

DOSSIER: MORAL TRANSGRESSION

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INTRODUCTION

INTRODUCCIÓN

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The following articles were first delivered as conference papers on the 23 March 2006 at the sixth European Social Science History Conference (ESSHC) in Amsterdam, as part of a session entitled «Moral Transgression and Illness: Comparative Perspectives in the Cultural History of Medicine, 900-1900». The ESSHC prides itself on bringing together interdisciplinary scholarship from a variety of locations and time periods; this session stuck to that brief admirably, with papers covering European and African experiences and stretching from the first millennia into the twentieth century. Alaric Hall's «Monster-fighting and medicine in early-medieval Scandinavia» describes how attitudes towards monsters (*bursar*) may teach us something about health in Scandinavian society prior to the conversion to Christianity, and that links can be perceived between morality and disease, even if they were not always explicitly clear. Jari Eilola's paper on «Moral Transgression and Illness in the Early Modern North» uses court records to trace how attitudes towards morality affected the provision of healthcare from diagnosis to treatment in seventeenth-century Scandinavian society. Finally, Markku Hokkanen's «Moral transgression, disease and holistic health in the Livingstonia Mission» examines the dialogues concerning «moral hygiene» between incoming Presbyterian Free Church missionaries and the African communities of northern Malawi around the turn of the twentieth century.

Each paper finds that the definition of a moral transgression rests broadly on the definition of deviancy within each society. For Dr. Hall, the position of supernatural beings outside the in-group affects their ability to influence

health, and encounters with those beings can lead to infection or cure. The charismatic anti-heroine of Dr. Eolila's paper, Marketta Henrikintytär, evolves in the eyes of her community from being worthy of sympathy into a deviant whose illnesses were defined by her involvement in black magic and, crucially, that she never took the Eucharist. Marketta, and her ill-health, was defined by her ungodliness, and in that respect her distance from the community. In Dr. Hokkanen's Malawi, dancing and beer-drinking, both important parts of Central African social interaction, were considered to be moral transgressions by incoming Missionaries, while the Malawians considered European indulgence to be a threat to their health. Each article also places importance on the community's perception of health and healing. As Dr. Hall illustrates, the close connection between monstrous beings and illness made invoking supernatural beings like Þórr, the enemy of the *pursar*, a logical choice when combating infection. In the early modern North, Dr. Eilola establishes that the cause of the illness, and the patient's own responsibility for catching it, were vital factors in establishing treatment. Chronic diseases hinted towards an underlying 'sick' moral state; Marketta Henrikintytär's adultery was a symptom of the same moral malady that caused her epilepsy. Dr. Hokkanen's paper describes not just two different discourses on morality, but also on what constituted medicine: while Central African thought decreed that moral transgression could instantly trigger illness, missionaries believed that sins pointed towards deeper problems of the spirit.

These societies may have held different conceptions about health and morality, but there was also much common ground: for example, all three papers find that «moral transgression» most commonly related to sex, primarily with women as transgressors. In Dr. Hall's article, Gerðr's refusal to yield to Freyr's wishes leads to her infection at the hands of a *purs*, Dr. Eilola concentrated upon suspected witches, and Dr. Hokkanen illustrated that colonial authorities considered African women to pose a particular threat to the sexual health of the community at large (the image of the woman as a conduit of illness and immorality certainly recalls Eve in the Christian tradition). Yet more than this, these three different societies, separated by centuries of change and thousands of miles, all faced common ailments and came to similar conclusions: that behind illness lay issues of transgression and deviancy. Each group found within its own belief system a moral explanation for the cause of the disease, and divined possible cures based upon it, whether invocations, folk medicine or regulating social contact. Scottish missionaries in Africa may have conceived of both medicine and sin itself differently to early-modern folk healers or pre-Christian poets, yet all three drew on familiar themes of morality to explain changes in health.