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HILDEGARD OF BINGEN - A TEMPORAL-LOBE EPILEPTIC, AN INGENIOUS WOMAN, OR BOTH?

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MEDICAL HYPOTHESIS

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SUMMARY In order to throw some new light upon the work and personality of Hildegard of Bingen (1098-1179), the famous medieval visionary and philosopher, this article interpretes her writings from a particular point of view, examining the possibility that Hildegard suffered from the temporal-lobe epilepsy. The hypothesis was created on the basis of a symptom analysis, using modern neuropsychiatric approaches but considering historical specificities, as well. The symptoms considered are of interictal character (changes in sexual behavior, increased religiosity, heightened experience of emotions, viscosity of personality, hypergraphia, and, the most important, hallucinations. Are these characteristics sufficient for considering somebody a temporal-lobe epileptic? How many minds were characterized by these "symptoms" and still revolutionized the course of the history? Can the case of Hildegard be compared to the background of St. Paul's and Mohammed's theological-ethical systems? These and other questions of importance for both our medical and cultural concepts are discussed in this paper suggesting the possibility of a modern analytical approach to historical documents.

If we search for mental diseases in the persons from the past, it is not because we are trying to discredit them. Rather than revising our opinion on them, we are interested in revising our assumptions on the diseases. In these cases, it is impossible to prove anything. However, it is of great importance to provoke discussions leading towards a better understanding of our culture.

Hildegard of Bingen (Bermersheim near Alzey, Germany, 1098 - Rupertsberg nunnery, 1179) is the

most famous female medieval visionary, well-known already to her contemporaries. The rich written materials, originating from her dictations, allow us to revisit the world of her visions and to examine it critically.

Already Hildegard's noble parents must have noticed very soon that something had to be wrong with the girl: she was constantly ill, suffering from all kinds of aches, always weak and exhausted. Hoping that a pious surrounding could cure the

child, they delivered the girl to a convent. Hildegard's sufferings, none the less, did not cease at all.

Hildegard was a strange combination of a weakish, by pains always tormented body, and a mind full of energy and action. At the age of thirty-eight, she was directing the nunnery of Disibodenberg. Several years later she founded another one at Rupertsberg. She traveled all over the Rhine basin, the Main region, Schwaben, and Lotharingia, preaching with ardor against the Cathars and corrupted clergy. She wrote more than ten books on various topics, and established an unusual correspondence network with the most prominent of her contemporaries-emperors, kings, popes, cardinals, but with many common people, as well. In the time which was more male than any other, giving birth to first crusades, and monastic and knightly orders, to be a woman was already difficult enough, and to express publicly her own thoughts and become a moral authority was almost impossible for a woman. There have already been offered different theories explaining Hildegard's singularity. Several authors proposed migraine and scintillating scotoma^{1,2} as the source of Hildegard's sufferings. Hildegard was well acquainted with migraineous symptoms (...*nunc in dextra parte capitis nunc in sinistra*).³ and certain similarities between classic (ophthalmic) migraine and Hildegard's case do really exist (female predominance; scintillating scotoma as the explanation of visions; alternations of euphoria and depression; etc.) However, it is not typical for migraineous patients to present interictal mood and behavior alternations. Could have the talents and courage of Hildegard originated from the state known to us as temporal-lobe epilepsy?

According to Kaplan & Sadock, the major temporal-lobe-epilepsy (=complex partial epilepsy) personality alterations are changes in sexual behavior (far more commonly, hyposexuality⁴); increased religiosity ("heightened interest in global and philosophical concerns"); heightened experience of emotions,⁵ viscosity of personality (conversation is "slow, serious, ponderous, pedantic, overly replete with non-essential details, and often circumstantial"); hypergraphia (some authors consider this symptom as "virtually pathognomonic for complex partial epilepsy"), and, finally, "the most characteristic symptoms of the psychoses"-hallucinations.⁴ For our discussion, the interesting elements of the temporal-lobe-epilepsy diagnosis are that these symptoms are of an interictal character⁶, and that one of the risk factors is female gender (unfortunately, we do not have data about Hildegard's possible left-handedness, which would add new risk factors).

Knowing nothing more than general monastic-

life rules, we can only guess about Hildegard's sexual biography. Her relationship with her secretary Volmar is not strictly defined. From her writings, nevertheless, hyposexuality can be traced. Among the six hygienic regimes the man should pay attention to, there is no mention of sexuality.⁷ Hildegard's miniature tractates against polygamy (*Cur ante incarnationem Domini quidam plures uxores haberunt*);⁸ against incest (*Quod consanguinei in conigio non copulentur*)⁸; in favor of a reproductive sexual intercourse, only at the age when the man

*in forti aetate est, ita quod venae ullius sanguine plenae sunt, tunc fertilis in semine suo est,*⁸

and when the woman

*iam fluxum sanguinis sui partitur,*⁸

Hildegard's accusations of those who practice intercourse during pregnancy for being baby-murders (*Qui in coitu praegnantis se polluunt homicidae sunt*);⁸ her theorizings on eunuchs (*Sunt enim eunuchi qui de matris utero sic nati sunt, et sunt eunuchi qui facti sunt ab hominibus, et sunt eunuchi, qui se ipsos castraverunt propter regnum caelorum*).⁸ and the moral aspects of night pollutions (Although the point is again shifted towards "(in)purity: " *Si dormienti homini commotio seminis in somnio subrepserit, nolo ut ita in ardente calore illo ad sacramentum officii altaris mei accedat*.)⁸-all these "excursions" into the world of sexuality are characterized by a scientifically cold, objective approach, always with a higher moral aim. Therefore, an explicit propagation of virginity as the most appreciated quality⁸ is not surprising at all.

An increased religious feeling, combined with "philosophical interests," another feature of the temporal-lobe epileptics is not difficult to be proved in the case of Hildegard, constructing an entire theological system based upon direct divine revelations:

*Et iterum audivi vocem de caelo mihi dicentem: "Clama ergo et scribe sic!"*⁸

(which cannot miss reminding of Jaynes' "divine voices", originating from the right hemisphere.⁹) The revelations are presented in the first person, as if God himself would be giving the directions. An especially accentuated preoccupation of Hildegard is represented by the discrimination of Good vs. Evil, stressing precisely the distinguishing bonum and malum as the major role of the intellectus (which makes, together with voluntas, the anima).⁸

Hildegard is more known for her visions, which she claimed to have experienced for the first time at about three years¹⁰ (some other sources mention 5 years¹¹). Nevertheless, for a long time she did not collect enough courage to confide it to anybody (*Pre timorem autem, quem ad homines habebam, quomodo viderem, nulli dicere audiebam*).¹² The

termination of this "critical" phase, hence, when Hildegard was about forty, was stirred up by intensive painful torments:

When I was neglecting these ways which God taught me of, because of being afraid of people, pains of my body augmented and did not cease.¹²

So Hildegard discovered a kind of self-psychotherapy: when she started to note the visions, the aches were ceasing.^{10,11} It is, of course, a question what was considered as "pains" by Hildegard? Although she mentions "bodily" disturbances several times (*in his doloribus adhuc laborarem; or: corpus meum tantis doloribus conterebatur; etc.*¹²) these pains were attributed by some authors to the "troubles psychosomatiques," without entering deeper discussions.¹³ There are some indications that those symptoms actually reflected mood variations:

I am often seized by great uneasiness (*Magna egritudo iterum invasit me.*)¹²

One should remember that depressive mood, anxiety, and sorrow, alternating with maniacally heightened frame of mind, perfectly fits into temporal-lobe-epilepsy symptoms.¹⁴ The state in which Hildegard was experiencing visions would be certainly significant for our discussion, but is not easily determinable. While some authors emphasize the seeing "in the deepness of Hildegard's soul, but preserving the external sight,"¹⁵ Hildegard herself writes that she experienced a vision

"[...] so that all my viscera are concussed and my corporeal sensuality [sensitivity?] is extinct" (*ita quod omnia uiscera mea consussa sunt et sensualitas corporis mei extincta est*)¹²

(The description can remind us of the "insubstantiality" feeling, mentioned by Williams.¹⁶) Hildegard's contemporary Richard of St. Victor distinguished four types of visions: two spiritual and two physical defining Hildegard's ones as coming "through the eyes of the hearth". It is not clear if Richard of St. Victor's definition or simply nonmedical approaches paved the way for the generally accepted statement of non-ecstatic nature of Hildegard's visions (cf. "*die einzige nichtekstatische Visionärin des Hochmittelalters.*"¹⁷ or Hildegard's "ekstaseloses Schauen,"¹⁸ etc.). According to a definition, ecstasy means nothing but "feeling of intense rapture,"¹⁴ and the feeling of "concussed viscera" could be interpreted exactly in that sense.

Hildegard's visions are very often composed of simple elements—flame, flash, spark, shine, lapis, lux, splendor, lacus, ignis, murus lapideus as a leitmotiv, etc.:

Afterwards, I saw as if a large multitude of living torches, having great brightness and receiving fiery flash, would be in this way illuminated by the most serene splendor. And look! There emerges a lake of

a huge size and depth, having a mouth like mouth of a waterwell, and sending off fiery smoke with a lot of stench.

(*Deinde vidi velut maximam multitudinem viventium lampadarum multam claritatem habentium, quae igneum fulgorem accipientes ita serenissimum splendorem adeptae sunt. Et ecce lacus multae latitudinis et profunditatis aparuit, os velut os putei habens et igneum fumum cum multo foetore emittens.*)⁸

Since, based on these simple elements, a very complex cosmological and philosophical system has been built up ("conceptualization and circumstantiality warm and appropriate in affect" is exactly the main differential-diagnostic moment between temporal-lobe epilepsy and schizophrenia⁴), the question "What is the ratio between rational and irrational portions in Hildegard's work?" seems to be more than justified. The complicated "superstructure" of some visions could be a subsequent rational imputation as well as the explications of the basic visions. (The figurative manner of expressing thoughts was well known in the 12th-century philosophical culture.¹⁵) This blending of irrational hallucinatory elements and rational amendments could explain also the appearance of contradictory theories, like, for instance, those of creation: the one was dictated by visions and (Neo) platonic "supernaturalness", the other by Empedocleian and Hippocratic four-principles doctrine.¹⁵

Hypergraphia as a temporal-lobe-epilepsy characteristic can be easily attributed to Hildegard. Except the enormous correspondence with hundreds of persons, and three books of visions (*Schivias; Liber vitae meritum; Liber divinorum operum*), the Bingenian nun ventured on declaring herself in the matters of botany, zoology, and mineralogy (*Physica*), medicine (*Causae et curae*); upon composing a musical drama (*Ordo virtutum*); lyrics; psalm exegesis (*Expositio Evangeliorum*); and hagiographies (St. Rupert and St. Disibod). To this, two books on her private secrete language (*Lingua ignota and Litterae ignotae*) should be added.

CONCLUSION

Heightened emotional experiencing, exchanging of ecstatic and depressive, uneasy mood, libido deprivation or hyposexuality, propagation of strict moral rules and preaching against those who are violating them, circumstantiality in descriptions, tendency towards repeating, obstinacy, interpretation of many events as symbolic or divine signs, hypergraphia, deep religiosity and mysticism, metaphysical and moral speculations, cosmological theories, declarations of helplessness (*paupercula mulier in-*

docta), sedateness and lack of humor - are these characteristics sufficient for considering somebody a temporal-lobe epileptic? How many minds were characterized by these "symptoms" and still revolutionized the course of the history? Can the case of Hildegard be compared to the background of the St. Paul's¹⁹ and Mohammed's theological-ethical systems? In that case, we have to confess that the temporal-lobe epileptics can lead our civilization more rapidly and more strongly than the non-epileptics. In that case, we also have to confess that, after thousands of years of human-thought history, we still do not know which mental diseases have to be called "diseases" at all, and which ones should be considered only as "differences".

One cannot doubt in Hildegard's intelligence: according to a study with a large number of epileptics, only the most intelligent ones were able to provide an adequate description of their experiences.²⁰ We should not, therefore, draw a wrong conclusion that each temporal-lobe epilepsy results in ingeniousness. According to the laws of hysterical imitations or some favoring circumstances (Hildegard certainly "taught" her time to listen at the woman's voice), a series of female visionaries, similar to Hildegard, appeared in the Middle Ages and after, from Elisabeth of Schönau²¹ to Friedricke Hauffe of Württemberg (19th c. The biography of the latter one fascinatingly resembles that one of Hildegard: visions already as a child, physical illness becoming more and more severe, revelations about personal and general matters received from disincarnate spirits, symbolic representations of spiritual conditions, periodical use of an unknown language, prescriptions of medications, etc.)²² Nevertheless, none of those "seeresses" ever reached the reputation of Hildegard of Bingen; the reputation which would be maybe even greater if we would understand more of her concepts.

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**HILDEGARDA IZ BINGENA -
TEMPORALNA EPILEPTIČARKA,
GENIJALNA ŽENA ILI OBOJE?**

MEDICINSKA HIPOTEZA

Ključne riječi:
povijest medicine,
srednjovjekovna; epilepsija,
složena djelomična.

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SAŽETAK Kako bismo bolje osvijetlili djelo i osobu Hildegarde iz Bingena (1098.-1179.), slavne srednjovjekovne vizionarke i filozofinje, pokušali smo ovim člankom tumačiti njene zapise s osobitog motrišta, ispitujući mogućnost da je Hildegarda bolovala od epilepsije sljepoočnog režnja. Hipoteza je postavljena na osnovu raščlambe simptoma, uz uporabu suvremenog neuropsihijatrijskog pristupa, ali i uz uvažavanje povijesnih osobitosti. Simptomi koji su razmatrani interiktalnog su karaktera (promjene u seksualnom ponašanju, povećana religioznost, povišeno emotivno proživljavanje, viskoznost ličnosti, hipergrafija i, konačno najznačajnije, halucinacije. Jesu li ove karakteristike dovoljne da bi se neka osoba proglasila epileptičarem? Koliki su se umovi odlikovali ovakvim "simptomima", a opet su revoluirali tijekom povijesti? Može li se slučaj Hildegarde iz Bingena usporediti s pozadinom teologijsko-etičkih sustava Sv. Pavla ili Muhameda, za koje postoje slične pretpostavke? Ova, kao i neka druga pitanja od značaja za naše poimanje kako medicine tako i kulture, razmatraju se u ovom članku koji upućuje na mogućnost suvremenog analitičkog pristupa povijesnim materijalima.