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**Away With the Fairies:  
The Psychopathology of Visionary Encounters  
in Early Modern Scotland**

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**Abstract**

In early modern Scotland, several visionaries experienced vivid relationships with spirits. This paper analyzes their experience historically, with the aid of modern scholarship in medicine, psychology and social science.

Most of the visionaries were women. Most of their spirit-guides were fairies or ghosts. There could be traumas in forming or maintaining the relationship, and visionaries often experienced spirit-guides as powerful, capricious and demanding. It is argued that some visionaries experienced psychotic conditions, including psychosomatic injuries, sleepwalking, mutism and catatonia. Further conditions related to visionary experience were not necessarily pathological, notably fantasy-proneness and hallucinations. Imaginary companions and parasocial relationships are discussed, as are normality, abnormality and coping strategies. There are concluding reflections on links between culture and biology.

**Keywords**

Fairies, psychopathology, retrospective diagnosis, spirit-guides, visionaries

## Introduction

This paper investigates the traumas and difficulties of people who experienced visionary encounters with spirits, and formed relationships with these spirits. The evidence comes from Scotland between about 1570 and 1710, mostly from witchcraft trials. Witchcraft itself is largely irrelevant, however. The interrogators assumed that they were dealing with a witch who had met the Devil, but it is clear that this is not how the visionaries themselves had experienced their relationship before their arrest. They described most of their spirit-guides as fairies or ghosts.

These visionaries related remarkable and vivid experiences. They *saw*, *heard* and often *touched* the spirit, and conducted two-way discussions with it. They also suffered, and had coping difficulties of various kinds. This is a crucial point for the present study, which focuses on psychopathology. What can we establish about the psychological states of these visionaries?

### *Research context and methodology*

Eleven visionaries have provided significant material for the present paper. The sampling process (if it can be called that) by which these visionaries were identified is not entirely random, but is not a population sample in the modern sense. The authorities at the time selected these visionaries by concluding that their dealings with spirits made them likely witches. Intensity of witch-hunting varied over time and space, and only a few of the detailed trial records have survived, so there is no way of relating these numbers to

the population as a whole. Although most of the evidence comes from witchcraft trials, it can be sifted to eliminate elite demonological assumptions and to identify material deriving from genuine personal experience.

This study is primarily about the visionaries' lived experience. Part of it is also about retrospective diagnosis of their conditions, but it is never so much about that as to uncouple the link with lived experience. The point of determining that a given visionary had what we call 'catatonia' is that it should contribute towards a fuller understanding of her, and others around her, at the time. Neither the visionary herself, nor those around her, thought that she had 'catatonia'. However, the fact that she did have it provides an insight into her experience. In particular, it may help us to understand how the visionary, and those around her, *did* interpret and manage her condition.

Historians rarely delve into the organic, transcultural aspects of human existence in the past. We look, for instance, at *how* people ate – at their systems of food production, or their rituals for sharing food – more than at people's biological necessity to eat. But, when we study famine in past societies, we do sometimes look at biological considerations like calorific intake or what happens medically when this is insufficient. So there is no reason in principle not to relate culture to biology. This is not about biological essentialism; after all, even the incidence of organic diseases may vary over time (Healy, 2014).

In this approach to the subject, I am to some extent following assumptions set out by Edward Bever in his pioneering study of the 'realities'

of witchcraft behaviour (2008). People certainly had a different culture in the early modern period, but they did not have significantly different brains. As Bever has written in a reply to critics, 'it seems no less reasonable to assume that the nervous systems of people around 1600 were much like ours than to assume that their digestive systems, immune systems, and muscles were' (2010: 117). This reply also constitutes helpful clarification that he is not trying to eliminate culture or to reduce everything to cognition or brain function. I have my own differences with Bever, notably over his tendency to push arguments further than the historical evidence will support (see Goodare, 2016: 101), but I regard the basis of his approach as sound. The most recent critique of Bever, indeed, takes a similar approach, seeking to 'build bridges between culturalist and neurobiological approaches to the study of witchcraft' (Ostling, 2016: 237).

Nor is the Bever debate the only place to look for such approaches. Sasha Handley, discussing the history of sleep, has treated it as an organic and transcultural process, though affected by culture in historically relevant ways (2016: 3-5). A powerful endorsement of a 'bio-cultural approach' comes from Andrew Keitt, who draws on the cognitive science of religion to argue that interpretations of spirits were both suffused with cultural meaning and structured by cognitive processes that tended to anthropomorphize the spirits (2017). Similar approaches can be found among psychologists when they look at the cognitive roots of supernatural belief (Hood, 2009) or survey the medical literature of the past with a diagnostic eye (Jeste et al., 1985; Coste

and Granger, 2014). It has been persuasively argued by Jon Arrizabalaga (2002) that retrospective diagnosis from the writings of premodern physicians is complicated by their opaque diagnostic categories; here, one major advantage of the present study is that it does not use such writings. Arrizabalaga endorses in principle the value of combining biological and cultural factors, and this is what the present study aims to achieve.

The reported visions contain folkloric material, but they are not simply 'folklore'. There are stories dating back to the middle ages concerning sexual relationships with the fairy queen (Lyle, 2007: 55-60). However, when one of the visionaries, Andrew Man, said that he had had sex with the fairy queen and had fathered children with her, this is his own lived experience – what folklorists call a 'memorate' (Dégh and Vázsonyi, 1974). Yet Man's experience is so far removed from everyday reality – both in sixteenth-century terms and in today's terms – that it prompts the question: What was really going on here? This is not a simple question, and psychopathology is not the only way to answer it, but a study that combines cultural and psychological approaches may have something to contribute.

### **Visionaries and spirit-guides**

So what do we know about these visionaries and their experiences?

Information about the principal visionaries is summarized in the TABLE, which also lists the primary sources from which information is derived, and

secondary sources that further discuss some of the individuals concerned. All quotations not otherwise attributed are from primary sources in this table.

Most of the visionaries had one principal spirit-guide, or sometimes more than one. Beyond this there was a broader world of spirits understood collectively – usually fairies. The spirit-guides were mostly ghosts or fairies, plus at least one angel. Some spirit-guides were not assigned to a taxonomic category. The difference between a ‘ghost’ and a ‘fairy’ may not always have been important to the visionaries themselves, especially since some of the ghosts were associated with fairies (Goodare, 2015).

#### *Relationships in time and space*

Adolescence was a likely time for the beginning of a visionary relationship. Alison Pearson and Elspeth Reoch were both aged 12 when their relationships began. Isobel Watson began hers at age 18. Jean Brown first encountered her spirits ‘when she was young’. Andrew Man was a ‘young boy’ in his mother’s house when he first encountered the fairy queen. Katherine Johnsdochter was a ‘young lass’ in her mother’s house when she first encountered her spirit-guide – and she was old enough at that point to experience having sex with him.

Most visionaries related that they had known their spirit-guide for some years. These accounts are inherently plausible, and in Alison Pearson’s case there is dated evidence from 1584 to confirm the narrative that she told in



1588. Katherine Johnsdochter, Isobel Watson and Andrew Man described relationships of forty, forty and sixty years respectively.

Visionary experiences were also extended spatially. Several of the visionaries experienced being carried to fairyland. Dunlop and Pearson both mentioned their own location in 'Middle-Earth', meaning the everyday world between heaven and hell. Isobel Haldane was abducted to fairyland by unknown spirits and then rescued by the man with a grey beard, possibly a ghost, who became her main spirit-guide. Such experiences of an entire alternative world, typically fairyland, indicate elaborate visions and fantasies.

The visionaries' experiences often had both positive and negative aspects. Most visionaries had a mainly positive view of their main spirit-guide. However, through that spirit-guide they often experienced more negative or even abusive relationships with a broader world of spirits. Their main spirit-guide, though benevolent, could not always protect them. Being a visionary was often a traumatic business, as we shall see.

Some visionaries related to spirits collectively, rather than having an individual spirit-guide. Stephen Maltman experienced the fairies, not as friends, nor exactly as enemies, but as powerful competitors in a contest for magical power. His healing skills depended on victory in this contest. He had gained his 'skill of healing' from the 'fairye folk', whom he had seen 'in bodilie schapes in sindrie places'. However, in his rituals he mainly summoned them only to keep them at a distance. He healed David Ewin's son by directing the father to take the boy out at midnight, lay his hand upon his head, and then to

wave a sword all round the boy, for 'the fairye wold not cume quhair they saw drawin swordis'. This masculine ritual was a kind of dare, with Maltman challenging the fairies to pit themselves against his sword. These issues of power need further investigation.

*Power, sex and trust*

Most visionaries were female, while most spirit-guides were male – and powerful. Their inequality in power made it hard to imagine a marriage between them – people tended to marry social equals; but powerful men could easily be imagined as having sexual relationships with less powerful women. Some of the visionaries took their visions in this direction. Bessie Dunlop experienced her spirit-guide, Thom Reid, making a pass at her, but she rejected him and he did not pursue the matter. This made good sense for a married woman like Dunlop, who would have been likely to agonize over an extra-marital relationship. Jean Brown, who was unmarried, did experience having sex with her three spirits. She could feel them but not see them. More unusually, 'they rocked her a sleep in the night tyme' – an infantile motif, since small children were rocked in cradles.

Elsbeth Reoch, another young, unmarried visionary, described her sexual activities in particular detail. The formation of a sexual relationship with her spirit-guide, John Stewart, was definitely his idea rather than hers, though she was vague as to whether it had been seduction or rape. Stewart made persistent demands for sex, and she refused him for two nights, but on

the third night he waked her, laid his hand on her breast and 'semeit to ly with hir' (seemed to have sex with her). It does not look as if she felt she had much choice, but the remainder of her narrative made no further mention of reluctance about the relationship. Whether this really indicates acceptance is unclear; Reoch did not generally present herself as having much control over her life.

Reoch also had real sexual relationships. She had an illegitimate baby when she was aged about 14. Her envisioned relationship with the spirit John Stewart began shortly after the breakdown of her relationship with this baby's father, at Balvenie on Speyside – evidently a traumatic episode. Subsequently Reoch left Speyside and went to Orkney, where she became pregnant by Patrick Traill. This real relationship does not seem to have interfered with her envisioned relationship with Stewart.

Andrew Man provides the only known example of a male visionary having a sexual relationship with a female spirit-guide, in his case the fairy queen. This relationship had continued for thirty-two years, during which time they had had several children, whom he had seen since. He found the queen attractive – 'verray plesand'. She could be old or young as she chose, and 'lyis with any scho lykis' (has sex with anyone she likes). This uninhibited account of sexual relationships for pleasure, without mutual commitment, is perhaps characteristically masculine.

Most spirit-guides wanted trust and commitment from the visionary. Thom Reid asked Bessie Dunlop to 'trow in him' (believe in him or trust in

him), to which she answered that she would 'trow in ony bodye [who] did her gude'. When Alison Pearson encountered the man in green, she and he both tried to establish trust with each other; they did not succeed, perhaps because her main loyalty was to her main spirit-guide, the ghost William Simpson. She was never able to make a firm commitment to the fairies, despite their demands; she repeatedly experienced them tormenting her because of this.

Related to demands for commitment were demands for secrecy. This was partly a pragmatic matter – the authorities were likely to disapprove of the visionary's activities; but secrecy was also part of the logic of the relationship. The visionaries tended to imagine themselves as like clients with powerful patrons, a familiar type of early modern relationship. A client with a patron would be loyal to the patron and keep the patron's affairs confidential. Secrecy could also be a ritual matter: the spirit's magical guidance was so special that it had to be carefully guarded. Such 'secrets' may in practice have been open secrets, known at least in outline to the visionary's friends and clients.

The two spirits that Elspeth Reoch first encountered offer a further perspective on trust: they argued with each other about whether they could trust her. One said that she would not 'keep counsell' (maintain confidentiality), but the other replied that he trusted her, and taught her about divination. Reoch did not try to persuade the spirits that she was trustworthy; apparently she felt that they knew her interior state without any

words on her part. Visionaries generally experienced their spirit-guides as being omniscient about them.

*Traumas in forming the relationship*

The basic framework for forming a visionary relationship seems to have been well understood. Visionaries usually received magical powers of healing or divination from the spirit-guide. Elspeth Reoch related that she had been 'desyrous to know' divinatory powers. In return, they had to make some kind of commitment - and sometimes an actual sacrifice. This could be traumatic.

Several visionary encounters began at a time of trauma. Alison Pearson's spirit-guide began by healing her of an illness. Jean Brown 'began first to converse with' her three unnamed spirit-guides when they 'lifted her' out of an illness, shortly after her father's death. Janet Boyman learned her visionary practices from another human visionary, Maggie Denholm, who healed her in a dramatic ritual under the hill of Arthur's Seat. Bessie Dunlop encountered her spirit-guide when in despair at the illnesses of her husband and baby and the recent death of her cow. Isobel Haldane's initiation took the form of a rescue. She felt herself taken from her bed to a fairy hill, in which she remained for three days before being rescued by a man with a grey beard, who became her spirit-guide.

Visionaries might be expected to sacrifice something in return for being granted their magical powers. Andrew Man experienced the fairy queen causing one of his cattle to die when he first encountered her, although she

promised to do him good thereafter. Bessie Dunlop not only lost her cow; her sick baby died soon after she met Thom Reid. Reid predicted the baby's death, but Dunlop did not think him responsible for it, instead using her visionary encounter to help herself come to terms with her loss. Elspeth Reoch had to make a dramatic sacrifice: her spirit-guide, John Stewart, forced her to become mute. We shall return to this in more detail later.

Most of the visionaries were magical practitioners, providing services to neighbours in healing or divination. For some this seems to have been their main occupation. The link with magical practice has been discussed by Ronald Hutton (2017: 215-23). Their traumas of initiation place them within the paradigm of the 'wounded healer'. This, as understood today, is a traditional 'archetype' indicating that the healer or therapist has suffered past traumas that may actually help them in their work – though only if these traumas are properly interpreted, both by the therapist and by others (Zerubavel and Wright, 2012). Arguably, the spirit-based aetiology of these early modern traumas brought less stigma than modern understandings of mental illness (Castillo, 2003).

#### *Positive and negative relationships*

At the time when the visionaries told their stories, they had usually overcome any initial trauma, and indeed may have felt that their visionary experience had enabled them to do so. However, several of them still suffered from time to time.

One definitely negative relationship was Alison Pearson's with the fairies. She suffered repeatedly, and in negotiating the relationship she was mainly trying to avoid further suffering. However, this damaging relationship was offset by the protection of William Simpson, her main spirit-guide. These parallel emotional strands, positive and negative, can be found in many visionaries' accounts. When the fairies appeared to Bessie Dunlop, they were 'verrie semelie lyke to se' (very seemly in appearance), but, when they went away, a 'hiddeous uglie sowche of wind followit thame' (a hideous ugly gust of wind followed them), and she 'lay seik' until Reid returned from them.

In a related pattern, visionaries often experienced their spirit-guide as capricious or unpredictable. Fairies in general might be either good or bad, but visionaries seem to have hoped that *their* fairy would be good. Katherine Johnsdochter was fortunate in her spirit-guide, relating an entirely positive forty-year relationship with him. Several visionaries, though, were disappointed or confused about the benefits that their spirit-guide offered. Alison Pearson regarded the fairy queen as benevolent in principle, but too remote to do her much good. Of her two more immediate spirit-guides, William Simpson was also benevolent, but the man in green was capricious and demanding. Pearson experienced him as having intense motives and wishes of some kind, but could not fathom them.

Some of the spirit-guides explained their motives to the visionary, and offered opinions on a variety of topics. John Stewart told Elspeth Reoch that there were too many ministers in Orkney. Thom Reid told Bessie Dunlop why

he was helping her, and expressed opinions on the country's religion. She seems to have been confident that she could understand him. When he introduced her to the fairies, however, she could not understand what they said to each other; she only saw their lips move. This inscrutability was similar to capriciousness, though not identical to it.

Another pattern related to capriciousness was that of making simultaneous promises and threats. The fairies told Alison Pearson that she would prosper if she was faithful to them, but they would martyr her if she spoke about them. She did not know how to cope with them, though she knew that they were dangerous. Simultaneous promises and threats are unusual in relationships. Pearson's fairies sound like a gang operating a protection racket.

The main spirit-guide was often an intermediary between the visionary and the otherworld. Janet Boyman could summon individual spirit-guides that enabled her to relate to the broader world of spirits. Alison Pearson and Bessie Dunlop both told of their spirit-guides advising and protecting them in their dealings with the fairies, while Isobel Haldane's spirit-guide rescued her from them. This protective role in a scary and traumatic world will be important when we turn to issues of coping.

The spirit-guide could also be an intermediary between the visionary and the real world. Most visionaries used their spirit-guide in magical practice, thus creating a relationship in which they themselves were intermediaries between their spirit-guide and their client. Elspeth Reoch's



spirit-guide claimed to be protecting her from gentlemen in this world. Janet Boyman, Stephen Maltman and Alison Pearson explicitly spoke to their clients about their spirits, and the others probably did so too. Visionaries were normally open about their relationship with a spirit-guide; it was that relationship that convinced both the visionary and their clients of the visionary's powers.

### **Conditions**

These visionaries' experiences can be connected to several psychopathological conditions that have been identified and discussed in the medical and psychological literature. Some of these conditions are likely to have applied to most or even all of the visionaries, while other conditions were experienced by smaller numbers.

#### *Fantasy-proneness*

In the terms of today's psychology, all the visionaries studied here were 'fantasy-prone': they experienced elaborate fantasies. They may also – though this is a separate issue – have had difficulty distinguishing their imagined, fantasy experiences from reality. Fantasy is linked to the normal human tendency to think counter-factually, imagining alternative outcomes either in the past or in the future, which helps us manage our real situation (Bacon et al., 2013). However, people's fantasy-proneness – their propensity to experience fantasies – varies widely between different individuals. Most

psychological studies focus on the personality of the fantasist, rather than the use that they make of their fantasy (Sánchez-Bernardos et al., 2015). Here we need to understand how fantasies operate, and where people's intense fantasies can take them.

An influential study in this field is that of Wilson and Barber (1983), who studied twenty-six 'fantasy-prone' women who spent much, or most, of their waking lives absorbed in fantasy. All functioned normally in society, and five were exceptionally well-adjusted, though four were sometimes depressed or needed treatment of some kind. They recognized that their fantasies were not real in an ordinary sense, but the fantasies were so intensely absorbing that they did not experience them as pretence, and most had practical difficulty in distinguishing fantasy from reality. They usually had some control over their fantasies, at least in choosing their beginning and setting a scene, but once the fantasies began they continued to unroll without conscious direction. Most of the women experienced multi-sensory fantasies – they saw, heard, smelt and touched. Most felt themselves to have the power to heal, and practised healing either informally or more formally as therapists. Most had also been healed themselves by another healer. Finally, most had experienced encounters with spirits of some kind, usually ghosts. Wilson and Barber's findings have been confirmed and extended by population-sampling studies (Lynn and Rhue, 1988; Webster and Saucier, 2011) and by case-studies (Schupak and Rosenthal, 2009).

Another major study has identified three 'fantasy styles': (i) 'Active-Intellectual', with elements including Problem-Solving, Achievement, Heroic, Curiosity and Need for Stimulation; (ii) 'Dysphoric-Aggressive', with elements including Guilt, Fear of Failure, Hostile, Absorption and Frightened; (iii) 'Fanciful-Intense', with elements including Visual and Auditory Imagery, Hallucinatory-Vividness and Positive Reactions (Rosenfeld et al., 1982). The third style was more prevalent among girls than boys, which may be relevant considering that most of our visionaries were female. Enough is known concerning ten of these visionaries for it to be possible to place them tentatively in these categories. They are spread across all three categories, as follows: (i) Active-Intellectual: Janet Boyman, Stephen Maltman and Andrew Man; (ii) Dysphoric-Aggressive: Isobel Haldane, Alison Pearson, Elspeth Reoch and Isobel Watson; (iii) Fanciful-Intense: Jean Brown, Bessie Dunlop and Katherine Johnsdochter. It will be noted that the evidence of trauma comes mainly, though not entirely, from the 'Dysphoric-Aggressive' group.

Some fantasists use their fantasies to cope with difficulties in their lives, or to support other coping actions. For a few fantasists, their fantasies are themselves pathological, causing them to avoid a problem and cope less well with it (Greenwald and Harder, 2003). One coping strategy in response to trauma is dissociation - disconnecting aspects of the consciousness from reality. The dissociative process can involve fantasizing (Eisen and Lynn, 2001). Fantasy-prone people are more likely to experience unwanted fantasies, including nightmares (Levin and Fireman, 2001). Fantasy-proneness is not in

itself a pathological condition, but it can exacerbate or be otherwise connected with other pathological conditions.

### *Sleepwalking*

Three visionaries reported experiences of sleepwalking. Sleepwalking is not a serious condition on its own, though it can put a person at risk of injury (American Psychiatric Association, 2013: 399-403). Alison Pearson experienced fairy encounters during which she would be securely in her bed, but would not know where she would be by morning. Andrew Man had visions of visiting the elves, following which he would wake lying in a boggy moorland. These wanderings were evidently unexpected, and probably unwelcome.

The visionary about whose sleepwalking we know most was Janet Cowie. Having been out of her own house for a whole night, and returning to her husband at 4 or 5 o'clock in the morning, her husband asked her where she had been. She answered that the fairies had taken her away to 'Messindiu' (an unexplained name but probably not a real place) where she slept all night. Neighbours found her on several occasions half dead, lying in the Greyfriars churchyard and other places nearby. They heard her husband reproach her for staying out all night.

The particular characteristic of sleepwalking recognized in these visionaries was not just the sleepwalking itself, but waking up in an unexpected location. This aspect of sleepwalking was also singled out in a

medieval medical treatise (Hirvonen, 2018: 169). One-tenth of sleepwalkers in a modern survey experienced this (Bušková et al., 2015: 173).

Robert Kirk, in his 1692 treatise on fairies and second sight, related the case of a visionary woman he himself had interviewed. She too experienced waking up in an unexpected location, and several other details were reported:

I saw a woman of fourtie years age, and examin'd her (having another Clergie man in my company), about a report that past [i.e. passed, circulated] of her long fasting, her name is [blank] McIntyr, It was told by them of the house as well as herselfe, that she took verie litle, or no food for several years past, that she tarry'd in the fields over night, saw, and convers'd with a people she knew not, having wandred in seeking of her sheep, and slept upon a hillock, and finding hirsselfe transported to another place before day, The Woman had a Child sinc that time, and is still prettie melanchollious and silent, hardly ever seen to laugh (Hunter, 2001: 89).

The 'people she knew not' were evidently fairies or other nature spirits, and it was presumably they who 'transported' her. Her eating disorder, 'melancholy' and reluctance to speak are further indicators of mental disturbance.

Briefly here to mention another sleep-wake disorder, it has been suggested that Andrew Man was subject to sleep paralysis (Dudley and Goodare, 2013). Sleep paralysis is physically harmless, but the experience can

be terrifying. It does not seem, however, to have been associated with visionary experience generally.

### *Mutism and catatonia*

One visionary, Elspeth Reoch, had to make a dramatic sacrifice: her spirit-guide, John Stewart, forced her to become mute. This intensification of Reoch's relationship with Stewart occurred shortly after she had had an illegitimate baby, at the age of about 14. It seems to have been the trauma of this pregnancy, and the breakdown of her relationship with the father, James Mitchell, that brought on this phase of her visions. Stewart told her that he was silencing her for her own good, since if she could speak then 'gentlemen wald trouble hir and gar [i.e. cause] hir give reassones for hir doings'. No doubt Reoch realized the dangers of being a magical practitioner in post-Reformation Scotland, but it is not obvious that she felt herself as having agreed to this debilitating sacrifice. Nor was Stewart's rationale convincing, since Reoch's mutism might actually have *increased* her prominence and vulnerability to the authorities.

Reoch's mutism was pronounced, and indicative of significant psychosis. Her brother beat her severely to make her talk, but failed. She continued mute for long enough to establish a career as a magical practitioner; people who could not speak were often thought to have special powers. Nevertheless the detail of her confession indicates that she had recovered her speech by the time she was interrogated. Her mutism falls within the category

of 'catatonia' as defined by the DSM-5 (American Psychiatric Association, 2013: 88, 119-21). Mutism can arise as an involuntary coping strategy (Smith and Penzner, 2015; Hua and Major, 2016); we shall return to the issue of coping later.

### *Somatic delusions*

Several visionaries reported experiencing physical injury at the hands of the fairies. These are most likely to have been somatic delusions – false beliefs about the body (American Psychiatric Association, 2013: 90). Today a wide variety of such conditions is reported. People believe that one of their bodily organs is missing or malfunctioning, or that they are suffering from a bizarre illness (McGilchrist and Cutting, 1995).

Alison Pearson, who experienced cruel beatings from the fairies, is a prominent example of this pattern. One of them beat her on her first visit to them, so that she lost all strength in one of her sides; the blow left a blue and discoloured mark, which she did not feel but could see. This had been some time ago, but, she said, the latest time when she spoke about the fairies, they punished her by beating her worse than before; she lost all strength in her side, and was bedridden for twenty weeks.

How should we interpret Pearson's account? It seems possible, but unlikely, that she was really beaten by someone else and experienced real injury that she attributed to the fairies through memory loss and fantasy. Perhaps a little less unlikely is the idea that she suffered some accidental

injury, or physical illness, that she reattributed to the fairies. Less unlikely still, perhaps, is the possibility that she suffered a *psychosomatic* illness that caused her to be bedridden for twenty weeks, and she attributed this to the fairies. This would be consistent with modern understandings of somatic delusion. The visible blue mark (from the previous beating) would be harder to reconcile with this idea, but it too could have been psychosomatic. If she had really been bedridden for twenty weeks this would probably be 'stupor', which like mutism is associated with catatonia (American Psychiatric Association, 2013: 88, 119-21). Another likely possibility is that Pearson had never really been bedridden at all and that her entire story was delusional – in which case it could be considered a 'persecutory delusion' (American Psychiatric Association, 2013: 91-3). We may never know for sure, but all the above possibilities are indicative of serious psychosis.

Two other visionaries also reported injuries. Isobel Watson regularly danced with the fairies, but experienced them beating her sorely. She had a scar on her head from when they had first taken her to fairyland, many years before. She also had a wound where, she said, a fairy had recently bitten the middle finger of her left hand. One of Andrew Man's spirit-guides, the angel Christsonday, 'beatt a mark' that was still visible on the third finger of his right hand. Watson actually showed her wounded finger to the interrogators, so the injury had some physical reality. Most somatic delusions found today are complete delusions rather than delusional explanations of real injuries



(McGilchrist and Cutting, 1995). However, the range of somatic delusions is so wide that it would not be implausible to find a delusion like Watson's.

### *Hallucinations*

These visionaries' experiences can also be compared today to hallucinations. The most common hallucinations are aural, often described as hearing voices. Many studies of hallucinations focus on people undergoing clinical treatment, but a broader understanding can be gained by also surveying hallucinations in the non-clinical population, suggesting that between 5 and 15 per cent of people hear voices (Beavan et al., 2011). Voice-hearing is phenomenologically complex, with many different modalities and levels of experience (Larøi, 2006). Visual and multi-sensory hallucinations also occur. Hallucinations may well be related to fantasies, but the two are not usually studied together; hallucinations are perceived more as external influences.

A recent survey with a phenomenological approach is particularly helpful in clarifying voice-hearers' actual experience (Woods et al., 2015). Woods asked people to tell their own stories, as our visionaries were also asked to do. Most of Woods' voice-hearers reported hearing several voices, and a quarter also heard voices coming from undifferentiated crowds or groups. These reports are comparable to our visionaries' experience; the visionaries, although they usually had one principal spirit-guide, often experienced encounters with other individuals or groups or both. They usually construed the group encounters as something like 'the fairies'.

A large minority of Woods' respondents had multi-sensory hallucinations – they were not just 'hearing'. Most and perhaps all of our visionaries had multi-sensory experiences. There may have been further people in early modern Scotland who said they just 'heard', but they were less likely to be prosecuted for witchcraft and thus have their experiences recorded. Some of Woods' respondents could sense that the voices were coming before they arrived; in the present study, Alison Pearson also described such an experience. Some of Woods' respondents (including some of the same ones) reported abusive or violent hallucinations, and again Pearson is a parallel, as are Isobel Watson and others.

### **Models**

This section of the paper, moving on from the discussion of specific conditions, turns to the question of models or frameworks within which we might interpret these conditions.

#### *Imaginary companions*

The visionaries' spirit-guides, or some of them, may well be comparable to what are known today as imaginary companions. Today these are mostly, but not entirely, experienced by children. There is a sizeable literature on children's imaginary companions, most of which assumes that fantasizing children eventually grow up to become non-fantasizing adults. Since our visionaries were adults, this might be said to invalidate a comparison with

such children. However, some important studies have questioned the nature of the child-adult difference, pointing out that a small number of adults have imaginary companions, and that many adults engage in fantasy activity that may resemble the possession of an imaginary companion (Woolley, 1997). Here it seems best to begin by reviewing relevant aspects of what is known about imaginary companions of children (see in general Taylor, 1999).

A child's imaginary companion is important and real to the child. They know that the imaginary companion is different from a real person in some ways; only they can know the imaginary companion, for instance. Most recent research stresses that possession of imaginary companions is not usually pathological. However, some children develop imaginary companions to compensate for loneliness or deficiencies in other relationships. Other studies have indicated that children with imaginary companions tend to be more creative or more sociable. Almost all imaginary companions are associated with positive emotions in themselves. Some children have just one imaginary companion, while others have several.

Children with imaginary companions are more prone to fantasize and daydream: they do so more often and more vividly than children without imaginary companions. Their fantasies may well include magical elements like fairies, dragons or monsters (Bouldin, 2006). Boys tend to have imaginary companions who are more competent than themselves, and even heroic, while girls tend to have imaginary companions who are less competent, and even dependent (Taylor, 1999: 67-70). Our visionaries all had spirit-guides

who were more competent, the boys' pattern, even though most of them were women.

Some adults, too, have imaginary companions, though much less is known about them (Taylor, 1999: 134-55). Some of the work on adults with imaginary companions concerns people with unusual psychoses, which are hard to relate to our visionaries who do not display the same psychoses (Bass, 1983; Mortati and Grant, 2012). However, there are certainly non-disturbed adults with imaginary companions; in one study of 264 college students, 9 reported having such a companion (Tahiroglu, 2012: 37-8). At the lower end of the range of intensity, many adult writers of fiction report that they experience their characters having some independent agency (Taylor et al., 2002). Adolescents with imaginary companions tend to envisage an idealized person resembling themselves – except that both boys and girls are more likely to imagine a girl as a companion. Adolescents who daydream and fantasize are more likely to have an imaginary companion (Seiffge-Krenke, 1997). One early study, discussing imaginary companions of young adults who were not mentally disturbed, suggested a link with mediums who experience contact with spirits (Harriman, 1937).

Marjorie Taylor, a leading expert on imaginary companions, draws a distinction between such companions and the experience of spirits: 'In order to be similar to the childhood phenomenon of imaginary companions, the adult who claims to interact with a ghost, for example, would have to conceptualize the ghost as a figment of his or her imagination' (1999: 144).

Similarly, Tracy Gleason excludes 'imaginary relationships developed as a function of psychopathology, in which the imagined other is perceived and conceptualized as real' (2013: 253). However, this seems to oversimplify how 'reality' is understood by people experiencing psychoses or fantasies. The people studied by Wilson and Barber (1983) or Woods et al. (2015), to take only two examples, knew that their experiences were personal to them and did not correspond straightforwardly with external reality as observed by others around them.

Taylor's and Gleason's distinction probably retains some validity for most imaginary companions, which are much more common than spirit-guides. However, some imaginary companions, as Taylor herself and others have shown, possess intense realism for the child, and are more than 'figments'. These researchers have successfully normalized imaginary companions, but they have also shown what a wide range of children's experience, and indeed human experience, they cover. Here I am drawing a parallel specifically between visionaries experiencing spirits and a *subset* of adults with imaginary companions: those whose companions possess intense realism.

#### *Parasocial relationships*

In some cases, the visionary's relationship with their spirit-guide may resemble a 'parasocial relationship', a term for the emotional engagement felt by some people today towards fictional characters and media personalities (Giles, 2010).

When audience members experience feelings of 'closeness' to film characters, they form a mental model of the character, including the character's emotions (Eder, 2006). Communication in a parasocial relationship typically occurs all in one direction, whereas the visionaries experienced two-way communication with their spirit-guides. But this two-way relationship was asymmetrical – the visionary often needed the spirit-guide's help, but the spirit-guide never needed the visionary's help, only their loyalty.

Fans are not usually psychotic, but a few fans' attraction to a celebrity becomes dysfunctional, leading to cases of stalking. No instances of such obsessive behaviour have been found among early modern visionaries, though this may only be because the interrogators would have been less interested in questioning the visionaries about obsessive behaviour.

Some of the mental processes involved in parasocial relationships may therefore have been comparable to the mental processes of our visionaries. However, the one-way nature of parasocial relationships limits any effort to explain visionaries in these terms. Imaginary companions, to the extent that they form a separate category from parasocial relationships, also form a preferable model. However, perhaps these models are not mutually exclusive; if so, it may be possible to learn more from studies of parasocial relationships in the future.

*Normality, abnormality and coping*

Clinical psychologists today routinely distinguish between the clinical and non-clinical populations, but the distinction they are drawing has been created in part by the process of diagnosis. It has been argued that the distinction operates differently in non-Western cultures that recognize spirits as affecting human mental states. Being told that you have a brain disorder can be harder to cope with than being told that you are being assaulted by evil spirits. There is more that you can do to reach a cultural understanding of spirits and deal with them through ritual (Castillo, 2003; Luhrmann and Marrow, 2016).

The categories 'clinical' and 'non-clinical' are mainly the result of drawing a line through a spectrum of conditions and experiences. People who report 'anomalous' beliefs and experiences today can be found both in the clinical and non-clinical populations. Most are fully normal in psychological terms, while some display serious psychoses (French and Stone, 2014: 53-68). This is so also for hallucinations (Woods et al., 2015). Even people with bizarre psychotic delusions do not all fall into the 'clinical' category; some function more or less normally in society. Pechey and Halligan (2011) identified several people with such delusions, including Cotard syndrome – believing that one is dead or does not exist. If some people with such a serious condition can cope in modern society, it is not surprising that our visionaries mostly coped in early modern Scotland and were not seen as mentally ill.

Nevertheless, some of the visionaries themselves reported symptoms that they would have called pathological if that term had been available to them. The sleepwalking visionaries were definitely pathological in contemporary terms, as Janet Cowie's neighbours testified. Elspeth Reoch's mutism was severely dysfunctional, as her brother angrily and frustratedly recognized when he beat her. Alison Pearson's twenty-week incapacitation, whether real or fantasized, also indicates a grave psychotic condition.

The process of interpreting visionary experience in terms of spirit-guides, fairies and supernatural worlds may often have been constructive and even therapeutic. Attributing their condition to interaction with spirits may well have been a successful coping strategy for the visionaries, helping them to manage their symptoms. A modern study of spiritist mediums found that they had a high level of 'dissociative and psychotic experiences' but that these were distinct from 'mental disorders' (Moreira-Almeida et al., 2007). Several of the African and Indian people whose cases are reported in Luhrmann and Marrow (2016) interpreted their conditions in supernatural terms, even though they had usually received clinical diagnoses. They too used their understanding of spirits to help them cope.

One's ability to cope is partly social and economic – the ability to support oneself in society. People for whom that becomes difficult are more likely to be diagnosed as abnormal (Cooper, 2014). This in turn depends on how a person is viewed by family, friends and neighbours. These visionaries



mostly had clients who trusted them to provide services to them. To that extent, they were coping.

So we might think of a spectrum. At one end there are Katherine Johnsdochter and Stephen Maltman, for whom we have no evidence of trauma, suffering or failure to cope. At the other end there is Elspeth Reoch, to whom I shall return in a moment. In the middle of the spectrum are several visionaries who definitely suffered but who managed to maintain some kind of stable existence. Alison Pearson, though she suffered serious difficulties, had practised as a magical practitioner for sixteen years, and one of her clients was an archbishop. Bessie Dunlop recovered from the trauma around her initial visionary encounter, and her magical practice attracted clients from the gentry. Isobel Watson, widowed when young, had been a beggar for many years, but this only tells us that she was poor; she may have coped well enough.

Jean Brown seems not to have coped very well. She repeatedly changed employers, moved around, refused to go through with a planned marriage, and annoyed people with trivial arguments. Neighbours and employers reported that she would habitually 'refuse the meat a mans hand came over', and preferred to sleep outside. This may indicate obsessive-compulsive disorder (American Psychiatric Association, 2013: 237-42), but the point here is that those around her seem to have regarded her as not being normal, and were unsympathetic to her.

The clearest evidence of failure to cope comes from Elspeth Reoch. She wandered repeatedly, undertaking several journeys of which some were over a hundred miles (Caithness, Lochaber, Speyside, Orkney), indicating a failure to establish herself socially in any community. Her two pregnancies outside marriage indicate a lack of the social self-control expected of early modern women. She appears to have been still in her teens at the time of her arrest. Perhaps she would have been able to settle down eventually, but she was deprived of the opportunity to do so.

### **Conclusions**

The starting-point for this paper has been the observation of a pattern among visionaries. Quite a few of them suffered for their visions. Not all of them, as far as we can tell, but they seem to fall on a spectrum. Most coped more or less; indeed if they had not coped at all then they would not have been interrogated on suspicion of witchcraft. The process of acting as magical practitioners gave them a recognized role. Friends, neighbours and kinsfolk sometimes helped – or tried to, as Elspeth Reoch's case illustrates. The visionaries all experienced their spirit-guides and other envisioned relationships in terms of familiar cultural models, but their visions had a biological component that can be related to these models.

The existence of a pattern among the visionaries in the present study can be underlined by noting that there were other visionaries who did not conform to the pattern. Several further visionaries are discussed in some of the historical

works cited above, notably Hutton (2017). They include Isobel Gowdie, about whom much is known; she had no recognizable spirit-guide, and took her extraordinary visions in the direction of 'dark shamanism' (Wilby, 2010; Wilby, 2013).

Several psychopathological conditions that are recognized in the modern world can be related, in most cases only loosely, to the experiences of the visionaries studied here. I say 'loosely' because, mindful of the limitations of the sources and the absence of clinical interviews, I am not trying to tick off every individual visionary firmly against a specific diagnosis. The diagnosis is fairly clear for Reoch and for the sleepwalking visionaries, for whom the symptoms are specified in the sources with some precision. One of the sleepwalkers, Alison Pearson, clearly also suffered from further psychosis of a serious kind, but its precise nature is harder to diagnose. For most other individual visionaries the evidence is suggestive, but no more than that. Arguably, though, the visionaries, *collectively*, displayed a range of symptoms that often link up in some way to the symptoms of modern psychiatric medicine. This collective approach is also taken by Coste and Granger (2014), and its probabilistic nature is along the lines recommended by Mitchell (2011) and Muramoto (2014).

In focusing on conditions like catatonia and sleepwalking, I have aimed to prioritize the simpler diagnostic categories. I have avoided schizophrenia, although several symptoms ascribed to it are thought-provoking, because of its phenomenological complexity (cf. Fraguas and

Breathnach, 2009). Even catatonia is a syndrome rather than a single condition (Wilcox and Reid Duffy, 2015), but the complex and contested symptomatology of schizophrenia is notorious. There is nevertheless a good case that schizophrenia can be recognized today in several different cultures (Luhrmann and Marrow, 2016). Something like schizophrenia may well have occurred in early modern times, and may well have contributed to visionary experiences (Jeste et al., 1985). However, the evidence available to the present study is insufficient for firm conclusions.

At this point readers may well ask: what is the historical point of this exercise? In my introduction I asked, 'What was really going on here?' But of course that question is far too simple; there is no single 'real' answer. It doesn't do Elspeth Reoch any good to apply to her a label, 'catatonic mutism', that would have meant nothing to her or to any of her contemporaries. As a historian, I seek to explain what people's experiences meant to them in their own terms, so a diagnostic category doesn't 'explain' Reoch's problems in any historically meaningful way.

Or does it? I would argue, in fact, that close attention to the links between early modern and modern experiences actually helps us to understand the former. A pioneering and insightful study of Elspeth Reoch has recognized that she suffered trauma, which is important – but has categorized that trauma as incest, which is implausible (Purkiss, 2001; cf. Dudley and Goodare, 2013: 138). Paying attention to modern diagnostic categories can help us understand the historical Reoch better.

Let me return briefly to the analogy with famine that I drew in the introduction. We will never understand the cultural experience of past famines by reference to studies of calorific intake, but unless we attend to such studies we will miss out on the somatic and transcultural dimension of what it means to starve. We understand our experiences through culture, but some of those experiences are connected to the ways in which our minds and bodies work. This paper can hardly claim to have solved the problem of how to relate culture to biology, but it may have reminded us that the connection exists, and offered some examples of how it may be understood.

So I hope that historians can now take Elspeth Reoch's own lived experience more seriously – experience that included having had reluctant sex with a ghost. This is something we might be tempted to laugh at, if we didn't ignore it altogether. But if we see that her condition has been recognized by psychologists and given a name, we can relate to it with more confidence, appreciate its gravity more fully, and treat it as an important phenomenon worthy of serious historical study.

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**TABLE: The Main Visionaries and their Spirit-Guides**

NAME	PLACE	DATE	SPIRIT-GUIDE	NATURE OF SPIRIT-GUIDE	OTHER WORLD	PRIMARY SOURCE	SECONDARY SOURCE
Janet Boyman	Edinburgh	1572	unnamed	fairy	seely wights	NRS, JC26/1/67	Goodare, 2012
Jean Brown	Wigtownshire	1706	three spirits	said to be her 'maker'	heaven	NRS, CH2/373/1, 29-30.1.1706; SCA MS; Paton, 1933: 164-8	
Janet Cowie	Nairnshire	1647	(none)	-	fairies	Cramond, 1908: 356-7	
Bessie Dunlop	Ayrshire	1576	Thom Reid	ghost	fairies	Pitcairn, 1833: 49-58	Purkiss, 2003; Henderson, 2009
Isobel Haldane	Perthshire	1623	man with grey beard	unspecified	fairies	Hume Brown, 1908: 352-4	
Katherine Johnsdochter	Shetland	1616	the bowman	unspecified	trows	Donaldson, 1991: 38-43	
Stephen Maltman	Stirlingshire	1628	(none)	-	fairies	Hall, 2006	
Andrew Man	Aberdeenshire	1597	Christsonday; fairy queen	angel; fairy	fairies	Stuart, 1841: 117-25	
Alison Pearson	Fife	1588	William Simpson; man in green; fairy queen	ghost (Simpson); fairy (man in green)	fairies	Pitcairn, 1833: 161-5	Goodare, 2019
Elsbeth Reoch	Orkney	1616	John Stewart	ghost	fairies	Dennistoun and Macdonald, 1840: 187-91	Purkiss, 2001
Isobel Watson	Perthshire	1590	(none)	-	fairies	NRS, CH2/722/2, pp. 23-5	Maxwell-Stuart, 2001: 115-21

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NRS: minutes of presbytery of Wigtown, 1696–1709, CH2/373/1.

SCA (Stirling Council Archives): A1081 Allanton & Touch Collection, Bundle 4, Box 2, confession of Jean Brown, 1706. I am grateful to Stirling Council Archives for advice on this document and for permission to quote from it.

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