Circumscribere

Reflections on 'Magical Thinking' and Medieval Medicine

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Abstract

Magic is a slippery concept that has been notoriously difficult to pin down both across and within disciplines. While anthropological approaches to the study of magic in the past have been instrumental to the transformation of the field, comparatively less attention has been paid to the discussion of 'magical thinking' within the fields of medicine and psychology. This essay discusses the concept of 'magical thinking', and considers its significance for scholars of medicine and magic in the European Middle Ages.

Keywords

magical thinking; Middle Ages; magic; medicine; medical humanities

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One of the most interesting, as well as the most frustrating, things about studying magic in the Middle Ages is the variety inherent in the very concept of 'magic'. This is already readily apparent in the medieval material: categories of and within magic were under constant negotiation during the Middle Ages, such that scholars today continue to debate how magic was defined, practiced, and perceived at varying points and places in medieval Europe.[1] Scholarly approaches to magic, however, have also varied considerably across time and discipline. Magic, furthermore, has considerable currency within Western popular culture, so much so that scholars frequently fall back on an implicit understanding of what magic is, and how to recognise it in our sources. One present-day arena of magic that remains underexplored in medieval research, particularly in studies of medieval medicine, is the concept of 'magical thinking' and the related 'magical belief' in modern medical discourse. The present essay will offer some reflections on the concept of 'magical thinking' from the perspective of medieval medical and magic studies.

The clear starting point for such a reflection would be a working definition of 'magical thinking'; as will be familiar to historians of medieval magic, however, this is complicated by the fact that 'there is no clearly agreed upon definition of what is meant by the term. […] As Mayr has pointed out, many of the controversies in the history of science can be attributed to scientists in different, opposing camps using the same term for very different concepts.'[2] In general, the label 'magic' is often used to describe thinking that is illogical or irrational, according to modern scientific standards, and early studies described 'magical thinking' as particularly characteristic of preindustrialised cultures, and children.[3] Thus, it comes as little surprise that the term has often been used pejoratively. The attempt by Karl

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[1] See Karen Jolly, "Part 1: Medieval Magic: Definitions, Beliefs, Practices," in *Witchcraft and Magic in Europe, Volume 3: The Middle Ages*, ed. Karen Jolly, Edward Peters & Catharina Raudvere (London: The Athlone Press, 2002): 1-72; the opening section of the *Routledge History of Medieval Magic* is also devoted to the problem of definitions and connotations. In particular: Richard Kieckhefer, "Rethinking How to Define Magic," in *The Routledge History of Medieval Magic*, ed. Sophie Page & Catherine Rider (London: Routledge, 2019): 15-25; Claire Fanger, "For Magic – Against Method," in *The Routledge History of Medieval Magic*, ed. Sophie Page & Catherine Rider (London: Routledge, 2019): 26-36; David L. d'Avray, "The Concept of Magic," in *The Routledge History of Medieval Magic*, ed. Sophie Page & Catherine Rider (London: Routledge, 2019): 48-56.

[2] Karl S. Rosengren & Jason A. French, "Magical Thinking," in *The Oxford handbook of the development of imagination*, ed. M. Taylor (Oxford: Oxford University Press, 2013): 42–60 at p. 43. This is reminiscent of the observation made by Anne Lawrence-Mathers, "The Problem of Magic in Early Anglo-Saxon England," *Reading Medieval Studies* 33 (2007): 87-104 esp. at pp. 89-90.

[3] James Frazer's *The Golden Bough* (2011) remains the standard anthropological work cited in medical and psychological literature, having originated the phrase 'magical thinking' as it came to be used in the decades that followed. For magical thinking in children, Jean Piaget's studies (1929, 1930) are foundational. Rosengren and French, while critiquing the strongly pejorative stance towards magical thinking that Frazer and Piaget represent, observe that it was the standard perspective in anthropology prior to the 1970s; they note that it persisted in medicine and psychology much longer; Rosengren & French, 43. Furthermore, '[much] of the research and scholarship investigating magical thinking in general, and superstitious beliefs more specifically, has been conducted under the assumption that these types of thoughts and beliefs were caused by errors in thinking, potentially brought about by failures in education or psychopathology', Rosengren & French, 56. For a review of dominant paradigms within psychology relating to 'magical thinking' and related concepts like 'magical beliefs', 'peculiar beliefs', religion, and superstition, see Rosengren & French, esp. pp. 43-9.

Rosengren and Jason French to create a working set of criteria for magical thinking that avoid such (more or less subtle) pejorative connotations, is instructive:

> An individual's thinking can't merely be wrong, confused, irrational, driven by emotions, based on inaccurate knowledge, or different from our own or the conventional wisdom to be labeled magical thinking. [...] Rather, we suggest that for thought to be labeled as magical an individual must (1) realize that objects and events in the world generally follow a certain pattern or order governed by the laws of nature (or physics); (2) realize that the observed object or event in some way "violates" or "contradicts" the normal order of things in the world; and (3) hold a belief in some form of supernatural or alternative form of causality that extends beyond those that govern the natural world.[4]

Although the implicit acceptance of 'laws of nature (or physics)' as objective truth remains – judgment against which can often lead to the negative valuation of cultures or cultural systems that are not aware of or do not acknowledge the centrality of such laws – it is important to observe that an individual must 'realize that that the observed event in some way "violates" or "contradicts" the normal order of things in the world'. Similarly, the belief in 'some form of supernatural or alternative form of causality' is one that 'extends beyond those that govern the natural world.' These criteria leave at least some space for knowledge and belief systems whose normal order may be unfamiliar, and whose natural world incorporates what, under other circumstances, might be seen as 'supernatural or alternative forms of causality'.

As mentioned above, magic is a particularly dynamic concept throughout the Middle Ages; however, what it is not is a neutral category. It often has the feeling of one, since (present-day, US American) parents often label 'events that violate [...] expectations of how things normally function' as 'magic', which results in 'magic' emerging as a particular category 'somewhere around the age of three'.[5] In other words, most scholars who have grown up within a Western, industrialised culture have a longstanding, internalised sense of what magic *is*. The use of magic to express a sense of wonder or a subversive agency over one's world and experiences, as well as the pejorative use of magic to refer to illogical or irrational thinking, are both deceptively recognizable in sources from across the medieval period. However, it is important that we also listen to what our sources are telling us, both about the concept of magic and its connotations, but also how it fits in to rapidly changing ideas about how the world works, or should work.

Ultimately, the identification of 'magic' in medieval medicine is to a certain extent a false distinction, and one that almost certainly would not have been recognised by the

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[4] Rosengren & French, 45.
[5] Ibid., 51.

compilers of medieval medical manuals, at least in the sense that it is used by modern scholars. Indeed, the chapter on 'Medicine and Magic' in *The Routledge History of Medieval Magic* focuses more on instances of ritual performance, in order to avoid conflicting connotations between medieval and modern usage.[6] Anne van Arsdall argues that the fascination of 'magical' or 'superstitious' elements in the Middle Ages has in fact led to an over-emphasis on what is in fact a fairly minor aspect of most medical manuals; furthermore, even the herbal remedies themselves are presumed ineffectual, despite evidence to the contrary. She writes that

> if medieval herbal remedies are read as witnesses to the actual practice of healing in the Middle Ages, and if all of the elements in them are initially regarded as having added value of some kind, one's interpretation of them will be quite different than if magic or superstition is sought or assumed. It is also important to abandon the notion that herbal medicine is only to be found on some kind of lunatic fringe.[7]

Peter Murray Jones and Lea Olsan make a similar point in their essay, observing that efforts by scholars to separate medieval medicine into categories of religious, magical (which they define as amulets, spells, and charms), and rational have often resulted in judging medical texts by how well the compilers kept these categories distinct, without enough appreciation for the fact that these categories are largely twentieth-century paradigms whose usefulness as analytical tools is limited.[8] This is particularly the case with early medieval medical texts, which often confound boundaries and call into question distinctions between magic, religion, and science.[9] Anne Lawrence-Mathers and Carolina Escobar-Vargas write that 'medical magic' of the early Middle Ages has often been discussed using the label 'charms', which they see as a term that 'is useful in suggesting a category which was in some ways outside of officially accepted practice, and yet not perceived as seriously threatening. However, it is unhelpful in blurring distinctions which were very important during the medieval period itself.'[10] Yet it is not entirely clear that such short texts *were* outside of officially accepted practice (or if they were, to what extent). Emily Kesling rightly points out that entries from Old English medical texts usually classed as 'charms' or 'magic' bear little to no resemblance to the practices that are condemned in penitential and homiletic literature.[11] And indeed, although Old English *galdor*, usually rendered in modern English as 'charms', came to have a largely negative connotation following the Benedictine reform, its use in the

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[6] Peter Murray Jones & Lea T. Olsan, "Medicine and Magic," in *The Routledge History of Medieval Magic*, ed. Sophie Page & Catherine Rider (London: Routledge, 2019): 299-311.

[7] Anne. P. van Arsdall, "Challengning the 'Eye of Newt' Image of Medieval Medicine," in *The Medieval Hospital and Medical Practice*, ed. Barbara S. Bowers (Aldershot and Burlington: Ashgate, 2007): 195-203, at p. 198.

[8] Jones & Olsan, 299.

[9] Peregrine Horden, "What's Wrong with Early Medieval Medicine?," *Social History of Medicine* 24, n. 1 (2009): 5-25 at p. 16.

[10] Lawrence-Mathers & Escobar-Vargas, 61.

[11] Emily Kesling, *Medical Texts in Anglo-Saxon Literary Culture* (Cambridge: D.S. Brewer, 2020), 182.

Old English medical corpus more likely reflects the older connotation, which referred more broadly to any powerful utterance, and could also be applied in liturgical contexts.[12]

Even from the twelfth century, despite the advent of Salernitan medicine and natural magic, such categorizations remain complex. Indeed, the distinction between natural magic – drawing upon powers that may be hidden (or 'occult'), yet natural – and magic that, as Rosengren and French put it, reflects 'a belief in some form of supernatural or alternative form of causality that extends beyond those that govern the natural world'[13] (that is, in this case, demons) was itself complicated, and one that was not always clear to medical practitioners, or indeed anyone else:

> [The] leading theologians of the thirteenth century guardedly accepted the idea that natural objects and substances had occult powers which could be identified and used by those with the necessary knowledge and expertise, and that the problematic term 'magic' could be applied to this process.[14]

Thus, natural magic and 'demonic' magic (that is, magic achieved by trafficking with demons) were generally acknowledged to be different domains, but sorting individual events or behaviours proved a difficult task. Furthermore, as in the early Middle Ages, much of the condemnatory material is legal or ecclesiastical in nature; based on the evidence of the medical material itself, it is difficult to say anything definitive about the categories that practitioners saw themselves as operating within. The identification of and focus on 'magical' elements of medieval medicine is largely a product of nineteenth- and twentieth-century scholarship.[15]

From the criteria developed by Rosengren and French, more clearly than common-sense definitions as well as the pejorative definitions implicitly or explicitly applied within medical discourse, we can see that the identification of 'magical thinking' is deeply rooted in human culture, even when connections are drawn to potentially universal cognitive processes.[16] In order to identify certain events, beliefs, or behaviours as counter to or violations of the normal way of the world, it is necessary to understand what 'the normal way of the world' looks like, and how the supposedly magical events, etc., fit into it. This requires us to call into question much of what we think we know about the relationship between magic

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[12] Ciaran Arthur, "The Liturgy of Charms in Anglo-Saxon England" (PhD Thesis: University of Kent, 2016), 85-7.

[13] Rosengren & French, 43.

[14] Anne Lawrence-Mathers & Carolina Escobar-Vargas, *Magic and Medieval Society* (London: Routledge, 2014), 63-4.

[15] Van Arsdall, 203.

[16] It must be emphasized once again that the idea of 'magical thinking' as a stage of either human society or childhood development, while unfortunately still present in scholarship, is in general considered outdated; 'universal cognitive processes' refers to core mental attributes that are shared, to some extent, by all humans everywhere. For a presentation and review of psychological universals, see Ara Norenzayan & Steven J. Heine, "Psychological Universals: What Are They and How Can We Know?," *Psychological Bulletin* 131, n. 5 (2005): 763-784. For aspects 'magical thinking' that relate to universal cognitive processes, see Rosengren & French, esp. pp. 46, 49-50.

and medicine during the Middle Ages – and especially to re-examine the perspectives that we bring to bear on our source material. For example, the Western medical establishment does not, generally, highly value plant remedies (indeed, the label 'alternative medicine' recalls the 'alternative forms of causation' above), medieval remedies based on plants have often been assumed ineffective by nature, and the presence of so-called magical elements only serves to reinforce this perception.[17] Attempting to excise the 'magical' elements from medical texts to make them more palatable to our modern sensibilities, attempting to ascertain efficacy despite the presence of such elements, and even attempting to excise supposedly 'magical' elements in order to study them, will inevitably produce a warped picture of both medicine and magic, unless these medical texts are also studied as coherent and cohesive wholes.

The question of 'magical thinking' and its application to the history of medicine and science in the Middle Ages thus challenges us not only to get to grips with present-day medical discourse; it also requires us to examine our own positionality regarding our concepts of magic, medicine, and even knowledge and belief. Indeed, even as the interdisciplinary nature of medical humanities reminds us that we must not silo ourselves off from current medical discourses, such as discussions surrounding 'magical thinking' and 'magical beliefs' in present-day communities, we would do equally well to observe, as write medical anthropologists Simon Cohn and Rebecca Lynch, that by 'reproducing the idea that "they" have beliefs, there is an inherent risk that this endorses the position that "we" (whether that implies anthropologists, medics, or other collectivities) have, in contrast, "knowledge".'[18] Although the concept of 'magical thinking' has long reproduced this very idea, it has the potential to be used as a tool to deconstruct it.

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[17] Van Arsdall, 203.

[18] Simon Cohn & Rebecca Lynch, "Diverse bodies: the challenge of new theoretical approaches to medical anthropology," *Anthropology & Medicine* 24, n. 2 (2017): 131-141 at p. 133.