubt many so accused were schizophrenic or suffering from other types of psychosis. The remedies included bread-and-water diets, fasting, and abstinence from beer, wine, and meats. Hostility and anger were to be treated with fasting, restricted diets, and apologies.

A careful reading of the Penitentials and their rubrics for the administration of penance indicates that the major objective of penance was rehabilitation. Penance was intended to be the outward expression of the inner repentance of the heart. Penance required humiliation, an essential ingredient of redemption. Apparently, those who designed the Penitentials believed that the more a penitent exposed himself to suffering, the greater was the public witness of his repentance. Yet the motive behind penance was not so much to inflict suffering on the sinner as to redeem him.

In many instances, special provisions were made for young sinners and women. Some care was taken not to assign penalties more severe than offenders could predictably undertake or endure. Nevertheless, certain penances were extreme. Fatiguing postures and bodily discomforts to prevent sleep were often inflicted upon offenders. Such penalties as sleeping with a corpse in an open grave, or on nutshells, or in water, or in a cold church, while at the same time "praying without ceasing" are found in an old Irish Table of Commutations (eighth century). Another Penitential prescribed beating with the lash. Columban favored flogging, and prescribed two hundred strokes for a monk guilty of a private conversation with a woman.

Problems of sexual behavior are the subject of significant sections of the Penitentials. Students of Freudian psychology would not be surprised at the types of emotional problems discussed, but undoubtedly would not concur with the therapy prescribed. Bestiality, homosexuality, masturbation, incest, fornication, sodomy, and many other sexual activities are treated in various ways. We read in the Penitentials of

Theodore of Tarsus: "Boys who mutually engage in vice shall be whipped." "If anyone commits fornication with a virgin, he shall do penance for one year. If with a married woman, he shall do penance for four years." "If one commits fornication with his mother, he shall do penance for fifteen years, and never change except on Sundays." Another type of penance for this offense lasts seven years, with perpetual pilgrimage. A penance reads: "If a brother commits fornication with a natural brother, he shall abstain from all kinds of flesh for fifteen years."

When we examine the medicine for sin found in the Penitentials in the light of depth psychology, we find a similarity between the attitudes of some early religious physicians of souls and those of modern psychiatrists. In the Preface of Gildas, an English monk, one reads: "Now he that for a long time holds anger in his heart is in a state of death." Apparently the self-destructive power of hostility was recognized. In the same Preface is found the interesting comment: "One who is offended by anyone ought to inform the Abbot of the matter, not indeed in the spirit of the accuser, but of the physician." Here is a recognition that trouble-makers or offenders may be ill, and hence should receive help instead of being punished.

Christian charity rather than recrimination was expected from the person who had been offended. A fundamental principle in psychoanalysis is that the therapist must establish good rapport with the patient. This involves a nonjudgmental attitude on the part of the analyst. Columban recognized the need of empathy, noting that the confessor should try to identify himself with the offender. "No physician," says the pseudo-Romanum Penitential (written or authorized by Frankish ecclesiastics in the early eighth century), "can treat the wounds of the sick unless he familiarizes himself with their foulness." The confessor was admonished not to stand in judgment by assuming the attitude that he was far superior to the sinner. In the so-called Roman Penitential we find the following prayer, which was to be said by the confessor before hearing confession: "O God, beneath whose eyes every heart trembles and all consciences are afraid, be favorable to the complaints of all and heal the wound of everyone; that just as none of us is free from guilt, so none may be a stranger to pardon, through our Lord Jesus Christ."

Another prayer read: "Almighty everlasting God, in Thy com-

passion relieve this Thy confessing servant of his sins, that the accusation of conscience may hurt him no more unto punishment than the grace of Thy love may admit him to pardon, through our Lord Jesus Christ.”

Here are wise, generous, and mature attitudes toward offenders. These prayers suggest to the penitent that God loves him and accepts him. The attitudes of these early confessors are similar to those of our spiritual advisers and pastoral counselors—that once a person becomes distressed by the seriousness of his offence, he is already suffering a burden of guilt and his sufferings should not be intensified.

A similarity between penitential practices and modern psychological counseling techniques is seen in the attitude toward personality. The principle of contraries was intended to restore the equilibrium of the individual and to achieve inner harmony. The healing ministry of penance was aimed at the reconstruction of personality, thus enabling the individual to have harmonious relations with his church, his fellowman, and God. This parallels an objective of modern psychiatry, which is to diminish anxiety and guilt so that one can live in harmonious relation with his social environment.

Another similarity between penitential methods and those of modern psychotherapy relates to the importance of confession. Self-ventilation is regarded as a requisite in psychoanalysis. Although the early church was ignorant of the terminology and techniques of psychiatry, it obviously had learned many of the insights that we now possess concerning human personality and emotional behavior. The church of the Penitential period was concerned with healing, and although its therapy was often inadequate, at least the intent reveals a deep compassion for the spiritually ill.

The recognition that emotional problems result from an imbalance or disharmony in personality, the awareness of the need for personality reconstruction, the recognition of the importance of permissive and nonjudgmental attitudes on the part of the confessor or physician, and the understanding of the importance of confession as an essential therapeutic measure in human growth indicate a sincere and intelligent desire to obey the command of the founder of Christianity—that teachers and disciples of Christ should also be physicians of souls.

The Penitentials of the Middle Ages could hardly have been written today because of the widening horizons in the mental health field that

enable us to see man as a creature of extraordinary complexity whose spiritual ills can sicken the body and whose bodily ills disease the spirit. It is becoming increasingly difficult to diagnose all the factors in an individual's behavior.

Today, clergymen no longer consign the emotionally ill to sleeping with corpses in open graves or on nutshells as acts of penance. Nevertheless, the Christian church, particularly the Roman Catholic and Anglican branches, retains penance as an essential instrument in spiritual growth. Discipline can be punitive, rehabilitative, or can serve as a deterrent. Because of new knowledge from psychiatry and the behavioral sciences concerning the psychological growth and maturation of the individual, modern clergymen put more emphasis on the rehabilitation of the offender than on punishment.

Among Catholic groups, fresh appraisal is being given to the sacrament of confession and the part it plays in dealing with the health and ills of the individual. Without desiring to blaspheme the sacrament of confession by reducing it to the level of an ecclesiastic-psychiatric clinic, one may note that there are many Roman Catholic clergymen who recognize that the confessional provides an important opportunity to detect obvious mental illness among penitents. Schizophrenics and other psychotics with bizarre fantasies and illusions are prevented by their mental illness from receiving the full benefits of the confessional. In some instances, the confessional tends to fixate an individual's mental illness; being assured of forgiveness, he feels relieved of the necessity of moving out of his mental sickness to health. Wise spiritual leaders are beginning to realize that they have an obligation to refer these individuals to physicians or others who are professionally qualified to deal with mental pathology.

Protestants, too, are recognizing the value of confession as an essential factor in spiritual growth. A growing number of clergymen are aware of their unique role as spiritual counselors in serving the emotionally and mentally ill. Traditionally, spiritual counselors have always played an important role in the Christian church. Self-examination and confession are required, and the importance of penance and discipline in dealing with penitents is recognized. Traditionally, Protestants have shunned auricular confession, but today an increasing number of Protestant clergymen are suggesting confession to those who come to them with their difficulties. These confessions are often heard in the clergy-

man's study, or more often in the church at the altar or holy table. Many Protestant clergymen are using the forms of confession found in the Roman Catholic and Anglican churches.

All organizations and institutions need rules and regulations as requisites for membership. Christian churches have long used penance as a reminder that certain fundamental laws of the religious group have been broken. Today, clergymen are beginning to stress the rehabilitative aspects of penance, rather than those that are punitive or deterrent. This approach is consistent with the gospels of the Christian church in which the rehabilitation and the redemption of the offender are emphasized much more than the punishment. The Penitentials of the Middle Ages serve our day by reminding us that suffering for one's sins is not the end, but one of the means by which spiritual health may grow.

Self-examination, self-discipline, and the ability to endure the consequences or penalties for one's actions are signs of good health and are also major goals in psychoanalysis. Religion, too, serves us well by keeping ever fresh the need of these constructive values so that the living of our days with ourselves and with our neighbors will be enhanced with the dignity bestowed upon us by our Creator in the fulfillment of our destiny.