

# Essays on Partial Derangement of the Mind in Supposed Connexion with Religion by John Cheyne

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## SUMMARY

*Essays on Partial Derangement of the Mind in Supposed Connection with Religion*, written amidst the illness of its author almost two centuries ago, was the little-known work of a distinguished physician. Seeking to rebut the argument that religion is causative of ‘derangement of the mind’ it takes a surprisingly biological view of such conditions while, at the same time, affirming the importance of faith, hope and love in human well-being. Despite its limitations, it makes observations that remain relevant to debates about religion and psychiatry today.

## KEYWORDS

History of psychiatry; religion; spirituality; mental faculties; hallucinations.

*Essays on Partial Derangement of the Mind* (Cheyne 1843) was written to rebut a prejudice of the time which argued that religion was a cause of mental disorder. It was also written as a kind of therapy for its author who, amidst illness, found his religion a key coping resource. The work, a first edition of which is to be found in the antiquarian library of the Royal College of Psychiatrists, is little known today, but the name of its author is widely remembered as one of the two physicians who first described Cheyne–Stokes respiration.

## John Cheyne (1777–1836)

John Cheyne’s father, uncle, grandfathers and paternal great-grandfather were all doctors. He began helping his father in his medical practice at the age of 13 years, entered medical school at 15 and was qualified by the age of 18. He studied pathology under Charles Bell and distinguished himself in diverse areas of medicine, including child health and laryngology. He was Professor of Medicine at the Royal College of Surgeons in Ireland. Born in Scotland, he died in England but practised for much of his life in Dublin.

Cheyne’s treatment of ‘nearly one hundred’ ‘insane persons’, which he thought ‘considerable’

experience (Cheyne 1843: p. 51), seems modest to psychiatrists today. His professional experience was supplemented with wide reading. More importantly, he wrote also from personal experience of depression (which he calls ‘nervous fever’) and chronic illness. *Essays* is as much the work of a patient as of a physician.

If Cheyne’s knowledge of ‘derangement of the mind’ arose significantly from his personal experience, then this was even more true of his knowledge of religion. The ‘autobiographical sketch’ that introduces *Essays* makes no mention of this, but it is evident throughout the *Essays*. He provides a biblical account of the ‘constitution of man’ in one essay (VI) and structures three others around the theological virtues of faith, hope and love (VIII–X). Cheyne’s wide accomplishments in medicine contrast with his narrow view of Christian religion. Not only does he make no mention of other faiths but even within Christianity he appears blinkered. The ‘superstition’ of Roman Catholicism (VIII: p. 191), and the ‘enthusiasm’ of Methodism (VIII: p. 206), always compare poorly in his writing with the personal evangelical perspective that informs and shapes his essays throughout.

## Faculties of mind and brain

The introductory essay, drawing on the writings of Philippe Pinel, as well as on his personal mentor Charles Bell, makes much of the importance of the ‘faculties’ of the mind as the basis for understanding mental derangement. Cheyne never offers definition or taxonomy of these faculties but, as *Essays* progresses, he explores such things as imagination, memory, perceptions, will, affections and moral sentiments. His emphasis is biological, anchoring these faculties in ‘separate bundles of fibres’ (p. 50), but he never properly engages with philosophical debates about mind and brain. He says that he remains open to the other possibilities (implicitly of a more dualistic kind) without appearing to worry that this might undermine the arguments in his essays. Two essays (III and IV) expound further on all of this in relation to specific faculties (memory, affection) but say relatively little about religion.

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Of interest in the first essay, and important to understanding Cheyne's theory of the relationship between mental derangement and religion, is a binary account of the causes of dysfunction of the faculties:

'The activity or inactivity of the mental faculties may depend upon the condition of the brain:—

First – On the supply or exhaustion of sensorial power. Sensorial power is exhausted by long continued exercise either of body or mind, and until restored by rest, food, sleep, &c., the full vigour of the mental powers cannot be given to any subject of thought.

Secondly – Upon the state of circulation of the blood in the brain.' (p. 56)

This provides the foundation for the rest of the book and seemingly attempts to square a circle of what we might call a biopsychosocial model within a fundamentally (square) biological framework. One can hardly avoid noticing that the account is explanatory of how he understands his own nervous system as damaged by his prodigious overwork. He sees such overexertion as comparable to circulatory insufficiency in its adverse impact on the 'condition of the brain'.

### Derangement and religion

Insofar as the relationship between mental derangement and religion is concerned, the core essays are II and V. In Essay II, Cheyne addresses 'false perceptions and supposed demonism'. 'False perceptions', elsewhere referred to as 'delusions' of the sensory organs, are understood as due to pathology, either of the sensory organs themselves or of 'that portion of the brain with which the external senses immediately communicate' (p. 60). Where a person does not realise that these 'perceptions' are false, they are likely to refer them to 'supernatural agency' and act accordingly. For Cheyne, this means that they are no longer 'of sound mind'.

These 'false perceptions' seem to include (as we would understand it) both hallucinations and obsessional thoughts. For example, in words quoted from one sufferer:

'I solemnly assure you that I hear a voice which seems to be within me, prompting me to utter what I would turn from with disgust if uttered by another. If I were not afraid that you would smile, I should say there is no way of accounting for these extraordinary articulate whisperings, but by supposing that an evil spirit has obtained possession of me for the time ...' (p. 65)

In another place he describes a woman who 'when about to repeat the Lord's Prayer [ ... ] was impelled from within to say, "Our Father which art in HELL"' (p. 67).

On the one hand, Cheyne is convinced that there are natural explanations for these phenomena:

'We have heard these and similar cases accounted for on the assumption of demonism, but we never have seen a case of disordered mind, even when attended with the most subtle malignity, which could not more easily be explained upon natural principles.' (p. 68)

On the other hand, his evangelical beliefs compel him to accede that Jesus must actually have cast out demons from people:

'Those who admit the authority of Scripture are not permitted to doubt that when our Lord cured the demoniacs he actually dispossessed them. It could not have been, as some have alleged, that he merely removed epilepsy or insanity.' (p. 69)

He reconciles these perspectives by first recommending prayer and then, if that fails, medical aid:

'Again, the minds of those who, as they conceive, at the prompting of Satan are tempted to utter blasphemous and obscene words, may be relieved and their theory controverted by the result of an appeal to Him who conquered Satan, and who will aid all who come to Him in faith. If the appeal fails, the sufferer may be assured that disease, and not the devil, is the enemy with which he has to contend, and then he must seek relief from his physician.' (pp. 76–7)

The reader is left with the distinct impression that – in practice – Cheyne thinks medical aid will always be needed.

In Essay V, Cheyne turns to consider 'insanity in supposed connexion with religion'. Here, he firmly rejects the notion that religion might be a cause of derangement of the mind. He is clear that 'true' religion (by which he means religion as he understands it) can only be a positive factor:

'We firmly believe that the Gospel, received simply, never, since it was first preached, produced a single case of insanity; the admission that it has such a tendency ought never to have been made to the enemies of the cross.' (p. 144)

Nonetheless, he accepts that religious 'enthusiasm' may be a symptom of mania. Elsewhere (in Essay X) he shows how loss of hope, including a sense of desertion by God, may be a symptom of depression.

### Faith and biology

In Essay VI, Cheyne outlines a scriptural basis for his biological approach. Adam, the first man according to the Genesis creation narrative, was created from the 'dust of the ground' (a physical principle) but becomes a 'living soul' only when God has breathed into him (a spiritual principle). Although this might have left scope for a dualistic anthropology, Cheyne is clear that mental derangement relates fundamentally to the physical dimension:

'We never saw a case of mental derangement, even where it was traceable to a moral cause, in which there was not reason to believe that bodily disease

could have been detected before the earliest aberration, had an opportunity of examination offered. Not only does every deranged state of the intellectual faculties and the natural affections depend upon bodily disease, but derangements of the religious and moral sentiments also originate in diseases of the body.' (p. 157)

The later essays address conscience (VII), faith (VIII), love (IX), hope (X) and devotional feelings (XI). While continuing application of principles laid out earlier, particularly the impact of impaired faculties on religious life, they also present Cheyne's religious vision of faith, hope and love expressed in action, and intellectual assent to evangelical doctrines.

### Strengths and limitations

In addressing a prejudice against religion, *Essays* ironically reveals its own prejudices. Cheyne finds himself unable to avoid criticism of Christian traditions other than his own, and completely ignores other religions. He is unable to give the same critical attention to theology or philosophy that he does to medicine. He has a disconcerting tendency to associate ignorance and weakness with the female sex. Despite all of this, *Essays* makes observations that remain relevant two centuries later. Faith and mental well-being are interconnected; biology has an important role to play in both. Hope, so important to mental well-being, is lost in depression. Love, so rarely spoken about in modern medicine, is vital to good religion and good clinical practice alike. Religion provides a positive coping resource

amidst illness and adversity. Good physicians, religious or not, nurture such resources in their patients.

### Data availability

Data availability is not applicable to this article as no new data were created or analysed in this study.

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### Declaration of interest

C.C.H.C. is Chair of the Spirituality and Psychiatry Special Interest Group (SPSIG) at the Royal College of Psychiatrists. The views expressed here are his own and do not necessarily represent those of SPSIG.

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Cheyne J (1843) *Essays on Partial Derangement of the Mind in Supposed Connexion with Religion*. William Curry (digitised version available from The Wellcome Library's online collection: <https://wellcomecollection.org/works/jt2dzx4>).