11 Disturbing disorders

Reconsidering the problem of ‘mental diseases’ in ancient Mesopotamia

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Searching for Mesopotamian psychiatrics

The (un)suitability of a concept

The study of ‘mental diseases’ and ‘psychology’ in ancient Mesopotamia has attracted the attention of scholars for the last half century. This label, however, poses several problems when applied to cuneiform sources, the most evident of which regards the absence of such a category in the cuneiform material. Mesopotamian nosology did not recognise the stand-alone presence or existence of ‘mental diseases’ in a way that would be parallel to the present biomedical model of classification, which has resulted in a forced imposition of some biased concepts onto ancient populations. Despite this fact, terms such as ‘mental disturbances’, ‘neuropsychiatry’, ‘Babylonian psychiatry’ and ‘psychology’ are artificial labels that have often been used in Assyriology to approach a rather heterogeneous set of symptoms and conditions characterised mainly by the alteration of behaviour, perception, feeling and mood in the patient. The artificiality and the strangeness of these concepts have made research difficult and challenging, bringing into evidence the tensions that exist between the emic and the etic perspectives, between studying a society or human group from within and taking the distance of an outside observer. Attempts to bridge the gap between the emic and the etic have been made by anthropological schools, most prominently the Harvard Medical School and its narrative-based understanding of illness as personal experience.¹ In this model, ‘illness’ refers to personal experience of suffering; ‘disease’ is the biomedical recognition of that suffering; and ‘sickness’ alludes to the social recognition of affliction. By proposing a three-fold model that distinguishes between sickness, illness and disease, medical anthropology has consciously brought to the fore the complexities and tensions that come up when health and disease are dealt with from different, and sometimes even opposing, cultural backgrounds. These three dimensions of the complex phenomenon of infirmity make clear the key position the observer–researcher plays in the process of analysis. That is, because of the scholar’s role in selecting the object of study, posing questions, dissecting materials and interpreting results within an epistemological framework, the observer always brings to the field a determining etic component.²

Taking these factors into consideration, in this chapter I address the question of whether other epistemological approaches to the question are possible, and whether a different viewpoint could contribute to our knowledge and understanding. I analyse the different medical contexts dominated by situations of ‘mental strain or distress’ (according to dominant views in Assyriology) in order to map out the underlying connections between them, proposing an aetiological-based model of classification.

A brief historiography of Assyrian–Babylonian mental diseases

In his seminal work on ‘mental diseases’ in ancient Mesopotamia, James Kinnier Wilson proposed a clear-cut division between physical or somatic diseases, on the one hand, and psychological diseases, on the other.³ His method was characterised by two elements. First, he took the symptoms described in the texts as evidence of the patient’s voice, and not as intellectual written constructions formulated by ancient scribal groups and learned professionals. Second, he tried to translate ancient accounts of disease into modern pathological terms, following the categories recognised by biomedicine, so as to dig up a true ‘Babylonian psychiatry’. Both traits are deeply rooted in contemporary biomedical and psychological practices: the first stresses the importance of individual statements for the testing, evaluation and treatment of psychological conditions (which is a procedure well attested in contemporary practice, where clinical interviews and individual tests lie at the core).⁴ The second implicitly considers biomedical classification of diseases as a nosological truth to which ancient concepts can be compared and matched. Ancient categories, thus, would be ‘misinterpretations’, erroneous or misleading readings of ‘true’ conditions that modern Western medicine has been able to unwrap and understand in its actual form. Kinnier Wilson’s research was probably informed by two facts. The first relates to the progressive attempts at ordering and classifying mental disorders during the nineteenth and twentieth centuries that crystallised in 1952 with the publication of the first edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) by the American Psychiatric Association.⁵ The second, and no doubt the most influential, factor that probably led Kinnier Wilson to explore the topic from this particular perspective was his being the son of the famous neurologist Samuel Alexander Kinnier Wilson.⁶

Other scholars have adopted similar approaches.⁷ Marten Stol, for example, in his study on epilepsy, makes use of loaded concepts such as ‘hypochondriac’ and ‘neurotic’, also turning to the notion of ‘psychosomatic suffering’, which is based on the notion that mental strain can produce physical disturbances.⁸ JoAnn Scurlock and Burton R. Andersen have also applied a similar methodology, proving once again that retrospective diagnosis, that is, the mechanism of applying modern biomedical disease classification to the study and identification of ailments described in ancient sources, produces a biased and distorted reconstruction of historical processes. Thus, the authors employ concepts such as ‘neurology’, ‘addiction’, ‘anorexia’, ‘psychotic states’ and ‘dissociative state’ to classify and

define particular disturbances in cuneiform texts.⁹ More recent studies, like the one conducted in 2013 by Vrne Chalendar on tablet BAM 202, make use of terms such as ‘neuropsychiatry’, claiming that cuneiform specialised literature provides plenty of examples of the mental and behavioural symptoms studied and classified by modern psychology. Chalendar takes morphological proximity (that is, the closeness in form) between symptoms described in modern psychological literature and in ancient cuneiform medical accounts as the base for comparative study.¹⁰ The use of the label ‘psychology’ poses some problems, too, since it implies not only the recognition of the existence of an entity ‘psyche’, a mind that can be separated from the body, but also of the predominant role the brain plays in all processes regarding thought and feeling.¹¹ This assumption, in fact, can lead to certain aprioristic conclusions to the topic that risk providing an inaccurate and misleading picture, such as assuming that malfunction of the brain was the cause behind many of the states described in cuneiform sources.¹² One of the latest contributions to the discussion is the article ‘A la recherche de la mlancolie en Msopotamie ancienne’ by Gilles Buisson (Buisson 2016). In this piece of research, Buisson works from a similar framework based on contemporary biomedical categories. In fact, he is interested mainly in providing a psychiatric reading of ancient texts that privileges ‘the descriptive level’ (Buisson 2016: 5) and the analysis of clinical states. That is, he focuses on signs and symptoms more than on aetiologies, which is precisely my main point of interest. However, the most interesting element in Buisson’s survey is his *etic* consciousness, whose basics he carefully unravels through the pages of his contribution by turning to general and specialised dictionaries, manuals of psychiatry and historical notes regarding semantic and conceptual variations of the term ‘melancholy’ in Western traditions.

All these works prove the difficulties Assyriology faces, difficulties that are born from a deep, culture-rooted idea of what the mind is, how it works and what its pathologies are. Formal similitudes in the description between symptoms in ancient and modern pathological states, however, do not necessarily imply the same connection at an aetiological level existed. By putting the emphasis in the purported mental nature of the symptoms described, the examination of the agents causing that state is often placed in a secondary position or receives less attention. In this sense, the analysis of the conditions described in cuneiform texts from the perspective of the causes of the state, moving the focus from symptom to aetiology, may prove fruitful.

Towards an emic taxonomy of disturbances of mood and behaviour

In Assyriological studies, scholars usually term a condition ‘psychological’ when one or more of these categories are manifest:

- fear-related conditions, expressed through a rich and varied vocabulary (*palhu* ‘to fear, revere’; .MUD/*gilittu* ‘terror, fright’; HULUH/*galtu* ‘to tremble, shiver’; *hayyattu* ‘terror’; *adirtu* ‘gloominess; fear, apprehension’, etc.)¹³

- abnormal feelings, feelings that interfere in everyday life, such as hate, anger and sadness (NĪG.ZI.IR/āšuštu ‘affliction, grief’, *hīp libbi*, *kūru* and *nissatu* ‘melancholy, sadness’, etc.)¹⁴
- sensorial problems (seeing and/or hearing abnormal things, buzzing in the ears)
- insomnia;¹⁵ bad dreams
- alteration of thought; bad or negative thoughts; forgetfulness
- problems of speech (inability to speak, emission of animal noises)

These are often accompanied by other symptoms, such as:

- lack of appetite; difficulties ingesting food and drink
- loss of strength; loose limbs; numbness; weakness; sexual dysfunction; movement impairment
- social alienation and derision; economic and personal losses; loss of power

A useful approach in trying to establish the *emic* values of these dark feeling-related conditions would require an analysis of the contexts where the symptoms manifest, and what their causes were according to Mesopotamian health professionals and social actors. Attending to therapeutic texts, a good number of these episodes marked by unrest are linked to social imbalance produced by a series of disturbing agents.¹⁶ A frequent cause of these states is the abandonment of god and goddess. Everyone can count on the shelter of a personal deity who acts as intermediate with the great gods, but when the personal god and goddess turn away from an individual, he or she remains unprotected and therefore exposed to the action of evil agents and all kinds of misfortune:

If a man suffers from misfortune, and he does not know how it came upon him, he continually suffers losses and deprivation, losses of barley and silver and losses of slaves and slave-girls, and oxen, horses, sheep, dogs and pigs, and even men continually die off altogether, he has *hīp libbi* (lit. breaking of the insides) frequently, he speaks (but) no(one) agrees, calls (but) no(one) answers, the curse of numerous people (is upon him). He seeks, in his bed he is continually frightened, contracts paralysis; he (lit. his insides) is filled with anger against god and king up to *his shape/figure*;¹⁷ his limbs often hang limp, and he is sometimes nervous; he cannot sleep by day or night, he constantly sees disturbing dreams; he contracts paralysis, he (eats) little bread and beer, he forgets the word he spoke: that man has the wrath of the god and the goddess on him. If that man should (subsequently) become ill with hand of a curse (*qāt māmīti*), *šudimmerakku*, hand of humanity or *himmatu* (lit. sweepings, refuse) disease, the iniquities of father and mother, brother and sister, of clan, kith and kin, will have taken hold of him. To release him, and so that he shall not be reached by his fears.

(BAM 234: 1–12)¹⁸

Apparently, the conditions quoted in lines 10–12 would refer to the possible causes provoking the symptomatology recorded in the previous lines. It seems, therefore, that ‘the wrath of the god and the goddess’ would or could have been triggered by a number of deviant, transgressing or unbalanced human behaviour: ‘hand of a curse’ comes about because of the breaking of an oath,¹⁹ while ‘hand of mankind’ and ‘sweepings, refuse’ (*himmatu*) pertain to the semantic field of witchcraft.²⁰ Transgressions performed by the family of which the patient is a member also pay a significant role in the process.²¹ A set of circumstances depicting economic losses and social alienation are added to symptoms of weakness, nervousness, difficulties in speech and so on. These are revealing of a larger context of misfortune that encompasses (or can encompass) each aspect of an individual’s life, going beyond physical distress and pointing at personal and family responsibility within both human society and divine order. Gods may turn their backs to the individual when (s)he commits a crime or transgression, but also, according to this and other examples, when a member of the family commits some iniquity. Curses, breaking of oaths and inherited guilt reveal that the individual’s health and well-being was tightly linked to the fates and deeds of the group (s)he was part of, and that well-being largely depended on the general compliance of norms.

Turning to other aetiological agents, witchcraft could also lie behind the anger of god and goddess.²² The following example concerns a long ritual to counteract witchcraft, which provides a rather complete list of those symptoms catalogued and brought together under the umbrella of personal–social–divine imbalance.²³ The tablet begins with the description of a rather limited number of symptoms, which is followed by the identification of their aetiology:²⁴

If a ma[n’s h]air sta[nds on end, . . .], his lips are seized, [his] e[ars buzz], his saliva runs, [. . .], the vertebrae of his neck hurt him, his . . . ca[use him pain], the muscles of his neck are stiff, his hands and fe[et] feel numb and ma[ke him] suffer piercing pain, [he] keeps on retching, (but) he cannot vo[mit], [his body is] aff[licted with p]aralysis, [hi]s [limbs] keep faltering, [. . .] . . . [. . .], he is slow to rise, to stand up and to speak, (then) [witch]craft has been performed against [that man]: he has been fed (bewitched) bread (and) been given (bewitched) beer to drink.²⁵

(Abusch and Schwemer 2011: text 8.2, lines 1–13, LKA 157
and duplicates)

These symptoms or conditions are then expanded in a recitation addressed to Šamaš, the sun god who judges and can provide a favourable destiny for the patient, which is part of the ritual. The long list of symptoms and disturbances that are quoted together there emphasise the situation of utter impotence of the patient, who sees his body and wellness decaying, his household lying in ruins, and his reputation being destroyed under the hands of invisible witches that have robbed him from his wellness and turned the deities against him. Feeble, frightened and in pain, with his arms bound through magical means and his speech capacities

abducted, the victim's helplessness and deep lassitude leave him unable to regain control of his life in the whole.²⁶

I am con[tinually affected] by fever, stiffness, sw[eating, illness, wasting away of the flesh, I . . . of the fo]rehead, of the chest (and) of the head (and) *convulsions*. My arms, my lower legs, my [kne]es (and) my feet are *cramped*, my libido, my *plea[sant fea]tures* are bound, my limbs keep faltering, I am more and more affected by depression, terr[or], [f]ear (and) fright, I am constantly anxious, I am [always fearful, I keep on talki[ng] to myself, I have terrible [dre]ams, I [. . .] with dead people, [. . .] my heart, my ominous signs are always strange, [. . .] my mood is always distressed (and) troubled. I continu[ally] have [ve]rtigo, my ears constantly buzz, ring and are a burden for me. M[y] cervical vertebrae hurt me, [*my . . .*] *cause me pain*, the muscles of my neck are stiff, I suffer from needling pain, paralysis, limpness, [. . .]. (var: My body), my hips, my knees [. . .], my ankles slacken repeatedly, I am slow to rise, to [stand up] and to s[p]eak, (. . . [. . .]) I gasp constantly for bre[ath], (var.: my chest) [. . .], my shoulders hurt [me], I am distre[ssed], [. . .] *makes the hair of my head stand [on end]*, myself, [. . . *are*] *turned dark for me (and) sl[acken] . . .*. Lying asleep I s[ee] in my dreams my god and [*my goddess*], ghosts, dead people, living people, people I know (and) people I do not know, the dream I see I cannot remember and I cannot hold on to it (var.: In my dream dead people are always present). My insides, my intelligence, my understanding become strange (var.: My understanding, my intelligence, [my] mo[od, *my heart*], the appearance of m[y] body becomes strange and deranged. I have no control over my own planning and thoughts.) I cannot decide my own affairs, I cannot remember what I said! (var.: I am disturbed, I am very disturbed, I am *bothered*, I am terrified, I am paralysed, I am in convulsions), I am confused, (var.: I am ill, I am thrown face down, I am downcast, I am wa[il]ing and I am sleepless). (var.: I break down again and again, and I linger on [in my disease], I am always gloomy, somber (and) constantly overwhelmed,) I am infected, I am affected, (var.: [I am . . .], I am [. . .]) by witchcraft, magic, sorcery, (by) evil and wicked machinations.²⁷

(Abusch and Schwemer 2011: text 8.2, lines 52–78;
LKA 154 and duplicates)

If we were to group together all these different conditions, it could be done in the following way:

- symptoms affecting movement: stiffness, paralysis, cramps in upper and lower limbs, vertigo, slowness
- weakness, sexual impotence
- pain that results in disablement
- symptoms affecting mood and feeling: fear, terror, distress, gloominess, nervousness, agitation
- abnormal perceptions: hearing noises, seeing ghosts and dead people, bad dreams

- growing weak, unrest, insomnia, bad dreams
- symptoms affecting behaviour: talking to oneself
- alteration of thought: incapability to think, bad thoughts, indecision, forgetfulness

When read together, the group of symptoms present a picture that revolves around the utter incapacity of acting and reacting within the limits of normal daily life. The patient encounters a situation where the agency of the individual gets compromised and out of control. It is not the mental condition what makes the patient incapable of leading an ordered life, but that incapability is part of the symptomatology caused by an initial situation of rupture. It must be noted that most of the symptoms described point to a situation marked by the inability of the patient to lead an active and engaged life. What's more, the patient is removed from his or her position in society: body impairment is the reflection of an equal deterioration in the field of human–divine relationships. In the last case discussed, bewitchment is the ultimate cause producing the anger of god and goddess, who, by turning their backs on the patient, leave him or her exposed to misfortune.²⁸ On the whole, these aetiological agents point at personal responsibility towards family, society and gods, and the importance of membership and belonging to a net of relations, as the basis for health and well-being.

Another aetiological agent that causes situations marked by unrest, fear, atony and the inability to act involves the evil action of ghosts. In most cases, they cause infirmity in the patient because of the non-compliance of the funerary obligations the living should be carrying out on their behalf. Ghosts could also become restless in the case of violent and untimely death, which implied the breaking of the normal course of life.²⁹

If a ghost afflicts a person and, as a result, he gets hot and then cold, his confusional states are numerous and (a confusional state) is (always) nearby, he gets no rest day or night, (and) his cry is like the cry of a donkey, <the hand of> a strange ghost has seized him in the waste land. <To cure him,> you rub his flesh with beerwort. You let (his flesh) cool. You crush <dried> fox grape. You rub him (with it) in oil.

(BAM 323: 65–68 and duplicates)³⁰

Therapeutic texts on ghost diseases frequently expose the nature of the ghostly entity that is causing the disease and the reason for its aggressiveness against the patient. Most, if not all, of these cases imply the person the ghost was expelled from died a violent, untimely or abnormal death, or was a criminal in life, or, in its phantasmal form, is dissatisfied with the treatment (s)he is receiving in the afterlife. That is, textual evidence stresses and largely explains ghostly attacks as the result of a disruption or alteration in the relations between men and their ancestors:

(It is) because of my family ghost which was set on me,
Or a strange ghost or a robber or murderer (which) day and night

Is bound after me and continually pursues me and stands (against me) for evil and cannot be dispelled,

(Which) strikes my skull and so paralyzes my head, (which) strikes my cheek,

Seizes my mouth, makes my tongue bitter, (which) presses me between my arms and so

Makes my arms tense, (which) paralyzes my knees, makes my body twist with twisting [. . .]

(KAR 32: 40–44)³¹

Although cuneiform medical texts prescribe a number of plant-based remedies to deal with diseases caused by ghosts, many of the rituals to appease phantoms are based on the giving of funerary offerings, libations, the celebration of a proper burial or funeral or a ghost marriage.³² That is, rituals seek to reinstate the ghost within the realm of the ‘good dead’, the pacified forefathers, who are dutifully cared for and received proper cult in the afterlife, since it is precisely the absence of this care which causes their unrest, making them a potential danger.

All in all, the pathological states caused by the wrath of god and goddess, by witchcraft or by ghostly agents are the result of a tear in the fabric social relations are made of. An imbalance in the connections and obligations between the individual and his or her family, society and the divine realms causes a similar imbalance within the individual’s life. Prosperity in life can only be expected when each thing stands in its place, when each one receives its share, and everyone complies with his or her duties towards fellow men, kin and the gods.

Body-based and other causes of alterations of feeling, mood and thought

Disease of the ‘insides’

Despite the fact that most medical cases of unrest are closely linked to an environmental imbalance, there are also a number of cases where particular fear-related conditions appear in those medical texts that organise their content according to the main body part affected. More specifically, they are usually quoted among ailments of the insides in general. Among the entries in the therapeutic treatise *Suālu* Tablet IV (STOMACH), for instance, fear- and sadness-related symptoms are included among other diseases of the ‘insides’ (*libbu*), as *Suālu* happens to be.³³ In this particular case no aetiology is specified, but the infirmity is seen as stemming from a particular section of the body:

If a man is plagued by worries and depression *constantly overwhelms* him . . .
You pulverise sprigs of fox-vine (and) he drinks it in beer and eats fatty meat
[. . .] and drinks . . . in beer.

If a man is plagued by worries and depression *constantly overwhelms him*, he is constantly affected by headaches (*di'u*) and fever (*ṣētu*) (and) he constantly swallows a lot of his (own) phlegm, it is an intermittent fever. You pulverise *imhur-līm*, milkweed (*šizbānu*), white *kikkirānu* (and) he drinks it in beer.³⁴

In the case of the diagnostic and prognostic series, and more specifically in Tablet 13, line 43, an entry concerning *huṣ hīp libbi* 'heartbreak pain (?)', stomach pain (?)³⁵ is placed between others dealing with symptoms of the insides (*libbu* and other body parts constructed with *libbu*), including ŠÀ.ZI.GA/*nīs libbi* 'libido' (lit. raising of the inside(s), arousal of the inside(s)). It is noteworthy that in ancient Mesopotamia thought, feeling and emotion take place in and are associated with internal organs.³⁶ Decision making, happiness, fear, and sadness are described as originating and developing in the abdomen (ŠÀ/*libbu*) and the liver (Sum. UR₅/*kabattu*).³⁷ This phenomenon is clearly revealed in the construction of a good number of expressions with ŠÀ/*libbu* and UR₅/*kabattu* that describe feelings and thinking processes.³⁸ Taking this fact into account, it makes sense to place GAZ ŠÀ/*hīp libbi* 'heartbreak, breaking of the inside' among recipes and entries concerning symptoms of the belly and the entrails. There is a further implication in this. Texts make clear that bewitchment can occur through feeding the patient-victim with 'poisoned' food and drink. The ingestion of filthy, bewitched substances thus could be understood as the material cause that makes the insides ill, consequently altering mood and thought, since mood and thought, as we have just seen, originate within the body. See, for instance, the following example included in an anti-witchcraft tablet:

If a man becomes increasingly depressed, [his] l[imbs are limp all the time], his tongue is always swollen, he bi[tes] his tongue, his ears buzz, his hands are numb, [his] kn[ees (and) legs] cause him a gnawing pain, his epigastrium continually pro[trudes], he is not able to have intercourse with a woman, cold tremors afflict him repeatedly, he [is in turn fat and thin], he continually salivat[es] from his mouth, [. . .], that man was given (bewitched) bread to eat, (bewitched) beer to drink, was anoi[n]ted with (bewitched) oil.³⁹

Thought alteration in relation to the head

Something similar occurs with some instances of *demmakurru*, a condition marked by the loss of understanding (*tēmu*). Texts tend to put emphasis on the symptom itself, or to associate its appearance with a contusion of the head (*muhhu* 'skull'), for instance:⁴⁰

If *demmakurru* (lit. 'change of reason') seizes a man, his understanding/reason continually changes, his words continually change, his understanding/reason constantly falls down, he talks a lot, in order to give him back his understanding/reason (three remedies follow).⁴¹

(BAM 202: 1–3 and duplicates)

If both a man's eyes wink/are made hollow and his skull is struck: as his skull, his understanding (*tēmšu*) is (also struck).

(VAT 7525 ii 28–30)⁴²

A different condition is described in the same tablet BAM 202 rev. 5'–11', attributing it both to the action of particular divine entities and to the *bennu*-disease.⁴³

If a man continually trembles in his bed, he cries like a kid goat, he grunts, he is afraid, he speaks a lot: hand of *bennu*, the *šēdu*-demon, deputy of Šin.

Happiness, unhappiness and good fortune

Singled-out elements from the conditions discussed so far also appear in texts dealing with slightly different circumstances. We have previously discussed situations of apathy, intense fear and weakness that are framed in contexts where individual relations with the group are deteriorated. We now approach cases aimed at propitiating fortune and good luck, and thus at avoiding any feeling or attitude that may hinder the good outcome of social and political performance. A good example of this is found in the compilation tablet BAM 318, which gathers a variety of procedures to ensure a successful trip, to regain 'purity' or 'cleanliness',⁴⁴ to soothe the anger of the god, to obtain one's wishes, to find favour wherever one goes, to have favourable dreams and to be happy, among other things.⁴⁵ It also includes 'twelve prescriptions which are for (curing conditions characterised by) *distress*' (*adāru*) such as *kūru* 'depression' and *nissatu* 'melancholy' (BAM 318 i 21–ii 8). In this case, the avoidance of negative/unpleasant feelings is seen in the wider context of ensuring success, acceptance and good luck within society. On more general terms, these propitiatory prescriptions can also be brought into relation with the Egalkurra or 'Entering the palace' rituals, which aim at making the client be received in the palace, his or her pleas heard, and thus being well accepted among the powerful and the political elites.⁴⁶

Love and death

There are also examples from the therapeutic corpus, the literary corpus and the documents of daily life where catastrophes such as war or famine, the death of a dear one and so on can alter mood and behaviour and bring general discomfort to the individual. Two such cases are represented by love and death. The hero Gilgamesh, for example, is described as sunken-faced and terribly sad after his long and unfruitful quest to vanquish death.⁴⁷ As for love, three instances in the diagnostic and prognostic series deal with *murūš rāmi*, the 'disease of love', which is characterised by short breath, sadness, gloom, lack of appetite and a tendency to laugh and talk to oneself.⁴⁸ The two references included in Tablet 22 of the series quote *murūš rāmi* among entries referring to witchcraft and evil human actions, such as ŠU NAM.LÚ.U₁₈.LU/*qāt awīlūti* 'hand of mankind', (eating of) *kišpū*

‘witchcraft’, ŠU NAM.ÉRIM/*qāt māmīti* ‘hand of the curse’, NAM.ÉRIM/*māmītu* ‘curse’, *lu’ātu* ‘dirt’ and NAM.TAG.GA/*arnu* ‘transgression’. In contrast, the case in Tablet 17 is included in a section on fever. The symptoms referred to in all three entries include gastric and digestive trouble accompanied by a variety of behavioural disorders. Because of their position in the text, it is clear that the cases in Tablet 22 are implicitly attributed to the action of witches; while the third example is classified through what is probably its main symptom, fever.⁴⁹

Thinking mental disturbances outside the psychological paradigm: some final thoughts

The research on the so-called mental diseases in ancient Mesopotamia is one where the etic and the emic are inextricably linked together. The historical questions scholars pose, namely how those disturbances affecting thought, mood and behaviour were understood and dealt with in ancient Mesopotamia, not only derive from Western contemporary concerns on mental health but are also informed by biomedical categories. As in any other academic field, present concerns derived from contemporary life influence research agendas, meaning that an emic approach has a good deal of an etic perspective.

As I have tried to show, it may prove fruitful to approach the topic by taking as a guideline the analysis of the aetiologies that can cause these states. The disturbances discussed so far tend to appear in different thematic contexts: abandonment of god and goddess, witchcraft, action of restless ghosts, internal diseases, curse or transgression, even the action of specific demonic beings, etc. In some instances, alterations of thought, mood and behaviour are classified in cuneiform sources following anatomical-based or other patterns, apparently showing that scribes perceived these symptoms, and arranged them accordingly, in several ways (the rationale behind these different arrangements, however, is not always crystal clear to us). In many other cases, however, these conditions had their cause mainly in the sphere of relations between the individual and his or her family (parents, ancestors), society (ghosts, witches) and the divine realm, and related in some way or another to the position the individual occupied within this thick network of relationships. What in Assyriology has been labelled ‘mental diseases’, therefore, seems to be threaded together through the common underlying idea of impairment or inability, that is, by ‘the condition of not being able to do something’. Most, if not all, of the conditions discussed so far, from numbness to the incapacity to think properly, from terror to insomnia, serve to present a displaced individual who is deprived of the capacities that make him ‘an able person’, someone who is integrated in the community, who is active and sentient. We may argue that any episode of disease produces a state of inability, but, as far as the evidence discussed goes, in these cases an incapacity to lead a normal life seems to be the key to understanding the very roots of the problem.

Research on ‘mental diseases’ in cuneiform sources has focused mainly on symptoms rather than on the broader social and cosmological frame in which the pathological episode takes place. In this sense, it would be useful to follow Eleanor

Robson's suggestion of 'experiment[ing] with premodern symptom-orientated terminology' to approach ancient accounts of disease,⁵⁰ instead of overburdening the analysis with terminology and concepts directly borrowed from biomedicine. The analysis proposed here is based on the exploration of the relations between a due set of symptoms and its aetiological cause, but other methods of analysis are possible and even desirable. In fact, a multi-perspectival approach would certainly add to our understanding of health and disease in the ancient world. For instance, a lexicographical analysis of the vocabulary for illness processes could help to detect occurrences of clusters of terms and symptoms in texts as forms that reveal patterns or 'Gestalts' (see Elisabeth Hsu's contribution in this volume), and occurrences of these symptoms outside the medical literature could thus contribute to identifying particular culture-specific diseases in Mesopotamia.

On the other hand, the application of the tenets of ethnopsychiatry, transcultural psychiatry and psychological anthropology could also be useful to mitigate the tensions between the emic and the etic perspectives that are present in all research. Ethnopsychiatry is a discipline that aims to bridge the gap between the etic and the emic, between biomedicine and local understandings of disease. It recognises the breach between the conceptual frameworks that guide the intervention of therapists, on the one hand, and the principles, values and practices guiding the lives of traditional, local or 'non-biologised' communities, on the other.⁵¹ It deals with encounters with cultural otherness and proposes methods and tools that allow the practice of healing therapies within the cultural boundaries of the patient. The discipline sets its feet in the contemporary world, being practical and interactive in nature, thus presupposing the interaction between patient and therapist, which is something that becomes unfeasible when dealing with historical sources. In spite of this, ethnopsychiatry and other allied disciplines may be of help to start thinking of disease in ancient Mesopotamia from an entirely new perspective. First, it openly recognises the distance between 'us' (scholars, historical observers) and 'them' (ancient Mesopotamian populations and learned elites, in this case). It is this overt recognition which enables a dialogue between the two poles: the bridge to reach the Other can only be built by understanding how the community observed the world and how their members moved in it. Second, through an extremely flexible set of tools and practices, ethnopsychiatry searches to understand, treat and ultimately cure mental problems in human communities where the biomedical model does not apply, trying to approach the problem from within the specific cultural context the patient moves in. Applying the notions of 'culture-specific disease', 'culture-bound syndrome' (classification used in DSM-IV and V) and 'folk illness', which refer to a particular combination of symptoms that are taken to be a recognisable disease within a specific socio-cultural context, may prove useful in overcoming the epistemological problems derived from the study of mood and behaviour in ancient Mesopotamia.⁵² These concepts are helpful in that they recognise the symptomatology as complex cultural entities and not as a mere addition of more or less random symptoms. What's more, the discipline also recognises the 'ethnic' character of biomedicine, that is, its genetic adscription to a specific cultural context against the purported universality of its principles.

In other words, biomedicine is not neutral; quite to the contrary, it is loaded with meaning and intent, and therefore can be held responsible for unconsciously forcing research results to fit biomedical principles. Recognising the academic context of the research community and the weight it has is the first step towards developing new and engaging ways to deal with health and disease in antiquity.

Notes

- 1 See most notably Kleinman (1988). For a historiographical and methodological overview, see Zisa (2012: 4–7).
- 2 See, for instance, van Binsbergen and Wiggermann (1999: 5–9) for the tensions between the emic and the etic approaches, and how anthropology has dealt with them.
- 3 Kinnier Wilson (1965); Kinnier Wilson (1967).
- 4 See, for example, the propaedeutic study by Kaplan and Saccuzzo (2009).
- 5 The Committee on Nomenclature and Statistics of the American Psychiatric Association (1952). The manual is now in its fifth edition, which was published in 2013.
- 6 I am underlining this fact only to put emphasis on what I have said before, namely on how ‘etic’ or ‘emic’ historical questions can be, and how both our personal background and contemporary concerns influence the choice of research topics.
- 7 With exceptions: Abusch (1985: 95), for instance, criticised Kinnier Wilson’s approach.
- 8 Stol (1993: 27–32); Stol (1999), respectively.
- 9 Scurlock and Andersen (2005: 284–344, 367–85 for brain-related symptoms, 372, 381–2, 383–4, and *passim* in the volume). Fales (2010: 20–5) also works within a neurological-based discourse, largely applying retrospective diagnosis.
- 10 Chalendar (2013). In the same line of thought see Reynolds and Kinnier Wilson (2013); Reynolds and Kinnier Wilson (2014). I myself followed a rather ambiguous path in my first approaches to this thorny issue of ‘mental diseases’ in ancient Mesopotamia (Couto-Ferreira 2010).
- 11 See Stol (2009) for the analysis of various expressions denoting insanity and alteration of thought. See Steinert (2012: 385–404) for definitions of ‘mind, intellect, understanding’ from a lexical viewpoint. On madness produced by a blow on the head and the expression *muhha mahāšu*, see Steinert (2012: 386–87). For the expression *dem(m)akurrū* ‘madness, loss of understanding’ and similar expressions, see Steinert (2012: 390–4).
- 12 Scurlock and Andersen (2005: 284–344).
- 13 See, for example, Jaques (2006); CAD P 37–49 sub *palāhu*; CAD G 11–14 sub *galātu*, ‘to twitch, quiver; to fear’; CAD H 1 sub *ha’attu*, ‘panic, terror’; CAD A/1 126–7 sub *adirtu* A and B, ‘misfortune, darkness; fear’.
- 14 CAD A/2 479 sub *ašuštu*; CAD H 196–7 sub *hīpu* 4, and Al-Rashid (2014); CAD K 570–1 sub *kīru* A; CAD N 274–5 sub *nissatu* A.
- 15 CAD D 142 sub *diliptu*.
- 16 ‘Unrest’ is defined as ‘a disturbed or uneasy state’; see the Merriam-Webster Dictionary, accessed 12/05/2017.
- 17 The expression *adi binūtišu* is extremely unusual and presents difficulties. I provide a rather literal translation that follows Edith Ritter and James Kinnier Wilson’s proposed interpretation ‘to an extreme degree’ (Ritter and Kinnier Wilson 1980: 25 and 29). Thus, I understand *adi binūtišu* ‘until / up to his shape’ to signify ‘very much, in full, to the brim’ (see CAD B 243–4 sub *binūtu*, ‘form, figure, shape’, as well as the cognates *binītu* ‘creation, form, structure’ and *binātu* ‘limbs’ in CAD B 237 and 238, respectively). Marten Stol provides a radically different interpretation that is based on a rare occurrence of the form *bi-nu*-UD in a slave contract from Hana, where the Akkadian expression apparently relates to a case of epilepsy (Thureau-Dangin and Dhorme 1924:

- 273, line 15 in Stol 1993: 29). Stol translates ‘until his epileptic fit’. Both interpretations are hypothetical and subjected to the scarcity of references in cuneiform sources.
- 18 Ritter and Kinnier Wilson (1980: 24–6); Stol (1993: 29).
 - 19 For a theory of the mechanics of retribution in the ancient Near East based on the existence of depersonalised mechanical agents involved in the taking of the oath, see Feder (2010, with previous bibliography). For an overview on cursing more than on oath-taking, see Kitz (2007, especially 618–21) for the elements characterising curses and the impact they have in personal life through the alienation they cause when broken.
 - 20 For examples of therapeutic procedures to counteract *qāt amēlūti*, see Abusch (1999); Abusch and Schwemer (2011); Abusch (2015); Abusch et al. (2016); Schwemer (2007, especially 2–21 for the vocabulary of witchcraft). A very brief overview of symptoms can be found in Schwemer (2014).
 - 21 For *arnu*, see Geller (1990). See also Renger (1977); Neumann (2006); Hurowitz (1989). See Rendu-Loisel (2016) for an overview of the terms for ‘fault’, ‘crime’, ‘transgression’, as well as the social contexts where they manifest and the social impact they have. Interestingly, she proposes to address the topic avoiding the differentiation between the religious and the social spheres. On the Sumerian and Akkadian semantic fields of ‘taboo, transgression’, see most recently Böck (2016).
 - 22 For more on this, see Abusch (1999).
 - 23 The text was recently edited, with new duplicates, by Abusch and Schwemer (2011: 256–69, §8.2). It must be noted that the range of symptoms varied from text to text, from recipe to recipe, sometimes emphasising particular clusters or states that for the most part adhere to the groups already discussed (fear, sensorial disturbances, abnormal behaviour, etc.).
 - 24 Abusch and Schwemer (2011: 256–69, text 8.2, lines 1–13).
 - 25 Abusch and Schwemer (2011: 263, lines 1–13).
 - 26 These situations are frequent in contexts of disease caused by witchcraft. See Abusch and Schwemer (2011) as well as Abusch et al. (2016) for examples.
 - 27 Abusch and Schwemer (2011: 264–5, lines 52–78).
 - 28 For the anger of the personal god caused by witchcraft and its consequences, see Abusch (1999).
 - 29 See, for instance, Bottéro (1980); Lambert (1980); Bottéro (1983); Verderame (2014).
 - 30 Scurlock (2006: 528–9, text no. 225).
 - 31 Scurlock (2006: 511 and 514).
 - 32 See Scurlock (2006: 44–56) for a general overview.
 - 33 Johnson (2014: 20–1).
 - 34 Johnson (2014): 20, i 15’–16’, and 21, i 20’–21’, respectively. See also lines i 17’–18’ and 19’. These entries are placed after a series of remedies to treat problems in the epigastrium and the belly.
 - 35 The meaning of the expression is problematic, and scholars translate it differently. Henry Stadhouders and others understand *hīp libbi* to mean ‘heartbreak’, or ‘melancholy’ (Stadhouders 2016). The *Chicago Assyrian Dictionary* splits the definition in two, differentiating between a more general meaning ‘a symptom of disease’ and the more specific ‘panic, anxiety’ (CAD H 196–7 sub *hīpu*). JoAnn Scurlock translates *huš hīp libbi* with ‘crushing sensation in his chest’ (Scurlock 2014: 116, line 154); while Geller proposes ‘a type of stomach cramp’ (Geller 2010: 151). See also Al-Rashid (2014) for a discussion of the differences in meaning between the formulas *huš hīp libbi* and *hušša hīp libbi*.
 - 36 Terms such as ‘feeling’ and ‘emotion’ are employed here in a general sense, even though we do not find a close equivalent in cuneiform material. Rather than the abstract term for ‘feeling’, Sumerian and Akkadian turn to using specific expressions that codify certain types of emotions: happiness, anger, love, gloom, etc.
 - 37 Both terms present problems from a semantic point of view. Some authors take *kabattu* as a general term for ‘insides’ (CAD K 11–14 sub *kabattu*), while others consider

libbu as both generic ('inside(s), entrails', 'inside of the torso' according to Moudhy al-Rashid, cited in Steinert 2017: 57) and specific ('heart', meaning the organ). With regard to this last sense, Ulrike Steinert discusses at length the unusual Late Babylonian text SpTU 1, 43, where the *libbu* appears to be part of a four-organ system of disease classification (Steinert 2016: 230–42, especially 234–5; Steinert 2017: 53–64). Even though there are a number of textual examples where the term *libbu* seems to point to the specific meaning 'heart', I prefer to use the translation 'inside(s)' and the slightly restrictive 'abdomen'. My choice of 'abdomen' (in reference to the bottom half of the torso, where the stomach, bowels and other organs are contained) as a translation for ŠA₃/*libbu* derives from the lexicological analysis of the occurrences of the signs ŠA₃ and MUR in lexical lists. ŠA₃ is usually equated with the Akkadian terms for 'intestine(s), stomach, entrails', while the sign MUR is used in the writing of the Sumero-Akkadian terms for lung(s), liver, kidney and spleen. This fact suggests the conceptual division between the thorax and its parts (MUR), on the one hand, and the abdomen and its sections (ŠA₃), on the other. For examples and discussion, see Couto-Ferreira (2009: § 9.0.1).

- 38 Gruber (1980: 365–79); Jaques (2006).
- 39 Abusch and Schwemer (2011: 157, lines 47–53).
- 40 Stol (2009: 9–10).
- 41 BAM 202: 1–3 and duplicates; in Chalendar (2013: 12), different recipes follow to treat the very same symptoms, obv. 4 – rev. 4'.
- 42 See Köcher and Oppenheim (1957–58) for the edition of the text. See Steinert (2012: 386–7), with previous bibliography.
- 43 The condition *demmakurrû*, as well as other infirmities concerning alteration of mood, thought and behaviour, is often related to *bennu*-disease (Stol 1993: 23–54; Chalendar 2013: 46–50). For *demmakurrû*, see Stol (2009: 9–12).
- 44 In this particular case, 'impurity' is produced by different causes, such as witchcraft, mainly dealt with through the consumption of bewitched food, plants and other substances.
- 45 As Daniel Schwemer puts it, 'even though the texts assembled on the tablet are heterogeneous in contents and format, an overarching theme may be recognised. Most of the texts have the goal of averting unhappiness and ensuring success; often this involves a purification of the client' (Schwemer 2013: 185). Similar symptoms (*diliptu*, *nissatu*, etc.) are reported in other compositions such as *Šurpu* IV 84–86 (Reiner 1958), and also in later periods (see, for example, von Weiher 1988: text 129 ii 8–16 and iii 22 for necklaces of stones used to protect the carriage of king and prince in battle, and to make that fear and terror does not approach a man respectively).
- 46 Geller (1999: 52) agrees with Kinnier Wilson (1967) that the Egalkurra material speaks for 'a mild form of paranoia' in the patient 'who is overwhelmed by fear and hatred of his [imaginary] enemies at court'. For a brief introduction to some aspects of the Egalkurra texts, see Stadhouders (2013: 305–9).
- 47 *Gilgamesh Epic* X 40–45, discussed in Couto-Ferreira (2010: 27).
- 48 Heeßel (2000: 251–2, Tablet 22, lines 6–9); Scurlock and Andersen (2005: 131, 372–3, texts 6.83 and 16.23–16.24); Scurlock (2014: 175).
- 49 Heeßel (2000: 218, Tablet 18, lines 8–9).
- 50 Robson (2008: 460–4, especially 462).
- 51 Salvatore Inglese highlights that ethnopsychiatry criticises the priority of the biological element, the supremacy of rationality and technology, the universality of psychology and of the 'white' (that is, Westernised) ethics (Inglese 1998: 52). 'l'egemonia indiscussa delle concezioni etiologiche occidentali deve scendere a patti con quelle etiologie tradizionali generate da visioni del mondo e da pratiche sociali radicalmente altre' (Inglese 1998: 55; de Martino 2013 [1961], with methodological commentaries in Pizza 2013).
- 52 See as example the cases of *susto* (Rubel et al. 1995), *tarantismo* (de Martino 2013), and the 'green sickness' (King 2004).

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