

THE MENTALLY ILL IN ROMAN SOCIETY (LATE REPUBLIC AND EMPIRE)

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This paper analyzes how the Romans conceived and defined mental-illness, studying the mentally ill from a social perspective, and reflecting on the question of their marginality. Based on medical treatises, the law, and philosophical pieces I identify what kinds of mental deviations were considered insanity and, at the same time study, the status that the insane had in society, the limitations that the law imposed to their actions and decisions, and the concerns that they posed to society. Finally, I propose that the madman had an ambiguous status from the social point of view.

Ambiguity / Mental Illness / Law / Marginality / Medicine

Este artículo analiza el modo en que los romanos concibieron la enfermedad mental, estudiando la locura desde una perspectiva social y planteando la cuestión de su marginalidad. Basándome en tratados médicos, las Instituciones Justinianas y escritos filosóficos, identifico qué tipo de desviaciones eran consideradas locura y, al mismo tiempo, estudio el estatus social del enfermo mental, las limitaciones que la ley imponía a sus acciones y decisiones, así como las preocupaciones que éste imponía a la sociedad. Finalmente, propongo que la insania implicaba un estatus social ambiguo al sujeto que la padecía.

Introduction

The issue of mental disease in the Classical world in general, and in Roman society in particular, has been chiefly studied from a literary, philosophical, legal, or medical perspective. These approaches are somehow guided by the kind of sources we have: literary compositions like Virgil's *Aeneid* or Statius' *Thebaid* which deal with madness; philosophical reflection about mania from Plato to Stoicism; legal disposition dealing with the insane; medical literature which studies mental illness from the physician's point of view, etc. Mental illness, however, has not been examined at length from a social perspective in the Roman world. Rosen's¹ work about madness

¹ Rosen (1968: 337)

in society includes a chapter about Antiquity, and mental disease has also been included in Garland's work about disability in the Roman world², but to my knowledge, there is no study that addresses this issue in its own right.

This paper will attempt a first approach to the mentally ill in Rome from a social perspective. Here I limit myself to presenting an outline of the elements I believe should be considered in the study of the mentally ill and reflect on the question of their marginality, focusing especially on medical and legal sources, which I think provide invaluable material to understand these individuals from a social perspective.

Mental illness is socially and culturally constructed. Even though it is an affliction with both biological and psychological causes, it is primarily detected and diagnosed as a deviation from what society considers normal behavior. Hence it is necessary to begin by understanding how the Romans conceived and defined mental illness; we should comprehend what kind of deviation and abnormality madness was for the Romans.

In order to understand this we shall take into consideration philosophical, medical and legal definitions of madness. Then, we will focus on what kinds of mental deviations were considered insanity, especially from a medical point of view and the kinds of treatments proposed to 'cure' this deviation. Subsequently, we will study the status that the mad had in society, the limitations that mental illness imposed to their actions and decisions and the concerns that the insane posed to society.

Finally, we will reflect on what kind of life and fate a madman may have had in Roman society, if he was taken care of or was left to his own luck and in what measure the Roman state was concerned with the care of the mentally ill, and if it regarded these persons as a private or public matter.

Defining Madness

Before giving a definition of mental illness that assembles the contributions from our different sources, we should analyze the language and words that are used to designate the mentally ill. Latin has several words to refer to the individual who is not in full possession of his mental faculties: *non compos mentis*, *demens*, *fanaticus*, *ideotus*, *furiosus*, *insania*, *ira*, *mania*, *paranoia*, etc. In our sources, the most common terms are *demens*, *insania*, *mania* and *non compos mentis*. These words were used very loosely, characterizing different aspects, behavior and events. Our medical and legal sources, which are all later than the first century A.D.,

² Garland (1995: 222)

refer to *demens*, *non compos mentis* and *insania*, but the term used the most is *furor*. Before the first century A.D., the conception of *furere* in the sense of 'to be mad or irrational' was not viable and part of the literary language. The word was limited to describe the commotion and uncontrolled aspects of nature and had not been transferred to other images or scenes³.

Definitions of *furor* are rare in Latin literature. However, the conception of a deviation or aberration producing behavior inconsistent with an established norm or an action which portrays a new personality in an individual continues to be present in almost all phases or spheres of life⁴. The medical, philosophical and legal sources coincide in defining mental illness as a loss of reason or lack of understanding, which has as its main consequence the individual's lack of control over his own decisions and behavior. Two forms of conduct were considered particularly characteristic of the mentally disordered: their habit of wandering about and their proneness to violence⁵.

Cicero established the use of two different terms to distinguish between the moral or philosophical madness, which he calls *insania*, and medical derangement, which he calls *furor*, and later sources tend to respect this difference:

I cannot readily give the origin of the Greek term *mania*: the meaning it actually implies is marked with more clear discrimination by us than the Greeks, for we make a distinction between unsoundness of mind (*insania*), which from its associations with folly (*stultitia*) has a wider connotation, and frenzy (*furor*)⁶.

Thus, *insania* consists of the lack of mental sanity and the privation of mental tranquility and internal coherence, a spiritual illness very similar to stupidity, which has little importance for practical life. *Furor*, on the other hand, consists of a total blindness of the spirit and corresponds to madness. The distinction between *furor* and *insania* is based on the Stoic doctrine which proposes reason as the main guideline of life, but has a Socratic ascendance⁷.

Cicero believed that the Stoics were right naming 'mindlessness' (*amentia*) and 'madness' (*dementia*) a condition of the soul marked by the absence of the illuminating influence of the mind (*lumine mentis carentem*)⁸.

³ Alessi (1974:342)

⁴ Alessi (1974:353)

⁵ Rosen (1968:97-98)

⁶ Cicero, *Tusculan Disputations*, III, V, 11

⁷ Taldone (1993:3-4)

⁸ Cicero, *Tusculan Disputations*, III, V, 10

As we have seen, his point is to differentiate *insania* from *furor*, but from our perspective the comparison and similitude of both terms is much more illuminating. For the Stoics, madness was a disease of the soul characterized by the primacy of passions over reason. The difference with madness as a physiological illness - which was the object of the physician, not the philosopher - was only quantitative. They considered that madness was nothing more than the straightening and intensification of passion. The Stoic consideration of insanity as a disease of the soul highlights what it has in common with insanity as a disease of the body: the loss of reason, characterized by the preeminence of passions over the individual's behavior, which does not yield to social norms as commanded by reason. The Stoic approach found a favorable reception among the Romans probably because the archaic Italic tradition substantially agreed with the volitive-emotional approach of the Stoa. For a warrior and peasant the mentally ill was a man with an evil heart, a *vecors*. The normal man adhering to reality was *cordatus*. Insanity originated from an evil heart. Evil born from inner aggressiveness inspires a "blindness of the mind", which impedes a normal adaptation to society⁹.

In the *Hippocratic Corpus* the senses of *mania* are not precisely determined and the concept is not yet fixed. Galen (II-III A.D.), conveying the conceptions of the Hippocratic school, defines madness as a loss of mind and a change in the customs and habits of the individual¹⁰. Likewise, the methodist physicians, Soranus of Ephesus and Caelius Aurelianus, define mental illness as violent folly with loss of reason (*deliratio vehemens cum alienatione*)¹¹. Consequently, by the first century A.D. there was a consensus between the different medical schools on the definition of mental illness.

Finally, legal sources¹² coincide in regarding and defining the *furiosus* as someone who is deprived of his intellectual faculties. The *Institutes of Gaius* consider the infant and the madman as being equals, since both lack understanding (*nullum intellectum habent*). The legal sources are very clear on this point: reason is the factor that makes a person responsible and accountable for his acts. What the *infans* and the *furiosus* had in common was precisely the absence of rationality that would otherwise grant them legal statute¹³. Therefore, the legal sources identify the lack of responsibility and control over the individual's own decisions and behavior as the main feature of mental illness. *Furiosus* conveyed a deviation as extreme as to

⁹ Roccatagliata (1986:57)

¹⁰ Galen, *Medical Definitions*

¹¹ Caelius Aurelianus, *On Acute diseases*, I, 4

¹² *Digest*, 3.3.2.1, 5.2.2.

¹³ Robinson (1996:299)

make the afflicted person incapable of intelligible contact with the public good¹⁴.

Types of Mental Disease

Until the sixth century B.C., the ancient cultures of western civilization attributed mental disease to a whole range of gods who could both cause and cure madness. The demons (*alastor*) brought about hallucinations that could in their turn be eliminated by the protecting deities (*Jares*). In general, any behavior that was out of the norm or that could distinguish one individual from the rest of the community was believed to be caused by some external force, god or *daemon*, and was considered some form of *mania*.

Plato in the *Phaedrus* distinguishes between 'medical madness' and 'divine madness'. He states that there are two kinds of *mania*, one which involves a mental harm with a bodily cause of origin, and a divine madness, which could be of three different kinds: prophetic, erotic or poetic.

In Rome, mental disease was given solely a sacred interpretation until the foundation of the temple of Aesculapius in IV B.C. Then again, in the same century Rome imported the cults of Diana and Apollo, gods who were called upon to obtain recovery from mental disturbances. At the beginning of the first century B.C., Romans used to turn to Etruscan priests, the college of Augurs, the Haruspices, or the Sibylline Books to resolve their medical and psychiatric problems¹⁵. Unfortunately, the 'sacred treatments' of mental diseases are poorly attested by our sources from the first century A.D. and later. We have the case of Aelius Aristides, who suffered various neuroses as sacred diseases, but this is one very particular case of a member of the elite, and does not allow us to make valid generalizations. At any rate, it is very likely that people continued to believe on some level in the sacred character and treatment of mental disease, in spite of, or at the same time as medical explanations and treatments were developing. Probably, for the common people mental illness was rather unspecific and could range from ecstatic behavior to epilepsy and delusional insanity¹⁶. On the other hand, the medical sources provide a more or less clear conception of mental illness, which might vary in some details, depending on the medical school with which the author was associated.

In the sixth century B.C., the philosophers of Ionia elaborated a biological model of mental disease on a materialistic approach, which served to introduce psychiatry into the realm of the science of nature, separating it

¹⁴ Robinson (1996:35-36)

¹⁵ Roccatagliata (1986:6-14 182)

from the sacred world and from philosophical speculation¹⁷. At a certain moment which is difficult to date, Greek medicine defined *mania* as a chronic disease with alienation of the spirit and without fever¹⁸. This model was followed and deepened by Hippocrates, who rejected any supernatural explanations of physical diseases. The medical tradition inaugurated by Hippocrates and represented in the Roman period chiefly by Galen, proposed that mental disease was due to the toxic effect produced in the brain and its *pneuma* by unbalanced combinations of the basic qualities of heat, cold, dryness, and moisture due to the imbalance of the bodily humors. The humoral theory was related with the idea that since mental disease was essentially physiologic, there was a predisposition on the part of certain individuals to mental diseases, such predisposition being a matter of bodily constitution and temperament¹⁹. Two important consequences result from the humoral theory. First, psychiatric illness pertains to the sphere of somatic diseases, and second, madness can be avoided or cured if one can correct the constitution of the body, mainly through diet²⁰.

Hellenistic medicine of the second century A.D., which provides most of our medical sources for Rome, was the direct heir to the medical schools in the fifth, fourth, and third centuries B.C.²¹. Soranus of Ephesus and Arateus of Cappadocia, who are more or less contemporary (II c. A.D.), followed the Hippocratic distinction between chronic and acute mental illness. The main difference between the two kinds of mental diseases was that acute mental illness, *phrenitis*, was the consequence of a fevered state, while chronic mental disease was a permanent state, caused by ill-constituted body equilibrium. As Caelius Aurelianus states on *Acute Diseases* "no one can hold that loss of reason (*alienation*) is essentially different from madness (*deliratio*)."²²

Chronic mental disease could be of two kinds, *mania* and *melancholia*. Both were characterized by a deviation from 'normal' or accepted behavior, uncontrolled attitudes and different kinds of hallucinations and delusions. Aretaeus of Cappadocia describes the difference between the two kinds of madness:

¹⁶ Rosen (1968:102)

¹⁷ Roccatagliata (1986:83)

¹⁸ Pigeaud (1987:7-8)

¹⁹ Drabkin (1955:229)

²⁰ Pigeaud (1987:46)

²¹ Garcia Ballester (1988:139)

²² Caelius Aurelianus, *On Acute Diseases*, I, 5

"For in those who are mad (*mainomevnousin*), the understanding is tuned sometimes to anger and sometimes to joy, but in the melancholic to sorrow and despondency only. But they who are mad are so for the greater part of life, becoming silly (*ajfronevonte*"), and doing dreadful (*deivna*) and shameful things (*aijscrav*); but those affected with melancholy are not every one of them affected according to one particular form; but they are either suspicious of poisoning (*Farmakivhn u[poptoi*), or flee to the desert from misanthropy (*mivso*" tou' zh'n), or turn superstitious, or contract a hatred of life."²³

There were several factors that could intervene in the development of mental illness, mainly: age, gender, climate, character, and circumstances. Accordingly, Aretaeus states that *mania* occurs more frequently in young and middle-aged men, rarely in old men, and most infrequently in children and women²⁴. He adds that when women develop mania, they are affected worse by it. *Melancholia* was believed to be more frequent among men, especially in their middle age, with rare incidence among women and other ages²⁵. The seasons of summer and autumn were believed to engender madness, and spring to bring it to crisis²⁶. The ones prone to *mania* were naturally passionate, irritable, of active habits, easy disposition, joyous and puerile; likewise those whose character inclined to *melancholia*, were believed to be sluggish, sorrowful, slow to learn but patient in labor²⁷.

Madness could manifest itself without an observable cause, but it was believed to be triggered by violent emotions and sensations such as exposure to intense heat or cold, indigestion, frequent and uncontrolled drunkenness, continual sleeplessness, excesses of venery, anger, grief, anxiety, intense effort of the senses and the mind in study, business, or other ambitious pursuit, etc²⁸.

In terms of behavior, *mania* could present infinite modes, but Aretaeus distinguished primarily between its mild and its severe manifestations, and considered the interaction that individuals affected by these different kinds of madness had with society. Those who presented the milder manifestations of *mania* developed a joyous behavior, associated with laugh, play, and dance. These were the kind of individuals that could be found wandering on the streets or the market, being mocked and mistreated by children or by the crowd. This form was considered inoffensive to those around them. Others developed madness attended with anger. They were thought

²³ Aretaeus, *The Extant Works*; I, 5

²⁴ Aretaeus, *The Extant Works*; I, 5

²⁵ Aretaeus, *The Extant Works*; I, 5

²⁶ Aretaeus, *The Extant Works*; I, 5

dangerous because of their violent behavior and their uncontrolled impulses, which could lead them to act impudently in public. They were also dangerous to themselves, and presented a tendency to commit suicide²⁹. Another characteristic of *mania* was that it had periods of remission, when the person would regain control of his thoughts and actions and become completely lucid. This particular feature would pose a challenge to the law concerning the mentally ill because it raised the problem of the moral and juridical responsibility of the mad³⁰.

The melancholics' behavior was distinguished by their tendency to change their minds readily, becoming base, mean-spirited, illiberal, extravagant and munificent. If the illness became more pressing, they were prone to hatred, avoidance of the company of men, and lamentations. They tended to complain of life and express a desire to die. They became forgetful of themselves and began to "live the life of inferior animals."³¹

Medical treatments for *mania* and *melancholia* were intended to build up the patient's strength and to alter his constitution as far as possible. Towards these ends, both somatic and psychotherapeutic measures were employed. Since psychological factors, such as grief, excessive anger, anxiety, and straining of the mind were also regarded as causes of mental illness, physicians like Soranus and Aretaeus not only proposed a physiological approach, but also a psychotherapeutic one³². Other physicians like Celsus, however, advocated violent physical and physiological measures, which included restraint, extremely limited diets, keeping the patient in a dark room, violent purges, excessive bleeding, plunging the patient suddenly into cold water, beating and whipping him³³. The environment surrounding the patient was considered very important and it included not only the family, but specialized personnel, who could address the different psychosis of the patient with an adequate and therapeutic attitude³⁴.

Finally, Aretaeus and Soranus acknowledged that there was a fourth kind of mental illness, which was not a disease and did not fit the model of chronic and acute diseases, and did not pertain to the realm of medicine: madness of divine origin. They were alluding to bacchic ecstasy, which was recognized as a temporary state where the individual lost rational control of

²⁷ Aretaeus, *The Extant Works*; I, 5

²⁸ Caelius Aurelianus, *On Chronic Diseases*, I, 146-47

²⁹ Aretaeus, *The Extant Works*; I, 6

³⁰ Pigeaud (1987:89)

³¹ Aretaeus, *The Extant Works*; I, 5

³² Rosen (1968:132)

³³ Celsus, *De Medicina*, III, 18-19

³⁴ Pigeaud (1987:145-146)

the self. Though this kind of madness had a divine cause and not a physical one, Aretaeus tells us that the initiated suffered physical consequences and were pale and tired after the celebration of the rites from the pain of the wounds³⁵. The jurists were well aware of this kind of madness. Ulpianus cites an edict from Vivianus dealing with slaves that participated in the Bacchanalia, that states that those slaves affected by 'sacred mania' suffered from a mental, not a physical disease, while a physical *vitium* with mental consequences was mainly a physical defect³⁶. The edict is interesting because it takes into account and confirms the medical opinion that divine madness was out of the domain of medicine, being a psychic state not related to a physical infirmity.

The place of the insane in society

Roman law is our best source for understanding the place of mad people in Roman society. The corpus of laws allows us to understand the place that the mad occupied in the social fabric, the limitations that mental illness imposed on their actions and decisions, the concerns that the insane posed to society, and in what measure the Roman state considered these persons a private or public matter.

Mental illness must have been one of the most common disabilities in the Roman world. Being impossible to detect at the moment of birth, families could not expose or kill the insane. In consequence, people who were born mentally ill had the same possibility to reach adulthood as a sane person. Furthermore, we have seen that it was very likely for mental illness to develop late in life, after the person had reached adulthood, formed a family, and was in complete possession of citizenship. In spite of the fact that the insane could not get married, as they could not enter into any contract, the law had to deal with the problems posed by a person becoming insane after he or she had formed a household. In the case of men, this caused difficulties concerning the rights and duties of citizenship and *patria potestas* that they had already acquired. For women, the main problem was when they became mad after entering into marriage, and having children.

Roman law dealing with the insane was fundamentally concerned with two problems: handling the issues in relation to property and contracts that involved those with mental illness, and protecting society and the insane from any harm they could cause as a consequence of their lack of self-control.

³⁵ Aretaeus, *The Extant Works*; I, 6

³⁶ *Digest* 21.1.1.10; 21.1.4.1

Someone who was insane did not lose his *patria potestas*, since this was a power that could not be resigned. The insane kept his power over his wife and offspring, even over any children who were born after he became mad. Likewise, if the woman became mad once she was married, she could still transmit the *gens* to her children, even if she was mad during their conception. According to Ulpian, the marriage also stands when both of the spouses became mad³⁷. Thus, the fact of being insane did not deprive a Roman citizen of his *patria potestas*, or his status as a citizen, but of his right and duties as citizen and head of a household. He was still able to receive property as long as a curator accepted for him³⁸, because knowledge was not a requisite for the State to bestow property on a person³⁹. These dispositions were not destined to protect the insane as an individual, but to serve as a link in the long chain of the *gens* and *familia*, which was a matter of interest not only to the family, but also to the State⁴⁰. The law took the necessary measures to protect and secure both the transmission of property and citizenship, because these two were intimately related.

Even though the insane retained his *patria potestas*, he was excluded from any position within the community as one who could not take responsibilities. The lunatic was banned from the affairs of State. The management of his assets, the disposition of his property, and even his right to approve the marriage of his offspring were taken from him.⁴¹ As a citizen, a *furiousus* could not be appointed as judge or participate in any way in court, and he could not hold office⁴².

The *Twelve Tables* stated that lunatics and prodigals should be placed under the custody of agnates as curators. The responsibilities of a curator were to administer the insane person's property, to represent him in civil and commercial matters and to take care of his wellbeing and health⁴³. By Justinian's time, the agnates continued to be the expected curators, but they needed to be approved by the State⁴⁴. The insane was supposed to remain under the power of his parents while they were alive⁴⁵, and the father was expected to appoint a curator to his insane child in his testament⁴⁶.

³⁷ Digest 1.6.8 pr. Ulpianus 26 ad Sabinus

³⁸ *The Institutes of Justinian*, 5.70.7.3

³⁹ *The Institutes of Justinian*, 5.70.7.2

⁴⁰ Robinson (1996:41)

⁴¹ Robinson (1996:43)

⁴² *Gaius Institutes*, 106; *Digest* 2.4.4pr.; 5.1.12.2; 28.1.17; *The Institutes of Justinian* 3.19.8; 1.23.3

⁴³ *The Institutes of Justinian* 4.37.7; 2, 19; 5.70.7.5; *Gaius Institutes* 64; *Digest* 12.2.17.2; 27.10.7pr.

⁴⁴ *The Institutes of Justinian* 1.23.3; 5.70.7.5

⁴⁵ *The Institutes of Justinian* 5.70.7.1

In case he failed to do so, a magistrate had to appoint a curator, who was chosen among the suitable agnates. If no relatives were considered apt (*inhabilis*), the court could appoint a curator⁴⁷. When the insane was of noble birth, the appointment of a curator was not the matter of the court but of a *Senatus Consultum*⁴⁸. Finally, a son was only obliged to take care of a mad mother, but the law considered that though not compelled to do so, he should take care of an insane father too, not out of obligation, but out of piety. Furthermore, Justinian considers that the children of a *furiosus* were obligated to take care of him and should be disinherited and penalized for neglecting to do so⁴⁹.

As we just saw in the previous section, Roman law gradually integrated medical knowledge in its dealings with the insane. Several dispositions show the awareness that mental illness, though being a chronic disease had lucid periods or remission – the law acknowledged that *furor* was a chronic state, but that it could have periods of *sanitas*. Hence, the title of curator and his responsibilities, which were permanent, were suspended during these lucid intervals. In these periods of lucidity, the lunatic recovered his right to make decisions without the approval of his curator and was considered responsible for his actions⁵⁰. In the criminal case of parricide committed by Aelius Priscus, the Emperors Marcus Aurelius and Commodus, consulted by the governor, ordered an inquiry as to whether the murder had been committed under temporary, permanent or faked madness. In that case the governor determined that Aelius Priscus was in fact a *furiosus*, the rescript contemplated the possibility of lucid intervals as an opportunity to make further inquiry on the crime⁵¹.

The *furiosus* could also fulfill his duties as a citizen during a lucid interval. The jurist Papianus (II-III c. A.D.) states that a lunatic could be appointed judge, because the fact that he could not act as judge one day did not mean that the proceedings would be invalid. Therefore, the verdict he gave after he had recovered his sanity was valid and binding, for neither the presence nor the knowledge of the judge was considered essential to the appointment⁵². Likewise, the madman was liable for fraudulent and criminal acts during these periods.⁵³

⁴⁶ *The Institutes of Justinian* 1.4.27.1; 5.70.7.1

⁴⁷ *The Institutes of Justinian* 5.70.7.6; *Digest* 27.10.13

⁴⁸ *The Institutes of Justinian* 5.70.7.6

⁴⁹ *The Institutes of Justinian* 3.33.12.1

⁵⁰ *The Institutes of Justinian* 5.70.6.1; 6.22.9pr

⁵¹ Pavón (2000:262)

⁵² *Digest* 5.1.39pr.

⁵³ *Digest* 14.4.4; 1.18.14; 9.2.5.2

Taking care of the mentally ill

There is little evidence to suggest that the disabled received any public welfare in the Roman world⁵⁴. We will see though, that contrary to what one might expect and to the opinion of some scholars⁵⁵, Roman law does show some concern with the wellbeing of the insane, and there were some attempts to take care of the mentally ill. These were limited because the law was restricted to regulating only those aspects of private life where it could intervene and to taking measures when there was violence against public peace. Measures were taken to protect the mentally ill from themselves and from possible unscrupulous curators and established that the responsibility of guardians was not limited to the administration of the insane persons' property, but encompassed their well-being. Beyond that, attempts to protect the insane were limited because the care of any disabled person was a private and not a public matter.

Ulpianus states that when a wife became mad, she should not be repudiated by her husband if her behavior was more or less acceptable and her infirmity was mild, because a husband and a wife should share each other's misfortunes. If the insane person, however, was violent and there was no hope for recovery, and the husband wanted to have children, the marriage could be ended without blame. In the same edict, Ulpianus considers the case where a man might not want to end the marriage, even though the wife was dangerous, because he desired to manage and take advantage of her assets, not taking proper care of her. In this case the insane woman's curator (the husband could not be appointed curator) or her relatives could force the husband to take care of her, and if he failed to secure her wellbeing, they could sequester the dowry so that she could be provided with the necessary means to maintain herself and her household⁵⁶. Hence, a woman could, personally or through her father, easily secure a divorce from a mad husband, and could then go to court for the recovery of the dowry. Husbands, however, had some incentive *not* to divorce insane wives, namely, the dowry, which had to be returned on divorce⁵⁷.

In the second century B.C., the Emperors Marcus Aurelius and Commodus, stated that when the relatives of a madman could not keep him under control, the governor should confine him in prison, and if necessary he should be restrained with chains. This measure was not to be regarded as a punishment - the insane had punishment enough with their

⁵⁴ Gardner (1993:172); Garland (1995:38); Rosen (1968:125-26)

⁵⁵ Robinson (1996:43)

⁵⁶ *Digest* 24.3.22.7-8

⁵⁷ Gardner (1993:176)

infirmity - but a measure taken to protect his neighbors and himself. The law takes into account two details that are fundamental to understanding the care of the insane: first, the fact that only those persons who enjoyed a certain amount of property would be expected to be taken care of by their family⁵⁸; second, that there were levels of mental derangement that impeded the family in keeping the insane under control. In these circumstances too, the madman should be confined in prison. This is the first occurrence of the use of prison as a madhouse in the Roman world⁵⁹, a use that would become much more common later on in Western history.

Regarding the insane person's destiny, money, status and social position did make a difference. The sources are not very eloquent on this point, but we do hear hints in this direction. The treatments to cure *mania* and *melancholia* proposed by Celsus, Soranus and Aretaus required constant attention and care. The measures they suggested not only pointed to the reestablishment of the strength and equilibrium of the body, but also had psychotherapeutic features, which required specialized personnel. The persons in charge of this treatment were trained to provide psychological and physical therapy. Hence, these servants were expected to be able to participate in the restraint of the lunatic, to protect him from himself or others, and to organize his life, having a therapeutic and pedagogic role in the reestablishment of his sanity⁶⁰. We do not know whether these treatments were effective or not, but from the legal sources, we know that the physicians were considered experts on the matter. Hence it is likely that they were called to cure the mentally ill, at least the wealthy ones⁶¹.

As usual, the fate of the poor is more obscure yet. It is very likely that many people who were born mad or became mad, were never officially declared to be so, simply because the occasion never arose when the question of their sanity became important. This is because the necessity to prove their status and competence may never have arisen⁶². Probably, the disabled and insane of the lower classes were the kind of popular vagabonds who wandered around the streets⁶³, left to live by themselves and earn a meager amount by begging⁶⁴. Philo (I c. B.C -I c. A.D.) illustrates this situation telling us about a certain madman named Carabbas, who suffering from a mild form of insanity, used to live on the streets and wander around, a victim of constant mockery by children and reckless youths⁶⁵.

⁵⁸ *Digest* 1.18.14

⁵⁹ Pavón (2000:266)

⁶⁰ Pigeaud (1987:145)

⁶¹ *Digest* 1.18.14

⁶² Gardner (1993:170)

⁶³ Rosen (1968:89)

⁶⁴ Garland (1995:34)

⁶⁵ Philo Judaeus, *In Flaccum*, 36-40

Living on the edge?

The insane person did not possess the central quality needed to be an integrated member of Roman society: reason. This quality was the one that allowed the individual to develop the chief requirements of a Roman citizen: self-control, *gravitas*, a sense of appropriateness and the ability to administer the affairs of his family and, by extension, the affairs of the state. His condition placed him outside of the community. We have seen though, that it did not exclude him completely, because the individual, being a link in the transmission of the *gens* and property, kept his *patria potestas*, and in consequence, his fate was still a concern of the Roman State. Furthermore, the fact that *furor* had periods of remission, when the person regained possession of his rational qualities, placed him again inside the community, since he recovered responsibility over his acts. Therefore, *patria potestas* and the possibility that he could participate intermittently as a rational agent makes the insane an ambiguous individual from the social point of view, because his standing varies from marginality to full participation in the social fabric of Rome. This ambiguity probably explains the extensive concern of Roman law regarding the mentally ill.

As mental illness could not be detected at the time of birth, and usually developed during adulthood, Roman society was forced to take measures on the subject of the mentally ill. These measures were not limited to protecting society from potential harm, but also involved protecting the lunatic from himself. What is more interesting is that the law was also concerned with the wellbeing of the insane in the sense that it attempted to secure the provision of basic care. Of course, these measures only reached persons who enjoyed a certain status and could carry their claims before the court. As usual, the poor and the ones who had loose ties with their family and community were left to their own luck.

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