

‘Disabled’ Minds

Mental Impairments and Dis/ability in Early Modern Sweden

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Introduction

In the early eighteenth century, Matz Thomasson, a peasant master living in rural Finland, was described as having been intermittently insane for well over a decade, until in 1711 he ended up slaying an infantry piper staying overnight in his house. Locals described him being often restless (*orolig*) and running alone into the woods from time to time; for example, on one occasion “in his weakness” (*swagheet*) he had been in the woods for nine nights during which his fingernails had fallen off. According to his wife, he “was not always in his right mind” (*altidh intet är wid sitt fulla förstånd*). Matz himself talked about a “great headache” (*en swår hufwudwärk*) that had started 12 years earlier. However, all this did not stop him from acting as the master of his farm and attending to its tasks, conducting his errands in the lower court and going to church and communions. Even the vicar could not say that he was “entirely insane” (*aldeles afwita*).² Whatever his condition, it occasionally had negative effects on his life and relations, and in some situations ‘disabled’ him.

This article examines how mental impairments limited a person’s abilities to perform daily and socially expected activities in early modern Sweden. Mental impairments are understood here as disorders, illnesses or injuries – of varying degrees and duration – that are viewed as related to perception, cognition, emotion and behaviour and described as forms of ‘insanity’ in the sources. When or if they are disabling, they restrict the ability to perform an activity in the manner or within the range socially expected of a person.³ The interest lies in what kinds of mental impairments posed context-specific limitations on activity and restrictions on participation or had negative life-limiting social ramifications, and thus constituted (mental) disability in the early modern Swedish surroundings and culture. Hence the title ‘disabled’ minds: the approach to insanity

here is inspired by the modern concept of disability and disability history. The focus here is on three crucial activities: dis/ability to work, and, more briefly, access to communion and (possibilities for) engagement and marriage. All were certainly key parts of daily life and adulthood, and the lack of capability or access to any had a major impact on one’s course and quality of life. The focus here is on the vast majority of the population, i.e. the rural peasantry, rather than on the higher estates, who to some extent enjoyed different opportunities and faced different social expectations.

The article commences with the constructivist models of disability and insanity that put emphasis on societal structures and culture constructing or shaping dis/ability and in/sanity. According to the social and cultural models in disability studies, the restrictions on ability result (at least partly) from the way society is organized and from cultural discourses and perceptions of different impairments. Disability history has shown that the ramifications, meanings and connotations of impairments vary in different historical settings. As the expectations of a person’s activities differ not only on the basis of other social identities but also to some extent on account of different cultural contexts, disability is socially constructed, and its contents are subject to change.⁴ Similarly, medical anthropologists, such as Arthur Kleinman and Byron Good,⁵ and a wide array of studies in the history of insanity since Foucault⁶ have shown that insanity and its meanings are embedded in social and cultural structures, practices and beliefs. The application of these premises is fruitful when we consider that mental impairment, or insanity, itself does not necessarily limit activities or participation in any given situations and environments but rather does so depending on the context. Similarly, cultural discourses and views on impairments can create social, attitudinal and structural barriers. The models also give impetus to intersectional perspectives: how gender,

class or estate position and other social identities interact with the impairment and its connotations in different situations.

Modern disability history entails far more than studying the past of the physically disabled, as has traditionally been the case in the field. Historians interested in dis/ability are exploring a wide range of physical, mental and intellectual impairments and chronic illnesses, and what these mean and how they were perceived and constructed in different cultural settings.⁷ The structures, norms and practices that limited the activities, participation or opportunities of physically impaired people have been widely discussed in studies on the social history of disabled people in medieval and early modern Europe.⁸ Nevertheless, perhaps due to the modern persistent mind-body dichotomy, mental impairments – with the exception of intellectual and cognitive disabilities⁹ – have remained more in the domain of the history of insanity (or madness). Today's neurosciences and the current understandings of the biological bases of mental impairments and illnesses challenge the emphasis on bodies and physical impairments in disability history.

Altogether, the conceptual wall between the newer history of disability and (social) history of insanity is artificial. Although operating with different terminology, both build on social constructivism, counter essentialist understandings, problematize binaries (abled/disabled, sane/insane), and ultimately ask similar questions about the construction, treatment and experiences of disability and insanity.¹⁰ More generally, similar overlaps and intersections exist in the fields of disability studies, *crip theory* and mad studies.¹¹ I will not go deeper into the theoretical underpinnings and traditions of the unintentionally separated fields here, but it is safe to say that the different models and conceptual frameworks of disability and insanity have already influenced each other for a long time and have the potential to supplement each other. By using the term disability here, rather than for example insanity or madness, I want to emphasize the greater focus on the dis/ability to perform certain activities and on the wide spectrum between ability and disability when it comes to mental impairments.

Many histories of insanity have certainly already approached disability by examining the guardianship

and legal agency of 'insane' people and how mental impairments limited the performance of a range of daily activities and social roles. In particular, studies on the social history of madness in early modern Europe have long acknowledged the legal and practical restrictions mental impairments imposed on a person, and often at least briefly discussed such restrictions on the ability to work, marry, and perform or receive the sacraments.¹² However, while these academic approaches have worked with a different conceptual framework, the focus has not so much been on the structures and norms that create dis/ability. This article continues the discussion, with the perspectives presented in histories of disability and early modern madness providing ideas and starting points for this empirical exploration. Moreover, the focus on rural peasantry in a Nordic agrarian setting offers new information about the practical implications of mental impairments. Previous research on the interconnections between different mental impairments and disability in early modern Sweden is very scant. Most studies on disability history focus on bodily and sensory impairments and physical disability,¹³ while works on insanity have primarily examined the medical treatment, hospitalization and conceptions of insanity in early modern Sweden.¹⁴ The article builds on case studies and their contextualization to explore how and why certain mental impairments interfered with dis/ability to work, partake of communion and marry. As dis/ability is connected to a person's other social identities, like gender and estate and economic positions,¹⁵ an intersectional approach is important here. Quantitative and correlation analyses with big data, like those conducted in the studies on the life courses of people with disabilities in nineteenth- and twentieth-century Sweden,¹⁶ would provide more generalized answers about the life-limiting effects of impairments. However, case studies are more sensitive to individuals and situations among mixed social strata and reveal the wide range of opportunities and capabilities and the context-specific limitations on activity and restrictions on participation. To understand these, it is important to look at the structures and practices in society and in communal life, including social norms and expectations, legislation, and working conditions and opportunities. Some of these can be viewed, in modern terms, as inclusive

or exclusive. However, it would be impossible to delve into this broad and complex topic of disabling, inclusive, exclusive, stigmatization or marginalization processes very deeply within the limits of an article – rather, the aim here is to initiate the discussion concerning ‘disabled’ minds and practices that shaped disability in a Nordic historical setting.

The primary material comes from the areas that are now Sweden and Finland, with a focus on the seventeenth and early eighteenth centuries. The cases consist of descriptions of mentally impaired individuals and their lives as recorded in lower court records, which are – due to the scarcity of autobiographical sources such as journals – the most fruitful sources available to scrutinize the everyday lives of ordinary people in early modern Sweden. Usually, they ended up in a trial, and thus in the protocols of the local lower court, when they were suspected of some criminal act. Still, the investigations and testimonies often include a great deal of information about their pasts, everyday lives and the surrounding circumstances. When necessary, or available, information from taxation records and communion books supplements the more descriptive sources. Early modern Swedish legislation provides information about the restrictions on participation or activity that society imposed on people with certain impairments. A selection of medical treatises and popular health advice guidebooks intended for peasant households is used to understand the mental capacities that were thought to be characteristic of a ‘healthy’ adult and impairments and incapacities that were considered disabling. Alongside these primary sources, earlier research especially on the norms, social expectations and practices in daily life in early modern Sweden serves as important material here.

It must be emphasized that both ‘disability’ and ‘mental impairment’ are modern concepts. There is no single term for madness, insanity, mental impairment or disability in the early modern Swedish sources, and the vocabulary is very rich in its reference to the conditions that are described as insanity and impairing mental capacities. However, in the early modern humoral and holistic notions of the human, body and mind were not considered to be completely separate, and what we approach as mental and bodily illnesses or impairments were closely entangled and even indistinct. Alongside avoiding trans-historical

assumptions about what constitutes mental disability, I will refrain from attempting retrospective diagnoses and adhere to the original terms, providing rough translations and translated quotes when necessary. The nouns and adjectives describing people who were considered insane had some different connotations but were nevertheless typically used interchangeably. A person could be, for example, *afwita* (crazy), *hufwudswag* or *sinnesswag* (‘weak in the head’), *galen* or *dåre* (mad, lunatic), *fåna/fånig* (insane, half-witted, fool), *vansinnig* (mentally disturbed, insane) or *förwirrat* (confused, ‘dizzy’ in the head). There was no specific distinction between idiocy – or intellectual and cognitive disabilities – and insanity in the terminology.¹⁷ There were also some specific terms for mental illnesses, including *raseri* (raving madness), *mania* and *swärmodighet/melankolia*. The sources also use descriptive phrases, such as “out of his/her senses”, “not in his/her right mind” as well as descriptions of behaviours to indicate insanity and limited mental capacities.¹⁸

Mental Dis/ability and Work

A young man in his 20s, Greels Simonsson, had to give up many careers in the 1670s due to his “dizziness in the head” (*förwirring uti hufwudet*) and “mental weakness” (*hufwud swagheet*), first when he was apprenticed to a parish clerk (*kläckare*) and later when he was a painter’s hired hand painting a chapel. On the latter occasion, he was seen slitting his underwear and putting the pieces back together. He had also been reading the chapel’s Bible so much that others had to hide it from him. Although he was a peasant’s son, he was able to read and write because in his teens he had had the opportunity to attend school at his father’s expense. At one point he was also seeking a scribe’s post in a nearby town. During a lucid period in 1676, he became a cavalryman. However, about seven years after his mental weakness returned and he started talking and behaving crazily and threateningly to the extent that he had to be held down and guarded by five men. He unexpectedly confessed to having committed bestiality and was prosecuted for this; the lower court found it difficult to sentence him due to his confusing stories and apparent mental weakness and the

lack of evidence other than his own confessions.¹⁹ Thus, Greels' dis/ability to work ranged on a wide spectrum due to his episodic insanity.

Although cases like this have no specific term for "disability", the idea or concept was captured by descriptive phrases such as "not able to make a living by work", or "not able to earn one's living".²⁰ As Irina Metzler and Anne Borsay have shown for other European contexts, disability has been closely linked, both discursively but also very much in practice, well before modern times and industrial capitalism, to the inability to work.²¹ The same linkage between mental incapacity and inability to work can be seen, for example, in various early modern Swedish medical treatises and guidebooks describing the ability to work as the key indicator of 'good health' and the incapacity to (support oneself by) work as a decisive sign of 'ill-health'. A healthy (*sund*) person was able to "carry out work in the right way and without malfunction". Health was first and foremost the absence of illness, impairment or pain that would prevent the person from working. It also encompassed more holistically physical and mental performance as well as the condition of the 'soul'. Mental capacities were also involved: A person who was healthy had a balanced constitution, temperament and mood, and was capable, for example, of reasoning and carrying out sensible talk.²² Some of the impairments that affected mental capacities were categorized as "illnesses of the head", among other conditions that mainly manifested themselves in the head area, such as fevers, headaches, and eye and ear conditions. They include specific illnesses, such as mania (those who were *wild*, or *maniacus*), raving madness (*raseri*), melancholia and falling sickness. Alongside these, many other conditions entailed fluxes and corruptions of the four bodily humours that could manifest themselves in 'moods' and mental impairments that hampered daily life. Medical guidebooks also list various remedies for the obscure "weakness in the head" (*hufwudswaghet*).²³

But medicine offered no definite answers as to which mental impairments resulted in the inability to work – even the most serious 'mental' illnesses mentioned above had various forms and degrees. As Greel's case described above fruitfully demonstrates, the limiting effect of the mental impairment on the ability and opportunities to work depended

greatly not only on the degree and gravity but also on the duration or frequency of the impairment.

If we want to understand how mental impairments interacted with the disability or restricted opportunities to work, it is necessary to understand the nature and demands of work and working environments in early modern Sweden. Most means of supporting oneself in early modern Europe required physical labour, predominantly in agriculture. This was especially the case in Sweden, where at the turn of the eighteenth century about 95% of the population consisted of peasantry and people of no estate, and well over 90% lived in the countryside. Farming in the cold northern climate was demanding and survival required diversification of livelihoods. Despite some regional differences, most of the vast kingdom was sparsely populated and villages (and towns) were relatively small: typical living and working environments were hamlets surrounded by fields, meadows and forests.²⁴

Farming, animal husbandry and forestry employed most of the population. Men worked as farmhands or enlisted in the military, with a fraction acquiring or inheriting access to land, for example a croft or a taxed farm later in life. There was also work for casual labourers, fishermen, loggers and rural artisans on the farms and at the manors. Mining and tar production provided jobs in certain regions. The vast majority of women likewise worked in agriculture, as wives, daughters or sisters on farmsteads and as farm maids. Although often listed only in relation to their male kin and without occupational titles, women were involved in various forms of manual labour, paid day labour and domestic work. Both sexes also worked, for example, as shepherds, in linen making and sewing and in producing and selling handicrafts and other commodities. It was typical to have multiple and seasonal jobs and combine various sources of livelihood. There were age-, gender- and estate-specific differences in the social expectations related to work but in practice, working life among the lower class was characterized by diversity and flexibility.²⁵

It should be noted that most rural work did not require writing, reading, counting or possession of the type of cognitive skills that modern knowledge-based work demands, but rather having an able body. However, there was also plenty of work

available for those with less physical strength and limited capabilities and skills. Certainly, many livelihoods, such as jobs in mining, forestry, slash-and-burn farming or construction, entailed labour-intensive and hard physical work, but those with sensory or other bodily impairments or infirmities could accomplish the less physically demanding tasks, like tending to livestock or children or gardening. Also, there were many tasks in the basic rural economy for those with diminished mental capacities – as their condition did not typically entail physical frailty, they could participate in several types of work. The greater flexibility of time in the rural system of labour meant that there was also room for the less productive, slower community members. Thus, as in medieval society,²⁶ impaired people had a niche in working life. Although perhaps unable to perform some functions and tasks, the impaired were not entirely dysfunctional but at times necessary and even valued workers.

The norm, ideal and imperative to support oneself by work applied to both genders of the lower classes and figures prominently, for example, in Lutheran ideology and in Swedish legislation. The former emphasized diligent work as a duty and obligation, and the latter made employment compulsory for all, for example, by criminalizing unemployment among adults who were able to work (as vagrancy), stipulating compulsory service for those whose wealth did not exceed a certain limit and prescribing strict eligibility criteria for receiving poor relief.²⁷ Finding employment and work was also crucial for survival; not everyone had a home farm or kin that they could look to for sustenance, and poor relief was available only to the few. Over a third of the population was landless, i.e. lacking a taxed farm or other legal rights to land.²⁸ The ability and access to work was essential also in regard to one's social life – needless to say, work was (and is) a major socially integrating force and confers a valued social position and opportunities to build and sustain social relationships. In the modern world mental disabilities and mental health problems are closely connected to poverty, unemployment and disadvantaged positions in the labour market.²⁹ Similarly, a quantitative study about the life courses of young men and women in nineteenth-century Sweden shows that obtaining a job was generally less frequent for people with any

disability, but particularly so for those with mental disabilities.³⁰ It is likely that people who had severe and chronic mental impairments, such as a serious mental illness, had similarly inferior opportunities in the early modern labour market. However, what sets most mental impairments apart from most sensory and bodily impairments is that they can occur and cause inability to work temporarily or occasionally. One source for understanding what kinds of mental impairments were connected to disability are documents related to poor relief. Any official form of poor relief, distributed in the form of grain, or by providing housing and food on local farms or a placement in a hospital or poorhouse, was available primarily to those completely unable to support themselves by work and who had neither kin nor funds to arrange their support. Without kin willing or able to support them, people with serious mental impairments easily drifted into poverty and destitution, and thus are well represented among poor relief recipients in early modern Sweden. Those receiving the rarely distributed aid from the parish, or food and shelter from certain designated farms or residing in the few existing parish poorhouses appear to have been primarily people whose inability to work was chronic and continuous. As funds were scarce and insufficient for all those in need, the criteria were strict: The impairment had to be significant and the person a local resident in dire need. Based on the terms attached, most of the poor relief recipients had multiple debilitating impairments. For example, in the early eighteenth century a woman named Magdalena, who was both old and insane (*afwita*), was supported and kept watch over jointly by all parishioners until her death. However, most people with major impairments resided with their kin, and some had the means to arrange their care, by giving their possessions or later inheritance to their supporter or, when able, by working, perhaps tending to less demanding tasks in exchange for their upkeep.³¹ Those whose mental impairments gave rise to dangerous manifestations were ideally to be isolated from others and housed in special hospitals for reasons of safety. These places were otherwise much like the poorhouses and hospitals in major towns and some rural parishes but more secluded and primarily reserved for the lepers and the mad. Still, only a fraction of them were admitted, for there were

neither a sufficient number of hospitals nor enough room in them. Especially the severely mad (e.g. *wild, rasande, urhsinnige*) who posed a clear threat to others, having already committed criminal offences and/or not having anyone to take care of them or to guard them, were taken in (alongside some lepers, others who were seriously disabled, and disabled clergy and certain other officials whose privileges rendered them eligible for admission). 'Mad' people and lepers were special in relation to eligibility for this type of 'poor relief': They might be able to work (when lucid) and might have funds and kin.³²

Another way to examine the impairments that meant inability to support oneself by work is to look at the terms attached to people who were exempt from paying the poll tax. This tax was collected annually from all adults in the work force – however, the destitute poor and those unable to work were exempt. There were no clear rules as to which impairments permitted this exemption: The local minor officials collecting the tax made their own judgements, presumably knowing who in their area was unable to fend for themselves. Most of the impairments listed alongside the names of those exempted from the poll tax refer to decrepitude related to old age and sensory and bodily impairments, especially blindness, mobility impairments (e.g. Swe. *krympling, halt, lam, ofärdig*) and undetermined illnesses ("sickly", Swe. *sjuklig* etc.). The lists also include people described as having mental impairments, such as being mad (*ursinnig*), raving mad (*rasande*), of 'weak mind' (*swagsint*) and lunatic (*utwillig* and *vetwillig*). Some were also described more vaguely as 'mentally weak' (*hufwudswag*), insane or intellectually disabled (*fåna/fånig, fåkunnig*) or suffering from falling sickness (*fallandesoot*).³³ Also, for example, the causes listed for being discharged from the army or navy include terms related to mental impairments – even the vague "weakness in the head" (*hufwudswaghet*) could render them "incapable/unfit to work in/hold any post".³⁴

Thus, a wide range of mental impairments could result in inability to work. But at the same time, the poll tax registers include people who had mental impairments but who were paying the tax. Moreover, other sources, such as the more detailed court records, mention various people who had impairments, sensory, bodily or mental, working and/or with

occupational titles. Usually, the less severe mental impairments did not entirely hamper the capacity to control one's behaviour. Those "weak in the head" or mentally weak (Swe. *hufwudswag*), an umbrella term referring to milder mental impairments than, for example, madness (*galenskap, ursinnighet*), were typically supporting themselves by work, at least during the periods when they were in remission and more lucid. Their occupations range from peasant masters and mistresses to soldiers, farmhands and maids, shepherds and other labourers.³⁵ For example, one 30-year-old Sophia herded cattle although she "had no knowledge of God and was half-mad".³⁶ A blind and insane or intellectually disabled (*fånat*) young man had for some time supported himself by begging but in the 1660s was housed and supported by a local peasant in exchange for weaving.³⁷ Even severe madness might strike only intermittently. There are many descriptions of people who were occasionally mad to the extent of posing a threat to others or themselves but who most of the time were still involved in a typical working life.³⁸ For example, a soldier, Matz Knutsson, was dangerously mad at intervals for years while he served in Poland. Later, when he worked on the farm that supported him in Finland, he was at times guarded and tied down by his fellows and having episodes when he threatened to kill someone or himself or, for example, had strange hallucinations, barked like a dog or neighed like a horse.³⁹

Falling sickness (*fallandesoot, brottfälling*), or epilepsy, was an illness that had a different impact on a person's ability and opportunities to work, depending on the severity and frequency of the episodes. Those suffering from falling sickness were regarded as "weak in the head". Although considered a very serious condition,⁴⁰ in practice it was recognized that falling sickness appeared in varying degrees of severity and did not necessarily mean work disability.⁴¹ Among those exempted from the poll tax, numerous people are mentioned as having falling sickness but some are also listed as taxpayers. For example, in the 1670s and 1680s Thomas Michellsson ran a farmstead with his widowed mother, paying his taxes and attending church and communion – thus, working and living a seemingly ordinary life as expected, except during his fits of falling sickness. These had assailed him from time to time for about

three years before his early demise by drowning during an epileptic fit; others considered him crazy (*fåhnat* and *afwita*), even dangerous, immediately before and during his episodes.⁴²

An interesting subgroup among the mentally impaired are those who had, in modern terms, intellectual disabilities. Although, as mentioned, there was no clear distinction in the terminology, they were not considered deranged to the same extent as the 'entirely mad' nor in similar ways as most of the other mentally impaired groups. Unlike the other 'mentally weak', their reason and mental faculties had been diminished either ever since birth or after an injury, with no remission. They were described with adjectives referring to low intelligence and cognitive capacities (e.g. *oklok*, *enfaldig*, *dumb*, *fåna*). However, if not physically frail, they were considered able to work and not in need of poor relief. Thus, as for example in early modern England,⁴³ they usually lived and supported themselves by work in their local communities. Yet again, to what extent they were able to work and how much support they needed from others depended on the nature of the intellectual impairment. For example, in the late seventeenth century, the 24-year-old Olof Olofsson had the mental age and physical appearance and strength of a 14-year-old. He had major learning problems: for example, he could not handle money or counting. He had lived with his nieces and their father for the past twelve years after being orphaned. He was for the most part supported by them as he could only do the work and chores of other small boys.⁴⁴ By contrast, another 24-year-old, Jacob Thomasson, was much involved in the work on his father's farm, including heavy forestry work, and was described as being good with his hands in woodwork, preparing tools and a spinning wheel for his fiancée. However, he was a *fåhne*, who was not wise in his actions or talk, could read a bit but only backwards and was unable to answer questions. He had episodes during which he did not eat for a day and ran in the woods screaming and hitting animals. The lower court considered him "half-mad but not entirely so far out of his mind as to be insane". Regardless, he was extensively integrated into everyday work and family life.⁴⁵

Also, the ability to work varied among people suffering from melancholia or 'gloomy-mindedness'

(*swårmodigheet*) – an illness characterized by deep sadness, worries and fears. In the milder forms, they could be lucid and work like others most of the time, even on intellectually demanding tasks. Yet, if a fierce episode struck, or in the more chronic severe forms, they could be bedridden and unable to accomplish even the simplest tasks.⁴⁶ Thus, again, the ability to work depended on the degree of the mental impairment.

All these cases exemplify that many mental impairments entailed only temporary disabling effects, at least as far as the ability to work was concerned. They also show how situations changed and that dis/ability was not a black-and-white but a fluid characteristic. Mentally impaired individuals moved along the wide spectrum of working dis/ability during the course of their life, and, as long as they could at least partly or occasionally support themselves by work, they usually found a niche in the local communities and were not cast out, for example, by confinement in a hospital. Thus, the situation of the 'insane' in the Swedish rural communities was similar to many other early modern European regions.⁴⁷

Alongside the degree and duration or recurrence of the mental impairment, social ties and family support played a role. Social position and wealth provided opportunities that were not available to most who lacked an estate position and property, such as the landless labourers, wage earners in domestic service and soldiers who were well represented among the cases presented here. Due to their lack of property, they were generally in a very vulnerable position when unable to work. Those whose parents, siblings, children or other kin had a farm could usually retreat there for support in times when their impairment prevented them from working. Studies on early modern Germany show that the upper classes had the means and networks to support their impaired family members, and supported especially their impaired male offspring's participation, careers and social roles.⁴⁸ More research is needed on whether this was also the case in Sweden, for example among the higher estates or the more well-to-do peasant freeholder families.

An impaired individual who had insufficient family networks or, at worst, no kin to help and at least partially support him or her, was more likely to end up unemployed and destitute. Take, for example,

Magnila, who was 22 years old and suffering from mental weakness (*hufwudswagheet*). She had been herding cattle but was dismissed because the cattle had often run away and been eaten by predators due to her mental condition. She had been orphaned, and her brother had enlisted in the army after he lost their home farm due to debt and poverty. Magnila was in dire straits: she had been unemployed for over a year, unable to find new work and penniless. It was common knowledge in the locality that she was mentally afflicted, and it is possible that this resulted in some social stigma due to which no-one hired her. One can assume that all this had an impact on her ultimate choice to kill herself in 1698.⁴⁹

Confession and Communion: Rites of Passage

Johan Clausson and his adult daughter, Maria, lived in a small rural locality in Southwestern Finland in the late seventeenth century. The local people considered Johan and his whole family not quite right in the head. In 1697, in a trial over Maria's suicide, the local peasant men serving on the jury and ruling on the case with the district judge claimed that Johan and his family were "not in their senses like proper sensible persons".⁵⁰ According to the lower court, they were "not in their full reason but carried on 'dim' or muddled talk".⁵¹ Johan's condition was not described in more detail but when questioned in the hearing, others could not make sense of his talk or answers. The same was said about his kin, in particular his daughter Maria, whose condition was discussed more carefully during the trial – the lower court needed to determine her mental state in order to pass an appropriate sentence for her crime of suicide. Maria had worked as a maid on a farm some four kilometres from her home but one day hanged herself in her master's hay barn. Friends, neighbours and others testified how she had been mentally weak and suffering from "dizziness in the head", especially since the summer, during which she had been bed-ridden and powerless. Her talk, like her father's, was incomprehensible; she linked words vaguely "here and there" and could not recall her previous words so that others could not understand what she meant.⁵²

Nevertheless, the family seemed to have a firm foothold in the parish and village. The same kin had mastered the home farm since the beginning of the seventeenth century, and taxation would suggest that the farm was relatively prosperous. Johan Clausson had married and taken over the farm after his father in 1679 and continued to reside there with his family into the early 1700s, when his son took over.⁵³ Unfortunately, not much is known about his relationships and dealings in his home village and locality but, as the master and peasant freeholder of a farm, he presumably tended to the typical duties of a peasant master, including farming, harvest and other co-operation with his neighbours in agriculture, construction and the maintenance of fences, ditches, roads and the like. Yet, some stigma, or at least a sense of unease and deviance, was involved according to the brief descriptions in the record of Maria's trial.

Maria was the eldest of three children from Johan's first marriage; her mother had passed away in 1680, when Maria was only five years old. Johan had quickly remarried, and the small children got a stepmother. Maria left home in her teens and presumably worked as a maid on nearby farms until ending up employed in 1697 on the farm where she ended her life. Despite her "mental weakness", she was considered able to support herself by work and was taxed accordingly, at least in 1696 and 1697. During her last years she seems to have lived by turns on her employer's and on her father's farm.⁵⁴

According to the catechetical examination records, Johan and his wife, and also their children after reaching the age of 15, exhibited their religious knowledge like most in the parish, having adequate knowledge of the basic tenets of Christian and Lutheran doctrine. Or at least, regardless of their diminished 'reason' and communication impediments, the local vicar, who examined them first in 1688 and later in 1694, had decided to pass them. Even Maria's younger sister, who was deaf, passed the examination when she was about 18 years old. This suggests that all members of the family were allowed to take communion. Maria had quite recently gone to confession and communion.⁵⁵

This could not be taken for granted for some of the mentally impaired. The legislation in force would have given the local vicar in the above case ample grounds to exclude some of the family from taking

communion. If a priest could not make sense of the person's Christian knowledge, or most importantly, confession, communion was to be denied. The Swedish Lutheran Church had officially decreed in 1562 that only those who knew the Ten Commandments, The Apostles' Creed and the Lord's Prayer could attend communion. Since the early seventeenth century, knowledge of the other main sections of Luther's Catechism was also required. Passing the catechetical examination was a prerequisite for confession and confession for communion. Since the late seventeenth century, alongside knowing the main passages by heart, ideally verbatim, those wanting to pass needed to show that they understood the contents by answering questions posed by the vicar.⁵⁶ The Church Law of 1686 explicitly prohibited confession and communion for those who did not know the main pieces. Moreover, the insane or half-witted (*fånar*) and those with "mental weakness" should not be let into confession and communion "until they come to their senses" – it could be interpreted that the religious rituals were allowed only during their lucid moments. However, mutes who led Christian lives and could give clear signs of their wish to confess and receive communion should be allowed to participate. The Church Law left room for interpretation as also those who had lost their memory but could still display their faith, and the "possessed" (*besatte*, was also in use for mad people) who could show their faith, understood the basics and lived a Christian life were allowed confession and communion.⁵⁷

Studies concerning early modern Sweden have shown that the local clergy at times waived the catechetical knowledge requirements for some of their parishioners. The prerequisites were lower for the elderly infirm and mutes, but also in practice for the insane, mentally weak and feeble-minded, because communion was considered a pivotal element in the Lutheran faith and a necessity that should not be lightly denied. Ideally, an examination was arranged every holy day before divine service for those who wished to confess their sins and receive communion on that occasion. People were supposed to go to confession followed by communion regularly, at least four times a year. Alongside the local clergy, deans and bishops organized catechetical examinations during their visits.⁵⁸ At times the local clergy

turned to their superiors for answers. For example, in the 1720s Lisa, a "deaf-mute", turned to her vicar in the hope of partaking in communion. However, the vicar could not examine her catechetical knowledge due to her condition and took up the matter for discussion during an episcopal visitation. It is unknown how the case was resolved.⁵⁹

Nevertheless, it appears that it was very rare to exclude the mentally impaired from communion. Most cases involving the 'insane' in my materials mention them taking communion, either at church or while more infirm at home when visited by the clergy. Even the abovementioned young men who had major intellectual disabilities passed the bar. Olof, who "was like a small boy", could barely understand the basics of Christianity and whose "dumbness was so great that he couldn't separate truth from lie", was still allowed to "use the instruments of mercy", i.e. partake of communion, like the others.⁶⁰ Jacob, who was reprimanded by the vicar for reading backwards and not being able to answer any of his questions in the examination, occasionally, and at least twice in the previous year, went to confession and communion.⁶¹ Confession and communion were rites of passage to full adulthood and many legal rights, most importantly the right to marry and act as a godparent. In practice, exclusion from communion marginalized people in many other aspects of social life. Taking communion was a major social event and ritualistic norm that symbolized the sense of unity and harmony of the parish community. It was deemed inappropriate to participate if one was involved in unresolved disputes or had committed offences that had not been resolved or punished via the proper channels, the ecclesiastical or secular courts. Exclusion from communion was also a penalty imposed by ecclesiastical authorities and secular courts, and 'godless' people like blasphemers and those who led 'ungodly' lives were not permitted to attend. The exclusion stigmatized people, branding them with the mark of unworthiness and deviance, thus damaging their honour and reputation.⁶² Hence, the legislation entailed restrictions on participation for some of the mentally impaired that not only limited religious practice but also their legal rights and further prospects in social life.

The eligibility to partake of holy communion for those who were perceived to have limited capacities

to comprehend was a tricky theological question in early modern Europe. Protestant authorities laid down distinct categories of impaired who needed to be treated differently in respect to the sacraments. Some considered that all should have access while others considered it important to exclude the 'mad', 'fools', 'idiots' and/or infants, or allow their participation only during their lucid intervals.⁶³ However, the early modern Swedish discussions focused primarily on mutes and the deaf. The topic certainly deserves more research. Most importantly, it is unknown to what extent the mentally and sensory impaired were excluded from communion and thus marginalized and prevented from getting married.

Dis/ability and Marriage

We can assume that the prospects of engagement and marriage were particularly bleak for those with debilitating mental illnesses or mental impairments that significantly limited their ability to work and thus support themselves and their family. It can be interpreted that some stigma was attached to individuals who demonstrated unconventional behaviour or strange talk – at least the brief mentions of finding someone a little strange or shying away from them suggest such. Moreover, there was a belief that insanity and mental impairments were 'hereditary' – or, literally, that they ran in the family.⁶⁴ Another indication of stigma and poorer marital prospects is that at times the lower courts enquired about the reasons someone had married or was about to marry a mentally impaired person. For example, the previously mentioned Jacob, who was intellectually disabled and had fits of insanity, had a fiancée and was planning to get married; the lower court was suspicious about this arrangement and asked if there was any coercion or pressure involved, but both parties were described as having acted in complete agreement.⁶⁵ In 1688, the lower court questioned a woman about why she had married a 'mentally weak' man: She replied that he had lost his mind only after they got married.⁶⁶ Furthermore, the legislation shows that the mentally impaired, and in general disabled people, were not considered ideal partners. It also imposed some restrictions. For example, the Church Law of 1686

and later the Code of 1734 permitted breaking an engagement if it emerged that the intended spouse suffered from contagious and incurable diseases, such as leprosy, syphilis, "falling sickness, lunacy, raving madness" or other "great defects that can inhibit tending one's chores and earning a livelihood".⁶⁷ This is another good example both of how there was no clear differentiation between illnesses of the mind and the body and of the significance of the dis/ability to work. There are several court cases in which reluctant parties claim disability and various impairments in order to break their marriage agreements.⁶⁸ Moreover, although most prohibitions for the disabled to marry were decreed in modern times, an ordinance passed in 1757 banned the marriage of those suffering from falling sickness.⁶⁹ The aforementioned exclusion from communion would also prevent marriage. All this could result in having children out of wedlock – and the ensuing criminal penalties.

However, many of those with mental impairments only suffered from them later in life when they were already married. Getting a divorce on grounds of the spouse's mental health appears to have been difficult and rare, even for those whose spouses were hospitalized.⁷⁰ For a long time, the Swedish legislation listed only two acceptable reasons for divorce: adultery and desertion. Even after 1734, when the new law allowed divorce for those who turned out to be "handicapped/flawed in his/her nature" (Swe. *af naturen wanför*, Fin. *luonostans wiallinen*),⁷¹ the King or the Bishops' courts granted divorces mostly for those whose spouses had been severely insane and incapacitated for a long duration, usually for decades.⁷² Studies on nineteenth-century Sweden show that mental disability decreased people's marital chances to a significant degree. Any impairment causing disability to work implied difficulties on the marriage market, especially for men, who were regarded as the primary breadwinners. However, the nature of the impairment and attitudes towards it influenced these people's marital prospects, and those labelled mentally disabled were at the bottom, probably due to the social stigma and beliefs associated with insanity and other mental impairments.⁷³ Needless to say, more research is needed on how mental impairments or insanity influenced marital prospects and divorce in earlier centuries.

Conclusion

The article has shown that mental impairments and variations in mental capacities had very context-specific impacts and life-limiting effects in early modern Sweden because the 'insane' were a decidedly heterogeneous group. Regarding work, or work disability, the effect depended greatly on the degree and duration of the impairment. Typically, the more debilitating and chronic the mental impairment was, the more likely the person (of the lower classes) was to end up in poverty and/or supported by his/her kin, and among poor relief recipients and those exempted from taxes. Nevertheless, both the severe mental impairments and the 'milder' conditions, such as obscure mental weakness, might interfere only sporadically or in limited ways with daily life and work. Even major mental illnesses, like raving madness or falling sickness, could occur and disable someone intermittently while less severe mental weaknesses or intellectual disabilities had widely varying effects on work ability and performance. Most mental impairments did not incapacitate a person and thus did not result in work disability. Working lives and environments afforded many opportunities for the mentally impaired to support themselves, as most work required physical abilities rather than mental capabilities. Most of those considered 'weak in the head' typically supported themselves by work, at least during the periods when they were in remission.

This 'inclusiveness' of working life can be explained at least partly by the small and sparse population and its relative poverty in early modern Sweden: All hands were needed in the typical rural surroundings where survival, not least over the cold seasons, required much labour, and in particular physical work. Yet, as we have seen, there are various similarities and continuities in the practical implications of insanity in early modern Swedish rural communities when compared to other places. Impaired minds were not necessarily disabled minds,⁷⁴ but they could disable one from work, exclude one from communion or hamper one's marital prospects temporarily. Still, there were various attitudinal and structural barriers that prevented people with mental impairments from becoming active participants and

full adult members of the community. Legislation entailed the potential to exclude from taking communion those unable to learn and reiterate the basic contents of the Lutheran Catechism, and this in turn would prevent them from getting married and having legitimate children in marriage. However, it appears that most were allowed to pass the catechetical examinations and partake of communion despite their diminished mental capacities. Nevertheless, although insanity or mental impairments, with the exception of falling sickness, were not legal impediments to marriage, a mental health stigma limited their marital prospects, as they were not considered ideal spouses and parents due to beliefs and cultural practices. Marital opportunities were especially poor for those who had severe mental impairments (including, for example, violent behaviour) and who were more disadvantaged to support themselves by work. However, as mental impairments might develop only later in life, after marriage, and often occurred only intermittently in episodes, many of the 'insane' could follow the norm of establishing a family. Getting a divorce on grounds of mental disability was still relatively rare in the early modern period.

This article has discussed some of the life-limiting effects that mental impairments had in seventeenth- and early-eighteenth-century Sweden, with a focus on limitations on activity, restrictions on participation and negative social ramifications in regard to working, communion and marriage. Although there were some clearly disabling and marginalizing structures and practices in society, a majority of the mentally impaired lived at home or within their local village communities and participated actively in most aspects of working and social life. Only the most chronic and severe mental impairments were more drastically disabling; instead, mental impairments typically interfered in limited ways in daily life and work, only on occasion or periodically and/or only in certain aspects of life. But social ties, in particular family support, were very important in the lives of the mentally impaired because they needed care during the times when they were unable, or less able, to work. More research is needed from intersectional perspectives to understand, for example, how gender, estate position or wealth influenced the effects of mental impairments and

shaped mental disability. Moreover, there were various other restrictive norms and practices in early modern society that were not discussed much here: For example, guardianship and other restrictions on legal agency, like the right to testify, swear oaths or serve on a jury, also touched the lives of the mentally impaired. The topic of disabling features in early modern Sweden deserves more attention if we want to understand the lives and position of those whose bodies and minds had impairments or deviances from the norm.

This empirical article has attempted to build bridges between the fields of history of madness and disability history. By approaching insanity from a dis/ability perspective, more attention can be given to the practical implications and meanings of mental impairments in people's everyday lives. As mentioned, similar topics have already been discussed in studies concerning early modern madness, but bringing in concepts and approaches from disability history and studies can offer new insights by reorienting the questions we ask. Histories of insanity have widely examined the structures and norms that shape and construct in/sanity, but less explicitly the structures, social expectations and environments that 'create' disability among the insane or mentally impaired. Bridging the gap between histories of disability and insanity is beneficial because ultimately both are interested in the same thing: what impairments or illnesses meant in past societies and in people's lives.

Annotations

- 1 Tampere University, Finland. I would like to extend my sincere gratitude to the reviewers who provided me with fruitful insights and vital remarks for this article. Unfortunately, the limited access to archives and books due to the current global situation has prevented me from using some materials.
- 2 Thus, the lower court regarded him sane and sentenced him accordingly to death for manslaughter. National Archives of Finland (from now on NA, Fin): Collection of lower court records (from now on LCR) Ylä-Satakunta KO a 33: Orivesi & Kuorevesi 1711, pp. 974–993.
- 3 Disability is a complex and contested concept, but I will stick here to its simple forms. Cf. the current definitions by the WHO and UN. For more discussion on the term, see e.g. Cardula Nolte/Bianca Frohne/Uta Halle/Sonja Kerth (eds.): *Dis/ability History der Vormoderne: Ein Handbuch. Premodern Dis/ability History: A Companion*, Affalterbach: Didymos-Verlag 2017, pp. 52–59.
- 4 See e.g. Colin Barnes: *Understanding the Social Model of Disability*, in: Nicholas Watson/Simo Vehmas (eds.): *The Routledge Handbook of Disability Studies*, 2nd Edition, New York: Routledge 2019, pp. 377–390; Nolte/Frohne/Halle/Kerth: *Dis/ability History* (note 3), pp. 59–63, passim; Tom Shakespeare: *The Social Model of Disability*, in: Lennard J. Davis (ed.): *The Disability Studies Reader*, New York: Routledge 2010, pp. 266–273. For cultural discursive construction of people with impairments or varying abilities as disabled, see e.g. Jan Branson/Don Miller: *Damned for Their Difference: The Cultural Construction of Deaf People as Disabled*, Washington, D.C.: Gallaudet University Press 2002. For a critique of the social model of disability, see e.g. Michael Rembis: *Challenging the Impairment/Disability Divide: Disability History and the Social Model of Disability*, in: Nicholas Watson/Simo Vehmas (eds.): *The Routledge Handbook of Disability Studies*, 2nd Edition, New York: Routledge 2019, pp. 377–390.
- 5 E.g. Arthur Kleinman: *Patients and Healers in the Context of Culture: An Exploration of the Borderland Between Anthropology, Medicine, and Psychiatry*, Berkeley: University of California Press 1980; *Social Origins of Distress and Disease: Depression, Neurasthenia, and Pain in Modern China*, New Haven: Yale University Press 1986; Arthur Kleinman/Byron Good (eds.): *Culture and Depression: Studies in the Anthropology and Cross-Cultural Psychiatry of Affect and Disorder*, Berkeley: University of California Press 1985.
- 6 E.g. R. A. Houston: *Madness and Society in Eighteenth-Century Scotland*, Oxford: Oxford University Press 2000; Michael MacDonald: *Mystical Bedlam: Madness, Anxiety and Healing in Seventeenth-Century England*, Cambridge: Cambridge University Press 1981; Roy Porter: *Mind-forg'd Manacles: A History of Madness in England from the Restoration to the Regency*, London: Athlone Press 1987; Jennifer Radden: *The Nature of Melancholy: From Aristotle to Kristeva*, Oxford: Oxford University Press 2002.
- 7 See e.g. Michael Rembis/Catherine Kudlick/Kim E. Nielsen (eds.): *The Oxford Handbook of Disability History*, Oxford: Oxford University Press 2018; Joshua R. Eyler (ed.): *Disability in the Middle Ages. Reconsiderations and Reverberations*, Farnham: Ashgate 2010.
- 8 E.g. Bianca Frohne: *Leben mit *kranckhait*: Der gebrechliche Körper in der häuslichen Überlieferung des*

15. und 16. Jahrhunderts. Überlegungen zu einer Disability History der Vormoderne, Affalterbach: Didymos 2014; Irina Metzler: *A Social History of Disability in the Middle Ages. Cultural considerations of physical impairment*, Abingdon: Routledge 2013; David Turner/Kevin Stagg (eds.): *Social Histories of Disability and Deformity: Bodies, Images and Experiences*, London: Routledge 2006; Wendy J. Turner: *Care and Custody of the Mentally Ill, Incompetent and Disabled in Medieval England*, Turnhout: Brepols 2013.
- 9 E.g. Chris F. Goodey: *A History of Intelligence and 'Intellectual Disability': The Shaping of Psychology in Early Modern Europe*, Farnham: Ashgate 2011; Karl Grunewald: *Från idiot till medborgare. De utvecklingsstördas historia*. Stockholm: Gothia 2009; Simon Jarrett: *Those They Called Idiots: The Idea of the Disabled Mind from 1700 to the Present Day*, London: Reaktion Books 2020; Patrick McDonagh/Chris F. Goodey/Timothy Stainton (eds.): *Intellectual Disability: A Conceptual History, 1200–1900*, Manchester: Manchester University Press 2018; Irina Metzler: *Fools and idiots? Intellectual Disability in the Middle Ages*, Manchester: Manchester University Press 2016; David Wright/Anne Digby (eds.): *From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Disabilities*, London: Routledge 1996.
- 10 E.g. Greg Eghigan (ed.): *The Routledge History of Madness and Mental Health*, London: Routledge 2017; Rembis/Kudlick/Nielsen: *The Oxford Handbook* (note 7); Paul K. Longmore/Lauri Umansky: *Introduction: Disability History: From the Margins to the Mainstream*, in Paul K. Longmore/Lauri Umansky (eds.): *The New Disability History. American Perspectives*, New York: New York University Press 2001, pp. 1–29.
- 11 E.g. Ryan Thorneycroft: *Crip Theory and Mad Studies: Intersections and Points of Departure*, in: *The Canadian Journal of Disability Studies* 9, 1 (2020), URL: <https://cjds.uwaterloo.ca/index.php/cjds/article/view/597>. On overlaps between social history of madness and the 'new mad studies': Catharine Coleborne: *Why Talk About Madness? Bringing History into the Conversation*, Cham: Palgrave Macmillan 2020.
- 12 E.g. Houston: *Madness and Society* (note 6); Monica Labarca: *The Emotional Disturbances of Old Age. On the Articulation of Old-Age Mental Incapacity in Eighteenth-Century Tuscany*, in *Historical Reflections/Réflexions Historiques* 41, 2 (2015), pp. 19–36; Elizabeth Mellyn: *Mad Tuscans and their families. A History of Mental Disorder in Early Modern Italy*, Philadelphia: University of Pennsylvania Press 2014, esp. pp. 24–57; Erik H. C. Midelfort: *Mad Princes of Renaissance Germany*, Charlottesville & London: University of Virginia Press 1994; R. Neugebauer: *Diagnosis, Guardianship, and Residential Care of the Mentally Ill in Medieval and Early Modern England*, in: *The American Journal of Psychiatry* 146, 12 (1989), pp. 1580–1584.
- 13 E.g. Kristina Engwall/Stig Larsson (eds.): *Utanhjörskapets historia – om funktionsnedsättning och funktionshinder*, Lund: Studentlitteratur 2012; Bengt-Erik Eriksson/Rolf Törnqvist (eds.): *Likhet och särart: Handikapphistoria i Norden, Södertälje: Bokförlaget Fingraf 1995; Marie C. Nelson/Staffan Förhammar (eds.): Funktionshinder i ett historiskt perspektiv*, Lund: Studentlitteratur 2004; Claes G. Olsson: *Omsorg & Kontroll: En handikapphistorisk studie 1750–1930*, Umeå: Umeå University 2010.
- 14 E.g. Jari Eilola: *Defining and Treating Madness in Local Communities of Early Modern Finland*, in: Tuomas Laine-Frigren/Jari Eilola/Markku Hokkanen (eds.): *Encountering Crises of the Mind: Madness, Culture and Society, 1200s–1900s*, Leiden: Brill 2019, pp. 69–87; Bengt Erik Eriksson: *Vägen till centralhospitalet: Två studier om den anstaltsbundna sinnessjukvårdens förhistoria i Sverige*, Göteborg: Daidalos 1989; Kustaa H. J. Vilkkuna: *Katse menneisyyden ihmiseen. Valta ja aineettomat elinolot 1500–1850*, Helsinki: Finnish Historical Society 2010, pp. 71–102.
- 15 E.g. Peter Horn/Bianca Frohne: *On the Fluidity of 'Disability' in Medieval and Early Modern Societies. Opportunities and Strategies in a New Field of Research*, in: Anne Klein/Sebastian Barsch/Pieter Versraete (eds.): *The Imperfect Historian. Disability Histories in Europe*. Frankfurt am Main: Peter Lang 2013, pp. 17–40; Angela Schattner: *Disabled to Work? Impairment, the In/ability to Work and Perceptions of Dis/ability in Late Medieval and Early Modern Germany*, in: *Disability Studies Quarterly* 37, 4 (2017), DOI: <http://dx.doi.org/10.18061/dsq.v37i4.6105>.
- 16 Project: *DISLIFE Liveable Disabilities: Life Courses and Opportunity Structures Across Time*, URL: <https://www.umu.se/en/research/projects/dislife-liveable-disabilities-life-courses-and-opportunity-structures-across-time/>. E.g. Lotta Vikström/Helena Haage/Erling Häggström Lundevall: *Marriages Among People with Disabilities in 19th-century Sweden: Marital Age and Spouse's Characteristics*, in: *The History of the Family* (2020), DOI: 10.1080/1081602X.2020.1719859 and Lotta Vikström/Erling Häggström Lundevall/Helena Haage: *First a Job, and Then a Family? Impacts of Disabilities on Young People's Life Courses in a Nineteenth-Century Swedish Region*, in: *Disability Studies Quarterly* 37, 4 (2017), DOI: <http://dx.doi.org/10.18061/dsq.v37i4.6095>.
- 17 Both the insane and the intellectually disabled could

- be *fåna/fånig*, *hufwudswag*, *enfaldig* (simple), *fåkunig* (ignorant, 'little knowing'), or *odaglig* (incompetent, unfit). About the early modern Swedish (and Finnish) terminology related to mental impairments, see also Paavo Alaja: Suomen maalaisseurakuntien köyhäinhoito luterilaisen ortodoksian aikana (1571–1686), Helsinki: Finnish Society of Church History 2013, p. 74 and Vilkkuna: Katse menneisyyden ihmiseen (note 14), pp. 84–85.
- 18 Other languages spoken in the vast Swedish Realm, such as Finnish, had their own terms but the available documentation includes mostly the Swedish words as Swedish was the language of administration.
 - 19 NA (Fin): LCR Ala-Satakunta II KO a 1: Eura 1682, pp. 285–293.
 - 20 E.g. "oförmögen, så att han förmå ej sielfwer tienst uppeholla", "ej förmå genom något arbete och handtwerck skaffa sigh födan". Riikka Miettinen: Vaivaiset ja työkyvyttömät uuden ajan alun maaseudulla, in Riikka Miettinen/Ella Viitaniemi (eds.): Reunamailla. Tilattomat Länsi-Suomen maaseudulla 1600–1800, Helsinki: The Finnish Literature Society 2018, pp. 284–340, here pp. 287–288.
 - 21 Metzler: A Social History of Disability (note 8), pp. 36–91; Anne Borsay: Returning Patients to the Community: Disability, Medicine and Economic Rationality Before the Industrial Revolution, in: Disability & Society 13, 5 (1998), pp. 645–663.
 - 22 Miettinen: Vaivaiset (note 20), pp. 288–289. Translated quotes from Andreas Sparman (Palmkron) [1642]: Sundhettens speghel, uthi hwilken man beskodhar Sundhettens Natur, förnämste Orsakerne til alla Siukdomar, om Sundheten förstöra plåga, Stockholm: 1686, section Förtaal om Sundhettens Natur. n. p.
 - 23 Ibid., and e.g. Johannes Colerus [1591]: Oeconomia, Thet är Hushåldz Underwijsning etc. Rev. and trans. Isaacus Eri, Stockholm: 1683; Arvid Månsson Rydaholm [1642]: En myckit nyttigh Örtabok. Facs. uppl, Stockholm: Rediviva 1987; Arvid Månsson Rydaholm: Practica, eller een liten doch nyttigh vnderwijsning, om åderlåtande, hwilka ådrer man för åtskillige siukdomar vplåta kan, Stockholm: 1645; Benedictus Olai [1578]: Een Nyttigh Läkere Book. Faksimiledition, ed. John Kroon, Malmö: Malmö Ljustrycksanstalt 1938.
 - 24 Lennart Andersson Palm: Folkmängden i Sveriges socknar och kommuner 1571–1997, Gothenburg: Göteborg University 2000; Nils Erik Villstrand: Sveriges historia 1600–1721, Stockholm: Norrstedts 2011, p. 426, passim.
 - 25 Maria Ågren (eds.): Making a Living, Making a Difference. Gender and Work in Early Modern European Society, Oxford: Oxford University Press 2017, passim and esp. Jonas Lindström/Rosemarie Fiebranz/Göran Rydén: The Diversity of Work, pp. 24–56. For gender- and estate-specific social expectations, see Kekke Stadin: Stånd och genus i stormaktstidens Sverige. Lund: Nordic Academic Press 2004.
 - 26 Metzler: A Social History of Disability (note 8), esp. pp. 76–85.
 - 27 Riikka Miettinen: Maaseudun itselliset ja "inhyses" hallinnollisena kategoriana, in: Riikka Miettinen/Ella Viitaniemi (eds.): Reunamailla. Tilattomat Länsi-Suomen maaseudulla 1600–1800, Helsinki: The Finnish Literature Society 2018, pp. 205–263, here pp. 230–231; Miettinen: Vaivaiset (note 20), pp. 298–302.
 - 28 For the shares of landless population, see Riikka Miettinen/Ella Viitaniemi: Länsi-Suomen tilattomat 1600–1800 tutkimustehtävänä, in Riikka Miettinen/Ella Viitaniemi (eds.): Reunamailla: Tilattomat Länsi-Suomen maaseudulla 1600–1800, Helsinki, 2018), pp. 8–47, here pp. 22–27; Jonas Lindström: Labouring Poor in Early Modern Sweden? Crofters and Lodgers in Västmanland in the Seventeenth Century, in: Scandinavian Journal of History 44, 4 (2019), pp. 403–429, here pp. 410–411, 415–416.
 - 29 E.g. C. Barnes/G. Mercer: Disability, Work, and Welfare Challenging the Social Exclusion of Disabled People, in: Work, Employment & Society 19, 3 (2005), pp. 527–545; Heather Stuart: Mental Illness and Employment Discrimination, in: Current Opinion in Psychiatry 19, 5 (2006), pp. 522–526 and WHO: Breaking the Vicious Cycle Between Mental Ill-Health and Poverty. Mental Health Core to Development Information Sheet: Sheet 1, Geneva: WHO 2007.
 - 30 Vikström/Häggström Lundevaller/Haage: First a Job, and Then a Family? (note 16).
 - 31 Miettinen: Vaivaiset (note 20), pp. 295–302, 310. Based on various poor relief, esp. parish records on poor relief funds. The case from NA, Fin: Archive of Mouhijärvi parish II bg: poor relief documents from the years 1704 and 1707–1717. Similarly, those with physical or mental disability and insufficient family networks are well represented among poor relief recipients in nineteenth-century Sweden. Lotta Vikström: Vulnerability Among Paupers: Determinants of Individuals Receiving Poor Relief in Nineteenth-Century Northern Sweden, in: The History of the Family, 11, 4 (2006), pp. 223–239. For similar support and poor relief practices elsewhere in early modern Europe, see e.g. Andrew Cunningham/Ole Peter Grell (eds.): Health Care and Poor Relief in Protestant Europe 1500–1700, Abingdon: Routledge 1997; Steve Hindle: On the Parish? The Micro-Politics of Poor Relief in Rural England, Oxford: Clarendon 2004; Brian S. Pullan: Rich and Poor in Renaissance Venice: The Social Institutions of a Catholic State, to 1620, Harvard: Harvard University Press 1971.

- 32 E.g. Provincial Archives of Uppsala (from now on ULA): Uppsala Domkapitel Arkiv A I 6: p. 3 and 81; NA (Fin): LCR Vehmaa & Ala-Satakunta II KO a 10: Vehmaa 1697, pp. 171^v–172; Ylä-Satakunta KO a 46: Orivesi 1733, p. 339^v and KO a 66: Orivesi 1748, pp. 476–477. At times, increasingly since the eighteenth century, local communities also admitted those with less severe mental impairments but who were in some way considered a burden. See also Eilola: *Defining and Treating Madness* (note 14), pp. 74–75; Miettinen: *Vaivaiset* (note 20), pp. 306–309; Kustaa H. J. Vilkkuna: *Kun hullujenhuoneeseen kerran joutuu, ei pois pääsyt enää ole*, in: Heikki Roiko-Jokela/Timo Pitkänen (eds.): *Kirkonkirjat paikallisyhteisön kuvaajina*, Jyväskylä: Jyväskylän historiallinen arkisto, pp. 213–250, here esp. pp. 230ff. Of course, hospitals as well as more specialized institutions for the insane existed throughout Europe, see e.g. John Henderson: *The Renaissance Hospital. Healing the Body and Healing the Soul*, New Haven and London: Yale University Press 2006.
- 33 Lists of those exempt from paying the poll tax have been preserved sporadically in between other tax registers in the 16th-century bailiff's accounts and later provincial collection of accounts, e.g. NA (Fin): Bailiff's accounts (*Voudintilit*): Satakunta 2591: pp. 163–164 and Finland Proper: 1918: pp. 107–116^v, 119–121^v, 311^v–312^v, passim (in different parts of Finland in 1634); NA (Fin): Provincial Collection of Accounts (*Läänintilit*): Province of Turku and Pori 7145: pp. 230–231 (year 1635) and 7227: pp. 783–785 (year 1645). See also Miettinen: *Vaivaiset* (note 20), pp. 290–292 and Alaja: *Suomen maalaisseurakuntien köyhäinhoito* (note 17), attachments 2, 3, 5 and 6.
- 34 E.g. ULA: Uppsala länstyrellsens arkiv, Landskansliet D Iid: 33: Kong. Admiralitetz Collegij bref, 23rd & 25th April 1694. "hufwudswag och odugl. att kunna göra någon tjänst".
- 35 E.g. NA (Fin): LCR Vehmaa ja Ala-Satakunta I KO a 2: Eura 1675, p. 403^v (a *fäna* shepherd); Kymenkartano & Lappee KO a 10: Pyhtää et al. 1696, pp. 327–333 (an insane woman at times employed as maid); Ylä-Satakunta KO a 67: Orivesi & Kuorevesi 1749, p. 327^v and KO a 68: p. 54 (deaf-mute and *wanwettig, litet wettande* farmhand) and KO a 73: Orivesi & Kuorevesi 1753, p. 19^v (an insane peasant master at times able to work) and KO a 75: Orivesi & Kuorevesi 1755, p. 92 (*halfgalen* i.e. half-mad shepherd). See also Vilkkuna: *Katse menneisyyden ihmiseen* (note 14), p. 88, 90.
- 36 "ei haft något kundskap om Gud och warit halfgalen". NA (Fin): LCR Ylä-Satakunta KO a 75: Orivesi & Kuorevesi 1755: p. 92ff.
- 37 NA (Fin): LCR Kymenkartano KO a 1: Virolahti 1663, pp. 372–373.
- 38 E.g. a married peasant suffering from severe melancholia since childhood, at times went missing and had to be guarded due to his suicide and other talks: National Archives of Sweden (Riksarkivet, from now on RA): Svea Hovrätts arkiv, domböcker Västernorrland 10: Njurunda 1690, pp. 222–225; a vicar's son who committed several violent crimes in the 1680s and 1690s in his intermittent raving madness: NA (Fin): LCR Pien-Savo KOa 3: Puumala 1684, pp. 127–131 and 1985, pp. 108–113; KO a 4: Puumala 1689, pp. 326–328 and 1690, pp. 11–24; a peasant wife suffering from occasional raving madness since her childhood: NA (Fin): LCR Pien-Savo KOa 2: Sulkava 1682, pp. 19–22.
- 39 NA (Fin): LCR Ostrobothnia KO a 12: Ii 1668, pp. 134^v–136^v.
- 40 E.g. Benedictus Olai [1578]: *Een Nyttigh Läkere Book*. Faksimiledition, med inledning av O. T. Hult. Utg. John Kroon, Malmö: Malmö Ljustrycksanstalt 1938, pp. xiiii–xiii^v; Carl von Linné: *Rön, om orsaken till fallandesoten uti Skåne och Werns-härad i Småland*, in *Kungl. Vetenskapsakademiens Handlingar 1742*, pp. 279–284.
- 41 See also Alaja: *Suomen maalaisseurakuntien köyhäinhoito* (note 17), pp. 73–74 and Jari Eilola: *Ehkä se on Jumalasta, mutta se voi olla pahoista ihmisistäkin. Sairaudentokeminen, tulkinta ja parantaminen uuden ajan alussa*, in Heikki Roiko-Jokela (eds.): *Vanhuus, vaivat ja erilaiset*, Jyväskylä: Jyväskylän historiallinen arkisto 1999, pp. 95–144, here p. 128.
- 42 NA (Fin): LCR Ala-Satakunta II KO a 1a: Eurajoki 1683, pp. 443–445; NA (Fin): *Suomen Asutuksen Yleisluettelo* (digit.): Eurajoki, village Kaukomäki between 1654–1694.
- 43 Jarrett: *Those They Called Idiots* (note 9); Simon Jarrett: *The History of Intellectual Disability: Inclusion or Exclusion?*, in Robin Jackson/Maria Lyons (eds.), *Community Care and Inclusion for people with an Intellectual Disability*, Edinburgh: Floris 2016, n.p.; Peter Rushton: *Idiocy, the Family and the Community in Early Modern North-East England*, in: Wright/Digby: *From Idiocy to Mental Deficiency* (note 9), pp. 44–64.
- 44 ULA: Kopparberg läns häradsrättsarkiv Serie XXXI AI: 1a, Floda 20th August 1698, n.p.
- 45 "Nembden håller honom för föga bättre än den som afwita warit haf:r, som synes wara så myckit som halftokot men ej fullkombl. ifrån wetet". NA (Fin): LCR Käkisalme KO a 4: Räisälä 1678, pp. 1143–1145.
- 46 E.g. RA: Svea Hovrätts arkiv, domböcker Gävleborgs län 27a: Järvsjö 1679, pp. 436–441, Västernorrland 10: Njurunda 1690, pp. 222–225 and Upplands län 53b: Lagunda 1691, pp. 556^v–561^v; NA (Fin): LCR Ylä-Satakunta KO a 17: Huittinen 1697, pp. 529–531^v.

- 47 See e.g. Houston: *Madness and Society* (note 6); Mellyn: *Mad Tuscans* (note 12); Roy Porter: *A Social History of Madness: Stories of the Insane*, London: Weidenfeld & Nicolson 1987.
- 48 Frohne: *Leben mit kranckhait* (note 8), pp. 310–317; Horn/Frohne: *On the Fluidity of 'Disability'* (note 9); Schattner: *Disabled to Work?* (note 15).
- 49 ULA: Kopperberg läns häradsrättsarkiv Serie XXVI A I: 1, Lima 6th December 1698, n.p.
- 50 "Johan så wähl som heela slächten ej wara wedh det förståndh som en rätt förnufftigh Menniska." NA (Fin): LCR Ylä-Satakunta KO a 17: Vesilahti & Lempäälä 1697, p. 534.
- 51 "Maria så wähl som heela hennes slächt ej warit medh sitt fulla förståndh, utan fort att obeständigt tahl." Ibid., p. 535.
- 52 Ibid., pp. 533^v–535^v, e.g. "hufwudhswagh och tahlit i hufwudyrslan."
- 53 NA (Fin): Suomen Asutuksen Yleisluettelo (digit.): Vesilahti, village Kostiala between 1600–1714.
- 54 Ibid, villages Kostiala and Kurala between 1675–1697.
- 55 NA (Fin): Archive of Vesilahti parish: Communion books 1688–1694.
- 56 Pentti Lempiäinen: *Rippikäytäntö Suomen kirkossa uskonpuhdistuksesta 1600-luvun loppuun*, Helsinki: Finnish Society of Church History 1963, pp. 227–236.
- 57 Church Law of 1686, Cap. VIII, § III. Esp. 'Ey heller fånar, så länge the intet kunna sig besinna.' and Cap. XVII, § V. Esp. 'the, hwilke hafwa råkat i någon Hufwud-Swagheet, när the komma til sitt Förståndigen.'
- 58 Miia Kuha: *Pyhäpäivien vietto varhaismodernin ajan Savossa (vuoteen 1710)*, Jyväskylä: University of Jyväskylä 2016, pp. 60–65, 69, 104–106; Åke Sandholm: *Kyrkan och hospitalshjonen. En undersökning rörande omsorgen om de sjuka och fattiga i välfärdsanstalterna i Finland*, Helsinki: Finnish Society of Church History 1973, pp. 321–332, 343–345, 351–355.
- 59 NA (Fin): Archive of Loimaa parish: Episcopal visitation in 1729, section 25, p. 55. Case also presented by Tiina Miettinen: <http://www.vammaishistoria.fi/aineistot/kuuro-liisa-jaakontytar-piispantarkastuksessa/> (Accessed April 20, 2020).
- 60 "dess dumheet so stoor att han icke kunde wägna rätt till liuga". ULA: Kopperberg läns häradsrättsarkiv Serie XXXI AI: 1a, Floda 20th August 1698, n.p.
- 61 NA (Fin): LCR Käkisalme KO a 4: Räisälä 1678, pp. 1143–1145.
- 62 Kuha: *Pyhäpäivien vietto* (note 58), pp. 88–90; Lempiäinen: *Rippikäytäntö* (note 56), esp. pp. 236–243.
- 63 Goodey: *A History of Intelligence* (note 9), pp. 183–185, 201–204; Chris F. Goodey: *Exclusion from the Eucharist: the Seventeenth-Century Church and the Creation of 'Intellectually' Disabled People*, in: Patrick McDonagh et al. (eds.) *Intellectual Disability: a Conceptual History 1200–1900*, Manchester: Manchester University Press 2018, pp. 80–103. Also for medieval Catholic Church, see Metzler: *Fools and Idiots* (note 9) p. 121.
- 64 Evelyne Luef: *A Matter of Life and Death: Suicide in Early Modern Austria and Sweden (ca. 1650–1750)*, Vienna: University of Vienna, pp. 220–221.
- 65 NA (Fin): LCR Käkisalme KO a 4: Räisälä 9th December 1678, pp. 1143–1145.
- 66 NA (Fin): Archive of Lagmansrätt in Southern Finland LO 1: Längelmäki 1688, pp. 1019ff.
- 67 Church Law of 1686, Cap. XVI, §. II; Code of 1734 (*Sweriges rikets lag 1734*): Section on marriage, Chapter IV, §.2.
- 68 E.g. NA (Fin): LCR Ylä-Satakunta KO a 47: Orivesi 1734, pp. 235^v–237 (due to being 'dumb'); prolonged case due to suspected falling sickness: NA (Fin): LCR Ylä-Satakunta KO a 50: Orivesi 1736, pp. 26–30; KO a 52: in 1737, p. 48; KO a 53: in 1738, p. 32ff and KO a 54: in 1739, p. 390 and Provincial Archive of Hämeenlinna: Archive of Orivesi parish II Cd 1: Episcopal visitation in 1737, p. 144.
- 69 Grunewald: *Från idiot till medborgare* (note 9), p. 103.
- 70 Sandholm: *Kyrkan och hospitalshjonen* (note 58), p. 190–191.
- 71 Code of 1734: Section on marriage, Chapter XIII, § 8.
- 72 E.g. Provincial Archive of Turku: Archive of Turku Domkapitel B I: 14 Åbo Domkapitels Missive Bok 1744: pp. 930–932; Jacob Albrecht Flintberg: *Lagfarenhetsbibliothek vol. 2*, Stockholm: 1797, pp. 157–159.
- 73 Helena Haage/Lotta Vikström/Erling Häggström *Lundevaller: Disabled and Unmarried? Marital Chances Among Disabled People in Nineteenth-Century Northern Sweden*, in: *Essays in Economic & Business History*, 35, 1 (2017), 207–238; Vikström/Häggström *Lundevaller/Haage: First a Job, and Then a Family?* (note 16); Vikström/Haage/Häggström *Lundevaller: Marriages Among People with Disabilities* (note 16).
- 74 See also the modern category/concept of 'psychiatric disability', e.g. Sander L. Gilman: *Madness as Disability*, in: *History of Psychiatry* 25, 4 (2014), pp. 441–449, here p. 446.