

Mediumship and Pathology

From its beginnings in the mid-nineteenth century, mediumship was considered by some scientists and medical professionals to be a pathological phenomenon, explicable in terms of nervous and psychological disturbance. Others viewed the paranormal elements of mediumship as genuine while holding an underlying pathology to be the cause. This article describes a range of such views held during the nineteenth and early twentieth centuries.

Background

The emergence of Spiritualism in the mid-nineteenth century was accompanied by attempts to naturalize the 'supernatural' through physiological and medical arguments.¹ This development was encouraged by a rapid growth of knowledge about the nervous system,² which physicians at the time also used to explain hysteria and hypnotism.³ For instance, the Scottish physician James Braid described the trance state brought about by animal magnetism as a 'derangement of the state of the cerebrospinal centres, and of the circulatory, and respiratory, and muscular systems, induced ... by a fixed stare, absolute repose of body, fixed attention, and suppressed respiration, concomitant with that fixity of attention'.⁴ Others applied similar medical and physiological speculations to secondary personalities⁵ and dreams.⁶

In his 1877 book *Mesmerism and Spiritualism*,⁷ William B Carpenter, an English physiologist, attributed phenomena such as table tilting to the automatic functioning of the medium and sitter's nervous systems. He wrote:

[T]he tilting — like the turning — of tables, may be unhesitatingly attributed to the unconscious muscular action of the operators; while the answers which are brought out by its instrumentality may be shown to be the expressions, either ... of ideas actually present to the mind of one or other of the performers; or ... of past ideas which have left their traces in the brain, although they have dropped out of the conscious memory.⁸

Others viewed this activity of the nervous system as pathological. Much was written during the nineteenth century about the sensitivity of unbalanced nervous systems to all kinds of phenomena. For example, it was believed that individuals particularly susceptible to animal magnetism suffered from organic and chronic conditions, and that they were 'weak ... with a lymphatic and nervous temperament'.⁹ Years later, the Salpêtrière school of hypnosis taught similar ideas, for instance that the best hypnotic subjects were 'nervous and neuropathic persons'.¹⁰

Pathological and Not Paranormal

Mediums were considered by some to be deranged.¹¹ Statements such as the following were common: that the 'abnormal conditions of mediumship are apt to be connected with bodily derangements more or less marked',¹² and (in *The Lancet*):

‘The counterpart of the wretched medium we find in the half-deluded and half-designing hysterical patient ...’[13](#)

Philibert Burlet

Over the years, writers labelled the medium as a mental patient of different sorts. Many were in France:[14](#) for instance Philibert Burlet, a physician, maintained that the concentration of particular ideas involved in ‘spiritistic practices’ might affect the brain,[15](#) giving as an example the case of a 55-year-old man who began to exhibit mental problems when he became interested in mediumship and started writing messages from spirits. The man’s behavior seemed delusional to his wife, who accordingly had him placed in a religious institution despite his aversion to the clergy ... Returning home, he still had problems, exhibiting a new passion for agriculture and maintaining that he had two wives, to whom he was to preach its precepts. In addition, he no longer recognized his friends, ‘believed he was a priest and an angel, and spent much time admiring the sun’.[16](#)

In another case reported by Burlet, a 38-year-old Italian man developed a ‘delirium’ from attending seances, in which he ‘continuously talked about spirits, invocation [of spirits], mediums; he even wrote entire phrases without great significance, dictated, he claimed, by his familiar spirit’.[17](#) Later, the patient endured violent fits during which he repeatedly hit his head on walls while claiming to communicate with spirits. He eventually died of meningitis complicated by pneumonia. These and other cases convinced Burlet that Spiritism was a major cause of psychological maladjustment.[18](#)

Pierre Janet

Similar views were held by the French clinician Pierre Janet, who had encountered psychic phenomena in his work with a hypnotic subject, but who later, working with mental patients, came to dismiss such phenomena as pathological. For Janet, most mediums were victims of a nervous crisis, ‘neuropaths, when they are not obvious hysterics’. He wrote: ‘The movement of tables begins only when women or children, that is to say, people prone to nervous accidents [symptoms] put their hands ... around a table’.[19](#) Mediumship was related to a pathological state that could eventually become hysterical, although Janet held mediumship to be a symptom rather than a cause.[20](#)

In 1909, Janet presented the case of a 37-year-old woman who developed automatic writing, receiving messages from her deceased father on topics such as her clothing and hygiene, and who believed she possessed healing power. Janet saw this as a case of ‘systematic delirium’ caused by mediumship, causing her to make everything in her life subordinate to the delusion of spirit communication.[21](#)

Joseph Lévy-Valensy

Another French clinician, Joseph Lévy-Valensy, argued from his experience that the séance room was ‘the waiting room for the asylum’.[22](#) He saw mediumship as a ‘truly transitory pathological state’[23](#) equivalent to hypnotic sleep, to somnambulism, and to various psychological automatisms. And while not

necessarily pathological, it might lead to delusional thinking, due in part to ‘mental disaggregation’ (dissociation). It typically held the danger of becoming a habit, leading to identity and memory changes along with delusions of persecution and possession. Of seventeen mediumistic cases mentioned by Lévy-Valensy, six were said to be affected with Spiritist delusions that consisted of feelings of grandeur, persecution, and melancholy, accompanied by hallucinations of sound and voices, erotic sensations and defensive rituals. (Other French practitioners who held such ideas include Ballet (1913); Binet (1892); Duhem (1904); Grasset (1904); and Viollet (1908).

Frederic R Marvin

Frederic R Marvin, an American physician, became well known for his diagnosis of ‘mediomania,’ described in *The Philosophy of Spiritualism and the Pathology and Treatment of Mediomania*.²⁴ For Marvin, convulsions, trance and the belief of being in communication with spirits were the manifestation of a pathology, a problem similar to hysteria and chorea, which occurred more often with women than men, and which, spread by contact, could become epidemic. ‘Like other disorders,’ Marvin wrote, ‘mediomania is a member of a family from which it is not easily alienated. Hysteria, chorea, utromania, and mediomania are all in one group, and though not always attended by the same causes they are very closely related’.²⁵ Drawing on ideas of uterine pathology and the prevalent belief that nervous diseases centred on the womb, ²⁶ he added:

Tilt the organ a little forward — introvert it, and immediately the patient forsakes her home, embraces some strange and ultra ism — Mormonism, Mesmerism, Fourierism, Socialism, oftener Spiritualism. She becomes possessed by the idea that she has some startling mission in the world.²⁷

William H Hammond

Similarly, American physician William H Hammond argued that tactile impressions that mediums explained in terms of spirit action were ‘merely symptoms of nervous derangement of some kind, often slight in character, but not infrequently of serious moment’.²⁸ He claimed that ‘hysterical phenomena’ had manifested at most of the spiritualistic meetings he attended.²⁹ Another American, George M Beard, saw trance as a pathological condition of the nervous system, which mediums and other pre-disposed persons entered from their obsession with supernatural ideas, becoming automatons subject to visions and hallucinations.³⁰

Others

Several others discussed mediumship and spiritualism in similar ways.³¹ Physician Samuel T Knaggs argued that trance speakers showed symptoms of mental disease, such as visions and an abnormal quickening of the mind that could include fast talking and exalted memory. He wrote: ‘To the surprise of those present, volubility of tongue and elocution, which in ordinary life the patient was deemed incapable of producing, are now exhibited’.³²

These individuals were sceptical of claims of veridical mediumship, in which 'spirit messages' were said to include details not known to the medium or sitters and discovered later to be true. They were motivated always to explain mediumistic beliefs, trances and communications through recourse to psychopathological arguments partly inherited from previous attempts to pathologize the unusual.

This pathology was also seen by many as a social issue, affecting not only mediums but also people around them, to the point of threatening to become epidemic.³³ The French neurologist Jean-Martin Charcot reported the case of a 13-year-old girl named Julie who took part in table tilting séances with her family and developed into a writing medium. On one occasion, her writing hand convulsed and she ran wildly through the house exhibiting 'hysterical paroxysms'.³⁴ Eventually she was hospitalized. Her two younger brothers then also showed hysterical symptoms and all three were reported to have had suffered convulsions when together. Charcot cited this as an example of the effect mediumistic practices can have on persons with nervous predispositions.

Pathological and Paranormal

Dyer D Lum

In his book *The 'Spiritual' Delusion*, the American anarchist and poet Dyer D Lum argued for the existence of genuine mental and physical phenomena in mediums, while frowning on the activity as unhealthy.

In his view, 'Anything which tends to sap or destroy the natural activity of the organs through which man holds converse with objective nature tends to lower the standard of health, for the abnormal use of any faculty being 'irregular' must so far weaken it for normal service'.³⁵ With practice, the mental content of mediumship can become 'more and more of the character of a 'reflex action'.³⁶

A few people assigned pathology to physical mediums (who hold sittings in which psychokinetic phenomena occur), while also believing that the phenomena were real, caused by a nervous force emanating from the medium. This last idea permeates the literature of spiritualistic and psychical research.³⁷

Francis Gerry Fairfield

A representative of this tradition was Francis Gerry Fairfield, an American writer and journalist. Although he had no medical training, his observations of mediums led him to believe that psychic phenomena were related to nervous system lesions³⁸ and that these lesions developed 'a peculiar sensory and motor aura' (atmosphere), which, entering into 'intimate molecular relations and contact with surrounding objects' led to phenomena such as clairvoyance, table-tipping, rappings, and the like.³⁹ Fairfield believed that this aura related to disorders of the nervous system.

Palladino Researchers

In Italy, physicians such as Pier Francesco Arullani, [Cesare Lombroso](#) and [Enrico Morselli](#) observed the physical phenomena of the medium [Eusapia Palladino](#), acknowledging that in her presence objects moved and materializations took place. Arullani⁴⁰ stated that the medium presented motor disturbances which included 'very frequent and long yawns, spasmodic laughter, speech disturbances' sometimes accompanied by frequent chewing.⁴¹ It was observed that coming out of trance 'Eusapia cannot be touched in any part of her body, and you need to leave her in darkness because light and touch produce suffering and hysterical crises; she is in delirium, has hallucinations'.⁴²

Lombroso stated that Palladino was affected by hysterical and epileptic attacks. 'She presents very serious cerebral anomalies,' he wrote, 'from which come without doubt the interruption of the functions of some cerebral centres, while the activity of other centres is increased, notably the motor centres'.⁴³ An excess of this activity was assumed to cause physical phenomena. In later writings, Lombroso maintained the relationship between physical phenomena and pathology, but without emphasis on the cerebral centers.⁴⁴ He also came to accept discarnate agency: 'During trance ... mediums acquire muscular and intellectual energy which they have not before had, and which can only rarely be explained by the transfer of thought from the minds of spectators (that is, by telepathy), and which therefore demand a special explanation — that of aid from the spirits of the departed'.⁴⁵

In his 1908 book *Psicologia e 'Spiritismo'*, Morselli⁴⁶ saw Palladino, and all mediums, as victims of disease, which he termed a metahysterical condition'.⁴⁷ Mediums, he believed, 'if not seriously impaired in their physio-psychic constitution, are always, in some way, affected during the exercise of their faculty by a functional disorder of the nervous system'.⁴⁸ About Palladino, he wrote:

Eusapia begins to slow down the respiratory motions, going from the normal number of 18 to only 15 and 12 inhalations per minute: at the same time, and in full contrast to the law of physiological proportions between breath and pulse, her heart pulsates more frequently and more strongly, coming short of 90-100-120 pulsations. These ... are accompanied by specific subjective phenomena (maybe esophageal bolus, some anxiety, cephalic sensations)... But it is well-known that the paroxysms of hysterical neurosis begin with similar events.⁴⁹

Víctor Melcior

Also worth mentioning is the work of Spanish physician Víctor Melcior, who believed physical phenomena were caused by the projection of a nervous force from the medulla oblongata: the functioning of the autonomous nervous system (which regulates digestion, respiration and heart rate) was associated with nervous disturbances and the lessening of intellectual functions, leading to automatism. Melcior thought that the physical phenomena of mediumship 'can never be produced by a healthy person, but must be produced by a diseased subject with psychological ailments'.⁵⁰

Critiques

The pathologizing of mediumship was criticized by defenders of discarnate agency. Some argued the cases cited were too few to convince as evidence of genuine social and medical problems.⁵¹ Gabriel Delanne, a leading French Spiritist, wrote that he had seen no hysterical or nervous crises in mediums in the fifteen years he had been attending séances.⁵² He also pointed out that mediumistic scripts contained veridical information not present in writings produced by hysterics.⁵³

One physician cautioned against ‘false conceptions and legends’ about pathology arising from the observation of ‘hospital hysterics’,⁵⁴ and recalled Frederic Myers’s⁵⁵ strictures against Janet’s ‘hasty generalization ... from his own experiences with morbid subjects to the morbidity of *all* subjects’. Joseph Maxwell, too, commented on Janet’s conclusions, stating: ‘Up to the present Janet seems to have operated with invalids only, and I am not surprised, therefore, that he should assimilate the automatic phenomena of sensitives with those of his hysterical patients’.⁵⁶ Maxwell added: ‘Hysterical people do not always give clear, decided phenomena; my best experiments have been made with those who were not in any way hysterical’.⁵⁷

In his 1922 book *Traité de Métapsychique* (translated as *Thirty Years of Psychical Research*), [Charles Richet](#) took exception to pathological views about mediums, writing

Mediums are more or less neuropathic, subject to headaches, insomnia, and dyspepsia. But all of this is of little significance ... Certainly there is some disintegration of consciousness. But among artists, scientists, even common individuals, are there not often analogous disintegrations of consciousness, with partial automatism?⁵⁸

Recent Views

The relationship between pathology and mediumship continued to be discussed in later years⁵⁹ and in the present day,⁶⁰ but is unsupported by recent empirical investigations.⁶¹

Recent Historical Scholarship

In addition to short discussions in histories of Spiritualism and Spiritism,⁶² specific writings on the topic have been published. Alex Owen⁶³ and Nancy L Zingrone⁶⁴ have independently emphasized how ideas of the pathology of mediumship infused power relations and gender issues in the writings of physicians such as Forbes Winslow in Britain, Marvin in the US and Lombroso in Italy.

An important contribution covering French developments is Pascal Le Maléfan’s *Folie et Spiritisme: Histoire du Discourse Psychopathologique sur la Pratique du Spiritisme, ses Abords et ses Avatars (1850–1950)* (*Madness and Spiritism: History of the Psychopathological Discourse on the Practice of Spiritism, Its Approches, Its Transformations*). This documents how French psychiatrists used mediumship to help define psychiatric conditions.⁶⁵ Mediumship was an analogy ‘by which spiritist phenomena ... served to refine mechanisms, classifications, etiologies and interpretation systems in psychopathology’.⁶⁶ Le Maléfan has published papers

about these psychiatrists.[67](#) Moreira-Almeida, Almeida, and Lotufo Neto[68](#) have addressed the topic in relation to Brazil.

The work of Marvin in the United States has been presented as an example of nineteenth-century attempts to reduce the unexplained to physiological mechanisms influenced by ideas of uterine pathology.[69](#) Alvarado and Biondi have explored Lombroso's ideas regarding Palladino. Biondi and[70](#) Brancaccio[71](#) have discussed Morselli.

A small literature has covered the incarceration and commitment of individuals (mainly women) to medical institutions for being spiritualists and mediums, a process suggestive of power relations in the control of women.[72](#) Haber covers the case of a man.[73](#)

Acknowledgements

I wish to thank Nancy L Zingrone for useful editorial suggestions.

Carlos S Alvarado

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Endnotes

Footnotes

- [1](#). Gonçalves & Ortega (2013).
- [2](#). Clarke & Jacyna (1987).
- [3](#). For summaries of these vast literatures see Crabtree (1993); Gauld (1992); Goldstein (1987); and Micale (1995).
- [4](#). Braid (1843), 19.
- [5](#). Azam (1887).
- [6](#). Maury (1861).
- [7](#). Carpenter (1877).
- [8](#). Carpenter (1877), 100.
- [9](#). Pigeaire (1839), 282.
- [10](#). Richer (1885), 535.
- [11](#). For the history of these ideas see Alvarado and Zingrone (2012); Le Maléfan (1999); Owen (1990); and Porter et al. (2003).
- [12](#). Anon. (1869), 602.
- [13](#). Anon. (1860), 466.
- [14](#). Le Maléfan (1999); Le Maléfan et al. (2013).
- [15](#). Burlet (1863).
- [16](#). Burlet (1863), 11 .
- [17](#). Burlet (1863), 12.
- [18](#). Burlet (1863), 22.
- [19](#). Janet (1889), 404.
- [20](#). Janet (1889), 406.

- [21.](#) Janet (1909).
- [22.](#) Lévy-Valensy (1910), 715.
- [23.](#) Lévy-Valensy (1910), 697.
- [24.](#) Marvin (1874).
- [25.](#) Marvin (1874), 44.
- [26.](#) Lightfoot (1857).
- [27.](#) Marvin (1874), 47.
- [28.](#) Hammond (1876), 118.
- [29.](#) Hammond (1876), 256.
- [30.](#) Beard (1879).
- [31.](#) e.g., Knaggs (1879); Winslow (1877).
- [32.](#) Knaggs (1879), 43.
- [33.](#) Burlet (1863); Lévy-Valensi (1910); Marvin (1874).
- [34.](#) Charcot (1888), 67.
- [35.](#) Lum (1873), 92.
- [36.](#) Lum (1873), 210.
- [37.](#) see Alvarado (2006, 2016).
- [38.](#) Fairfield (1875).
- [39.](#) Fairfield (1875), 29.
- [40.](#) Arullani (1907).
- [41.](#) Arullani (1907), 16.
- [42.](#) Arullani (1907), 18.
- [43.](#) Lombroso (1892), 150.
- [44.](#) Lombroso (1909).
- [45.](#) Lombroso (1909), 123.
- [46.](#) Lombroso (1908); see also Alvarado (2018).
- [47.](#) Morselli (1908), vol. 2, 310.
- [48.](#) Morselli (1908), vol. 1, 114.
- [49.](#) Morselli (1908), vol. 2, 306-7.
- [50.](#) Melcior (1901), 415.
- [51.](#) Anon. (1863); Crowell (1877).
- [52.](#) Delanne (1897).
- [53.](#) Delanne (1897), 142; see also Delanne (1902).
- [54.](#) de Sermyn (1910), 133.
- [55.](#) Myers (1889), 193.
- [56.](#) Maxwell (1903/1905), 261.
- [57.](#) Maxwell (1903/1905), 44.
- [58.](#) Richet (1922), 50.
- [59.](#) e.g., Ehrenwald (1948).
- [60.](#) Alvarado (2010); Kaminker (2013).
- [61.](#) Moreira-Almeida et al. (2008); Moreira-Almeida et al. (2007); Roxburgh & Roe (2011).
- [62.](#) e.g., Braude (2001); Edelman (1995).
- [63.](#) Owen (1990).
- [64.](#) Zingrone (1994).
- [65.](#) see also Le Maléfan, Evrard, & Alvarado (2013).
- [66.](#) Le Maléfan (1999), 47.
- [67.](#) Le Maléfan (1993, 2003); Le Maléfan et al. (2013).

- [68.](#) Moreira-Almeida et al (2005).
- [69.](#) Alvarado & Zingrone (2012).
- [70.](#) Alvarado & Biondi (2017).
- [71.](#) Brancaccio (2014).
- [72.](#) Owen (1990); Porter et al (2003).
- [73.](#) Haber (1986).