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History and Phenomenology of Hysterodemonic Renaissance

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The etiopathogenetic basis of the social and psychic epidemics is the bio-psycho-sociospiritual factors, which define the paths of emergence and the mechanisms of progression of massively-induced neuropsychic disorders, the earliest forms of which were titled "hysterodemoniacal": shaman disease, menerik, emeriak, hiccups, sheva, lishinka, kila and others. We underline the clinical forms and pathokinesis of induced conditions and diseases, factors and forms of traditional spiritual culture, which affect the specifics of development of social epidemics.

Keywords: *hysterodemoniacal conditions, psychic epidemics, etiopathogenesis, clinical forms, treatment, preventive healthcare*

One of the fastest-growing scientific fields, existing at the junction where natural sciences and humanities meet, is mental ethnoecology. A synergistic bio-psycho-socio-spiritual approach allows for mental ethnoecology to be classified as a field involving the cooperation of ethnography and folklore, religious studies and sociology, psychology and psychotherapy, psychiatry and narcology, mental ecology and mental medicine. Historically, the earliest mental ethnoecology subjects were mental illnesses, which in the 19th century were named "hysterodemonic": shamanic illness, Arctic hysteria, piblokto, hiccups, hexes "shyova," "lishenka" and "kila," and others, referred to in psychiatry as induced neuro-psychiatric disorders, underpinning the development of collective psychosis (C. P.).

The relevancy of the problem of C. P. as a group of contagious mental disorders is currently due to the increasing prevalence of social ills and addictive behavior, totalitarian sects, various pyramid-type schemes and extremist and terrorist organizations. Nor can we ignore the numerous

examples of the "hysterodemonic renaissance," the proponents of which act as individual occupational therapists, and the paraprofessionals with their very laconic psycho-technical skills. Therefore, today an appeal to the shamanic ideology and phenomenology is interesting not only from an academic point of view, but also in a practical way, as it allows one to understand the historical roots of the "mass expansive psychotherapy," successfully exploiting marginal subpopulations.

The purpose of this article is to provide a historical analysis of the emergence and development of psychic epidemics, their division by bio-psycho-socio-spiritual ties with specific forms of traditional spiritual culture, and systematization of the main directions of research on mental ethnoecology of the the north. In carrying out this task, we used an extensive historiography and results of mental health research on the indigenous population of the north. [1, 2; 3, p. 17]

Psychiatric research into C. P. began in Russia in the second half of the 19th century. Previously, patients who were under the influence of C. P., came under the patronage of church organizations as "victims of the devil" or by the laws and decrees prescribing punitive measures against participants of C. P. Currently this problem is the

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focus of philosophers and historians, lawyers and anthropologists, social activists and doctors.

Most Russian psychiatrists in the second half of the 19th century regarded the C. P. phenomenon as a predominantly psychosocial condition. What's more, psychiatrists do not deny the possibility that the formation and manifestation of mental epidemics could be influenced by national culture and ethnic traditions, which add exotic aspects to symptoms, but does not change the algorithm for the development and clinical essence of this phenomenon. [4-6] The presence of a *psychiatric* component with C. P. victims is of little doubt and generates no misunderstandings among psychiatrists. In 1908, V. M. Bekhterev spoke of "collective or mass delusions and hallucinations," epidemics of possession, hysterics, hexes, psychotic manifestations of religious content and distributing panic reactions. [7]

Psychiatrist A. A. Tokarsky divided the causes of collective psychosis into "*predisposing and producing*." With *the first* he attributed "poverty of mental content, parochialism, a lack of insight and ignorance"; with *the second* – the dominating ideas of society, external events, the tendency to imitate, psychic contagion and suggestion [8]. This classification is largely congruent with a modern interpretation of personal and social identity of the subject, a universal trend of potential pathways of collective psychosis.

Studies by Russian psychiatrists have identified a set of preconditions for C. P. that are "*predisposing*" and "produced by the direct instilling of ideas." The first group included fanatical faith, based on extraneous suggestion and influence of the inductor, who possesses a charismatic personality and the ability to impress his or her ideas on to others (such an inductor could be a mentally ill person) [9], low education, primitive culture and social confusion. P. I. Jacobi wrote that collective psychosis "develops only in a population that is physically weakened and suffering from nervous exhaustion, both morally and mentally." [10] Among the factors that affect the mental state of a person in terms of occurrence of C. P. are a number of exogenous factors (drugs, alcohol, hunger, poverty, fatigue, an accumulation of large numbers of people possessing a common out-

look, poor diet and insufficient sleep, excessive physical exertion, domestic inconveniences, disease and frequent births) [11]. An important role was played by the state of mind of the subject, the level of personal responsiveness, the depth of exposure to dogmatic teaching on his or her psyche and currently held superstitions [12,13].

Most authors consider an increase of psycho-emotional tension (P. E. T.) among the participants of a rite or process as one of the main causes of C. P. Psycho-emotional tension entailed a condition involving a narrowing of consciousness, leading to the inability to account for one's actions. An increase in P. E. T. potentiates suggestibility, autosuggestibility, extreme emotional disturbances, tendency to imitate, panic, becoming a factor influencing individual lives and the community as a whole. Under the influence of suggestion, a person loses individuality and initiative, becoming part of the crowd, panicking. "In the frenzied crowd each individual affects the others, and he or she is subjected to a similar influence." [12]

In the category of "*producing*" causes of C. P., psychiatrists have attributed factors such as war, political upheaval, social and economic reforms, potentiating the uncertainty of social and political relationships and situations that increase neuro-psychic anxiety, leading to a decrease in the stability of the central nervous system.

Thus, the basis for the occurrence of C. P. was defined as a polyetiologic factor, which is the main criterion in the formation of a path leading to the emergence and spread of mass mental contagions. The intensity of the emergence and spread of mental phenomena of a contagious nature were affected by socio-economic changes and crises.

The separation of social and psychological mechanisms in the emergence of C. P. is only possible by analyzing historical forms "hysterodemonic" disorders closely associated with specific forms of traditional spiritual culture.

The connection of *shamanism* and *shamanic illness* with nervous and mental disorders among different peoples of northern Russia and Siberia have been marked by many ethnographers. [14-16] N. A. Alekseev analyzed the role of shamanic

sickness in the development of the concept of the chosen one in the Turkic peoples of Siberia. He showed that the future shaman endured mental problems, although persons suffering the problems and fated to become shamans were interpreted in different ways by Siberian Turkic peoples [17].

S. P. Davidenko wrote the following on the role of mental disorders that influenced the formation of animistic magic visualizations: "As soon as animistic ideas spread and strengthened, any direct relation with the spirits became inevitable, and of special value were such qualities of higher nervous activity as the ability to fall into a more or less deep hypnoid state with partial wakefulness in some parts of the cortex, with dream-like wakefulness, with self-induced hallucinations and so on, i.e. all of which is characteristic of hysteria ... With training, in a negative sense, this hysteria, as we know, can lead to a significant further deterioration." [18]

We do not think it possible to reduce such a complicated and diverse complex, as shamanism represents, to the "cult of hysteria." However, "shamanology," having studied the complex phenomena associated with "professionally" classified people in traditional societies, providing these societies a psychological balance in the face of a world full of dangers, requires the development of a mental ethnoecological approach to shamanism.

The presence of a large number of individuals with heightened suggestibility created a special psychological climate that enhanced the social significance of shamanism in the traditional societies of the north of Russia and Siberia. The accidental death of a shaman often led to outbreaks of psychogenic illness. The belief in the increasing vulnerability of human souls after a shaman's death in the face of a world of hostile forces gave rise to epidemics of mental disorders. The epidemic stopped when one of those that had taken ill became a shaman. The universe that was damaged by the death of the shaman was restored by the appearance of a new mediator between the world of human souls and the spirit world. It is noteworthy that the word "shaman," which gave rise to the internationalist scientific term, means

an "excited, ecstatic person." [19] It is no coincidence that L. V. Khomych, one of the leading scholars of the traditional culture of the Nenets people, wrote: "Not considering nerve disease as a cause of shamanism (shamanism is an ideological and partly social phenomenon), we must still note that an important role is played by an unbalanced and easily excitable psyche in the formation of individuals who are engaged in shamanism." [20]

Features that determine the propensity towards to becoming a shaman tend to include the strange behavior of the future shaman. Approaching puberty, he, according to the Nenets people, "went a little bit crazy": he began to sing, or sleep for days on end, then walked about with out noticing anybody, etc. It was believed that tadebtse had appeared before him – spirit-helpers of shaman ancestors – and forced him into shamanistic activity, tormented him. Then the one who was suffering or his family would turn to a shaman to help in his recovery. Only another shaman could to some extent alleviate the mental disorder of the potential shaman.

We can assume that as "doctor-psychiatrists" shamans were probably fairly well versed in their kind of "diagnosis" of mental illness. Moreover, we become convinced of this conclusion when we see, firstly, the psychohygienic and psychotherapeutic function of the shaman as one of the most important, and secondly, the fact that the bulk of patients who turned to a shaman were people with neuro-psychiatric disorders.

During the ritual, which, according to the Nenets, was a way of communicating with spirits, the shaman would bring himself to an ecstatic state. This ecstatic technique played a huge role in shamanism. A long time was required to completely master the shamanic profession. L. V. Khomich writes that, as if one night was enough to teach the basics to a future shaman, then to become yanumpoi, inutana, i.e. a shaman of the "highest qualification", took about two decades. [20] During this time, the shaman received expertise, and constantly trained in the art of inducing oneself into a state of trance or ecstasy. Mental instability, manifesting itself in the shamanic sickness, was skillfully cultivated in the practice of shamanic activity. Perhaps it is precisely this practice that

led to the discovery of the archaic techniques of ecstasy and primitive methods of psychotherapy. It is also important to consider that the heart of shamanic concepts of plurality of souls may lie foremost in not trying to make sense of the outside world but in changing internal mental states.

The shaman is a mediator between the world of humans (human souls) and the world of spirits. Most likely, the majority of shamans believed in spirits and in their own extraordinary abilities. Moreover, shamans probably could see and feel the images of spirits, being in a state of ecstasy and self-hypnosis. The ecstatic state was a necessary condition to visit the spirit world. "Ecstasy is a blissful trance, a religious form of communication with God, I would say, more effective than the vision of the gods in their epiphany. It is more specific, and again more physical, than the later revelation. God appears, entering the person, and acts through them. A person in ecstasy is not responsible for their actions," writes O. M. Freidenberg. [21]

The ecstasy technique has social significance for the psychology of traditional societies. Self-hypnosis and ritual, which are, in fact, an archaic technique to achieve the ecstatic state, might in some cases be accompanied by the phenomena of auditory and visual hallucinations, derealization, depersonalization and delusions. What's more, of great importance was the collectivity of the action itself. The mechanisms of mutual and self-hypnosis are largely determined by the "speed" and "depth" of the achieving the mental state needed for communicating with the spirits during the rite.

A variety of psychogenic conditions, arising during the ritual, significantly pushed the limits of the mental norm. In the system shamanic concepts, the dream-state soul, leaving the body for contact with the spirits, was perceived as a normal but special form of existence, which makes it possible to influence the processes and phenomena that lie outside of the real-life experience. The same interpretation is extended to the spontaneous type of mental disorders such as shamanic sickness, different ethnographers' descriptions of which reveal the onset and development of endogenous psychoses of the Arctic indigenous peoples. The recruitment and training of shamans

from people who suffered an attack of shamanic sickness allows, on the one hand, for the shaman himself to correct his own mental state during the practice of archaic psychotherapy, and on the other to carry out medical and psycho-prophylactic functions in his tribe. Shamanism accumulates within itself almost all registers of active psychotic reaction, which in terms of content corresponds to a particular specialization and qualification of the shaman. The shaman can be seen historically as the earliest evidence of the subclinical nature of human creativity.

The most well-known forms of mental disorders in traditional societies of the north of Russia and Siberia were Arctic hysteria and *piblokto*. They received a thorough investigation in the work of S. I. Mitskevich. *Arctic hysteria* is a disease manifested in the "severe headaches with delusions, obsessions and imitation of shamanic action." If a sick person has well-known shaman relatives, the disease will be perceived by others as the beginning of "shamanic sickness," a manifestation of the unusual qualities of the future shaman, a "call to serve the spirits." [15] Yakut, Evenki and Yukagir people considered Arctic hysteria patients as possessed, carriers full of spirits. Added to this is the clearly not coincidental fact that the main patients of Yakut, Yukagir and Evenki shamans were "people with mental health problems." [22]

Another common type of mental disorder was *piblokto*, characterized by an increased fearfulness combined with shouts, blows, or other acts that were unexpected for the patient. Mitskevich, investigating and describing in detail the cases of Arctic hysteria and *piblokto*, showed that *piblokto* was spread throughout Siberia. [17] Mostly women suffered from it. It is noteworthy that the Yakut, Evenki and Yukagir people did not consider *piblokto* an illness. This disease was seen as a funny trait inherent in this or that person. It was the grounds for poking fun and jeering at a person without any malice. [22]

Probably one of the first descriptions of "Arctic hysteria," as it was called in South Dauria, belongs to A. A. Kashin. [23] It was manifested in various forms of "abnormal imitation" such as hysterical echolalia, echomimia and echopraxia.

It must be stressed that an increased inclination to hysteria acquired in childhood occurs apart from the usual cultural environment, but definitely in a group of fellow countrymen, facilitating the expression of self and mutual inducance. A. A. Kashin describes an interesting case during the training of one of the regiments of the Trans-Baikal tsarist army, where in the squad section, consisting of natives of one village, everyone began to repeat the command words in chorus. The angry officer started to swear, at which point the squad began to repeat his bad language.

In the field of mental ethnoecology in the European north of Russia, interest focuses on hysterodemonic forms such as hiccups in the Russian population of the Pinega and Mezen river basins, shyova hexes in the Komi people and lishinka hexes in the Russian population in Izhmo-Pechersky region.

Hiccups are marked by cenesthopathy and autonomic disorders, hypersensitivity and irritability. Patients were characterized by suffering from headaches, loss of appetite, weakness, seizures and a hysterical character. The reason for the attack could be almost any emotional irritant: smells (cases of attacks as a result of the smell of incense and tobacco were very frequent in the 19th century), colors, sounds, meeting with an unknown person. The old-time Russian resident population of the Pinega and Mezen basis was singled out with the following form of hiccups: "Nemochishcha," "nemukha" – silent hiccups in which the patient's seizures were the most frequent and painful, and during a seizure the patients could only emit jerky muffled sounds; "krikuha" or "revuha" – when the seizures were less frequent and not as strong and during the seizures patients were able to pronounce words and fragmentary (often incoherent) phrases; "govorukha" in which during an attack, patients reached a state close to ecstasy, but retained the "ability to keep in touch with other people, responding to their questions."

Bouts of hiccups lasted from a few minutes to a day or more. At the beginning of an attack, patients usually felt physical weakness, itching or numbness in different parts of the body, cramps in the stomach, esophagus and/or throat. This was followed by an increase in breathing and heart

rate and raised blood pressure. The start of the attack could be accompanied by yawning, lachrimation, sudden sweating and/or a change in the color of the skin (redness or paleness). The main component of the attack was a kind of respiratory and phonatory type of hyperkinesis, incoherent speech, turning into a cry and then into a staccato muffled sound (in the case of "nemukhe"). Shouts and conversation took on an intrusive and violent nature, and patients could not stop them on their own. The attack would end with a sense of weakness, weariness, depression and anxiety.

The Russian population of the Pinega, Mezen and Pechora river basins traditionally associated the hiccups disease with hexes and malicious magic. Pinega and Mezen residents saw the hiccups as being "placed" by a human sorcerer – a "chaka." The "hiccups" penetrated into a person through the mouth. A woman would feel like she had swallowed something, assuming that it was the hiccups that she swallowed. The "hiccups" were regarded as an independent spiritual substance. The sufferer could even talk to the "hiccups" that sat inside her, tormenting her. There could be several "hiccups," in which case they "were able" to converse with each other. The main concern of the patient and her family was to prevent the onset of seizures, the desire to "appease" the hiccups, which may request a variety of things, such as beer, wine and sweets. In conversing with surrounding people, usually the sufferer's voice and the voice of the "hiccups" could be clearly distinguished.

The "chaka," or the person who knew how to place the hiccups or who was a suspect in placing them, faced being ostracized by the population. In the 19th century there was a belief that only blood of the chaka could remove from the "hiccups" from the patient.

Speaking on the existence of hiccups in the 19th century among the northern Russian peoples of the Pinega and Mezen river basins, we must pay attention to the ubiquity of the hiccups among the Komi people of the Pechorsk region. The Russian word "ikota" (hiccup in English) was not of Russian origin, it came to Russian from Komi.

Both the Russians and the Komi people have similar diseases attributed to the evil eye or hex.

The hiccup was considered one of the manifestations of shyova hex by the Komi. "Shyova" is a hex, disease, evil spirit, personified in the form of butterflies, beetles, bees, flies, worms, threads and nodules. [24] Hiccups had exactly the same personalization with the Russian peoples of the Pinega and Mezen river basins. According to the beliefs of the Komi, during an attack an evil spirit – the "shyova" – spoke within the hysterodemonic patient. The seizures of the shyova patients with the Komi were identical to bouts of hiccups among the Russian people in the area of the Komi-Russian ethnographic border area.

For comparison, it is interesting that it was recorded that in the Pechora area there was the fixed phrase "yorsha spustit" (ie. send off a disease with a sorcery spell). O. A. Cherepanov expressed the interesting suggestion that the Russian word "yorsh" with the meaning of "disease" was introduced into the circle of mythological semantics by external coincidence with the Finno-Ugric "ierekh" or "iorysh, iorsh" (nodule, flap, piece). [25]

Note an important detail: hex in the Komi language means "vomida" (from the word "vom" – mouth). According to the ideas of the Komi and Russian peoples of the Pinega, Mezen and Pechorsk regions, the hiccup spirit is ingested through the mouth and is most often located in the stomach in patients. The notion of "shyova" is common among the Komi, as the term "hiccup" is both a disease and its cause, i.e. a certain independent spiritual substance.

Analyzing the process of "mastering" the ability to plant or place hiccups in a person, we observe a striking similarity in techniques of the Komi and northern Russians. Among the peoples of the Pinega, Mezen and Pechorsk regions the following needs to be done. "According to the Mezen people, take a dog into a sauna, and when it vomits, eat the vomit; then you need to refer to the "black book." [26] With the Komi people, the sorcerer's apprentice had to eat the vomit of either a red or white dog in a sauna at the instigation of the sorcerer, become acquainted with the black book and conduct a number of magical acts. [24] The black book was, of course, a later phenomenon, which included the earlier ritual transfer of sacred knowledge, arising from an animistic set of ideas.

Many researchers have written about the existence of an ancient Komi-substrate in the culture of the Pechorsk, Pinega and Mezen-Porechan peoples. [27, 28] For example, in the lower reaches of Mezen (with the Mezen-Pomor people) in exorcisms water plays the purifying force, and in Leshukonsky region (with the Mezen-Porechan people) fire plays this role. With the Komi people a shyova hex can only be destroyed by fire. The Komi-cultural substratum is found in many elements of the culture of the Pinega and Mezen-Porechan peoples, in particular, reflected in motifs in weaving and embroidery, in the semantics of images in Mezen paintings and in the language. So, on in the Pinega region, non-Slavic names prevail in the names of rivers (about 85 percent), streams (50 percent), wetlands and forest tracts (about 60 percent), and there is a high percentage of non-Russian words in the names of settlements (36 percent).

Among various reasons for the appearance of hiccups on a massive scale in the 19th century, doctors have listed poverty, a malnourished existence, dark musty rooms, unrefined food, lack of heat, work requiring large expenditure of energy, a separate and subordinate position of women in the family and the long polar winter. However, in these terms, the psychiatrists themselves reach a dead end, since it was impossible to explain why under the same specific conditions, there was a complete lack of hiccups in the western counties of the Arkhangelsk region and a ubiquity of hiccups in Pinega and Mezen peoples. [28]

Apparently, the hiccups in the population of northern basins of Pinega, Mezen and Pechora should historically be regarded as a phenomenon of the Komi-cultural substrate, the migration of which was facilitated by the induced nature of the neuro-psychiatric disorders. Demonological expansion among the Pinega and Mezen peoples was in no small way aided by the fact that "Russians considered the most powerful sorcerers and witch doctors to be from foreign tribes: Finns, Karelians, Mordvinians "[19], and in this case – the Komi.

In the 19th century shyova-hiccups struck most of the adult female Komi population. Cases of hiccups among men were also known.

Of interest is the testimony of M. B. Edensky on cases of hiccups on the Kanin Peninsula. According to the stories of Russian inhabitants of a village on Kanin, Nenets people had the ability to "place hiccups." [30] "On Kanin there is one Samoed person that can do anything: place afflictions, hiccups, demons ... " M. B. Edensky himself noted that the beliefs connected with "magic," "sorcery," "nonconsciousness" were widespread in Kanin and were equally frequent in both Russians and the Samoed people. M. B. Edensky's conclusions echo P. S. Efimenko's point of view on the origin of hiccups: "The local peasants were infected with hiccups from their Samoed neighbors." [31] P. S. Efimenko confirmed his opinion with the fact that peasants from Mezen district in the last century attributed hiccups "namely to Samoed sorcery." The similarities among the whole group of hysterodemonic diseases – hiccups, Arctic hysteria and piblokto – should be noted. The similarity of the symptoms of hiccups and piblokto was observed both in the groups of patients (mostly women), and in the nature of disease's development, seizures and the set causes for them. Similarities were evident to some degree in the terms used. Women suffering from hiccups were called "ikotnits" in Pinega, Mezen and Pechora, and men sick with hiccups were called "miryak." [32] The similarity of the words "miryak" and "emiryachene," or piblokto in English, does not seem to come down to chance.

Due to the nature of the spiritual culture, ideas about mental health and pathology among the Pinega people had their own specific character. Hiccups were seen in the light of demonology as an "abnormal norm," i.e., a state in which the seizure provided contact with the patient's spirit. In this context the disease, the seizures, played an important social role. It is important to note that with shyova, as was the case with menerik, or Arctic hysteria, emiryachene, or piblokto, and with shamanic illness, people would approach the "demons," which were sitting inside the patients, treating them as oracles, asking about the future, asking for help in finding lost or stolen items etc. [31]

For a better understanding of the nature of hysterodemonic diseases, it is important to pay atten-

tion to the socio-cultural hysterodemonic context in Komi and in the Nenets-Russian ethnographic border areas. Here, under unified geographical conditions different ethnicities – different economic-cultural types – met and interacted with each other: Komi hunters and fishermen from the northern taiga, Nenets cattle-herders and Russian farmers. There were also strong linguistic differences between the ethnicities who were in contact with one another – at a language family level (Finno-Ugric Komi, Eastern Slavic – Russian, Samoed-Nenets). Among these various peoples were different world outlooks. At the time of encountering the Russians, the Komi possessed complex ideas associated with the use of magic, which were related to hunting and fishing, and they retained animist beliefs and totemic elements [33], while the Nenets were shamans. The Russians in relation to either of the other ethnic groups were from a developed class (first feudal and then capitalist) society, forming state structures – and the bearers of an Orthodox state world viewpoint. All of these differences in the ethnic and cultural "genotypes" of these ethnic groups that were in contact with one another were reflected in the forms of hysterodemony.

A detailed elaboration of the question of the Christianization of the Komi and Nenets has been documented. [34] However, the specific features of the social development of the Russian northern areas influenced the attitude towards Orthodoxy among the peoples of northern Russia. The clash of the monastic brotherhood with the peasant world in the development of the northern lands, forests, seas and rivers created a fertile ground for a very standoffish "work-like" attitude towards Orthodoxy among the peasants

that contributed to the preservation and existence in the Russian north, not only of Orthodox heresies (primarily various denominations of the Old Believers), but also the more ancient pre-Christian beliefs of a demonological character. Moreover, influenced by contact with populations possessing magical and animistic conceptions, a kind of "renaissance" of hysterodemony and demonology occurred in ethnographic border areas. One example of which we may call the phenomenon of hiccups in the Russian population of Pinega and the Mezen basin. In addition to hiccups,

in Pinega territory other forms of disease-causing syngnoscism developed, for example kila hexes. *Kila* referred to boils appearing on the face of the affected person as a result of magic, hexes, coming from wizards or chaka.

The development of different techniques of suggestion and ways of influencing the human psyche among the Russian population of Pinega, perhaps, to some extent, explains the phenomenon of St. John of Kronstadt, a native of the village of Sura, who demonstrated the high efficiency of the Christian (Orthodox) approach in confronting collective psychosis obsessions. Sura was one of the largest centers of hysterodemonic diseases in the north of Russia. According to the villagers, in John's father's family there had been several generations of witches.

Not by chance, the last major collective psychosis bout of hiccups was in 1970, precisely in the village of Sura and affected almost the entire indigenous female population.

In Arkhangelsk, the regional party committee was sent a letter by local residents, in which it was asked to deal with and take action concerning persons "placing hiccups." On the instructions of public health administrators, a psychiatrist, neurologist and lecturer from the Knowledge Society flew to Sura. Staff at children's centers, schools, hospitals, shops, and other establishments were involved in dealing with the epidemic. It was discovered that the outbreak of the hiccups epidemic arose after several patients during attacks uttered the names of women who allegedly had "placed the hiccups." Local residents used various repressive actions against these people: one of them was strangled, stabbed with an awl, her house was set on fire and she was forced to leave her home and relocate. Court actions were taken. For centuries in this area there had existed the idea that "hiccups speak" on behalf of a "hex placer" and only the blood of a "chaka" (a person capable of "placing the hiccups") could save them from the disease. The sufferers demanded public confessions and that their disease be removed, and when their demands were "refused," they dealt with them at their own discretion.

Such archaic ideas about the nature of the disease, in particular the possibility of it being placed upon someone, were long standing and firmly pre-

vailed among the indigenous population and were a factor in chronic mental trauma. The work of Associate Professor V. V. Medvedeva in creating a team to eliminate this outbreak was the beginning of our long-term studies on induced neuropsychiatric disorders with symptoms of "hiccups" in Pinega area in the Arkhangelsk region [35].

Over nine years (1970-1979) 146 neurosis patients were studied with *symptoms* of "hiccups." *The main* segment of the patients were examined in their ordinary domestic setting *and* in their work setting. Some of the patients underwent out-patient and in-patient examination and treatment in the city of Arkhangelsk (in the Arkhangelsk Regional Clinical Psychiatric Hospital № 1. *Kat-amnev*) from five to nine years.

In addition to clinical and psychopathological research methods, experimental psychological, EEG, and laboratory (biochemical) methods were employed; patients were also subjected to a thorough therapeutic, neurological examination and consultation with other specialists. The leading etiopathogenetical peculiarities of neuropsychiatric disorders with symptoms of hiccups are shown in Table 1.

All examined patients were women, the majority (34.2 percent) were middle aged (40-49 years). In the case of 73.7 percent of the patients, their relatives suffered from various forms of hiccups. There were whole families whose members suffered "hiccups" on our records. Family histories of other mental and nervous diseases were not identified.

Primary education was held by 74 percent of the patients, 19.1 percent were illiterate. Experimental-psychological methods revealed a low intellectual level, poorly developed abstract thinking, limited interests and needs in 97.9 percent of patients. All subjects and their parents – natives Pinega district of the Arkhangelsk region – lived all their lives in one place, having not traveled anywhere. In pre-morbid state, the majority of patients were dominated by hysterical and asthenic traits.

The professions of the patients were associated **with** extensive contacts of children and adults. There was constant contact between sufferers of "hiccups" and other "hiccups" patients, providing for the frequent possibility to see attacks of "hiccups."

Table 1. Etiopathogenetic peculiarities induced by neuropsychiatric disorders with symptoms of hiccups

Biogenesis	Psychogenesis	Sociogenesis	Animogenesis
<ul style="list-style-type: none"> • The frequency of closely-related marriages with the accumulation of somatic and mental pathology • Family history of nervous and mental disorders (74 percent of relatives have suffered hiccups) • Onset coincided with altered reactivity during abortion, childbirth, pregnancy, menopause • The frequency of somatic diseases and endocrine disorders (menstrual disorders, decreased libido) • Treatment resistance, a high risk of recurrence 	<ul style="list-style-type: none"> • Low intellectual level • Hysterical and asthenic traits in the premorbid state • Familial forms of alcoholism and alcoholic husbands • Early exposure to sick children, frequency of observation of attacks of "hiccups" • Perception of "hiccups" as a defensive strategy of avoidance • Low levels of resistance to stress • Internalized personal conflict • Neurotic personality development • Pathological personality development 	<ul style="list-style-type: none"> • Onset coincided with the social stress disorder • Defective upbringing • Low level of education (74 percent possess primary level, 19 percent are illiterate) • Sensory deprivation • Permanent (lifelong) residency in one place • Authoritarian parenting style in the family • Social-class homogeneity • Rudimentary socioeconomic and political life • Low professional level 	<ul style="list-style-type: none"> • Limited interests and needs • Troubled morale climate in the family • The prevalence of alcohol associated practices • Early formation of alcohol environment • Low level of culture • Ambivalence and unformed spiritual and moral sphere • The prevalence of syncretism and pagan beliefs • The prevalence of superstitious ideas about hexes and "placement of hiccups"

Most of the patients had a history of, or were currently suffering from, chronic somatic diseases, endocrine disorders in the form of menstrual disorders and decreased libido. All patients were found to have autonomic disorders in the pre-onset period, becoming worse during an attack. Somatoform autonomic dysfunction samples showed a distortion of autonomic reflexes.

The onset of the disease in 84.9 percent of patients was associated with a specific external factor, in 54.7 percent of cases the cause of the disease was indicated as trauma (death of loved ones, family troubles, quarrels and accusations of the "placing" of hiccups). With 30.2 percent of cases the onset coincided with giving birth, abortion, pregnancy or the beginning of menopause. Only in 16.1 percent of cases did the disease begin for no apparent reason. Three forms of the disease were identified. The name chosen for the different forms were basically taken from the terminology that was currently used among the local population: "nemochishcha" or mute, "revushchaya" or roaring, and "govoryashchaya" or talking hiccups. Each form has its own characteristic clinical features, but at the same time all the forms have some common characteristics (Table. 2).

Table 2. Common clinical signs of "hiccups"

Clinical signs
<i>The attack is provoked by excitement</i> and strong emotions, unpleasant smells and sounds, unsatisfied desires and problems
<i>The attack begins with an aura:</i> weakness, numbness, discomfort, yawning, watery eyes, increased heart rate and breathing, chills, fever, tremors
<i>Hyperkinesia</i> (ticks) of a respiratory phonational type – voiced and verbal, obsessive and violent
<i>Duration</i> of the seizure – from several minutes to several days
<i>Upon completion</i> of the attack – weakness and weariness, anxiety and depression
<i>Patients' conviction</i> that the hiccups are a material that enters the body through the ears, eyes, nose, skin
<i>Forms</i> of hiccups: roaring (63 percent), mute (25 percent), talking (12 percent)

Attacks can be triggered by anxiety, negative and positive emotions, unfulfilled desire, strong odors, sounds, presence of strangers or the presence of seizures in any person present. Some pa-

tients have a certain kind of aversion or attachment (whim) to certain types of foods or smells. This applies to the memories, associations connected with these objects or situations. Thus, in patients in whom attacks of hiccups arose in connection with a drinking husband (psychotraumatic situation) attacks can be caused by seeing a drunk person or the smell of wine. Other patients' hiccups were caused by the smell of tobacco or gasoline. One patient said: "It [the hiccups] is modest, gentle, as it was placed inside me in girlhood. It loves warm wine, it doesn't want to catch cold; I find drinking warm wine most disgusting, but I am afraid to disobey – immediately an attack begins." Another patient told of how she had three hiccups: "One of them does not like oil, the second – sugar, and the third loves alcohol. I am completely exhausted, I don't know how to please them."

In all patients, the attack begins with precursors (aura): weakness, discomfort in different parts of the body, numbness, pins and needles, feeling of a lump in the throat, esophagus, stomach, irresistible yawning, tears, redness or paleness of skin, rapid breathing and heart rate, palpitations, chills, fever, rash, hand and eyelid tremors or high blood pressure.

In all patients, the primary radical attack of hiccups is a kind of hyperkinesis (ticks) of a respiratory or phonational type – voiced and verbal (the actual hiccup). They are of an involuntary, compulsive, obsessive-violent or violent nature. Patients cannot stop them arbitrarily.

The duration of the seizure is from several minutes to several days. At the end of an attack, patients experience weakness, fatigue, muscle relaxation, depressed mood, anxiety, and sometimes a sense of shame or embarrassment.

Among the patients examined, especially among the older age group, there exists a centuries-old perception (interpretation): hiccups consist of a material substance, it can enter the human body through the ears, eyes, nose or skin. In humans, it takes the form of filaments, lumps, flies, cockroaches, worms or other living creatures. It is hosted in the body: "Where the hiccups live, it beats like a heart, if it's in the spine, I can not bend. If it arrives with a spoon or rolls down

the throat, then it clamps down so that it is difficult to breathe, or if it moves to the hand and foot it is visible as if a mouse was twitching. They say that it's nerves, but I do not believe it." Patients attribute their specific whim, painful sensations in the body and so on, to the influence of hiccups. According to them, hiccups can be obtained by direct contact with "hiccipers," or through some kind objects or animals. In other words, patients have explanatory, interpretive, archaic ideas of possession, acquisition, witchcraft and "hexes" at a superstitious level.

Among our observations, the more common form of hiccups (63.7 percent) was the "roaring" form followed by the "mute" form (24.7 percent) and the "talking" form (11.6 percent). All of these forms can be considered as a single flow of stages of the same disease, as it is often started with a "mute" form, subsequently replaced by the "roaring" and then the "talking" hiccups.

The mute form of hiccups is characterized by the following symptoms. Patients, suddenly, after some kind of psychogenic stimulus, and sometimes for no apparent reason, start to experience uncontrollable yawning, tears, redness or paleness of skin, chills or fever, there is an increased pulse rate, increased heart rate, increased blood pressure by 20–40 mm Hg, hyperhidrosis is observed as well as tremor of the hands and eyelids. Patients emit deep, sharp sounds, accompanied by a loud, hiccup ("the hiccup fyikaet, khlykchet"). This form of the disease is called "nemochishcha." The emotional state of patients during attacks varied (irritability, maliciousness, restlessness, tearfulness, anxiety, depression or adynamic state). Patients tend to strive be alone and there is a need to lie down. During the attack the patient always remains conscious: patients are aware of their the environment and are self aware, answer questions posed in the periods between the hiccups and continue to converse or work until an another attack starts. Seizures often occur in public places, but also in private, and patients cannot stop them on their own.

The roaring form of the hiccups has the following clinical manifestations. Often after some kind of unpleasant occurrence, and sometimes for no reason, patients suddenly start to experi-

ence yawning, lacrimation, rapid breathing, redness or paleness of bone covers, increased heart and pulse rate and increased blood pressure. The throat muscles and the diaphragm involuntarily contract, the patients' voice completely changes, they make howling sounds, which people refer to as "barking like a dog, a bird singing, screaming rooster," etc. All this is accompanied by violent hiccuping, crying or laughing. During attacks, patients complain of severe weakness, stop work that has been started, and go to bed. Other patients find it physically easy to tolerate these attacks and continue work or conversation. Consciousness, as with the mute form, always remains. During this time, as a rule, irritability, depressed mood, unfounded melancholy or anxiety arise. Patients strive to be alone, not to attract the attention of others. Some patients with characteristically emitted sounds declare that they have in their body a hiccup in the form of a dog, a bird or a mouse and the attacks express their displeasure or pleasure.

The next clinical form of hiccups is the talking kind. As with other forms of hiccups, the attack usually begins with unpleasant sensations in different parts of the body, numbness, pins and needles, fever, feeling of a lump in the throat, esophagus or stomach, tears and uncontrollable yawning. At the same time there are increased heart rate and increased blood pressure. Strong drawn-out hiccups are accompanied by the shouting of single words or phrases, which are often inarticulate. Patients chant the names of those people who, in their opinion, hexed them. During the attacks, they blurt out information that in a normal state they would have never have told anyone. Occasionally bouts of "talking" hiccups manifest themselves in the shouting of obscene words (coprolalia), echolalia or echopraxia. Other women suffering from hiccups always gather around the patient and persistently repeat a question over and over – asking the name of the woman who "placed" the hiccups. And the patients shout out names. If a name is said, the surrounding people strongly insist that the patient deal with her. Patients can automatically submit and against their will instigate violence. Automatically, "against their will," they pounce

on the others surrounding them or smash everything that falls within reach. During the attack, the patients do not respond to questions, their consciousness changes, narrows, they remember the conversations of others, automatically perform different requests of the doctor, but this is in spite of themselves (automatic obedience), they may respond to the wishes or orders of strangers (fight, smash surrounding items, undress, walk off somewhere else), of which they will regret after the bout. The presence of delusional and hallucinatory experiences has not been determined. The duration of attacks varies: from several minutes to several hours or rarely days with small interruptions. After the attack, for several days many patients continue to experience weakness, fatigue, depressed mood, depression, and anxiety. Many patients are afraid of their talking hiccup attacks, because they understand that they pronounce the names of innocent people, friends or relatives, and the locals always start to take revenge on these people and their family. This often leads to fights, attempted murder and legal trials.

The mute form appears simpler, with more elementary hysterical disorders. Roaring and talking forms are more complex, with a peculiar alteration of consciousness (narrowing of consciousness, a hypnoid state) with increasing pathological obedience and suggestibility.

The development and implementation of a preventive and corrective and therapeutic rehabilitation program consisted of four blocks: medical, psychological/psychotherapeutic, social and spiritual/moral.

Psychological/psychotherapeutic unit. A series of workshops for all physicians in the endemic area in which they were introduced to etiopathogenesis and the clinical overview of the disease, and the particularities of conducting psychotherapy for patients. Psychotherapy conducted individually and collectively, in the latter case the sessions included patients with the same forms of the disease and gave them an opportunity to be grouped with those whom they wished be with and who they trusted. The psychotherapy consisted of seven to nine sessions of 30 minutes each. Before the first session the patients were told in simple terms the

essence of the disease. Seriously ill patients went through a course of hypnotherapy.

Rational psychotherapy was available to all doctors working in the precinct and district hospitals. Taking the form of a conversation, the reasons for the hiccups, their development and ways to eliminate them were explained to the patient. Psychotherapy was individually tailored to the patient's personality characteristics, her relationship with the social environment and traumatic factors. Patients were helped to rationalize conflict situations, mediation was conducted and they were taught constructive responses to stress and were rid of their fear of hiccups being "planting" upon them. Psychotherapy was the core of the treatment and rehabilitation programs.

Medical unit included remediation on neuropsychiatric basis and treatment of psychosomatic diseases, the use of general health promoting methods and vitamin therapy. To remove the affective and autonomic disorders, tranquilizers, nootropics, antidepressants and psychostimulants were used. Neuroleptics were used only for the relief of big attacks of the hiccups. Treatment of patients with severe talking forms of hiccups began with hospitalization, and patients with mute and roaring forms were treated as outpatients. Supportive therapy using psychopharmacological agents was carried out over the course of a few months.

Social unit care consisted of improving the quality of life of the population of the endemic area, an increase in production efficiency and work safety, social monitoring of risk factors and correction of the social and economic development of the area, leisure-time activities and assistance in solving social problems.

Spiritual/moral block help consisted of correcting of the moral and psychological climate in the endemic area, the early detection and prevention of mobbing degradation of ethics and dehumanization of relations, prevention of demoralization syndromes and destructive professionalization of society, training in the ethics of business communication and providing constructive spiritual and moral guidance against superstition, conducting educational and awareness programs among youth, the correction of

the morale climate in families with hereditary forms of hiccups, the correction and reconstruction of the moral character and position of patients.

The implementation of a comprehensive program of care for patients provided for improvement and recovery in 82.2 percent of patients within five years. There were no further outbreaks "hiccups" in the Pinega area. A young priest of the Sura parish, a participant in the ninth St. John readings at the Northern State Medical University (2013), had not come across the "obsession with hiccups," replacing the modality in the mentality of the population in the endemic area with vicarious and other electronic forms of dependency, filling the psychological void.

In conclusion, basic branches of research on mental ethnoecology and ethnomedicine and the European north of Russia can be defined as:

transcultural mental ethnoecology studying mental health and mental illnesses in connection with socio-psychological and ethno-cultural factors. The literature describes the clinical picture of schizophrenia, neurosis, alcoholism among ethnic minorities;

cross-cultural mental ethnoecology studying comparable aspects of mental health and mental disorders in different cultures. This publication focuses on a set of induced neuropsychiatric disorders among the Nenets, Komi and Russians, we have tried to show the productivity of integrated studies in ethnographic border areas;

the study of *culturally connected endogenous and psychogenic disorders*, occurring within a particular ethnic group (shaman disease, Arctic hysteria, piblokto and others.);

"folk mental medicine" ("people's psychotherapy, psychiatry and relaxation") as a section of narrative ethnography and history of medicine;

ethnonarcology studying traditional drugs of different nations, the recipes for their preparation and use patterns in different rituals and customs (ethnoecology mental and ethnomedicine section), for example, the use of of red fly agaric tincture by shamans;

interdisciplinary research synergies within the mental ethnoecology and ethnomedicine framework, requiring joint efforts of psychiatrists and

therapists, narcologists and psychologists, sociologists, and historians, ethnographers and philologists;

culture's mental ecology – the study of the social role of individual forms of mental illnesses in traditional culture, religious rites, magic, shamanism and the occult, establishing forms of interrelationship of biomedical, ethno-social, ethi-

cal-psychological aspects of the spiritual culture of ethnic people and the world of art, psychology, international relations, and so on.

The division of these areas is conditional, it only helps to outline the subject of mental ethnology research and map out new horizons in traditional ethnography and innovative mental medicine.

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