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1

The Varieties of *Maleficium*

Historians have long recognized that some people in early modern Europe did attempt to perpetrate *maleficium*, but have downplayed it both because their focus has generally been on the dysfunctions of early modern society that led to the widespread indiscriminate witch persecutions and because it has generally been regarded as essentially ineffectual, as strong at most as the weakness of the people against whom it was directed. Indeed, the main focus of their attention, as with other social scientists, has been on the reasons why people say that they are the victims of occult attack. Explanations have included fraudulent self-interest, the projection of anger or guilt onto the object of the anger or guilt, a way of accounting for inexplicable misfortune, the workings of a self-referencing symbol system, and “infantile fantasy.”¹ Confessions of witchcraft are correspondingly treated as some sort of cognitive malfunction resulting from either some individual psychological or some more general cultural defect: the confession is either an ex-post-facto bid for attention or a narcissistic delusion of control to compensate for powerlessness.² To the extent that people did suffer misfortune related to perceived *maleficium*, this is explained as a result of their own weakness; “fears,” it has been noted, “have genuine power against the suggestible.”³ Even postmodernist analysis tends to reinforce this basic view, for while it takes the position that “reality” is just a sociocultural construct, this ends up just being another way of explaining how the people involved in witchcraft cases didn’t know what was really going on.⁴

Evidence contained in the stratified random sample of trials conducted in the Duchy of Württemberg between 1565 and 1701 considered in light of recent advances in cognitive and medical science, however, suggests that these various explanations, while they do a good job of explaining certain phenomena associated with witchcraft and magic beliefs, are seriously incomplete.⁵ The reason is that they start from the basic assumptions that occult attack was uncommon, that it was usually ineffectual when it happened, and that when it was effective it was only as effective as the purported victims let it be. All three of these assumptions, however, are

wrong. Occult attacks may not have been as common as some early moderns feared, but they were an integral part of early modern life; many of them had genuine physical or psychological power; and this power was to a significant degree independent of the beliefs, fears, or psychological weaknesses of the people on the receiving end.

Table 1.1 shows the various types of accusations that were made in the course of the 27 cases:

Table 1.1 Accusations of *maleficium*

Type of injury	Primary	Secondary	Total
Theft	2	2	4
Arson	0	1	1
Poison	7	6	13
Assault	5	5	10
Occult injury	6	18	24
Harm to animals	3	21	24
Total	23	53	76

Source: Sampled witchcraft cases (see the appendix).

Primary accusations refer to those which precipitated trials, while secondary accusations are older allegations that surfaced during the course of a trial.

Several things are immediately apparent from this table. First of all, some of the types of *maleficium* that were part of the general discourse about the crime are not here, specifically weather manipulation and interference with domestic production (there was one allegation involving impotence, which is included in the occult injury category). There were a couple of spectacular trials involving allegations of weather manipulation early on in the region, but their absence from the sample of trials, as well as the impression given by a less systematic reading of a much larger number of trial records in the ducal archive, suggests that trials involving this form of witchcraft were infrequent at most in Württemberg. In the case of Württemberg this might be attributable to a local theological tradition discounting witches' power over the weather, but a similar pattern of a few spectacular trials centering on weather magic seems to have obtained in some other parts of Europe like Scotland and Hungary, while the great majority of trials centered on other things.⁶ Similarly, interference with domestic production was also reported in the pamphlet literature, particularly in England, but appears to have been no more frequent in actual trials there than in Württemberg.⁷

Secondly, the great majority of accusations were concerned with injury to people and animals, which is also consistent with patterns noted elsewhere.⁸ Theft and arson were the only forms of damage to inanimate property reported, and there were only five reports of these among the sampled trials (and only another two mentions of witchcraft and theft and one of witchcraft and arson in the archival index cataloging Württemberg's judicial

records from the time). Moreover, the specific circumstances of these accusations further reduce their apparent importance. The charge of arson was just a secondary accusation.⁹ Both of the primary accusations linking theft and witchcraft (as well as the only other two mentions of the two crimes together in the archival index) occurred relatively early, before 1620. In the earlier of the sampled cases, a woman named Barbara Tolmayer was arrested in the town of Freudenstadt for theft; she was accused of witchcraft because her husband had recently been executed for the offense in the nearby town of Balingen, confessed to witchcraft under torture, but seduced her jailer and escaped.¹⁰ In the second case, a young woman named Maria Braittingen was arrested for stealing in the village of Eberspach in 1619 and volunteered that she had had sex with the Devil.¹¹ In neither case does the theft appear to have been put forward as substantial evidence in support of the charge of witchcraft. In the first, it may have contributed to the impression of Tolmayer's bad character, but her husband's conviction and execution appear to have carried more weight, while in the second case the theft and the girl's refusal to admit it even when the missing items "were all found with her" led the constable (*Vogt*) of Blaubeuern, who was questioning her, to remark "that she appeared to be no Christian, but rather given to Satan himself," which precipitated her confession that she had already slept with him "in the form of her boyfriend."

The two secondary accusations involving theft did involve a crime often connected to witchcraft, stealing milk, but in one case the allegation appears to have concerned a physical rather than magical crime, while in the other it is ambiguous. In the first, the accuser said someone "broke in and took the milk" from his cow, while in the other the accuser, a 71-year-old woman named Agnes Fritz, said that another old woman, 73-year-old Agatha Stosser, must have stolen cream from her because she sold much more than she could have gotten from her own cow.¹² We shall see in Chapters 5 and 7 that other allegations of milk stealing came to light in other jurisdictions and during trials in Württemberg of beneficent magicians accused of using divination and counter-magic against it that clearly assumed that magical means had been used, but the contribution of such concerns to witch trials themselves appears to have been quite limited.

The third thing that is immediately apparent in Table 1.1 is that it includes a number of offenses that, like surreptitious milking, are not, to modern eyes anyway, particularly magical: in addition to theft and arson, poisoning, assault, and, depending on the circumstances, harming animals. We may wonder about allegations involving occult bewitchings, how they would work and if any significant number of people would attempt to perpetrate them, but poisoning and assault are concepts whose mechanisms we can understand, and whose occurrence we should be able to evaluate unclouded by uncertainty about what they entailed.

Poison and assault

Allegations of poisoning precipitated the greatest number of trials of any single accusation, and they also comprised a number of secondary denunciations. In about half the cases, including most which began trials, the victims did not actually die, but just became ill. In several cases, it appears that the "poison" was actually intended to benefit the victims. For example, this was the conclusion a young woman named Johanna Fehlen came to when she discovered a white powder at the bottom of a glass of wine given to her by an older woman, Barbara Schmied, at Barbara's nephew's wedding.¹³ It was probably also the case when the suspect in another of the sampled cases, Anna Schnabel, brought a neighbor named Margretha Ruchhinbrodt some disgusting soup when Margretha was sick.¹⁴

In other instances, it is not clear whether the suspect actually gave the victim poison at all. In 1659, the pastor in Geradstetten, a village near Schondorf, Johannes Brand, accused a woman named Maria Laichlin, whom he thought his sister-in-law Susanna Catharina was spending too much time with, of poisoning the young woman with a piece of bread. She had become weak and disoriented while returning home after going to borrow some milk from Maria's one day, and later had seizures, became paralyzed, and suffered from pain and hallucinations. However, the case dissolved when witnesses could not agree whether Maria had given Susanna Catharina any bread, poisonous or otherwise.¹⁵ Similarly, the charge made by Hans Rolf Kellern that Catharina Freyberger sold him poisoned cheese that made him and his wife sick collapsed in the face of both her apparently genuine surprise upon arrest and the testimony of a man who had eaten her cheese without ill effect.¹⁶

Sometimes it is difficult to judge what the suspect intended. In 1688, an old widow named Anna Serrin gave a teenage girl named Anna Maria, who lived nearby in the village of Wasserstetten, a piece of stale bread saying it was too hard for her to eat, after which the girl "was driven from inside to hop and jump bizarrely."¹⁷ She then set out to collect a debt owed to her father by a man who lived in the village of Dottingen, an hour away, "without telling her father," and on the way she said she met a man with a "red beard and hair" who told her of a horse master she could go to, to get some money. She followed his instructions, but when she got there, she acted "as if she didn't know what she was doing." The man reappeared to her, but the horse master said it was "only an hallucination." Some people tried to get her to go home, but "out of the earlier compulsion to jump around, she sprang in the river named the Lauter, which fortunately wasn't deep." Her father finally caught up with her and brought her home, where she told him "she doesn't know why she was overcome by this desire to jump," and that he shouldn't worry about money since he would soon get more. She acted unusually secretively and somewhat wild for a number of days more, and "one could not anger her in the least, or else she'd become very abusive, which she was not like before."

While it is not possible to definitely diagnose Anna Maria's problem, her wild, compulsive behavior and hallucinations make it sound like she could have suffered from ergot poisoning. Ergot is a fungus that grows on grains containing several alkaloids related to LSD that cause similar, although weaker, effects.¹⁸ When consumed in bread, it can cause either gangrenous ergotism, known as St. Anthony's Fire, or convulsive ergotism.¹⁹ Both cause delirium and hallucinations, but the former goes on to cause a sensation of burning inside, dry gangrene, and the loss of fingers, toes, and even limbs, while the latter causes at most convulsions. At times entire communities in premodern Europe appear to have suffered from accidental ergot poisoning, which has led some scholars to suggest that this was the cause of the witch fears and trials.²⁰ While this claim seems overly ambitious, given that the great majority of trials clearly do not contain evidence of ergotism, it may well have been the cause of some witch panics and trials. In this case, it seems quite likely that ergot is what caused the girl's strange behavior and perceptions, but we cannot know whether Anna Serrin knew the bread was contaminated. She admitted she had given Anna Maria the bread, but insisted she "had put nothing bad in it." As is often the case with suspected poisoning, it is impossible to know for sure.²¹

In certain cases, however, the charge of malicious poisoning was credible, and in several of the sampled cases it was almost certainly true. To begin with, both naturally occurring and synthetic poisons were available, and there is no question that they were used.²² In 1674 Anna Maria Schilling accused Barbara Gessler of giving her a poisoned apple, and two neighbors came forward with stories of earlier incidents when Barbara was suspected of poisoning people she was ostensibly nursing.²³ After Anna Maria died, the doctor who examined her body said that she had succumbed to poison, but it was impossible to determine where it had come from. Less mysterious was the source of the poison that afflicted a young boy, Jakob Endriss, in 1628. His step-grandmother, Maria Schneider, the mother of his father's second wife, had prepared a soup for him, and when he became ill, a doctor "found ... that something wrong had been given to him in his food."²⁴ Jakob told the investigating constable that Maria had earlier threatened to "feed him lye" and when the official questioned her, "at first she did not want to admit any knowledge of a soup," at all. Confronted by the testimony of other witnesses against this transparent lie, she "finally ... acknowledged her guilt."

We know that poisoning is possible and that it works through biochemical actions that are as a rule independent of the victim's state of mind, but the administration of poison is by its nature surreptitious and so, as the examples discussed above illustrate, is often difficult to verify.²⁵ Assault, on the other hand, is a more open form of attack which could also, as Table 1.1 shows, be linked to witchcraft. For example, in the earliest of the sampled cases, an elderly woman named Magdalena Horn confessed in 1565 to having struck a boy so hard that he died several days later, and when the

magistrates of Cannstatt investigated, the mother said that he had complained of her assault, but when he died she did not pursue the matter.²⁶ Similarly, the one assault that precipitated a case was also confirmed. It occurred after Katharina Masten, a 71-year-old wife of a carter and citizen of the village of Metzingen, went to a neighbor's house to collect a debt he owed. When a servant girl in the household, Catharina Baitinger, told her that he was not home, Katharina barged into the kitchen and began to take food as compensation. The girl tried to stop her, insisting that she would have to pay for the food. The next day, when Catharina was walking alone on a secluded path in the woods, Katharina approached her, demanding the money once again. Catharina said that she would get it after her chores were done, but Katharina became angry and began to berate and hit her, knocking her down. When the magistrates investigated, Katharina denied that the incident had taken place, but witnesses placed her at the scene of both the argument and the subsequent assault, while a smith reported that "she had told him she had given the girl what she deserved."²⁷

Most of the secondary allegations of assault seem to have involved relatively limited injuries. One of the secondary allegations against Catharina Ada, a woman accused in 1628 of bewitching a neighbor, was made by a servant girl who said simply that Catharina attacked her in the street for saying she was a witch, while another servant girl said that Catharina's daughter Margaretha slapped her three times on the arm for saying that all witches ought to be killed.²⁸ In 1681, a soldier's son claimed that Agnes Langjahr, a woman being investigated for poisoning an ox and killing a girl, hit him in the face.²⁹ In 1701, Barbara Dannenritter accused Anna Maria Rothin of grabbing her arm and causing it to hurt a lot, and another woman said she had hit her arm, which made it go lame.³⁰

Two other assaults by Anna Maria Rothin were said to have caused the victims' deaths, though. George Klingen claimed that Rothin had stroked his wife's thigh, which caused her to become so crazy that she hanged herself, and Conrad Herwick testified that his wife became lame and eventually died because Anna Maria had smeared something on her. The doctor the magistrates consulted about the original charge informed them that "some doctors report of a powder which the witch spreads in her hand" before grabbing her victim, which, he observed, "the investigation makes not a little suspect."³¹ Indeed, a suspect in an investigation three years later in Herrenberg, a woman named Agatha Weil, admitted to having committed 10 acts of *maleficium*, nine by smearing an ointment on people, mainly children, which caused them to become lame and some to die.³² Three instances were so old that the magistrates could not check out her stories, in one case the person denied that anything had happened, but in the other five witnesses confirmed that the maladies Agatha claimed to have caused had in fact occurred.³³

The use of a powder or ointment makes these cases seem more like poisonings than assaults, except for several considerations. First of all, it is hard

to imagine that early modern commoners had access to a poison so potent that the small amount that might be absorbed through the skin would be fatal. Secondly, if there was such a poison, it is hard to see how it could have been used as described since that involved the suspect smearing it first on her own hand. And, third, the first suspect did not die from the direct effects of any sort of chemical agent, for she became crazed and then hung herself. All these considerations make it seem much more likely that the ointment was the same or similar to the ointments that, as we shall see in Chapter 4, some people in the region appear to have smeared on themselves to induce hallucinogenic experiences. The most commonly used ingredients, Solanaceous plants like datura, henbane, nightshade, and mandrake contain the alkaloids atropine, scopolamine, and hyoscyamine that mimic the neurotransmitter acetylcholine.³⁴ By occupying the receptor sites on neurons for acetylcholine, the chemicals in the witches' salves disrupt the flow of information in both the central and peripheral nervous systems. Applied locally they "have a paralyzing effect in small amounts," and if the chemical was carried into the bloodstream to the brain it could also have caused more generalized neurological disruptions resulting in disorientation and delusions.³⁵ Such an experience might well terrify an unknowing and fearful victim, accounting, for example, for George's wife's craziness and suicide, and quite possibly for Conrad's wife's lameness and death. It seems unlikely that such ointments account for all or even most of the maladies attributed to a witch's touch, but it seems probable that they were responsible for some.

Occult injury and psychosocial factors in disease

Thus, while assault with an ointment might be considered a type of poisoning, it would seem to have at least as much relation to another type of *maleficium* which is here referred to as occult injury. The category includes all references to harms inflicted without any physical medium of attack being specified, about one-third of all the sampled malefic accusations. In a few cases, so little information is given about the incident that it is possible that some physical mechanism may have been involved but was not mentioned, as when Wolf Körner said that Maria Rau was "not a little suspect" when he "lay sick for eight weeks" without specifying why he suspected her or what he thought she had done, and when Johann Koenbeckhen testified that Magdalena Kochen had made him lame after he refused to let her bake bread in his oven.³⁶ In most of the incidents in which no mechanism was specified, though, the wording suggests that injury was thought to have resulted from an occult power exerted by the suspect, as when, during a trial in Leonberg in 1701, a man named Michel Ganssen claimed that the suspect, Anna Maria Rothin, had once bewitched him, but then helped him to get better.³⁷ And in still other instances the allegations included specific details about the circumstances in which it originated and the nature of the malady, like the

one that precipitated the trial of Agatha Sacher in Dornstetten in 1611. In this case, she had been jilted by a man named Ziegler, who then became engaged to another woman.³⁸ Agatha was said to have said that “she wanted to hurt Ziegler’s fiancé,” and when she attended the wedding festivities, “after some time Ziegler’s bride became so crazed that finally she thought she must kill herself.” She was taken to a doctor, who declared that “her spirit had been taken,” and treated her with a potion.

Historians have come to recognize that psychological processes can have somatic effects; Joseph Klaitz mentions how “belief in a witch’s ability to do evil could give her real power” through “psychosomatically induced symptoms,” while Robin Briggs similarly speaks of how “expressions of ill-will can have genuine power against the suggestible.”³⁹ This effect is linked to the social explanations of witchcraft as one of the ways in which people project their own anger or guilt onto a scapegoat figure, and to the cultural approach to the topic as an artifact of a predisposing belief system. However, while a cultural predisposition certainly did contribute to some peoples’ psychosomatic reaction to social conflicts, causing them to generate “accusatory symptoms” as a way of pushing culpability onto their opponent, the way in which these and other historians discuss psychosomatic processes indicates that their ideas are based on an older understanding of psychophysical processes which limits and distorts the role that they played in witchcraft beliefs. Classic psychosomatic theory was rooted in Freudian dynamics, and posited that a wide variety of ailments were symbolic somatizations of repressed psychological processes. However, in the 1970s and 1980s, this understanding of the relationship between the mind and body was recognized as having been applied far too indiscriminately, and it is now seen as just one, and far from the most important, of three ways in which psychological processes can cause or contribute to somatic complaints. Called “somatoform disorders,” this class of psychophysical ailments include somatization disorder, conversion disorder, and pain disorder, which are all conditions in which somatic symptoms appear, but there is either no organic disorder or organic damage cannot account for the severity of the symptoms. Somatization disorder is a prolonged condition that includes multiple physical symptoms like gastrointestinal distress, vomiting, dysmenorrhea, and pain in the sex organs or the extremities, and until recently was linked to histrionic personality disorder, what used to be called hysteria. Conversion disorder, which involves an organically inexplicable malfunction in a motor or sensory system, also used to be thought of as a symptom of hysteria, but it is now understood to occur “in the context of virtually any character structure,” including those that do “not manifest serious character pathology,” in response to “unresolvable or inescapable stress.” In an analogous way, pain disorder involves painful sensations either in the absence of an organic problem or in excess, considering the nature and extent of actual physical damage.⁴⁰

The physiological processes that produce the somatic symptoms in somatization and conversion disorders are not known, but the physiology of pain is somewhat better understood. Whereas pain was once thought to be felt in direct response to (and in direct proportion to) a signal from a nerve ending, the current medical consensus assumes that these signals are mediated by “a spinal gate (SG) mechanism . . . controlled by nerve impulses that descend from the brain” which can intensify or suppress them. A newer theory suggests that the involvement of the brain is even greater than in the SG model, positing that pain is actually a complex construct created by the brain, combining “psychological, neurochemical, and neurophysiologic influences functioning as systems and subsystems that interact to activate or modulate the pain experience.” Whether the mechanism is mediation or construction, though, there is no question that “pain is . . . a class of behaviors that can, by virtue of selective reinforcements, come under the control of the patient’s social environment,” reflecting a person’s “learning history, socialization, social identity, and cultural predisposition to behave in certain ways in particular circumstances” as well as any “disturbed biological process.”⁴¹

In a similar way, whatever the physiological mechanism underlying conversion disorders, they are generally understood to be a “response to an intrapsychic conflict which is engendered by certain social stresses and expressed in particular cultural contexts.” They occur “across generations, classes, and cultures,” but their “form . . . reflects local cultural ideas about acceptable and credible ways to express distress.” Somatoform disorders have been called “a nondiscursive protolanguage,” for they manifest a “psychosocial need or conflict” in order to “express . . . emotions or . . . evoke nurturance . . . [or] punish or blame others.”⁴²

The sampled trials include a number of accusations that appear to have been based on somatoform disorders, in particular conversion symptoms and pain disorder. For example, in a case from Sindelfingen in 1628, Anna Rueff, a cow herder’s wife, accused Catharina Ada, a pig herder’s wife who was already strongly suspected of witchcraft, of coming to an annual event in which the cow herders’ wives divided up a gift of bread from the people whose animals their husbands tended, “where she did not belong,” and “without an invitation stood to her right and helped to divide the bread.”⁴³ Anna, who clearly resented this intrusion and also knew of Catharina’s malign reputation, said that this action caused her “head to hurt somewhat and the next day” she “became lame on her right side,” the side where Catharina had stood. In another case, during an investigation precipitated by allegations that Magdalena Kochen had harmed a neighbor’s cow after a dispute, another neighbor, Georg Seeger’s wife, said that some time previously Magdalena had caused her leg to hurt, and then made it worse with an attempted cure.⁴⁴ Further, a former resident of Sulz, Johann Koenbeckhen, sent a letter testifying that Magdalena had made him lame after he refused to let her bake bread in his oven.⁴⁵ In a third case, 72 years

later, a woman named Anna Kliegstein accused Anna Maria Rothin, who, as we have already seen, was suspected of injuring several women with her touch or a salve, of having caused her arm to go lame 15 years previously, and a soldier reported that she had once placed a curse on him that caused him to go lame.⁴⁶ Finally, a year before Agatha Sacher was said to have bewitched her ex-boyfriend's bride, an old man had claimed that "during harvest-time" Agatha, whose father had been burned as a witch and whose grandmother had died in jail while awaiting trial, and who had claimed to be able to work magic as a girl, had "put a sheaf [of grain] from a wagon on his head to carry," but he "immediately felt such a pain in his thigh that he could not walk, and had to put the sheaf down."⁴⁷ He became bedridden and maintained that she had caused it until he died.

Given that somatoform disorders involve not only symptoms that occur when there is no organic problem, but also symptoms that are excessive considering the nature and extent of actual physical damage, it seems significant that in all of the other sampled allegations of assault except the servant girl's report that Catharina Ada attacked her in the street involved paralysis or intense pain. In some cases, particularly when the suspects were young adults, the reported effect may have reflected purely mechanical trauma, as when a young woman named Margaretha Stuertzen accused a 25-year-old man named Hans Rueff, who had recently married someone else, of grabbing her by the arm and causing it to hurt terribly and become lame.⁴⁸ Physical trauma may also have been the cause of an injury that Christoph Schweickhlen said his neighbor Agatha Stosser inflicted on his son Hans Conrad when she grabbed his arm, although Stosser was 73, and, furthermore, Schweickhlen said that Stosser accompanied her physical action with the words "Hans Conrad, go in and tell your father this woman is a witch!" so the boy's psychological reaction very likely intensified the perceived pain.⁴⁹ The psychological element seems particularly likely since the pain went away later when Stosser was induced to stroke it while saying, "little boy, it's nothing and, God willing, won't hurt you." Similarly, in all of the other instances the assault was said to have caused notable pain or paralysis that appears "in excess considering the nature and extent of" the attack, and therefore probably involved a significant psychological component. The girl who said Catharina Ada's daughter Margaretha slapped her three times on the arm said that this "caused the whole arm to hurt and become lame, and ultimately her entire side began to hurt."⁵⁰ Catharina Baitinger, the servant girl who tried to keep Katharina Masten from collecting the debt owed by her master, said that the older woman's blows had caused her to become "so limp that she could only crawl away."⁵¹ The boy, who said Agnes Langjahr hit him in the face, said that it caused him to become lame, but then he became better when she rebuked him for accusing her.⁵²

We have already seen that the salves some suspects appear to have smeared on their victims probably worked at least as much through their

psychological as their chemical effect, and some of the more conventional poisonings seem to have worked at least partly in this way as well. Certainly the ergot-laced bread that Anna Serrin appears to have given the teenage girl Anna Maria, whatever her motive, presented more of a psychological than a physiological danger to her. In the case in which the pastor Johann Brand alleged that Maria Laichlin had poisoned his sister-in-law Susanna Catharina by giving her a piece of bread, as we have seen, witnesses denied that the woman had given the girl any bread at all, and the malady may have resulted from the young woman's distress at being the object of a power struggle between her sister's husband, in whose house she lived and to whose authority she was therefore subordinated, and Maria Laichlin, whom she liked to visit despite her brother-in-law's opposition.⁵³ Similarly, when Rolf Kellern and his wife became ill after eating the cheese given to them by Catharina Freyberger, their discomfort probably resulted from their own suspicions about it, since another man ate some with no ill effects. In some cases, like when Maria Schneider put poison in her step-grandson's soup and when Anna Maria Schelling succumbed to poison that may or may not have been in the apple Barbara Gessler gave her, the poisons involved appear to have been potent in-and-of themselves, but in other cases, like Susanna Catharina's and the Kellerns', psychological forces rather than biochemical ones appear more likely to have caused the symptoms attributed to poisoning.

While somatoform disorders clearly played a significant part in generating witchcraft suspicions, they are not the only way that psychological and psychosocial factors influence health, and were not the only source of accusations or the root of belief in witchcraft.⁵⁴ While "psychosomatic" is often used for somatoform disorders, the term is generally reserved in medical usage for the second form of somatic distress influenced by psychological processes: "disorders which, although of an unquestioned organic physical nature, are also strongly influenced by emotional and psychosocial factors." The term "psychophysical" is used interchangeably for these disorders, and "examples include bronchial asthma, peptic ulcer, migraine, hypertension, colitis, menstrual disorders, sexual dysfunction, skin diseases ... and very many more." The physiological ways through which psychological processes contribute to these somatic ailments vary from case to case, but in general they are thought to be byproducts of the direct physiological effects of stress. The word "stress" is commonly used loosely to indicate psychological pressure or tension, but in medical terms the stress response is "a nonspecific automatic biological response to demands made upon an individual" involving a series of changes in the nervous and endocrine systems that prepare the body for strenuous activity. These changes have great value when dealing with intense physical challenges, but they can have negative side effects when they are too acute or chronic, and as a consequence stress "is considered to play the key role in the psychological etiology of disease."

Many of the changes that make up the stress response are related to specific maladies. Stress causes the back muscles to tense, for example, which is thought to cause as many as 95 percent of backaches. A similar process causes tension headaches. Stress causes the heart rate to increase and blood vessels to contract, so chronic stress can contribute to hypertension and other forms of heart disease. Acute stress can trigger cardiac arrhythmias, which can cause “sudden death” in people with coronary artery disease. Stress also increases the amount of immunoglobulin E in the bloodstream, which is associated with allergies. Changes in saliva as part of the stress response can even contribute to tooth decay. Stress effect on the gastrointestinal system can cause or contribute to a variety of ailments ranging from diarrhea to ulcers. Stress curtails the body’s production of testosterone, which can result in sexual dysfunction in men and women. There is still debate among medical researchers over the exact roles that genetic predisposition, physiological weakness, and psychological distress play in these and other psychophysical disorders, but there is no question that while “biological factors are important, . . . psychological variables, are also crucial.”

Research has shown that people across cultures and social groups have a physiological susceptibility to stress-related somatic disorders, but there is variation in what events are stressful, to what degree they are stressful, and what somatic symptoms they generate.⁵⁵ The existence of culture-specific diseases suggests that cultural labels can “influence the perception of experience and shape the somatic experience and symptomology of illness,” but few strong correlations between specific stressors and specific disorders have been found. The process by which the psychosocial stresses cause or contribute to somatic disorders is clearly not straightforward; it involves a complex interplay between cultural, psychological, and physiological factors. On the one hand, the importance attached to different stressors varies from person to person, reflecting a combination of individual psychology, social pressures, and cultural expectations. On the other hand, the bodily systems most susceptible to damage from stress also vary from person to person, reflecting some combination of individual physiological and psychocultural predispositions.⁵⁶

While psychological influences on bodily health can be generated by purely internal psychological processes, they can also be triggered by environmental factors, including interpersonal and social ones. In fact, a great deal of research on the influence of psychological stress on somatic health is based on correlating incidence of disease with stressful life situations. It has revealed that people are more likely to suffer from physical disease if they have recently experienced some significant disruption in their life. Furthermore, while much attention has been focused on major life events, “research into stress shows that it’s not always the major events, but sometimes the minor hassles, that can accumulate and cause problems . . . Various studies have showed that hassles are strongly related to episodes of illness,

even when there are no major life events to consider." Furthermore, "one group of researchers found that hassles have a greater impact on health than do major life events – and that the influence of major life changes may actually be ... because they cause an increased number of minor hassles." There is no question that psychosocial stressors can cause and contribute to physiological maladies, and these psychosocial stressors include not only major life events, but also incidental hassles in day-to-day living.⁵⁷

In an example of psychosocial influence on health of particular interest in relation to witchcraft beliefs, one of the early researchers working on the correlation between life stress and illness noticed that "a person often catches cold when a mother-in-law comes to visit." He went on to say, only partially tongue in cheek, that "patients mentioned mothers-in-law so often that we came to consider them a common cause of disease in the United States."⁵⁸

While symptoms typical of somatoform disorders predominated among those discussed in the sampled cases, some of the ailments ascribed to witchcraft sound more like psychophysical complaints. For example, the pain in her head that Anna Rueff said Catharina Ada caused by barging in where she was not invited and standing right next to her may have started as a psychophysical tension headache, with the intense pain and paralysis conversion symptoms built upon it. More clear-cut is a case from Ebingen in 1622. During the wedding festivities of Konrad Streich and Ursula Wahnhaasen, when Konrad walked past Anna Gebhard on his way to lunch, she grabbed his trousers and made some bawdy comments.⁵⁹ He laughed at her horseplay along with the other guests, but when he passed by later, she slapped him on the back and made more suggestive remarks, and "suddenly such a fright came over him," that "he lost his manhood and thereby became impotent." While the evidence suggests that Anna Gebhard meant no harm with her ribald horseplay, it is perfectly possible that it contributed to, and may have even caused, Konrad Streich's impotence, for, as we have seen, "sexual problems ... have been reported ... to be associated with personal distress." More specifically, in men, "erectile problems tend to be associated with fear," fear of failure, fear of inadequacy, or, in Konrad's case, the fear that came over him as a result of Anna's harassment.⁶⁰ However, impotence is now understood not to be a conversion reaction, but rather to be a psychophysical problem, a result of hormonal changes brought on by the stress reaction.

Even more dramatic evidence for the probable effects of psychophysical processes is provided by some of the instances in which the cause of death was attributed to witchcraft. In the case in which Anna Rueff "insisted that the swine herder's wife" Catharina Ada "had inflicted" on her headache, lameness, and pain when she intruded on the cow herders' wives' ceremony and stood "hard on" her right "side," for example, the woman's "suffering increased day by day ... so that the following Thursday evening she became

crazed, would not eat, talk, or listen, but shouted and bellowed, until she died on Saturday."⁶¹ While it is impossible to know for certain what killed the woman, the timing of the onset and course of her ailment and the combination of her clear anger toward Ada and her fear of her certainly make it possible that the stress induced by their encounter caused or contributed to her "miserable and pitiable" demise. The phenomenon of "voodoo death" in which a person put under a curse does die has long been recognized. It is not "uncommon in villages of Western countries," while "what has puzzled Western observers . . . is its relative frequency among primitive people."⁶² Early medical explanations for it tended to focus on psychodynamics, treating it either as some sort of conversion reaction or a result of autosuggestion, more recent work suggests that it is related to severe disruption of the autonomic nervous system. Current medical opinion now attributes "sudden death" to ventricular arrhythmia, a heart attack induced by "an electrical accident" that causes "chaotic ventricular activity that does not effectively pump blood throughout the body and thus quickly produces collapse and then death."⁶³ While such arrhythmias most frequently result from ischemic heart damage due to atherosclerosis, "central nervous system activation of a cognitive type could produce lethal arrhythmias in people without organic heart disease." Our popular image is that heart attacks occur at a moment of severe emotional shock, but the background to cardiac arrhythmias is generally a debilitating demoralization: "'giving up' is a prominent premonitory finding in people with emotional correlates of sudden death."

It is possible that Anna Rueff's symptoms, her refusal to "eat, talk or listen" and her shouting and bellowing were purely manifestations of psychological distress leading to a cardiac arrhythmia; it is also possible that she was suffering from some debilitating and painful organic disease. However, this possibility does not preclude an important role for her encounter with Catharina Ada in the onset and course of her ailment, for the stress response is also responsible for the third way in which psychological processes can directly influence physical health. In addition to triggering the various changes in the autonomic nervous and endocrine systems responsible for the psychophysical disorders discussed above, the stress response also suppresses the immune system, which may make the body more susceptible to a wide range of diseases including "cancers, infectious diseases, allergies, and autoimmune disorders." Furthermore, while much attention has been focused on the impact of chronic stress, "stress doesn't have to be chronic to compromise the immune system," for the vulnerability lasts many hours even when the stress response is brief. This link between stress and immunosuppression is one of the main reasons why "psychological factors are potentially important in all disorders." And interestingly from the point of view of witchcraft beliefs, sources of stress vary in their effects on immunity, and "stressful events that are interpersonal in nature . . . are more likely to depress the immune system."⁶⁴

Historians have noted that witches were commonly blamed for a wide variety of ailments that could not be readily explained, particularly when their onset seemed connected to some interpersonal altercation.⁶⁵ Among the sampled cases, for example, during the investigation of Maria Laichlin for poisoning Johannes Brand's sister-in-law, Laichlin's friend Maria Rau was also investigated, and Michael Brien testified that some months after he quarreled with her his wife became so sick she was bedridden, and "the doctor and barber he consulted told him that it was caused by magic."⁶⁶ While Brien's wife apparently recovered, in other cases suspects were blamed for people's deaths, and the circumstances suggest that this third form of interpersonal psychological influence on health, compromised immune function, may well have been a factor. For example, another charge against Catharina Ada was that she had put a curse on a refugee from Freiburg who became severely ill, swelled up, and died. Since swelling is neither a typical conversion symptom nor associated with heart problems, it seems most likely that Catharina's curse contributed to the man's vulnerability to some other disease.⁶⁷ Similarly, Andrea Leichten said that Agnes Langjahr's harassment of his family so disturbed his daughter that she refused to go outside, and eventually died.⁶⁸ It is possible that the girl suffered a fatal cardiac arrhythmia, but since it is most common when there is predisposing heart disease that is more strongly associated with older males than female children, it is at least as likely that Agnes' hostility contributed to the girl's death by inducing stress that reduced her immune competence and made her vulnerable to some form of infectious disease.

In addition to these direct effects of psychological processes on bodily functions, there are other, indirect ways in which the psyche influences somatic health. "Personality traits or copying style" and "maladaptive health behaviors" are among the "psychological factors affecting medical conditions;" the latter may be at least partially responsible for the process of "wasting away" to the point of death that is observed in some objects of curses.⁶⁹ Suicide is another cause of death that obviously stems from psychological problems, and we have seen that Georg Klingen said that his wife became distraught and hanged herself after Anna Maria Rothin stroked down her thigh.⁷⁰ Even accidents can be a means by which psychological processes influence health. Recent research has shown that stress makes them much more likely. Researchers in one study, for example, successfully predicted from information about nurses' emotional circumstances which ones "would be involved in a rash of accidents or job-related errors."⁷¹ An example of this in relation to witchcraft was contained in an incident that took place in 1673 in the village of Hörterichshof, near Bottwar. A young woman named Anna Barbara complained that a "useless, uncouth fellow" named Viet Grossman had been following her and had grabbed her, which she said caused her hands, arms, and face to hurt and swell. The healers she consulted, however, pointed out that she had reddish, yellow, and bluish

spots on her arms, "and thought it could easily have been caused by . . . a cut by something unclean," since she worked "in a filthy vineyard." While it is possible that Anna Barbara's symptoms resulted directly from her distress over Viet's assault, it is also possible that they resulted indirectly from it, that she was involved in a "job related" error, as the healers suggested, because of her emotional circumstances.⁷²

It is clear that psychological factors have a wide and pervasive influence on health, causing some disorders and contributing to a broad range of others. Recent estimates of the proportion of diseases with significant psychological roots go as high as 90 percent. Psychological problems not only make people think they are sick, they actually make them sick, sometimes alone and often in combination with other agents. Sometimes maladies are symbolic expressions of these psychological problems, but more often they are manifestations of the effects of stress, either the direct manifestation of the physiological changes it engenders or a byproduct of its suppression of the immune system.

Furthermore it is equally clear that interpersonal relations can be an important source of physiological stress.⁷³ As we have seen, numerous modern studies point to a correlation between disruptions in social relations and psychophysical problems. The emotional triggers of stress stimulated by social influences are many and varied. Fear is the most obvious one in connection with witchcraft, but it is by no means the only psychological state that causes stress. Less focused feelings of anxiety, anger, loneliness, depression, despondency, resentment, and frustration at a lack of social, economic, or political power have also been linked to increased susceptibility to stress-related disorders. A person does not have to believe in magic or fear witchcraft in order to be physically affected by another person's hostility. On the contrary, fear of malefic magic reflects the fact that any strong negative emotion provoked by another person's attitude or actions can cause or contribute to any one of an extremely wide range of physical disorders.⁷⁴ Early modern people were being neither cynical nor credulous in insisting that disrupted social relations could affect them in ways that were physically detrimental. Nor were they simply enacting some sort of self-fulfilling cultural expectation. In a variety of ways, only some of which depend on any sort of cultural predisposition, psychosocial conflicts can cause or contribute to illness, accidents, and reproductive problems, the very problems most commonly attributed to *maleficium*.

Ill will and interpersonal communications

However, the concept of *maleficium* involves both less and more than social influences on health and disease. It involves less because it involves only a subset of the possible social situations that potentially generate stress: the social stresses generated by interpersonal conflict. And it involves more

because it involves the idea that the illness, accident, or reproductive problem results from the projection of ill will by the opponent in an interpersonal conflict. Modern studies connecting psychophysical maladies to social relations tend to deal with statistical correlations because it has been axiomatic among educated Westerners since the end of the witch hunts that people are physiologically isolated from each other and that psychological problems are necessarily a manifestation of the pathology or cultural predisposition of the person experiencing them. But it also used to be axiomatic among educated Westerners that psychological influences on health were limited to a small number of hysterical pseudo-illnesses, and only recently has educated Western opinion regained awareness of the pervasive interaction between mind and body in normal human life. This reversal should make us chary of discounting out-of-hand premodern ideas about the projection of ill will, and, indeed, there are several reasons to believe that there is more to this notion than historians and other social scientists have traditionally allowed for.

To begin with, some of the activities ascribed to accused witches were obvious expressions of ill will and a desire to inflict harm, especially assault, poisoning, ritual spell casting, and curses. Poisoning is generally intended to be surreptitious, of course, but in one case, at any rate, a poisoner was said to have told her victim what she had done afterwards: in 1628 Catharina Bertschen testified that four years earlier her husband had “come home very sick” one day and “said he was going to die” because Catharina Ada had insisted that he eat some food she had prepared and then “had assailed him saying he would die,” which he did.⁷⁵ Furthermore, if the method of delivery was smearing an ointment on the skin, as Anna Maria Rothin was accused of doing, then, as we have seen, the awareness that one had been poisoned would probably have been the most potent contributor to any subsequent illness. Similarly, if the “poison” was an hallucinogen in a food, as the bread Anna Serrin gave the teenage girl appears to have been, and the bread Johannes Brand said Maria Laichlin gave his sister-in-law Susanna Catharina most likely would have been, given her symptoms, if the older woman gave her anything at all, then any illness that resulted would have been the result of the fear and dismay experienced by the recipient upon realizing that she had been given something irregular to eat, as well as any fear caused by the unusual sensations, perceptions, and thoughts it engendered.⁷⁶

Assault, on the other hand, is by nature overt, and while we tend to assume that the physical contact is the essential element and any psychological effects are inherently secondary, even more than with poisonings, the sampled cases suggest that there was actually a spectrum of possible relationships between the physical and psychological dimensions of an assault, and between the psychological predisposition of the victim of the assault and the intentions of the perpetrator. At one end were incidents like when Magdalena Horn hit Peich Elsa’s boy so hard it killed him, where it

seems probable that the main force of the attack was in the physical blow, and the “occult” (hidden) element that made it an instance of *maleficium*, rather than just a physical assault was the fact that it was delivered surreptitiously against a child. In the middle were incidents where physical force and psychological forces would seem to have both contributed substantially, like when Hans Rueff was said to have grabbed Margaretha Stuertzen so hard her arm became lame, or when young Margaretha Ada paralyzed the arm of the servant girl who said that all witches should be killed by hitting it three times. Here the emotional relationship between the attacker and the victim seems to have been at least as important as the physical force; while we traditionally focus on the psychological characteristics of the victim as the source of the attack’s emotional power, in the circumstances described, and given what we now know about the power of disturbed interpersonal relations on health, we need to recognize the role of the emotional message being sent by the attacker in these incidents. This effect is conveyed even more strongly by the cases at the end of the spectrum in which the physical effect of the attack and the emotional culpability of the victim appear to have been substantially overshadowed by the attack’s psychological effects, as when the servant girl 71-year-old Katharina Masten hit for refusing to let her collect the debt her master owed became “so limp that she could only crawl away.”⁷⁷ While it is always possible that the woman got in a lucky punch that stunned the girl, it is hard to see how a woman of Masten’s age could have so overpowered a teenage girl through physical means alone. For her part, the girl had had the gumption to stand up to the older woman on two occasions, so she does not seem to have been a fearful or weak-willed person; the fact that the older woman was not reputed to be a witch makes it even more unlikely that the girl was simply succumbing to her own superstitious preconceptions. Instead, it appears to have been the ferocity of the woman’s assault, the raw emotional pressure it exerted, which reduced the girl from a determined defender of her masters’ interests into a helpless wreck.

Overt spell casting was another form of attack associated with *maleficium* that was an explicit expression of dislike, although in there was no physical mechanism associated with it. One of the sampled cases included allegations that involved an explicit magical ritual, an incident that was a secondary accusation against Agnes Langjahr, who was being investigated in 1681 for killing a girl, as we have seen, and also for poisoning an ox.⁷⁸ While the officials investigated, they found that one of the allegations against her came from Christian Cammer, a judge in her village, who said that the year before she had come into his house, ignoring their warnings to stay out, gone to the room where a woman who had given birth three days before lay, and “placed three eggs in her lap.” In German folklore witches were thought to use eggs to transmit their spells, and placing noxious items in bed was a common way to cause people to become ill.⁷⁹ New mothers and newborn babies were thought to be particularly vulnerable to magical as well as physical dangers,

and, indeed, the woman did sicken and die after flying into an uncontrollable rage and verbally and physically attacking her husband, who also “fell into a painful and miserable sickness.”

The other explicit form of attack involved the use of language: uttering curses and making threats.⁸⁰ The association of witches and curses has been a staple of historical interpretation at least since MacFarlane (working from Reginald Scot and George Gifford) pointed to the “classic” situation in which a poor old woman was refused charity and uttered a curse in retaliation, which led to a denunciation when some misfortune followed.⁸¹ In this view, the curse was the overt connection between the original incident and the purported consequence, but only in the subsequent interpretation of the events. We have seen, however, that interpersonal conflict can, in fact, cause and contribute to a variety of maladies, and while one “goal of cursing” is “to bully or threaten,” another “is to [cause] harm.”⁸² Curses are “the product of cortical, subcortical, and autonomic nervous system interaction” that is “closely associated with anger” arising in the limbic system of the person uttering them, and they can correspondingly serve to “escalate the listeners’ arousal” by triggering the fight/flight response, otherwise known as the stress response. Some of the examples from the sampled cases in Württemberg contain evidence of the power that words can have on the mind, and through it on the body. One was the case precipitated by Anna Gebhard’s harassment of Konrad Streich at his wedding feast and his subsequent impotence. In this case, the words do not seem to have been intended to harm him, but in another case, that of the malady suffered by Agatha Sacher’s rival at her wedding after Sacher was said to have said she “she wanted to hurt Ziegler’s fiancé,” the hostility was clear from both the circumstances and the content of the remark, and they appear to have had a pronounced impact on the bride.⁸³ Even more dramatically, Catharina Ada was said to have cursed both the refugee from Freiburg who became ill, swelled, and died and another person, who became paralyzed and died.⁸⁴ Exactly what role Catharina’s curses played in the refugees’ illness cannot be determined, given the limited information available to us; but given the variety of ways and extent to which psychological factors influence health, it is quite possible that they caused or contributed to the peoples’ maladies, just as Catharina appears to have intended.

The tongue was widely regarded at the time as a powerful source of evil because of its power to curse, but Paracelsus was closer to the mark when he observed that “a common curse commonly comes true” because “it comes from the heart.”⁸⁵ Modern people tend to concentrate on the ideas conveyed by the words used in verbal expression, both because of our cultural orientation toward language and because, in the case of early modern witchcraft, words are mostly what the documents record, but there is another dimension of verbal expression, including (and perhaps especially) cursing, which is actually more important than the content of the words: the tone

of voice, or what linguists and psychologists call the prosody.⁸⁶ Prosody, the timing, pitch, and stress of an utterance, is a normal and inevitable part of verbalization, and it conveys a great deal of emotional information that supplements, and sometimes contradicts, the meaning of the speaker's words.⁸⁷ Prosody sometimes contradicts the explicit message because it is often encoded unconsciously, or at most semiconsciously, as the person formulates the words. Similarly, the listener generally decodes the prosodic elements of speech unconsciously or semiconsciously, while attending to the explicit meaning of the words. Despite the focusing of attention on the explicit meaning, however, modern experiments have shown that people's attitudes about other people are far more strongly affected by tone of voice than by the content of what is said.⁸⁸ And interestingly, from the point of view of witchcraft and curses, anger is one of the two emotions that people recognize most readily from tone of voice (the other is fear).

It is clear from the situations and interactions recounted in the records that many of the interactions involved raised voices, but in general the documents seldom pay much attention to prosody accompanying a curse or threat. Partly this lacuna reflects the nature of the documents as legal records, in which explicit meanings conveyed by words play the leading role, and partly it reflects the fact that while a curse might be uttered in some sort of dramatic way that would cause people to note its delivery, such drama is not necessary for nonverbal cues to affect their recipient strongly.⁸⁹ In fact, stimuli that are perceived and processed implicitly (unconsciously or semiconsciously) have been found to exert a stronger influence than those which are processed consciously.⁹⁰ An angry tone of voice need not be loud or otherwise exaggerated to powerfully convey the speaker's anger.

The prosodic dimension of speech is actually only one of several forms of nonverbal communication that take place along with, or sometimes instead of, verbalization.⁹¹ In addition to prosody, facial expression, bodily contact, gestures (including posture), and spatial behavior all contribute as well to any face-to-face interpersonal exchange.⁹² These nonverbal signals are sent and decoded simultaneously with each other and with the explicit content of speech, and together play a far greater role in expressing emotions and communicating interpersonal attitudes than does the meaning of the words. "Up to two-thirds of human behavior in dyadic interaction is nonverbal" overall, and experiments suggest that nonverbal cues are five times stronger than verbal ones in conveying emotions and interpersonal attitudes.⁹³

The same studies that showed that tone of voice carries more weight in affecting interpersonal attitudes than the content of the words showed that facial expression is even more important than tone of voice, including in the communication of anger.⁹⁴ In fact, facial expression is the single most important channel of nonverbal communication. Furthermore, the eyes are the most important area of the face, which is particularly significant for the issue of the transmission of hostility associated with *maleficium* because of

the widespread belief in the "evil eye."⁹⁵ The idea that a hostile power can be projected through the eyes is not universal, but exists in many areas of the world, and while it is not clear if it played a role in the trials in Württemberg, there is evidence of it in connection with witchcraft beliefs there as in many other parts of Europe.⁹⁶ Animals, including primates, use gaze to signal threat, and while people generally use gaze as a sign of interest, the existence of phrases like "looking daggers" and "if looks could kill" suggests that this is not the only use.⁹⁷ When a person becomes angry both the eye as a whole and the pupil narrow, and supporting changes in the surrounding face, like a wrinkling of the brow inward toward the center of the face, occur.⁹⁸ Experiments have shown that the eyes are the most accurately decoded part of the face. People can articulate the meaning of gaze patterns, and they react unconsciously to them as well.⁹⁹ Not only can "changes in attitude ... be detected by ... changes in pupil size," but also "enlarged or constricted pupils can ... affect the attitudes and responses of the person who observes them."¹⁰⁰ For example, not only will people looking at pictures rate someone whose pupils are dilated as more attractive than the same person in another copy of the same picture with constricted pupils without being able to specify why they find the one preferable to the other, but also the viewer will unconsciously adjust their own pupils to match the dilation or constriction of the pupils of the person in the photograph. The reason dilated pupils are more attractive than constricted ones is that widened pupils are an autonomic expression of a favorable interpersonal attitude, while constricted ones express reserve or hostility. In other words, an interpersonal attitude can be expressed and cause both an autonomic adjustment and an emotional reaction in another person without either party being aware that any sort of communication has taken place. This transmission of emotion, both the expression of the sender's feelings and the reception and reaction by the receiver, happens spontaneously and unconsciously as a matter of course in all face-to-face interactions. In cultures that recognize it through an explicit belief in the evil eye, a person can direct their angry gaze at another person in the reasonable expectation that it will cause them injury, and, even more importantly, even when neither party believes in, or even has ever heard of, the "evil eye," an angry stare would still seem to have the potential to trigger the stress response in its recipient, and thereby to cause or contribute to a wide variety of psychophysical disorders.¹⁰¹

The eyes do not exist in isolation from the rest of the face, of course, and part of peoples' ability to recognize the meaning of a gaze comes from cues conveyed by other parts.¹⁰² In particular, the face displays anger through "frowning, raised upper lid, wrinkled lower lid, dilated nostrils, open lips, lower teeth exposed, and depressed lower lips," and flushing.¹⁰³ This combination of facial movements is recognized across cultures, and is one of seven expressions that are widely seen as manifestations of seven universal human emotions (along with happiness, surprise, fear, disgust, sadness, and

interest).¹⁰⁴ While the existence of these universal emotions, the recognizability of facial expressions, and their connection to each other is subject to some debate, evidence for them has come not only from cross-cultural studies suggesting that people from widely different backgrounds are able to recognize the emotional meaning or situational precipitant of different expressions, but also from studies of infants and neurology.¹⁰⁵ Babies and children who have been blind since birth, for example, not only make faces that express their emotions, but also make faces that generally resemble the cross-cultural norms, and, furthermore, show variations from the norms that resemble those of other members of their families, even when they have been separated from them since birth.¹⁰⁶ Sighted babies demonstrate an attraction to face patterns within ten minutes of birth, and there is evidence that they exhibit an innate fear of negative faces.¹⁰⁷ There is a specific portion of the cerebral cortex “responsible for dealing with facial features such as eyes and mouth” in order to identify a face, and the amygdala, the limbic organ that plays a central role in anger and fear, has “neurons which respond only to specific stimuli,” including “neurons, which are sensitive to different facial expressions.”¹⁰⁸ The latter is particularly significant from the point of view of malefic witchcraft and the psychosocial causes of disease because the amygdala is the part of the brain that also triggers the “fight or flight mechanism” (the physiological expression of anger or fear) that is responsible for so much of the psychological influence on health. Since “stimuli from the sensory systems are sent directly to the limbic structures, and . . . under certain circumstances, emotional responses remain unimpaired even when higher cortical functions have been lost,” and, further, people produce a neurophysical reaction indicating recognition of a face even when they do not consciously recognize it, it would seem that the processing of a sensory impression of a hostile face into an autonomic response preparing the viewer to fight or flee is possible without conscious mediation or cultural expectation.¹⁰⁹

Of course, the various parts of the brain are highly interconnected, and in practice conscious cognition and other input from higher cortical functions play a significant role in the coding and the decoding of nonverbal signals.¹¹⁰ In the decoding process, both the immediate context and cultural traditions provide guidance in what meaning to attach to facial expressions.¹¹¹ For example, research suggests that recognition of the intensity of the expression of the basic emotions is also universal, but that consciousness of that recognition and overt behavior based on it is “a function of learned cultural decoding rules.”¹¹² Furthermore, culture provides the knowledge needed to decode a wide variety of additional nonverbal cues for other emotional and interpersonal information that are culture-specific. Correspondingly, culture influences the coding process by providing these conventional nonverbal cues and also establishing “display rules” which modulate the innate expression of the universal emotions.¹¹³

While nonverbal expression is less subject to conscious control than verbal, it too can fall under conscious control as well as the influence of cultural shaping.¹¹⁴ The face, for example, is more subject to conscious control than other nonverbal channels, and is therefore particularly difficult to decode, although tone of voice and the other channels can also be manipulated.¹¹⁵ The reason to do this, of course, is to modify the emotional or interpersonal information being transmitted, or, put more simply, to lie, for “emotional deception” can be “a very effective social weapon.”¹¹⁶ Lying is a universal human behavior, and because of the importance of trust in peoples’ interdependent social life, detecting lies is a critical skill.¹¹⁷ Fortunately, it is difficult or impossible to control all the channels of nonverbal communication. For example, the smile displayed by the mouth is easy to fake, and therefore is often used to mask less friendly feelings, but “the external eye muscle involved” in smiling “is not under voluntary control, which makes it possible for an observer to distinguish genuine from fake smiles.”¹¹⁸ In a related phenomenon in one of the sampled cases, Agatha Stosser was said to have “laughed too loud” as she denied having caused Hans Conrad’s pain by grabbing his arm.¹¹⁹ People have proved in experimental situations to be quite good at detecting these sorts of discrepancies (although they may consciously or habitually ignore them to maintain superficial social harmony), and will disregard the friendly signals and act on the hostile ones.¹²⁰ This effect may be why some witchcraft suspicions, like that of Stosser, were supported, and in some cases even triggered, by seemingly innocuous comments or friendly gestures. Historians have tended to regard them as evidence of the perversity of the accuser or the irrationality of their beliefs, but without knowing the tone of voice in which they were expressed and the nonverbal cues which accompanied them we should not be too quick to rule out the possibility that in some cases, at least, the accusation was well-founded, that the illness following on an ostensibly friendly remark may, in fact, have resulted from subtle signals that betrayed the suspect’s true feelings.¹²¹ Such incongruities undoubtedly reflected the accused witch’s sincere attempts to maintain social peace despite harboring antagonistic feelings sometimes, but other times it is possible that friendly words were, as the accusers suspected, deliberately used as a cover to convey a hostile subtext.

Touch is considered to be another form of nonverbal communication, and, indeed, is thought to be the most powerful of all.¹²² It is an area with strong cultural rules and meanings, and we have already considered the effect of physical contact in relationship to early modern *maleficium* in discussing assaults, including the dramatic results that followed from what in some cases was no more than a stroke. Gesture is another form of nonverbal communication that some cultures strongly associate with witchcraft.¹²³ In early modern records it does not feature as prominently, although, again, this may reflect a lack of conscious recognition and, even if noticed, legal weight as evidence, for it is hard to imagine some of the

angry interchanges in the exchanges discussed without some form of head-rocking, arm-waving, or fist-shaking.

Bodily posture and orientation are two other forms of nonverbal communication that do not generally figure prominently in witch beliefs, although they may have played a role in specific incidents, but the records convey more substantial information about the final form of nonverbal communication we will consider here: spatial communication.¹²⁴ This category includes both peoples' immediate "personal space," their personal territory, and temporary "home territories" that they establish in public space. While different cultural tradition may define personal space differently, a zone of personal space immediately around the body seems to be a human universal (and, indeed, is shared by other primates and other large mammals), and the creation of temporary personal territory is widespread. Undesired intrusions into personal spaces are disturbing psychologically, and have been shown to have a physiological effect as well.¹²⁵ Three of the cases from Württemberg involved this sort of activity. The first was the one in which Anna Rueff said that she became ill after Catharina Ada came uninvited and inappropriately to the cow herders' wives' gathering, and then, as Hans Rueff deposed, "stood hard on his wife's side."¹²⁶ The second case involved Agnes Langjahr, who was accused of causing a girl's despondency and death. One of the things her father, Andrea Leichten, cited as evidence of the woman's harassment was the fact that she repeatedly "came in the house," violating the family's space, which greatly upset the girl.¹²⁷ The third case involved Agatha Sacher, the young woman whose romantic rival became weak and despondent during her own wedding festivities. We have seen that Agatha had used words, saying "she wanted to hurt Zigler's wife," but she also attended the wedding celebration, in a sense invading the bride's temporary home space.¹²⁸ Whether any of these women added other forms of nonverbal expression during their invasions is not known, but the simple fact of their intrusion was a statement in itself that appears strongly to have been the cause of the victim's malady in the third case, and at least a contributing factor in the first and the second.

In addition to these physical, verbal, and nonverbal means by which people accused of witchcraft manifested their ill will, there was one other channel of communication that witches were accused of using to inflict harm – what we would consider to be truly supernatural means. However, such cases were quite rare, at least in trials, since accusations generally needed some explicit evidence, at least an expression of hostility followed by some misfortune, and secret magic was by definition generally known only to the perpetrator. Still, some people did confess to performing sorcery designed to punish their enemies supernaturally, and in some cases sorceress' paraphernalia was found during trials. For example, in the Vorarlberg region of Germany a suspect's home was searched and the authorities found, among other things, a variety of herbs, powders, and salves; "an old sealed

case with an old communion Host in it;" a "horseshoe nail bound in a handkerchief;" a small "locket" in which was "a lump of wax in the middle of which a piece of wood was stuck;" a small pillow with various things sewn into it, including "human skin;" and "a small wooden horse, whose hindquarters were bound together with string."¹²⁹

For the most part sorcery probably worked through the psychological mechanisms already discussed. To begin with, in most instances an ugly interpersonal altercation had already taken place, so any psychophysical response leading to illness would already have been triggered before the "witch" returned to her home and mobilized her familiars.¹³⁰ Even when the witch hid her anger from its object, third parties would have been an alternative channel of communication, and the knowledge that a reputed sorcerer is casting a harmful spell has been shown to be sufficient to cause some people to become ill.¹³¹ Finally, as we shall see in Chapter 5, rituals performed in real secrecy could have an effect in subsequent face-to-face encounters by intensifying the witch's feelings and expression of anger and creating a certainty of the other's doom which would then be conveyed through nonverbal signs.¹³²

Such processes may have been implied in the secondary accusations that alleged that the suspect had caused an illness or bewitched a victim without specifying the means, but only one accusation in the entire sample specified an explicitly supernatural bewitching. In 1663, the preacher and district superintendent in Cannstatt reported to the chancellery that during their spring visitation, an annual rite in which they inquired into the activities of their parishioners, they heard rumors of several people who practiced magic.¹³³ Several witnesses testified that Anna Schnabal had exhibited or talked of a number of nonmalefic powers, like overturning a water glass without spilling any water and knowing an incantation that would make you invisible to the ducal forest rangers, and one witness, Michael Klein's wife, said that "one time in her kitchen" as she was "preparing lunch, she suddenly saw something like a shadow that went through the kitchen, perched on the windowsill, turned its back to her, looked around ... [and then] slipped off the sill" outside. Klein was so "shocked she couldn't speak, but she went to the window, and saw Schnabel, in her old clothes, leaving her yard." Almost immediately, Klein began to feel ill, and her children became ill as well.

Schnabel's apparent intrusion functioned much like the invasions of territory we have seen in the cases of Agnes Langjahr and Agatha Sacher, except that it seems that Schnabel did not actually enter the room: Klein said that it was "something like a shadow" and did not recognize it as Schnabel even when she saw its face.¹³⁴ She only decided it was Schnabel when she saw the old woman leaving her yard, and then seems to have based the identification more on her distinctive "old clothes" than anything else. What she actually saw, if anything, in her kitchen and garden is unclear; it may have

been physically possible for the elderly woman to have flitted through the kitchen, climbed through the window, and scuttled out of the yard, but given that Schnabel was about 60 it seems highly unlikely. It seems more plausible that Schnabel was in the yard for some reason, and after being startled by something, some effect of lighting, or simply a feeling, Klein went to the window, saw Schnabel, and unconsciously revised her memory to fit it to the realization that her neighbor, who was already said to have magical powers which at least some people thought were malign, was nearby. The most likely possibility, though, seems to be that Schnabel was not physically present at all, that Klein saw, or merely felt, something strange, which she perceived at first as a nebulous shadow, then, frightened, a contorted face, and, finally, struggling to make sense of her perceptions (and to make her perceptions make sense), she “saw” a retreating figure who she “recognized” as her already-suspect neighbor. In other words, she experienced a hallucination, accepting it as real because her culture told her it could be real, and perceiving it as her neighbor Schnabel for some mix of cultural prompting about the powers of magical people and her own psychological orientation toward her neighbor.

The existence of this process of self-delusion or hallucination has long been recognized, of course. It was an important component of the Enlightenment’s rejection of magic and is a staple of rationalist interpretations of witchcraft and magic.¹³⁵ However, how this effect is achieved, what happens in the brain to make it perceive things that are not there, has been something of a mystery. It is still imperfectly understood, but in the last several decades physiologists and psychologists have clarified important aspects of the process as part of their larger investigations into perception and cognition.

To begin with, there are several different phenomena that have loosely been discussed as hallucinations.¹³⁶ In true hallucinations, the person is convinced he or she perceives something that is not there at all. In illusions, in contrast, the person misperceives features of something that is there. In pseudohallucinations the person perceives something that is not there, but is aware that the perception is not real. Finally, hypnagogic and hypnopompic experiences are the dreamy images that occur while falling asleep and waking up.

Psychologists used to regard hallucinations and illusions as pathological or at least malfunctions of the perceptual system, but they have come to see them as part of a continuum of perceptual experiences that are experienced with some regularity by otherwise normal people, and result from the same perceptual processes that produce our normal waking perceptions.¹³⁷ Our eyes, for example, do not work like television cameras, passively taking in whole images that are then interpreted and given meaning by the mind.¹³⁸ Instead, visual perception is an active process of synthesis of percepts, memories, and expectations through which the brain constructs a model of external reality in its neural circuitry. Visual perception involves the synthesis of

various components of the visual field, the synthesis of this visual information with information from other perceptual modes, and the integration of this newly acquired information about the world with the memory of the last construction of the outside world (to fill in portions of the visual field that were not perceived anew, since the eyes focus on only a portion of it at any one time, and compensate by shifting focus rapidly), and older memories and expectations (to resolve ambiguities and anticipate the progress of situations in process).¹³⁹ The other sensory systems have not been studied in as great detail, but they are generally thought to work in a similar fashion.

Furthermore, at times this neural circuitry is entirely given over to constructing scenes from memory and expectations, for our imagination appears to utilize much of the same neural circuitry as our perceptions.¹⁴⁰ As a result, we have no intrinsic way of knowing if our perceptions are real, illusory, or hallucinatory.¹⁴¹ Instead, we use a process known as “reality testing” or “reality discrimination” to constantly check the validity of the model of the external world in our heads by contrasting information from various sensory modalities against each other and against our “common sense” knowledge of how the world works, which appears to mix innate cognitive structures, individually learned lessons, and cultural rules.¹⁴²

There is evidence that culture influences the frequency and modality of hallucinations in different populations.¹⁴³ Surveys of modern people have revealed that the frequency of hallucinatory experiences among adults ranges from 10 percent among English people to 40 percent among some groups of Hawaiians. Modality varies from mostly auditory among Westerners to an equal mix of auditory and visual hallucinations in at least some non-Western cultures. Culture also plays an important role in providing the content of hallucinations, directing to some degree as well as “clothing” with specific details the individual’s psychological fears and preoccupations.¹⁴⁴ However, it is the individual’s psychology (and probably also physiology) which plays the critical role in determining whether he or she will experience hallucinations, and exactly what these will be.¹⁴⁵ In general, it is accepted that hallucinations, like dreams, manifest the fears, preoccupations, and expectations of the person, a process we saw illustrated by Michael Klein’s wife’s gradual “realization” that the apparition she saw in her kitchen was her magically inclined neighbor.

Unfortunately, we do not know much about Klein’s reasons for fearing a magical attack by Schnabel since she insisted that she was not aware of enmity between them, but another case from Württemberg provides some additional insight into this aspect of the hallucinatory experience.¹⁴⁶ It took place in Tuttlingen in 1606 and came to light during a trial against Anna Rechlin.¹⁴⁷ A scabbard maker named Jörg Ganßer testified that as he and his friend, a hatter named Michael Droll, were walking outside the town, Droll told him that he and his master had had an ugly exchange that very morning with a woman named Ursula Schmidt. At the end of the argument

Schmidt cursed the men in the Devil's name. Just as Ganßer heard this story, "a wind came as if a bird flew by" which caused him to fall. As he stood back up, he "clearly saw the faces of both" Schmidt and Rechlin. What exactly caused Ganßer to fall over is unclear, but he clearly associated it with the curse, because he immediately hallucinated the faces of the two women.

Traditional historical interpretations would emphasize that Ganßer's "hallucination" served to "confirm" his suspicions that Schmidt's curse was causing his misfortune; rationalist historians might question whether the whole thing was a fabrication, while cultural relativists might say that he constructed his own reality as part of a cultural script victimizing stereotypical scapegoats for inexplicable misfortune. However, the research on hallucinations suggests that while hallucinations are often associated with heightened emotions, they are not simply manufactured to order by emotional distress.¹⁴⁸ Instead, psychologists consider five elements to contribute to hallucinatory experiences: predisposing psychological or physiological factors like emotional distress, environmental stimulation, reinforcement, expectancy, and, most significant for this discussion, stress-induced arousal, the stress response. Studies of modern hallucinating people show physiological changes "indicative of high internal arousal," and hallucinatory episodes are associated with traumatic life changes, life-threatening situations, and protracted, moderate stress.¹⁴⁹ The stress reaction does not automatically bring on hallucinations, of course, but it produces specific changes in bodily functioning that make them more probable. Specifically, "abnormally high arousal levels bias the individual's information search towards readily accessible forms of information, increase the selection of information pertaining to physical characteristics of stimuli and decrease the processing of semantic information."¹⁵⁰ The result of "this more superficial style of information processing will decrease the efficiency of reality discrimination by limiting the ability of the subject to access and use appropriate cognitive cues." When we remember that the purpose of the stress response is to prepare the body to fight or flee, these effects make sense: a focus on physical rather than linguistic information is more useful in dealing with a physical situation, and a readiness to act on incomplete information rather than waiting for more accurate analysis is useful in the kind of situation in which the danger of acting too late is generally greater than that of acting too quickly. Even more significantly for the specific relationship between witchcraft fears and hallucinations, clinical evidence suggests that schizophrenic patients are "particularly vulnerable to stress associated with face-to-face contact with hostile or over-involved family members."¹⁵¹

Since modern studies of hallucination concentrate on psychiatric patients, any conclusions from them must necessarily be tentative, but the current view of their hallucinatory experiences as extremes on a continuum of mental functioning rather than a qualitatively different functioning means that some insights may be gained from them. Particularly, the

connection of hallucinations with the stress response, which, we have seen, is also responsible for psychophysical ailments, suggests that some hallucinations may have functioned somewhat like the “accusatory” conversion reactions that people suffered, as a kind of “early-warning system” manifesting psychological distress related to interpersonal tensions that had the potential to cause the kind of “real” psychophysical and immune-related problems associated with chronic stress if they continued unabated.

The connection between hallucinatory experiences and interpersonal tension is suggested even more strongly by the final means of inflicting interpersonal harm: incidents in which a witch’s attempt to inflict harm without any physical or interpersonal contact corresponded quite closely with the victim’s experience of being attacked by the witch. The sampled “magic” cases contained two instances of this phenomenon.¹⁵² One case was that of Agatha Weil, the elderly woman in the almshouse in Herrenberg, who, we have seen, confessed to having smeared salve on enemies to lame and kill them. She also said that she flew magically to an old friend, who lived nearby, two weeks before and touched her.¹⁵³ Similarly, in 1740 a young girl, Margaretha Wagner, who was being investigated for a variety of magical practices, confessed to having used magic to “push some people at night.”¹⁵⁴ In both cases, purported victims said they felt these magical attacks. One of the people Margaretha claimed to have “pushed,” Jacob Wolff, said that he could only remember a vague incident like that, but a 45-year-old man named Johann Michael Rolle said he had felt a push at night like “a millstone on his heart,” and a 30-year-old widow, Juliana Herber, said that she had felt a pressure at night also. A fourth witness, 66-year-old Johann Georg Hoch, said he never felt a pressing, but said that Margaretha had threatened him and he had been sick for a long time thereafter.¹⁵⁵ Similarly, Agatha’s friend reported that once many years before, an incubus had come to her and pushed her, and that some days before she had felt something similar, although it “did not push her,” but instead brushed across her face, feeling like a hand.¹⁵⁶

The experiences of the people at the receiving end in these stories are instances of what one study has called the “Old Hag” phenomenon. This is an experience that was widely connected to witchcraft in Württemberg, other parts of Germany, and across Europe, and has been reported across a variety of cultures.¹⁵⁷ In it, a person either wakes up at night or is just falling asleep, perceives some sort of intruding presence, feels a pressure pinning them to their bed or strangling them, and remains trapped, unable to move or speak, until someone intervenes or they force themselves awake. Physiologically, the experience appears to be some sort of hypnagogic (while falling asleep) or hypnopompic (while waking) dream state, perhaps related to the common perception of “faces in the dark” during these transitions. However, hypnagogic and hypnopompic experiences are different from the true dreams of full sleep, and the “Old Hag” experience is not completely

like either. Hypnagogic and hypnopompic images and sounds tend to be vivid and realistic, but brief. The “Old Hag” could be a vivid tactile hallucination, but it is not brief, and the experience includes some sort of muscular or neurological paralysis unrelated or only partially related to more typical experiences during the transitions between waking and sleeping.¹⁵⁸

If the roots of the sensations associated with the “Old Hag” experience are elusive, the roots of the manifest content are even more perplexing, for it seems to be explained by neither psychology nor anthropology. On the one hand, “a thorough search of relevant psychological literature has demonstrated that no . . . explanation is available” from that discipline.¹⁵⁹ On the other hand, “although the occurrence of identifiable “Old Hag” experience is associated with knowledge of models for the experience . . . such models are not necessary,” for “recognizable “Old Hag” attacks of great complexity can and do occur in the absence of explicit models.”¹⁶⁰

Instead, the most substantial explanation that has been given is the “experiential model.” If physiology can only account for sensation, and cultural beliefs reflect rather than create the generalized content of the experience, the “experiential model” looks for the roots in common human experiences that recreate similar experiences from similar circumstances. More specifically, “the emotion of fear or the idea of attack do not by themselves require a cultural link,” and “may be considered universals.”¹⁶¹ Fear is one of the seven universal emotions that has been identified and appears to be innate, but “the idea of an attack” is not a universal in the same sense. The debate over “nature” versus “nurture,” or, in its current incarnation, between sociobiological and cultural anthropological approaches to human knowledge and behavior, has tended to focus attention on their sources being either instinctual or culturally determined, but there is another source that lies in between: common situations and experiences that recur from culture to culture and life to life that are learned and acted on over and over again, starting with the same basic biological endowment, moving through a unique set of specific circumstances that nevertheless conform to a generalized pattern, and ending with a common understanding. In the case of “the idea of an attack,” the experience of being overpowered is more-or-less universal, because all people start as infants and move through childhood subject to the physical dominance of adults and older children. In the “Old Hag” experience, the person appears to start with hypnopompic paralysis, associates it with common memories of infantile or childhood experiences of being restrained, generally reacts with fear (the usual trigger of the stress response), and imagines through hallucinations and related bodily sensations details (not unusually although not necessarily manifesting cultural expectations and/or more current relationships) that support the hypothesis of being pressed down by some agent.¹⁶² This process seems to be pretty much what the people Margaretha Wagner claimed to have “pressed” reported and the woman Agatha Weil “visited” said she experienced long

before, with the woman's more recent experience being a variant in which she associated her hypnopompic sensations with a more benign experience of being stroked by a hand.

The foregoing analysis accounts at least provisionally for the experiences of the people who felt the pressure or stroke, but both of these cases present the additional twist that our knowledge of them comes not from reports initiated by the people who experienced them, but from the people who claimed to have caused them. There are four possible explanations: (1) the people who "confirmed" the original statements were claiming to have experienced something they had not, either as a conscious fraud or an unconscious re-configuration of their memories; (2) Wagner and Weil heard the people speak of their experiences and claimed to have tried to cause them when they did not, either as a conscious fraud or an unconscious re-configuration of their memories; (3) both sets of people did and experienced what they said they did and experienced, and the correspondence between the action of the "sender" and experience of the "receiver" was a coincidence; and (4) the "senders" influenced the "receivers" through some sort of parapsychological process.

The first possibility, that the "confirmers" either consciously or unconsciously misrepresented their actual experiences, is, given the nature of the phenomenon and the evidence, impossible to substantiate or to rule out. However, while the people Wagner said she "pressed" may have had some beef with her, it was the man who *denied* having felt the pressure who said she had threatened him, and three different people said that they experienced what she said she caused. Even more perplexing was the fact that the woman who confirmed Weil's story was not an enemy, but a friend, and she described the experience in a relatively benign way, both of which undercut the idea that she was trying to get Weil in trouble. While it is impossible to rule out some sort of misrepresentation by the "receivers," the number of people involved and the different ways in which they confirmed and corrected the original accounts cast doubt on this possibility.

Similarly, given the nature of the evidence, there is no way to substantiate or rule out the second possibility, that Wagner and Weil heard their acquaintances talk about their experiences and then claimed to have caused them afterward, but it seems even less likely than the first. For one thing, the experience, while more common than "common knowledge" might suggest, is not particularly frequent, and it seems unlikely that three different people would have had similar experiences and by chance happened to talk about them to Margaretha. Furthermore, one man claimed not to have had such an experience, but instead became ill after Margaretha threatened him, and it is unclear why she would have changed a perfectly good curse story into an unfounded "Old Hag" story when she already had three others. Finally, if Weil was taking retroactive credit for what her friend experienced and presumably related to her, it's unclear why she would have misreported one of the most significant

details, the nature of the sensation. Again, while it is impossible to rule out this sort of information leakage entirely, there are problems with both interpretations.

At the other extreme, the possibility that Wagner and Weil influenced the “receivers” psyches or bodies through some sort of paranormal process, stands on weak, but not inconsiderable, scientific grounds which, given the thrust of this inquiry, need to be considered. Scientific investigations of “paranormal” phenomenon have been going on for over 100 years, with increasing methodological and technological sophistication, and have produced a substantial body of evidence suggesting that there are natural processes which are not adequately explained by current scientific understanding.¹⁶³ There are currently researchers attempting to create a theoretical explanation for these, and most scientists today accept the possibility of such phenomena, but few regard them as proven.¹⁶⁴ The magical attacks claimed by Wagner and Weil would be explained in this way as some sort of telepathy, by which the “senders” influenced the minds of the “receivers,” or psychokinesis, by which they actually exerted some sort of physical pressure on them. However, there is a dedicated cadre of skeptics who resolutely dispute the claims of parapsychologists; no single demonstration has been performed and replicated which establishes the existence of the phenomena beyond all possible doubt; the validity of statistical analyses of series of trials has been called into question; meta-analyses of numerous studies that attempt to get beyond this objection are currently being debated; no theoretical structure integrating the phenomena into current physical understanding has been established; and, overall, there is no scientific consensus that parapsychological phenomenon can occur at all.¹⁶⁵ At the moment, the scientific situation seems to be at a stalemate, and 300-year-old depositions from a judicial inquiry cannot resolve the current controversy one way or the other. Instead, at the present time the parapsychological possibility has to be judged unlikely on a priori grounds.

The remaining possibility is that Wagner and Weil did think they “pressed” or “flew to” the people they said they did, and those people coincidentally experienced the “Old Hag” phenomenon around the same time. The possibility of this happening completely by chance seems remote, but co-incidence need not occur randomly. Instead, it can result from two things beginning from the same cause occurring in a coordinated fashion independently. For example, Carlo Ginzburg has shown that the *benandanti* routinely experienced coordinated dreams in which a number of people in the Friuli region of northern Italy imagined they flew to battle against witches to protect the harvest on regular evenings during the year.¹⁶⁶ These dreams appear to have been culturally determined: people born with their caul were assumed to be new *benandanti*, and learned from their culture what was expected from them. What may have been happening here is some variant of these dreams. Wagner, in particular,

seems to have threatened her enemies, which could have predisposed them to have the “Old Hag” experience at night, around the very times she imagined herself to be causing it. In Weil’s case, a similar sort of parallel processing, but in this instance of friendly feelings, could have been at work, producing complementary halves of a shared experience, whose possibility both of them took for granted. In a sense, the issue of a paranormal connection is irrelevant; in these closely bound communities, where people dealt with the same small set of individuals day in and day out, the degree of interpersonal psychic integration may have made a direct physical connection unnecessary. Early modern peasants’ thoughts and dreams, emotions and health appear to have been tightly intertwined with those of the other members of their community, producing the marked degree of psychological interdependence that we have already seen in relation to implicit nonverbal communication of emotions and psychophysical influences on health and well-being.

Harm to animals

If allegations of truly supernatural attacks on people’s health – attacks, that is, that did not involve some physical or immediate, face-to-face interpersonal medium – were few and far between, accusations involving the last category of *maleficium*, harm to animals, were among the most frequent. The most common complaint against witch suspects was that they harmed farm animals.¹⁶⁷ The means by which they were said to have inflicted the damage varied. In most cases, the accusers did not specify the means by which the injury was supposed to have been caused. In some instances, though, accusers said the suspects with exercising unnatural power over with exercising unnatural power over animals.¹⁶⁸ The one previous suspicion of Maria Schneider before she poisoned her step grandson was that she had once caused a horse to throw its rider “through her witchcraft.”¹⁶⁹ Margaretha Rettnier reported how she had once seen Catharina Ada first cure and then kill a cow. After many people had tried and failed to help the sick animal, Catharina “took it by the horns and cried ‘up, up’ and then it stood up.” Within three weeks the cow had completely recovered, but sometime later Catharina “threw a bucket of water on it,” whereupon the cow “sat down, refused to stand up, and in two days died.”¹⁷⁰

Recent laboratory studies have demonstrated that animals’ attempts to survive are strongly influenced by their learned expectation of survival, and a huge number of investigations of psychosomatic factors in disease use animals as subjects.¹⁷¹ Mice, rats, ferrets, dogs, monkeys, and pigs have all been used, for example, to study the influence of stress on the development of ulcers, thyroid function and the development of Graves’ disease, and rheumatoid arthritis and immune responses.¹⁷² The health of both monkeys and mice has been shown to be affected by the dynamics of their social

groups, while submissive rats, shrews, and some zoo animals have been shown to be vulnerable to sudden death through cardiac arrhythmias if harassed by a dominant animal.¹⁷³ Even cockroaches establish hierarchies of dominance and submission, and excessive harassment by a dominant insect has been shown to result in the paralysis and death of the subordinate one, with “no sign of external damage.”¹⁷⁴ There is no question that animals’ health is subject to psychosomatic influences, and there is no question that these psychosomatic influences include social relationships.

The extent of human influence over animals’ health and behavior is not as well studied, but there is a growing body of evidence that indicates “that farm animals may be very fearful of humans, with adverse consequences for the animals.”¹⁷⁵ Excessive handling apparently causes stress in chickens that reduces their output of eggs, while fear of humans affects the growth and reproduction of pigs. “Significant associations” have been reported “between the personality of the stockperson and milk production of cows,” which suggests that the “underlying psychological factor of the stockperson, by affecting the stockperson’s behavior, may affect the cow’s level of fear.”

Other allegations that specified the means by which the injury was inflicted alleged physical contact or proximity, which allowed for poison or mechanical injury. For example, Jakob Thoma saw Barbara Gessler, the woman accused of giving her neighbor a poisoned apple, enter a neighbor’s pigsty just before the pigs became ill, and the preacher of Fellbach had observed her sneaking into a barn where a calf was later found sick, with blood on its hindquarters.¹⁷⁶ Maria Mayer testified that her cow became sick and dried up after Agatha Stosser, the woman accused of injuring Hans Conrad Schweickhlen, fed and milked it, and Johannes Fuehrman’s horse became crazy, stumbled, and died after he saw Agatha put something in its fodder.¹⁷⁷

Magdalena Horn, the suspect from the earliest sampled trial, which took place in 1562, spontaneously confessed that she had injured her neighbor Albrecht Kerber’s pigs and her neighbor Konrad Schmettlin’s cow.¹⁷⁸ While she did not specify the means by which she had hurt them, when the magistrates investigated, both men confirmed that their animals had sickened at the time Magdalena said that she had harmed them. Some attributions of animal maladies to suspects were undoubtedly baseless, but others were undoubtedly true. Farmsteads in Württemberg’s villages, as in many other agricultural societies, were crowded together, and it was impossible to lock the animals away or keep them under constant supervision. Most peasants could afford to support at most a few animals, so the death or injury of one was a major economic blow. Harming a person’s livestock was an obvious way to inflict punishing damage, and has been well documented in the nineteenth century as a manifestation of rural social conflict.¹⁷⁹ While it may not have been as widespread as some sixteenth- and seventeenth-century villagers feared, there can be no question that it did happen.

Conclusion

If harming livestock was not as common as some early modern peasants feared, it and other forms of *maleficium* were more common, and more important, than historical accounts of early modern witchcraft have generally allowed. We have seen in this chapter why they were more important than has generally been recognized. Both the projection of hostility and the infliction of harm could be carried out not only through physical means, like poisoning and surreptitious battery of children and animals, but also, and more centrally, through psychological means. These psychological means included both explicit and subliminal forms of communication – verbalizations, body language, and symbolic actions – that could cause or contribute to a wide variety of ailments ranging from symbolic somaticizations through psychophysical disorders to purely organic diseases. Furthermore, while culturally defined symbols could be used to express hostility and culturally defined beliefs could promote vulnerability to it, neither was critical for the interpersonal effect to occur. Instead, the expression of anger through prosody and body language appears to have a visceral, limbic component that is not a cultural artifact but either an incidental manifestation of the physiological preparation to act or a vestige of our prehuman evolution as social primates. Similarly, our vulnerability to expressions of anger is primarily a product of the physiological effects of the stress reaction, which can be triggered by interpersonal threat displays as well as by environmental dangers, and can become chronic and debilitating in the context of crowded, small-scale communities like those that made up early modern Württemberg and much of the rest of Europe.

Having seen (in this chapter) the reasons why *maleficium* was more important than is commonly appreciated, in the next chapters we will see how common it was in early modern Europe, and how it related to larger developments in early modern society and culture.

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